

Company number: 2610559

Charity number: 1011056

# SignHealth

Report and financial statements  
For the year ended 31 March 2024

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## Reference and administrative information

<b>Company number</b>	2610559	
<b>Charity number</b>	1011056	
<b>Registered office</b>	CAN Mezzanine, 7-14 Great Dover Street, London SE1 4YR	
<b>Country of registration</b>	England and Wales	
<b>Country of incorporation</b>	United Kingdom	
<b>Trustees</b>	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows:	
	Jackie Driver OBE, Chair	Stepped down 14 September 2023
	Sara Clare Mitchell	Stepped down 14 September 2023
	Andrew Sims, Vice Chair and Chair of Audit and Risk Committee	Stepped down 14 September 2023
	Christine McPherson	
	Mark Perry, Vice Chair and Chair of Audit and Risk Committee (from 14 Sept 2023)	
	Tania Hudson, Treasurer	
	Vanessa Longley	
	Amanprit Arnold, Co - Chair of People and Pay Committee	
	Diane Jones	Appointed 14 July 2023
	Sabina Iqbal, Chair	Appointed 14 September 2023
	Hannah Whalley	Appointed 14 September 2023
	Frankie McLean	Appointed 14 September 2023
	Matthew James	Appointed 14 September 2023
<b>Executive Leadership Team</b>	James Watson-O'Neill OBE	Chief Executive
	Thandi Mtetwa	Director of People and Finance
	Michelle Dawson	Interim Director Of Operations
	Lucy Warnes	Director of Engagement
	Stacey Witter	Director of Social Change
	Paul Howes	Assistant Director (Governance)
<b>Bankers</b>	Metro Bank 120 Cheapside London EC2V 7JB	
<b>Solicitors</b>	Trowers and Hamblins 3 Bunhill Road London EC1Y 8YZ	
<b>Auditor</b>	Sayer Vincent LLP Chartered Accountants and Statutory Auditor 110 Golden Lane London EC1Y 0TG	

## Message from the Chair of Trustees, Sabina Iqbal

I am honoured to introduce myself as the new Chair at SignHealth, having joined in September 2023. Firstly, I would like to thank those trustees who stood down this year, especially Jackie Driver who was Chair for six years. As a result of their incredible leadership during a very challenging time SignHealth grew from strength to strength, working to improve the health and wellbeing of Deaf people.

I am fortunate to be working with a great mix of new and experienced trustees on the board. They come from a variety of professional backgrounds – NHS, social care, mental health and senior third sector leadership. I am proud that seven out of ten trustees are Deaf and disabled, bringing lived experience as well as valuable skills.

Our last Three-Year Plan led us to three major achievements:

- Opening our supported living accommodation at Brudenell Road in Leeds for Deaf people with complex mental health needs
- Achieving a national contract with NHS England for our therapies service
- Expanding our domestic abuse service across England after a successful bid for funding from the Home Office.

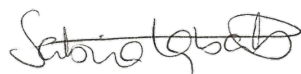
Eighteen months ago, SignHealth employed 125 people with a budget of around £4.5 million. Now we employ nearly 200 people and have a budget of £9.5 million. This growth means we are reaching more Deaf people across the country than ever before.

I am excited to work with SignHealth trustees and staff as we launch our new Three-Year Plan. Our vision has not changed, but we know we must expand our services and influence to achieve a world where there are no barriers to good health and wellbeing for Deaf people. With this in mind, we have set three key objectives:

- Forward together, working in partnership
- A healthy Deaf community
- An Accessible system

To grow and achieve our goals, we will also deliver a transformation programme to change the ways we work so that we can improve how we work with Deaf people and everyone at SignHealth. I look forward to working with you all as we continue to end health inequality for Deaf people.

With thanks and best wishes



**Sabina Iqbal, Chair**

## Trustees' Annual Report

The trustees present their report and the audited financial statements for the year ended 31 March 2024.

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

### Objectives and Activities

#### Vision

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

#### Purpose

To improve the health and wellbeing of Deaf people.

#### Values

- We can do it
- Everyone Belongs
- We Grow Together
- Make the Small Moments Count.

#### Our focus

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

#### Objectives

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

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

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

## **Achievements and performance**

This year (2023/24) has been another year of investment for SignHealth. The Board of Trustees have made a number of conscious decisions to proactively invest in growth for the organisation. This includes recruiting to a number of new roles both in services and central support functions to increase our capacity and resilience.

### **Our Three-Year Plan**

The strategic direction of SignHealth and plans for the forthcoming years are set out in the SignHealth Three Year Plan. As mentioned in last year's report, we started to develop a new Three Year Plan in 2022/23, which was approved by the board at their meeting in November 2023. The plan is structured around three new Strategic Objectives, namely;

- A Healthy Deaf Community
- Forward Together – Working in Partnership
- An Accessible System

These objectives are all supported by an organisation-wide transformation programme.

Although we did not finalise the content of the new Three-Year Plan until November 2023, as mentioned in last year's report the board approved a 'Year Zero' Plan in March 2023 for 2023/24 which was structured around the new Strategic Objectives and contained milestones and actions under each of them for 2023/24. Our achievements and performance for 2023/24 are therefore reported against these objectives.

## **A Healthy Deaf Community**

### **Social care**

A major achievement in 2023/24 was the opening of our new residential supported living service in Leeds. Brudenell Road provides supported living for four Deaf people who have previously lived in secure mental health hospitals. By the end of the year 23 staff had been recruited and three tenants had moved in, with the other tenant undertaking transition work.

SignHealth residential services offer homes for 34 Deaf people (including Brudenell Road) who need additional support with their mental health and complex needs in six locations around the country. We also have supported housing provision in London, which provides daily support for five Deaf people. Staff receive ongoing training and support, and continuous risk assessments are undertaken to support the people who live in our services. We had minimal vacancies in our flats in 2023/24, meeting our target of having no more than one vacancy at any one time in the year.

Residents in SignHealth care homes are supported by highly trained staff who are Deaf themselves or hearing colleagues who are fluent BSL users. Many of our clients face significant numbers of barriers including experience of poor mental health, language deprivation, cultural exclusion and other disadvantages. Our staff liaise closely with community mental health professionals. We have a person-centred approach to our work - all residents are encouraged to achieve their individual potential and the support we offer is tailored to the requirements of every person.

We continue to use our Quality Assurance Framework for our care homes and outreach services and incorporate improvements into specific action plans which are monitored on an ongoing basis. All of our CQC registered social care services continue to be rated as Good.

Our Outreach schemes in London and Manchester support Deaf people in the community with their day-to-day activities. Outreach workers enable Deaf people to lead independent lives by giving support with tasks at home and elsewhere. We develop a personalised plan with each client, after carefully looking at their needs. We delivered an average of over 1,169 hours per month in 2023/24 (14,028 hours in total compared to 13,021 in 2022/23). The Outreach teams also work with our residential services when a resident is ready to move into community accommodation so that each person is well supported throughout their move.

Our Advocacy service works with Deaf people in health and social care settings to make sure they are treated fairly and can access healthcare services. Advocates work to help people understand complicated situations, explain their rights and make sure their views and opinions are properly heard. The team delivered advocacy sessions to more than 100 people in 2023/24.

## **Therapies**

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

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

A key achievement for us in previous years was winning the NHS England Improving Access to Psychological Therapies (IAPT) contract. This was the first time NHS England had awarded a national contract to a Deaf specialist service and it was a ground-breaking step forward for the Deaf community. This year we have continued to embed, evolve and develop this work.

We scheduled 3,520 sessions in 2023/24 and achieved all our targets with a recovery rate, at March 2024, of 73.3% (against a target of 50%) and a reliable improvement rate of 87.1% (against a target of 65%). We have 92.5% of referrals receiving a first session within six weeks (target – 75%) and 100% within 18 weeks (target – 95%). In addition, feedback from our patients, received through regular Patient Experience Questionnaires, is consistently positive, showing a satisfaction rating of 81.7%. In terms of the recovery of patients SignHealth ranks 7<sup>th</sup> out of 159 NHS Talking Therapies providers.

In 2023/24 we also ran new workshops covering topics such as fibromyalgia, stress and anxiety and trauma. The aim of these workshops is to help attendees manage their situation, giving them the tools to support their mental health. The workshops ran for 4, 6 or 8 weeks depending on the topic.

We have also continued to invest in the service. Staff continue to be upskilled with additional training to expand the capacity to deliver therapy interventions. Examples in 2023/24 include Eye Movement Desensitisation and reprocessing (EMDR) training, Interpersonal Psychotherapy (IPT) and supervision training and Couples Therapy training. One of our therapists also qualified as a Psychological Wellbeing Practitioner (PWP), with one qualifying in High Intensity Therapy (HIT).

We have also onboarded more Freelance Counsellors for our non NHS work and our Employee Assistance Program. Our 5 original freelance staff have been joined by 3 new additions, with the potential for two more to join in 2024/25. We are also offering Deaf trainee counsellors placement and look to continue this offer for future trainees to support their journey to becoming qualified.

Despite the focus being on talking therapy nationally, we continue to help clients requiring non IAPT interventions such as counselling and clinical psychology.

### **Domestic abuse**

SignHealth's Domestic Abuse Service is the UK's only national BSL-based service to help Deaf women, children and people of all genders who experience domestic abuse. Deaf people are more at risk of domestic abuse than hearing people. We provide practical and emotional support to Deaf people who are experiencing domestic abuse, and to those who have survived it. The team help people to make choices and to stay safe.

A major achievement for 2023/24 was the announcement that SignHealth was successfully awarded funding from the [Home Office's Violence Against Women and Girls \(VAWG\) Support and Specialist Fund](#) to expand our vital Domestic Abuse Service to other regions in England. This funding has enabled us to expand our service for the next two years, including 14 new staff, meaning we now have a team of 25 people. It means that we can provide specialist and culturally appropriate Independent Domestic and Sexual Violence Advisors (IDSVAs) and Domestic Abuse Navigators (DANs), as well as support for Deaf victims of sexual violence across England. In addition, it is also allowing us to work with local organisations to provide support across the country.

“Our experience shows that it is essential that Deaf survivors of Domestic Abuse receive local specialist support in their home area in addition to mainstream provision. It is vital that Deaf BSL users have the option to communicate in their first language with specialist staff who have lived experience.



We are grateful that the Home Office has awarded us this incredible opportunity to create greater impact for the Deaf community.”

**Marie Vickers, Head of Domestic Abuse Service at SignHealth**

One of the effects of the Covid-19 pandemic was an increased number of domestic abuse cases. As a result, this year we have continued to see an increased demand for our domestic violence support and healthy relationship courses. The team also continued to ensure that information on staying safe and awareness of domestic abuse was offered to people across all the areas we work in.

We were successfully awarded the SafeLives Leading Light accreditation in 2023/24 following an intense assessment process. The accreditation programme offers services, partner agencies and commissioners a set of standards for supporting victims of domestic abuse. The Leading Light quality mark helps us demonstrate that SignHealth is providing the most effective response and keeping victims and survivors safe. Only 50 domestic abuse services have received this accreditation in the UK. Our domestic abuse team and the wider organisation worked so hard to achieve this. We updated our policies and changed our practices to ensure better case management. The changes will help us to improve our service for the Deaf community, support better ways of working together and open new funding opportunities.



We hosted three live stream conversations with domestic abuse survivors, emergency support and inclusive services in February/March 2024, working in collaboration with Cambridgeshire Deaf Association. The series was funded by the Home Office.

We are continuing to make lots of new connections with the Deaf community and mainstream services to raise profile of SignHealth and what we do. We are also reaching out to new Deaf people that are not aware of domestic abuse, doing this face to face makes a difference as we are empowering them to be safe and make choices for themselves. We have done this throughout the year by providing workshops, visiting Deaf organisations and hosting live streaming events on social media.

Some feedback from our clients;

*‘I have to say that my caseworker helped me no end. That the support was excellent and I always felt that I was in good hands. Since speaking to my caseworker I asked for my son to be assessed for a PA through Cornwall Social Care route and I told them that I was Deaf. That empowerment was gained from you and I expressed my need to be heard and that was brilliant. I am now being treated differently and better because I said that I have sensory needs.’*

*‘It was lovely to meet you today and a very interesting presentation. The team were shocked and saddened by the additional difficulties Deaf people face, especially in accessing support. An example from our team was probably not a surprise to you. You have inspired me to contact West Norfolk Deaf Association again to see if there's any way we can work more closely together.’*

*'Good morning, I just want to say massive thank you for your support and SignHealth for funding my new wardrobe. My children love it and happy to see no more clothes on floor and suitcases. I know I have struggled with my mental health and found it difficult to manage with money when I move to a new house from DV. I am glad I join SignHealth when I need them/you. Thank you so much again'*

## Children and Young People

Deaf children and young people are also part of our 'Healthy Deaf Community' and we started a brand new area of work in 2022/23 to scope out our new strategy for Children and Young People (CYP). The development of this strategy continued into 2023/24 and the draft strategy was approved by our board in December 2023 ready for launch in April 2024. The strategy contains our new long term aim;

SignHealth will be the 'go to' organisation for deaf children and young people, their parents and carers for support and information in relation to health and wellbeing.

Deaf children and young people have access to age appropriate preventative resources from the start that they want and need.

We will deliver this through four key strategic areas to address current gaps in the health offer for Deaf young people;

- Involving deaf children and young people
- Improving mental health and wellbeing
- Accessible health education
- Supporting the future

Although the majority of the new work will start in 2024/25 we did start to deliver services in 2023/24 and, for the first time, outside of London and the south east. Our YPVAs (Young Person Violence Advisors) delivered 43 workshop sessions reaching 423 young people. Feedback from teachers included;

*"I did some follow up work with all of my pupils today, and their feedback has been incredible! In fact all of my year 10s have asked in SignHealth can come back every year! The ladies created a rapport and safe space for my pupils to contribute freely"*

*"Having Deaf staff deliver sessions was inspiring for our students. It is really important for us that we show the students that they can do anything and achieve anything and you were fantastic role models"*

SignHealth and the National Deaf Childrens Society (NDCS) also announced a new collaboration in 2023/24. Following months of work it was agreed that three programmes for Deaf young people from NDCS would be transferred to SignHealth. These are:

- the Healthy Minds training programme
- Peer to Peer Mentoring
- and the Youth Advisory Board

SignHealth will carry on these valuable services to support Deaf young people throughout the UK. We are honoured to be given this valuable opportunity to continue, develop and further strengthen this outstanding work with Deaf children and young people. These projects and resources will greatly support SignHealth's new strategic direction, which includes making sure Deaf children and young people can experience better mental health and wellbeing. Both charities are excited for this new chapter where together, Deaf children and young people will be supported throughout all stages in their lives. We are looking forward to involving Deaf children and young people in shaping these new services.

## Forward Together – Working in Partnership

Working in partnership is critical to SignHealth's success – both internally and externally. We cannot achieve our purpose on our own. We have used our work in 2023/24 to continue to get to know the people and organisations who can help us achieve our goals, helping them to see us a trusted partner and unparalleled expert when it comes to Deaf health. This work will enable us to build a network of partners to deliver activity that positively impacts and empowers the Deaf community. For example, improving access to NHS services. It also means we can mobilise a movement of people to take action and deliver equity for all Deaf people and establish ourselves as the go-to campaigning group for Deaf rights.

In October 2023 we launched deaf together. This is the first cross sector campaign which aims to achieve equity for all deaf people. This has been a team effort with support with New Economics Foundation, Manchester University, Breakthrough, Rally, and many other deaf charities and organisations.

The logo for 'deaf together' features the word 'deaf' in a lowercase, rounded, red font, positioned above the word 'together' which is in a similar lowercase, rounded, red font. The 't' in 'together' is notably larger and more prominent.

deaf together is a campaign to end the inequalities deaf people face. We mean all deaf people including those who are deaf, hard of hearing, have hearing loss or tinnitus. Every day, life is a battle. It doesn't need to be this way. The only way to make change happen is to build a movement of deaf and hearing people to come together and take action. That means a future where we can do everyday stuff like go to the cinema, go to school, or go to work and have what we need to be able to fully participate.

To date over 550 people have signed up to deaf together's mailing list and over 10,000 people have viewed the deaf together website.

We also set up SignHealth's first ever participation group to support the development of the deaf together campaign. The campaign advisory group is made up of 18 deaf people who help plan and deliver the campaign strategy and activity. The diverse group represents the breadth of the deaf community through ethnicity, gender, sexuality and age. The advisory group have shared their lived experience, ideas and feedback on a lot of the campaign development - narrative, brand and creative identity, launch plans and have chosen the first campaign action which will launch in 2024.

Eighty percent of members of the participation group who responded when asked if they feel hopeful for the future said yes, they do feel hopeful about the future and that change is possible. Some quotes include;

*'I feel seen and I feel empowered.'*

*'It's important to be the change to hopefully inspire and empower other deaf people out there'*

*'It's important for me to campaign for change to make the future accessible'*

Throughout 2023/24 we have also continued to map our key stakeholders and create an engagement plan to build relationships with partners who are key to achieving our goals, for example - ICBs, campaign partners. We have also continued to identify and progress opportunities for partnership working that support our organisational goals.

We continued to support NHS England on their work to update the Accessible Information Standard (AIS). Our review of the AIS in 2021 revealed that 81% of Deaf people were unable to access health services. And many staff in the NHS did not know the AIS existed or how to implement it. This led to a commitment from NHS England to update the AIS to improve Deaf people's access to health services and information. We are still waiting for the revised AIS to be published.

We know Deaf people are twice as likely to experience mental health problems than their hearing peers. There is a mental health crisis amongst our community. So NHS England asked us what the future of Deaf mental health services should look like. We worked in partnership with Deaf people who access mental health services and NHS staff who deliver mental health services to map the issues and provide solutions. We published our findings and recommendations in the 'Shaping the future of deaf mental health' report'. We are working with NHS England on the implementation of the recommendations to improve Deaf mental health service provision across the NHS.

We worked hard to ensure Deaf people's views and experiences were part of conversations about how to improve Deaf people's access to health services and information. We gave over 21 presentations and participated in 22 workshops with a range of organisations including National Voices and Equally Ours.

## **An Accessible Future**

This strategic objective is focussed on understanding how best to achieve alignment with the NHS – this is key if we are to achieve step change in Deaf people's access to health and wellbeing. We have continued to work with external partners to position SignHealth as the Deaf Health Charity that the NHS, public bodies and health organisations want to partner with.

We know there are unfair and avoidable differences between the mental health services available to Deaf and hearing people. This doesn't need to be the case. Firstly, there are not enough mental health related self-help resources available in British Sign Language (BSL). The specialist mental health services provided by NHS for Deaf people, across all ages are not consistent in England. We have seen cases where Deaf people are placed in inappropriate settings due to a lack of suitable specialist services. We are aware that many Deaf people face difficulties in accessing existing mainstream services. Clinicians do not understand the Deaf experience and Deaf culture, in many cases BSL interpreters or other communication professionals are not booked, or clinicians do not know how to work with BSL interpreters or other communication professionals.

As mentioned above we published our findings and recommendations in the 'Shaping the future of deaf mental health' report'. At an event on 3 July 2023, our colleagues at SignHealth and Dr Sophie Roberts, Clinical Lead for Deaf Mental Health presented the co-produced report with our recommendations about what needs to happen for there to be true equality to NHS England and other key professionals. Our report outlines the stark inequalities and gaps in mental health provision for Deaf people in England. It was created with input from Deaf service users, the wider Deaf community, families and carers and staff who work within the services. We are optimistic that NHS England will take action on these recommendations. We will continue to work closely with NHS England to improve the quality of mental health services for all Deaf people. The report was also presented to the Joining Forces, European Deaf Mental Health Conference in Haarlem, Netherlands in February 2024.

We have also continued to work with the whole of the Deaf community including people experiencing additional barriers to ensure SignHealth's activities are need led and inclusive. As part of this we have continued to develop our profile and engagement in 2023/24. In terms of figures;

- **4,070 new people followed us across our major platforms** (Facebook, Instagram, LinkedIn and X combined)
- **We reached 104,564 people on Instagram**
- **We had 338,813 page views our website**
- **We had 404,700 impressions on X**

We continued to embed SignHealth's positioning as the expert Deaf health charity and began to receive requests and approaches from health bodies and organisations including the NHS to work with us on producing accessible information and to involve Deaf people in their processes for service design and improvement. We also worked with other organisations to maintain visibility of the Accessible Information Standard.

We have also undertaken work to improve our digital resources including our BSL Health Library so that Deaf people can access information about health and wellbeing, as well as beginning work with NHS England, other health organisations and service providers on provision of BSL translated information including new videos on sepsis, menopause, strep A, sickle cell disease and eye health.

As part of this we have also worked to improve our website providing clearer navigation for those looking for health information and signposting people to local health and wellbeing events.

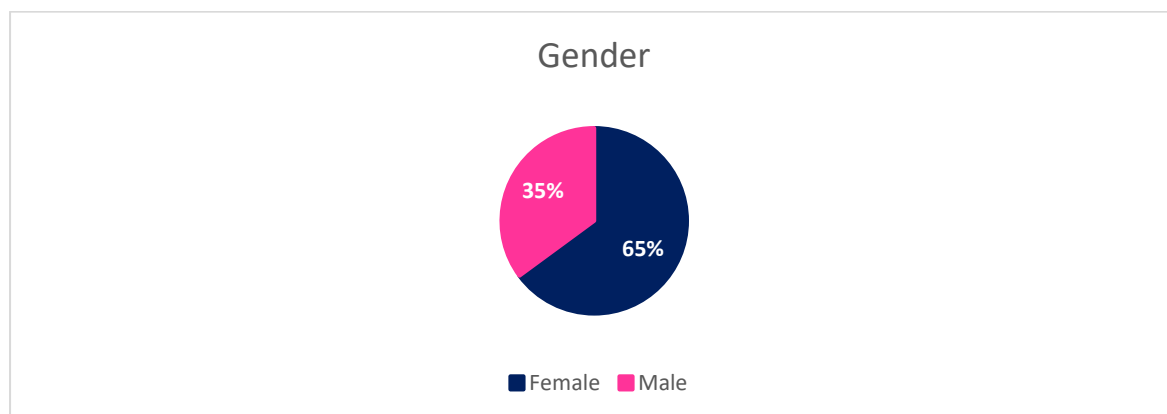
## Pay Gap

SignHealth is on a journey to become a diverse, inclusive and equitable employer. The charity is proud to present its expanded pay gap analysis for the third year. Charities of SignHealth's size are not obliged to provide the data below – SignHealth's inclusion of this data demonstrates its commitment to becoming an employer where everyone feels they belong. This commitment is evidenced further by the commitment of our Chief Executive to the production of his blog – Sitting in the Mud which can be found on our website <https://signhealth.org.uk/about-us/news/>

Snapshot data was taken from 191 staff on 31 March 2024. Of the 191 staff surveyed, 185 responded to specific questions on gender, ethnicity and disability – 97% of the staff total. Staff are encouraged and able to identify themselves in any way that feels most authentic to them. The responses to the pay gaps for gender, ethnicity, disability and deafness represent staff's own personal responses – ie the data below does not exclude or omit established identity categories.

### **Gender pay gap**

65% of staff at SignHealth are female which is a 3% increase on last year's percentage. No staff chose to identify as any gender other than male or female.



### **Mean gender pay gap**

The mean gender pay gap is calculated by adding up the hourly pay of all female employees and dividing this by the number of female employees at SignHealth. The same calculation is carried out for male employees. The difference is the mean gender pay gap.

The mean gender pay gap for 2024 showed that women earned 6% more on average than men (2023: 6% more than men).

### **Median gender pay gap**

The median gender pay gap is calculated by finding the exact middle point when everyone's wages are lined up from smallest to largest. This is more representative of colleague pay when there is a lot of variation in pay.

The median gender pay gap for 2024 showed that women earned 15 % more on average than men (2023: 13% more than men).

### Gender split across the quartiles

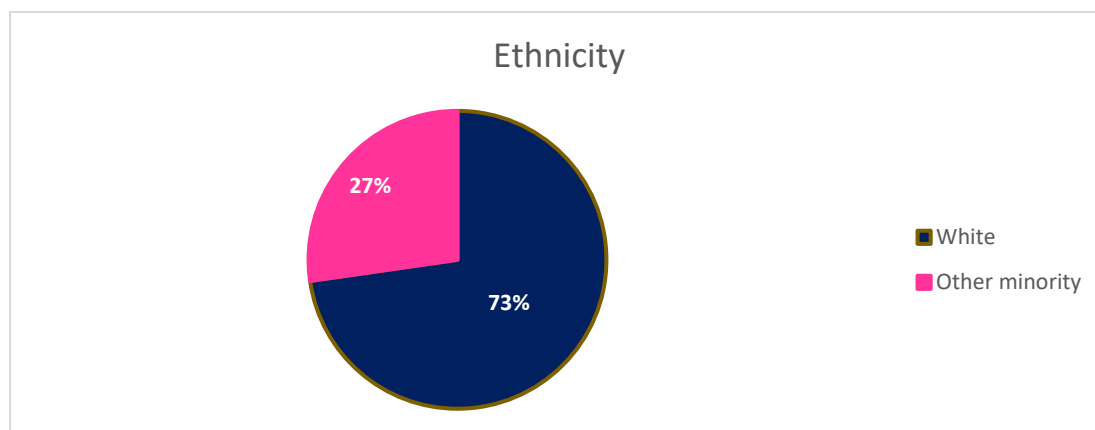
Pay quartiles show the proportion of male and female employees in each quartile from the lowest paid quartile to the highest paid quartile.

2024	Lower quartile	Lower Middle Quartile	Upper middle quartile	Upper quartile
Male	35%	48%	27%	30%
Female	65%	52%	73%	70%

The results of the analysis this year show that SignHealth has more women in high salary bands – explaining why the gender pay gap is in favour of women.

### Ethnicity pay gap

27% of SignHealth staff are from a global majority\* background. Last year this figure was 22%.



### Mean ethnicity pay gap

The mean ethnicity pay gap is the difference in average pay between white staff and global majority staff.

The mean ethnicity pay gap for 2024 showed that global majority staff earned 11% less than white staff (who earned £1.70p) more on average.

Last year, global majority staff earned 1% more than white staff (10p) more on average.

### Median ethnicity pay gap

The median ethnicity pay gap is calculated by finding the middle point when white staff members' wages are lined up from smallest to largest – this is compared to the middle point when global majority staff members' wages are lined up in the same way.

The median ethnicity pay gap for 2024 showed that global majority colleagues earned 7% less than white colleagues.

The median ethnicity pay gap for 2023 showed that global majority colleagues earned 10% more than white colleagues.

### **Deaf pay gap**

SignHealth is proud to be a Deaf-led charity – with over 70% of staff identifying as Deaf.

#### **Mean Deaf pay gap**

The mean Deaf pay gap in 2024 showed that Deaf staff earned 15% less than non-Deaf staff.

The mean Deaf pay gap in 2023 showed that Deaf staff earned 5% less on average than non-Deaf staff.

#### **Median Deaf pay gap**

The median Deaf pay gap in 2024 showed that Deaf staff earned the same as non-Deaf staff.

The median Deaf pay gap in 2023 showed that Deaf staff earned 8% less than non-Deaf staff.

### **Disability pay gap**

SignHealth subscribes to the social model of disability where Deaf staff are identified as disabled due to society's disabling effect on their lives. For the first time this year, SignHealth is expanding its reporting to include both Deaf and non-Deaf disabled staff members.

#### **Mean disability pay gap**

The mean disability pay gap in 2024 showed that disabled staff earned 16% less on average than non-disabled staff.

#### **Median disability pay gap**

The median disability pay gap in 2024 showed that disabled staff earned the same as non-disabled staff.

#### **How do we plan to close the gap**

In 2023 we committed to doing the following work to improve our equity, diversity and inclusion in relation to pay at SignHealth:

<b>Commitment</b>	<b>How did we do?</b>
Publish a Board approved People strategy – with a focus on ensuring that equity, diversity and inclusion is at the heart of SignHealth's commitment to be an employer of choice.	<b>Not achieved</b> This objective is to be achieved by 1 April 2025.
Work with our consultant EDI Lead to publish an EDI action plan with key objectives to	<b>Ongoing</b> At 31 March 2024, SignHealth had a draft EDI strategy and plan for further development.



improve representation of global majority people at all levels across the organisation.	
Continue the rollout of anti-racism training in BSL and English to our people	<b>Achieved</b> and <b>ongoing</b> Senior SignHealth staff and its EDI Steering Group have completed a 6 month anti-racism programme.
Improve our disability pay gap data and report on this in next year's pay gap report	<b>Achieved</b> Disability pay gap reporting now forms part of the report.

SignHealth's commitment for 2024 is as follows:

<b>Commitment</b>	<b>How will we do it?</b>
Continue the rollout of anti-racism training in BSL and English to our people	The programme will be rolled out to all SignHealth staff and Trustees from October 2024.  This programme will be run in a collaborative and transparent way – with a focus on allowing staff to discuss with each other what a truly anti-racist organisation looks like.
Publish a Board approved People strategy – with a focus on ensuring that equity, diversity and inclusion is at the heart of SignHealth's commitment to be an employer of choice	Recruit Director of People to develop a People strategy that reflects SignHealth's ambition to ensure EDI is at the heart of how we work – both internally and externally.
Improve our disability pay gap data and report on this in next year's pay gap report	During Q3 and Q4, SignHealth will further commit to this work by recruiting a permanent Head of EDI who will provide further analysis and insight into SignHealth's EDI data.  This work will also be supported by SignHealth's Internal Communication Officer – a new role for the charity.

Find out more from about the gender pay gap [here](#) and ethnicity pay gap [here](#).

\*the term global majority is used to refer to all ethnic groups except white British and other white groups.

<https://hrmagazine.co.uk/content/news/who-are-the-global-majority/>

### **Beneficiaries of our services**

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

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

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

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

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

Home Office

NHS England

London Councils

Kent Police

City Bridge Trust

Banham Foundation

City of London Solicitors' Company

Basil Samuel Charitable Trust

Eveson Charitable Trust

DHL Aviation

SignVideo

John Mactaggart Trust

Cambridge Pickleball Club

Banchory Stonehaven Athletic Club

Friends at Work

National Lottery Community Fund

Dennis Allan Yardy Charitable Trust

We would also like to say a huge thank you to everyone who supported SignHealth by taking part in our fundraising events. Together, we raised over £34,000 for our work with Deaf adults and children. We would also like to say thank you to SignVideo by Sorenson for our ongoing Charity of the Year partnership. SignVideo by Sorenson is the UK's first technology communication provider, offering British and Irish Sign Language interpreting on-demand 24/7 to the Deaf Community.

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

We were also delighted to begin working with the National Lottery Community Fund, who have agreed to support the expansion of our engagement workshops to support Deaf children and young people.

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

## Financial Review

SignHealth made an overall deficit of £114,136 (2023: £1,209,958 deficit) in the year to 31 March 2024, against a budgeted deficit of £550,488 (2023: £481,279 deficit). This includes an increase in the value of the investment portfolio of £154,005 (2023: £122,298 loss).

In the year to 31 March 2024, total income increased by £2,451,805 to £8,282,414 (2023: £5,830,609) due in large part to an increase in residential fee income and an increase in grant income received to deliver SignHealth's Domestic Abuse services.

Expenditure to 31 March 2024, before gains/losses on revaluation of investments, increased by £1,689,990 to £8,550,556 (2023: £6,860,567). The majority of this increase is as a result of an investment in SignHealth's staff costs and consultancy costs - and therefore SignHealth's ability to deliver its ambitions growth strategy. Following the closure of the South London Office and the easing of Covid restrictions, SignHealth continued to experience an increase in travel costs.

## Principal risks and uncertainties

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

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

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

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

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

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

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

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

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

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

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

## **Staff**

As a Deaf-led organisation, it is vital that SignHealth recruits a large proportion of staff that have lived experience of being Deaf people. We are therefore recruiting from a small pool of potential candidates. Our best candidates will also have different prior experiences and skills to those in a hearing-led organisation. This can also lead to risks around hearing and Deaf staff not understanding each other, leading to poor teamwork, low staff morale and increased incidents. Deaf staff may also not understand and follow organisational policies and procedures that are delivered via 'hearing' methods, leading to lack of career progression and increased incidents. We may not be able to find enough appropriately trained and experienced Deaf staff to meet our needs, in the right locations or at all, leading to understaffing and loss of quality.

This risk is managed in a number of ways. We ensure that all policies, procedures and training are as clear and accessible as possible to everyone, regardless of background or experience. We have also invested time in assessing the accessibility of our training and policies for our diverse workforce, including the development of a number of BSL videos for our policies and procedures. In 2023/24 our new Policy and Performance Manager has led on the redrafting all of our key policies in BSL and cascading these across the organisation. Whilst it will take some time for all of our policies to be updated, we have now developed a Policy Working Group, together with clear processes for the development and approval of new policies and started work on a number of fully accessible policies including Adult and Children Safeguarding policies, Medication policy and a new staff handbook.

The People and Pay Committee which was established in 2022/23 has continued to add value to our work. The committee is made up of both trustees and independent members who have extensive experience and knowledge in this area. The committee has clear Terms of Reference and has continued to provide guidance, support and advice to our People and Talent Team.

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

## **Safeguarding**

This risk covers both potential poor practice leading to a safeguarding incident which could result in the death of a client or significant harm to a client, reputational loss or financial loss to the organisation and/or individual clients and also an increased risk if we grow our services to include providing more services to children and/or young people.

We actively manage this risk in a variety of ways including having a comprehensive Safeguarding policy and procedure which is reviewed and approved by the Board each year. We have a separate Child Protection policy and procedure which is similarly reviewed and approved every year. We maintain an incident log which is regularly reviewed by the Executive Leadership Team, with all significant issues reported directly to the CEO and on to the Chair of the Board of Trustees. We undertake training for staff, including in relation to the handling/management of clients' finances

and undertake a full investigation of all incidents, with learning from every incident being captured and disseminated. Learning from any investigations relating to alleged safeguarding incidents continue to be incorporated in to updated policies, procedures and practice, particularly in terms of the safety of clients and staff when interacting with third parties. We also undertake Quality Assurance Audits.

### **Financial Management**

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

We have a performance management framework that aligns financial and non-financial data, which produces regular understandable and accurate reports for Managers and Trustees. We also have new procedures documented and ensuring all relevant people are aware of their responsibilities and ensuring a properly structured and competent Finance Team, together with a clear segregation of duties. During the year, we put in place a Finance Task and Finish Group made of trustees (including the Vice Chair and Treasurer) and staff to keep a focus on key elements of our financial management including cashflow and income/expenditure, enabling the group to increase the level of overview and scrutiny as well as providing assurance to the board.

### **New Risk Register**

As part of our move to a new Three Year Plan for 2024/27 we have developed a new Risk Register which is linked to the new Strategic Objectives of the new plan, which will be implemented from April 2024 onwards. The new register focuses on the following risk areas (following Charity Commission guidance);

- Governance
- Operations
- Finance
- External
- Compliance

### **Reserves policy**

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

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

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

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

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

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

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

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

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

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

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

At 31 March 2024, SignHealth's total reserves were £2,560,626 (2023: £2,674,762). Unrestricted funds were £2,558,848 (2023: £2,672,984) which equates to 3.5 months' operating expenditure (2023: 4.5 months), and restricted reserves stood at £1,778 (2023: £1,778).

Based on SignHealth's current size and scope of activities, the Trustees consider that one month's operating expenditure is sufficient to cover short term risks (2024: £712,546) and a further five months' operating expenditure is sufficient to mitigate medium term risks (2024: £3,562,730). SignHealth therefore aims to hold a minimum of six months' operating expenditure (2024: £4,275,279).

At the Trustee Board meeting on 7 March 2024 – the Trustees reviewed SignHealth's forecast financial position at 31 March 2024 alongside the budget for 2024-25. Despite the year end reserves position of 3.3 months being less than the target value of 6 months, the Trustees approved a deficit budget which would, barring any exceptional occurrences, slightly reduce SignHealth's reserves position at 31 March 2025.

The approval to further worsen SignHealth's financial position was agreed because during 2024/25, SignHealth will continue to invest significant amounts into its services, especially into its fundraising and transformation team.

In 2024, SignHealth has committed to a total review of its reserves policy in line with best practice and to better reflect SignHealth as it implements its growth plan.

### **Investments**

In April 2020, SignHealth invested £1,462,690 with Rathbones. In 2023-24 the charity reported £154,005 net gains and £38,341 income (2023: £112,298 net losses and £24,767 income).

Our investment managers Rathbones have not invested during the financial year to 31 March 2024. The equity holdings are held as share unit holdings. The trustees have adopted the ethical policy of the Rathbone Core Investment Fund for Charities (into which the Charity will invest) which is:

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

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

### **Going Concern**

The Trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. This is despite the reduction in reserves during 2022/23 and 2023/24.

This going concern position is supported by:

- The security of SignHealth's income – over 95% of SignHealth's income is contractual – received for the delivery of vital residential and support services that the NHS and local authorities are not equipped to provide, and this risk is spread across numerous separate NHS organisations and different local authorities.
- A more secure cash position. The availability, from May 2023, of a loan facility with Rathbones against the value of our investments. In 2023, Rathbones approved a five year £500,000 loan facility against the value of investments - drawn down to support SignHealth with its cashflow. Having repaid a portion of this loan in March 2024, the facility was reduced to £450,000. The availability of this loan will help SignHealth invest in the expansion of its services before income, received in arrears for the majority of services, is realised.
- Improved and increased focus on budgetary controls and reviews of financial information. SignHealth has set up a specialist Finance Task and Finish Group comprising a mix of Trustees and senior staff members. This Group has been set up to ensure that SignHealth's finances are monitored closely and that any remedial action necessary is taken in a timely manner.



- Further investment in the Finance team – additional support has been procured to support SignHealth's debtor recovery efforts

## Plans for the future

The strategic direction of SignHealth and plans for the forthcoming years are set out in the SignHealth Three Year Plan. A new Three Year Plan for 2024/27 was approved by the board in November 2023.

The new plan is structured around three new Strategic Objectives, namely;

- A Healthy Deaf Community
- Forward Together – Working in Partnership
- An Accessible system

These objectives are supported by an organisation-wide transformation programme.



Detailed milestones and actions under each of objective have been agreed for 2024/25.

### A Healthy Deaf Community

- We will engage with stakeholders including Deaf Mental Health Services, Commissioners and Housing Associations to develop high level proposals for new services in three areas
- We will roll out our new Children and Young People (CYP) Engagement and Participation teams, as well as developing and launching our Youth Advisory Board (YAB) and developing new digital resources for Deaf CYP.
- We will continue to expand our Domestic Abuse services outside London and Kent, delivering year two of the Home Office contact awarded last year.
- We will work with education providers to develop NHS Therapies career pathways to attract more Deaf people to become therapists, as well as improving the customer experience and increasing the diversity of the workforce in our Therapies service.

### Forward Together – Working in Partnership

- Working in partnership is critical to SignHealth's success – both internally and externally. We cannot achieve our purpose on our own.
- We will continue to build a movement around the deaf together campaign launched this year, attracting more partners and supporters through campaign actions and supporting other organisations running their own campaigns for change

- We will start the partnership toolkit roll out to all SignHealth services
- We will establish a project team and plan to develop 'Sick of It 2'

### **An Accessible System**

- We will assess the feasibility for setting up Training and Consultancy as a way of growing capacity for working with the health system
- We will ensure that SignHealth's activities are need-led by involving Deaf people through reviewing our internal and external communications and systems to ensure these are accessible and working with the CYP team to implement a board of Young People and engagement/consultation processes to ensure Children and Young People can influence the direction of our work
- We will improve access to information and healthcare for Deaf people by delivering workshops (online and in person) on how to assert our health rights, promoting our Domestic Abuse and Sexual Violence service and improving/increasing direct engagement with Deaf people, especially those who are not online.

In terms of our transformation programme more work will be undertaken in early 2024/25 to develop detailed plans across the five focus areas of;

- People
- Finance
- Systems and Data
- Governance
- Climate

## **Structure, governance and management**

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

### **Charitable objects**

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

### **Governance**

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

The Memorandum and Articles of Association were reviewed and updated in August 2023.

At the time of writing our Board consists of ten Trustees, which is in line with the maximum permitted by SignHealth's Memorandum and Articles of Association. In line with SignHealth's ambitions to be a Deaf-led organisation, the current Board of Trustees is made up of seven Deaf and three hearing Trustees.

In September 2023, three trustees completed their second term and stood down from the board. This included the Chair of the board, the Vice Chair of the board (who was also Chair of the Audit and Risk Committee) and one other trustee. Following a successful recruitment campaign four new trustees were recruited in 2023/24, one of which took up their position in July 2023. The other three successful candidates were officially appointed to the Board in September 2023 when the three previous trustees stood down. We also successfully recruited a new chair for the board in 2023/24. Due to issues with a previous recruitment campaign and not being able to recruit a suitable person we successfully applied to the Charity Commission in August 2023 to make the chair role a paid position. Consequently a new paid chair was appointed to the board in September 2023.

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

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

As part of our emerging Three Year Plan for 2024/27 we undertook a full governance review between January and May 2024. This review was comprised of three elements, namely an internal review, board self-review and an external review carried out by independent, external governance experts. The review is due to report to the board at their May 2024 awayday, with the recommendations due to be implemented from September 2024.

### **Leadership and management**

In 2023/24, 50% of the SignHealth Executive Leadership Team (ELT) were deaf people.

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

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

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

As part of our ongoing annual Organisational Resilience Review process, we have continued to review the organisation against the Charity Governance Code. This self-assessment continues to

highlight broad compliance and good practice against the principles whilst also identifying some areas where further work remains necessary. Actions under these areas is monitored throughout the year, with progress made against them reported as part of the next Organisational Resilience Review in Autumn 2023.

### **Fundraising Regulations**

During the year, SignHealth engaged in public fundraising, but did not use professional fundraisers or commercial participators. The charity continued to observe and comply with the relevant fundraising regulations and codes and is a member of the Fundraising Regulator. The charity received no complaints (2022/23: no complaints) relating to its fundraising practice.

### **Appointment of Trustees**

Vetting and checks of new Trustees was carried out in line with Charity Commission guidance. All new Trustees undertake a full induction process which includes induction meetings with the Chief Executive and each of the Directors on the Executive Leadership Team, external training on finance, the legal responsibilities of being trustee and safeguarding, as well as attendance at an all-day face to face staff induction event.

We set up a new Trustee Alumni scheme in 2023/24 in order to connect with previous SignHealth trustees. This enables us to stay in contact with trustees when they step down from the board, keeping them up to date with what SignHealth is doing and how it is growing, as well as continuing to benefit from their experience and networks. Although very beneficial in terms of relationship management the scheme is relatively light on resources and consists of one face to face event and one remote, online meeting each year, together with two e-mail newsletters.

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

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

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

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

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

The pay of senior staff is reviewed annually and can be increased in accordance with average earnings and the level of responsibility required. In view of the charitable nature of the company, the remuneration benchmark is determined through comparative research into charities of a similar size and scope. The People and Pay committee was established in 2022/23 with the remit to advise and make recommendations to the Board on these and other matters.

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

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

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

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

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

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

In so far as the trustees are aware:

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

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

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

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

SignHealth

Trustees' Annual Report

For the year ended 31 March 2024

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## **Auditor**

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

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

The trustees' annual report has been approved by the trustees on 25 July 2024 and signed on their behalf by



Sabina Iqbal  
Chair of Trustees

## Opinion

We have audited the financial statements of SignHealth (the 'charitable company') for the year ended 31 March 2024 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2024 and of its incoming resources and application of resources, including its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006

## Basis for opinion

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

## Conclusions relating to going concern

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

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

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

## Other Information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with

## Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2024

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

We have nothing to report in this regard.

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

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

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

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

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

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

### **Responsibilities of trustees**

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

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



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

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

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

### **Capability of the audit in detecting irregularities**

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

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

## Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2024

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

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

### **Use of our report**

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



Jonathan Orchard (Senior statutory auditor)

1 August 2024

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

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

For the year ended 31 March 2024

	Note	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
<b>Income from:</b>							
Donations and legacies	2	225,325	-	<b>225,325</b>	61,438	-	61,438
Charitable activities							
Social care	3a	5,306,037	9,643	<b>5,315,680</b>	3,842,080	85,454	3,927,534
Therapies	3b	1,162,537	85,396	<b>1,247,933</b>	1,148,427	22,602	1,171,029
Domestic abuse	3c	-	1,409,364	<b>1,409,364</b>	-	615,513	615,513
Other charitable activities	3d	-	-	-	-	-	-
Fundraising events		4,842	-	<b>4,842</b>	3,940	-	3,940
Investments	4	79,270	-	<b>79,270</b>	51,155	-	51,155
Other income		-	-	-	-	-	-
<b>Total income</b>		<b>6,778,011</b>	<b>1,504,403</b>	<b>8,282,414</b>	<b>5,107,040</b>	<b>723,569</b>	<b>5,830,609</b>
<b>Expenditure on:</b>							
Raising funds		247,022	-	<b>247,022</b>	269,812	-	269,812
Charitable activities							
Social care		5,497,133	9,643	<b>5,506,776</b>	4,603,074	85,454	4,688,528
Therapies		904,269	85,396	<b>989,665</b>	941,566	22,602	964,168
Domestic abuse		157,077	1,409,364	<b>1,566,442</b>	225,506	629,348	854,854
Other charitable activities		80,347	-	<b>80,347</b>	83,205	-	83,205
CYP		160,304	-	<b>160,304</b>	-	-	-
<b>Total expenditure</b>	5	<b>7,046,152</b>	<b>1,504,403</b>	<b>8,550,556</b>	<b>6,123,163</b>	<b>737,404</b>	<b>6,860,567</b>
<b>Net income/(expenditure) before gains/(losses)</b>		<b>(268,142)</b>	<b>-</b>	<b>(268,142)</b>	<b>(1,016,123)</b>	<b>(13,835)</b>	<b>(1,029,958)</b>
(Loss)/Gain on revaluation of investments	12	154,005	-	<b>154,005</b>	(112,298)	-	(112,298)
<b>Net income/(expenditure) for the year</b>	6	<b>(114,136)</b>	<b>-</b>	<b>(114,136)</b>	<b>(1,128,421)</b>	<b>(13,835)</b>	<b>(1,142,256)</b>
Transfers between funds	17a	-	-	-	(2,456)	2,456	-
<b>Net income / (expenditure) before other recognised gains and losses</b>		<b>(114,136)</b>	<b>-</b>	<b>(114,136)</b>	<b>(1,130,877)</b>	<b>(11,379)</b>	<b>(1,142,256)</b>
<b>Net movement in funds</b>		<b>(114,136)</b>	<b>-</b>	<b>(114,136)</b>	<b>(1,130,877)</b>	<b>(11,379)</b>	<b>(1,142,256)</b>
<b>Reconciliation of funds:</b>							
Total funds brought forward		2,672,984	1,778	<b>2,674,762</b>	3,803,861	13,157	3,817,018
<b>Total funds carried forward</b>		<b>2,558,848</b>	<b>1,778</b>	<b>2,560,626</b>	<b>2,672,984</b>	<b>1,778</b>	<b>2,674,762</b>

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

## Balance sheet

Company no. 02610559

As at 31 March 2024

	Note	2024 £	2023 £
<b>Fixed assets:</b>			
Tangible assets	11	35,625	78,840
Investments	12	1,486,046	1,366,478
		<u>1,521,671</u>	<u>1,445,318</u>
<b>Current assets:</b>			
Debtors	13	1,627,044	1,371,423
Cash at bank and in hand		236,689	429,833
		<u>1,863,733</u>	<u>1,801,256</u>
<b>Liabilities:</b>			
Creditors: amounts falling due within one year	14a	<u>(674,778)</u>	<u>(571,812)</u>
<b>Net current assets</b>		<b>1,188,955</b>	<b>1,229,444</b>
<b>Total assets less current liabilities</b>		<b>2,710,626</b>	
Creditors: amounts falling due after more than one year	14b	<u>(150,000)</u>	
<b>Total net assets</b>	16	<b><u>2,560,626</u></b>	<b><u>2,674,762</u></b>
<b>Funds:</b>			
Restricted income funds		1,778	1,778
Unrestricted income funds:			
Designated funds		69,882	126,171
General funds		2,488,966	2,546,813
		<u>2,558,848</u>	<u>2,672,984</u>
<b>Total unrestricted funds</b>		<b><u>2,558,848</u></b>	<b><u>2,672,984</u></b>
<b>Total funds</b>	17	<b><u>2,560,626</u></b>	<b><u>2,674,762</u></b>

Approved by the trustees on 25 July 2024 and signed on their behalf by


S Iqbal  
Chair of Trustees

T Hudson  
Trustee

## Statement of cash flows

For the year ended 31 March 2024

	Note	2024	2023
		£	£
<b>Cash flows from operating activities</b>			
<b>Net income/(expenditure) for the reporting period (as per the statement of financial activities)</b>		(114,136)	(1,142,256)
Depreciation charges		45,355	45,489
Losses disposal of fixed assets		-	-
Dividends, interest and rent from investments		(79,270)	(51,155)
Loss/(Gain) on revaluation of investments		(154,005)	112,298
(Increase) in debtors		(255,622)	(152,124)
Increase in creditors		102,966	140,869
<b>Net cash used in operating activities</b>		<b>(454,712)</b>	<b>(1,046,878)</b>
<b>Cash flows from investing activities:</b>			
Dividends, interest and income from investments		79,270	51,155
Purchase of fixed assets		(2,139)	(59,942)
Proceeds from sale of investments		32,475	35,971
Purchase of investments		-	-
Movement in cash held by investment managers pending reinvestment		1,963	(739)
<b>Net cash provided by/(used in) investing activities</b>		<b>111,569</b>	<b>26,445</b>
<b>Cash flows from financing activities:</b>			
Repayments of borrowing		(50,000)	-
Cash inflows from new borrowing		200,000	-
Receipt of endowment		-	-
<b>Net cash (used in) financing activities</b>		<b>150,000</b>	<b>-</b>
<b>Change in cash and cash equivalents in the year</b>		<b>(193,144)</b>	<b>(1,020,433)</b>
Cash and cash equivalents at the beginning of the year		429,833	1,450,266
<b>Cash and cash equivalents at the end of the year</b>		<b>236,689</b>	<b>429,833</b>

**1 Accounting policies**

**a) Statutory information**

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

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

**b) Basis of preparation**

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

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

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

**c) Public benefit entity**

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

**d) Going concern**

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

Further information on the charity's going concern conclusion can be found in the trustees' annual report.

**e) Income**

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

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

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

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

**f) Interest receivable**

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

**g) Fund accounting**

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

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

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

## Notes to the financial statements

For the year ended 31 March 2024

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

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

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

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

**i) Allocation of support costs**

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

● Raising funds	2% (2023:1%)
● Social care	69% (2023:75%)
● Therapies	10% (2023:12%)
● Domestic abuse	15% (2023:11%)
● CYP	3% (2023:0%)
● Other charitable activities	1% (2023: 1%)

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

● Raising funds	2% (2023:1%)
● Social care	69% (2023:75%)
● Therapies	10% (2023:12%)
● Domestic abuse	15% (2023:11%)
● CYP	3% (2023:0%)
● Other charitable activities	1% (2023: 1%)

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

**j) Operating leases**

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

**k) Tangible fixed assets**

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

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

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

**l) Listed investments**

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

## Notes to the financial statements

## For the year ended 31 March 2024

## 1 Accounting policies (continued)

## m) Debtors

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

## n) Short term deposits

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

## o) Cash at bank and in hand

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

## p) Creditors and provisions

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

## q) Financial instruments

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

## r) Pensions

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

## 2 Income from donations and legacies

In the year to 31 March 2024, SignHealth paid the Voluntary Organisa

	2024		2023	
	Unrestricted	Restricted	Unrestricted	Restricted
	£	£	£	£
Gifts	93,679	–	60,424	–
Legacies	131,646	–	1,014	–
CoronaVirus Retention Job Scheme	–	–	–	–
	<b>225,325</b>	<b>–</b>	<b>61,438</b>	<b>–</b>
	<b>225,325</b>	<b>–</b>	<b>61,438</b>	<b>–</b>



## Notes to the financial statements

For the year ended 31 March 2024

## 3 Income from charitable activities

			2024			2023
	Unrestricted	Restricted	Total	Unrestricted	Restricted	Total
	£	£	£	£	£	£
<b>3a Social care</b>						
Access to work	-	5,353	<b>5,353</b>	-	9,102	9,102
Fees	5,237,867	-	<b>5,237,867</b>	3,775,302	69,366	3,844,668
Client income	68,170	-	<b>68,170</b>	66,778	-	66,778
Grants receivable	-	4,290	<b>4,290</b>	-	6,985	6,985
Sub-total for Social Care	5,306,037	9,643	<b>5,315,680</b>	3,842,080	85,454	3,927,534
<b>3b Therapies</b>						
Fees	1,162,537	-	<b>1,162,537</b>	1,148,427	-	1,148,427
Grants receivable	-	85,396	<b>85,396</b>	-	22,602	22,602
Sub-total for Therapies	1,162,537	85,396	<b>1,247,933</b>	1,148,427	22,602	1,171,029
<b>3c Domestic abuse</b>						
Fees	-	-	-	-	-	-
Grants receivable	-	1,409,364	<b>1,409,364</b>	-	615,513	615,513
Sub-total for Domestic abuse	-	1,409,364	<b>1,409,364</b>	-	615,513	615,513
Total income from charitable activities	6,468,574	1,504,403	<b>7,972,977</b>	4,990,507	723,569	5,714,076

## 4 Income from investments

	2024	2023
	Total	Total
	£	£
Interest receivable	1,532	809
Other rental income	39,396	25,579
Income from investments	<b>38,341</b>	24,767
	<b>79,270</b>	51,155

All income from investments is unrestricted.

## Notes to the financial statements

For the year ended 31 March 2024

## 5a Analysis of expenditure (current year)

	Charitable activities								2024 Total £	2023 Total £
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	CYP £	Governance costs £	Support costs £		
Staff costs (Note 7)	158,978	2,656,395	585,902	780,290	41,570	61,640	280,286	1,331,005	<b>5,896,066</b>	4,368,903
Other staff costs	3,618	250,701	56,085	123,156	6,100	10,850	28,946	422,665	<b>902,121</b>	878,803
Travel and subsistence	4,423	70,407	10,788	59,548	4,949	4,258	31,271	43,759	<b>229,405</b>	233,158
Building costs	-	418,391	-	924	-	-	(28,231)	3,176	<b>394,260</b>	448,370
Running costs	969	95,826	63,300	90,476	-	216	111,185	316,596	<b>678,568</b>	521,440
Fundraising and marketing	23,283	497	196	83,733	-	160	8,375	68,883	<b>185,127</b>	158,256
Covid-19 costs	-	-	-	-	-	-	-	-	-	-
Beneficiary costs	-	89,813	-	8,449	-	-	261	(1,200)	<b>97,323</b>	118,639
Other trading costs	-	-	-	-	-	-	-	29,174	<b>29,174</b>	23,492
Accountancy and audit	-	-	-	-	-	-	17,914	-	<b>17,914</b>	18,621
Legal and professional	-	7,090	310	-	-	-	33,776	51,487	<b>92,663</b>	45,344
Depreciation and impairment	297	4,502	(4,184)	3,964	-	-	-	23,358	<b>27,937</b>	45,540
	<b>191,568</b>	<b>3,593,622</b>	<b>712,397</b>	<b>1,150,540</b>	<b>52,619</b>	<b>77,124</b>	<b>483,783</b>	<b>2,288,903</b>	<b>8,550,556</b>	<b>6,860,568</b>
Support costs	45,778	1,579,343	228,890	343,335	22,890	68,667	-	(2,288,903)	-	-
Governance costs	9,676	333,811	48,378	72,567	4,838	14,513	(483,783)	-	-	-
<b>Total expenditure 2024</b>	<b>247,022</b>	<b>5,506,776</b>	<b>989,665</b>	<b>1,566,442</b>	<b>80,347</b>	<b>160,304</b>		<b>-</b>	<b>8,550,556</b>	
Total expenditure 2023	269,812	4,688,528	964,168	854,854	83,205	-	-	-		6,860,568

## Notes to the financial statements

For the year ended 31 March 2024

## 5b Analysis of expenditure (prior year)

## Charitable activities

	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £	Governance costs £	Support costs £	2023 Total £
Staff costs (Note 7)	155,675	2,040,549	516,971	449,146	41,715	-	81,761	1,083,085	4,368,903
Other staff costs	45,987	51,612	54,325	24,157	8,897	-	-	693,825	878,803
Travel and subsistence	4,111	108,180	15,579	19,939	6,326	-	-	79,023	233,158
Building costs	965	360,528	4,857	-	-	-	-	82,019	448,370
Running costs	3,396	66,011	54,674	46,388	382	-	-	350,589	521,440
Fundraising and marketing	33,786	194	828	20,847	-	-	-	102,602	158,256
Covid-19 costs	-	-	-	-	-	-	-	-	-
Beneficiary costs	-	112,202	-	4,820	-	-	-	1,617	118,639
Other trading costs	-	-	-	-	-	-	-	23,492	23,492
Accountancy and audit	-	-	-	-	-	-	18,621	-	18,621
Legal and professional	7	4,067	-	-	-	-	-	41,270	45,344
Depreciation and impairment	-	3,836	6,318	4,826	-	-	-	30,561	45,540
	243,927	2,747,180	653,552	570,124	57,320	-	100,382	2,488,082	6,860,568
Support costs	24,881	1,866,061	298,570	273,689	24,881	-	-	(2,488,082)	-
Governance costs	1,004	75,287	12,046	11,041	1,004	-	(100,382)	-	-
<b>Total expenditure 2023</b>	<b>269,812</b>	<b>4,688,528</b>	<b>964,168</b>	<b>854,854</b>	<b>83,205</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6,860,568</b>

## Notes to the financial statements

## For the year ended 31 March 2024

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

This is stated after charging / (crediting):

	2024 £	2023 £
Depreciation	27,937	45,540
Loss/(gain) on revaluation/disposal of fixed assets	-	-
Auditor's remuneration (excluding VAT):		
Audit	17,914	18,621
Other services	-	-
	<u>27,937</u>	<u>45,540</u>

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

Staff costs were as follows:

	2024 £	2023 £
Salaries and wages	5,038,056	3,798,765
Redundancy and termination costs	103,767	-
Social security costs	501,882	379,196
Employer's contribution to defined contribution pension schemes	252,359	190,943
	<u>5,896,064</u>	<u>4,368,903</u>

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

	2024 No.	2023 No.
£60,000 – £79,999	2	1
£80,000 – £99,999	2	1
£100,000 – £129,999	-	-
£130,000 – £159,999	2	1
	<u>6</u>	<u>3</u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £633,545 (2023: £424,263). The Key Management Personnel includes the Trustees, the CEO, and all members of the Executive Leadership Team (Director of Operations, Director of People and Finance, Director of Campaigns, Director of Communications and Fundraising and Assistant Director of Governance).

A Chair is paid from employment with the charity in the year 2024 £14.6k (2023 £nil) with permission from Charity Commision. As for the rest of charity trustees, they were neither paid nor received any other benefits from employment with the charity in the year (2023: £nil). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil).

£3,376 trustee expenses (2023: £771), for attendance at trustee meetings, was incurred or paid on behalf of 7 trustees (2023: 5) in the year.

**8 Staff numbers**

The average number of employees (head count based on number of staff employed) during the year was 194 (2023: 172).

The FTE number of employees for the year was 123 (2023: 106)

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

	2024 No.	2023 No.
Raising funds	3	2
Social care	113	101
Therapies	16	16
Domestic abuse	25	15
Other charitable activities	1	1
CYP	6	–
Administration	23	31
Governance	7	6
	<u>194</u>	<u>172</u>

**9 Related party transactions**

In the year to 31 March 2024, SignHealth paid the Voluntary Organisations Disability Group (VODG) membership and other fees of £1,515 (2022–23: £2,203). The CEO of SignHealth is also a board member of VODG.

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

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

**10 Taxation**

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

	2024 £	2023 £
UK corporation tax at 19%	<u>–</u>	<u>–</u>

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

	Fixtures and fittings £	Computer equipment £	Total £
<b>Cost</b>			
At the start of the year	91,296	307,693	398,989
Additions in year	–	2,139	2,139
Disposals	–	–	–
At the end of the year	<u>91,296</u>	<u>309,832</u>	<u>401,128</u>
<b>Depreciation</b>			
At the start of the year	71,482	248,667	320,149
Charge for the year	–	45,355	45,355
Disposals	–	–	–
At the end of the year	<u>71,482</u>	<u>294,022</u>	<u>365,504</u>
<b>Net book value</b>			
<b>At the end of the year</b>	<u>19,814</u>	<u>15,811</u>	<u>35,625</u>
At the start of the year	<u>19,814</u>	<u>59,026</u>	<u>78,840</u>

All of the above assets are used for charitable purposes.

**12 Listed investments**

	2024 £	2023 £
Fair value at the start of the year	1,366,478	1,514,009
Additions at cost	–	–
Proceeds from sale of investments	(32,475)	(35,971)
Net gain/(loss) on change in fair value	154,005	(112,298)
	<u>1,488,009</u>	<u>1,365,740</u>
Cash held by investment broker pending reinvestment	(1,963)	738
Fair value at the end of the year	<u>1,486,046</u>	<u>1,366,478</u>
Investments comprise:		
	2024 £	2023 £
Shares listed on the London Stock Exchange	1,488,009	1,365,740
Cash	(1,963)	738
Fair value at the end of the year	<u>1,486,046</u>	<u>1,366,478</u>

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

**13 Debtors**

	2024 £	2023 £
Trade debtors	975,175	1,090,995
Other debtors	–	133
Prepayments and accrued income	651,869	280,295
	<u>1,627,044</u>	<u>1,371,423</u>

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

**14a Creditors: amounts falling due within one year**

	2024 £	2023 £
Trade creditors	186,334	107,819
Taxation and social security	141,576	129,072
Other creditors	42,466	38,693
Accruals	221,767	213,626
Deferred income (note 15)	82,635	82,603
	<u>674,778</u>	<u>571,812</u>

**14b Creditors: amounts falling due after more than one year**

	2024 £	2023 £
Bank loans	150,000	–
	<u>150,000</u>	<u>–</u>

**15 Deferred income**

Deferred income comprises income that has been billed in advance.

	2024 £	2023 £
Balance at the beginning of the year	82,603	26,661
Released to income in the year	(567,279)	(366,501)
Deferred in the year	567,311	422,443
Balance at the end of the year	<u>82,635</u>	<u>82,603</u>

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

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,486,046	35,625	–	1,521,671
Net current assets	1,152,919	34,257	1,778	1,188,955
Long term liabilities	(150,000)	–	–	(150,000)
<b>Net assets at 31 March 2024</b>	<u>2,488,966</u>	<u>69,882</u>	<u>1,778</u>	<u>2,560,626</u>

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

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,366,478	78,840	–	1,445,318
Net current assets	1,180,335	47,331	1,778	1,229,444
<b>Net assets at 1 April 2023</b>	<b>2,546,813</b>	<b>126,171</b>	<b>1,778</b>	<b>2,674,762</b>

## 17a Movements in funds (current year)

	At 1 April 2023 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2024 £
<b>Restricted funds:</b>					
Domestic Abuse	–	1,409,364	(1,409,364)	–	–
Residential	–	4,290	(4,290)	–	–
Therapy	–	85,396	(85,396)	–	–
Brudenell Road	–	–	–	–	–
Deaf with Cancer	1,778	–	–	–	1,778
Access to Work	–	5,353	(5,353)	–	–
<b>Total restricted funds</b>	<b>1,778</b>	<b>1,504,403</b>	<b>(1,504,403)</b>	<b>–</b>	<b>1,778</b>
<b>Unrestricted funds:</b>					
Designated funds:					
Fixed asset fund	78,840	2,139	(45,355)	–	35,624
Innovation fund	13,073	–	–	(13,073)	–
Two Deaf Foot fund	34,258	–	–	–	34,258
<b>Total designated funds</b>	<b>126,171</b>	<b>2,139</b>	<b>(45,355)</b>	<b>(13,073)</b>	<b>69,882</b>
<b>General funds</b>	<b>2,546,814</b>	<b>6,775,872</b>	<b>(6,846,792)</b>	<b>13,073</b>	<b>2,488,968</b>
<b>Total unrestricted funds</b>	<b>2,672,985</b>	<b>6,778,011</b>	<b>(6,892,147)</b>	<b>–</b>	<b>2,558,848</b>
<b>Total funds</b>	<b>2,674,763</b>	<b>8,282,414</b>	<b>(8,396,551)</b>	<b>–</b>	<b>2,560,626</b>

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



## 17b Movements in funds (prior year)

	At 1 April 2022 £	Income & gains £	Expenditure & losses £	Transfers £	At 1 April 2023 £
<b>Restricted funds:</b>					
Domestic Abuse	11,379	615,513	(629,348)	2,456	-
Residential	-	6,985	(6,985)	-	-
Therapy	-	22,602	(22,602)	-	-
Brudenell Road	-	69,366	(69,366)	-	-
Deaf with Cancer	1,778	-	-	-	1,778
Corona Virus funds	-	-	-	-	-
Access to Work	-	9,102	(9,102)	-	-
<b>Total restricted funds</b>	<b>13,157</b>	<b>723,569</b>	<b>(737,404)</b>	<b>2,456</b>	<b>1,778</b>
<b>Unrestricted funds:</b>					
Designated funds:					
Fixed asset fund	64,388	59,941	(45,489)	-	78,840
Innovation fund	13,073	-	-	-	13,073
Two Deaf Foot fund	34,258	-	-	-	34,258
Total designated funds	111,719	59,941	(45,489)	-	126,171
General funds	3,692,142	5,047,100	(6,189,972)	(2,456)	2,546,814
<b>Total unrestricted funds</b>	<b>3,803,861</b>	<b>5,107,040</b>	<b>(6,235,461)</b>	<b>(2,456)</b>	<b>2,672,984</b>
<b>Total funds</b>	<b>3,817,018</b>	<b>5,830,609</b>	<b>(6,972,865)</b>	<b>-</b>	<b>2,674,762</b>

**17c Purposes of restricted funds**

**Domestic Abuse (previously DeafHope)**

SignHealth's domestic abuse service, previously called DeafHope, works with the Deaf survivors of domestic abuse and includes our work with Deaf children and young people. It is funded by our fantastic supporters, who in 2023–24 include London Councils, the Home Office, The Police and Crime Commissioners for Kent and Sussex, Solace Women's Aid, Safe Lives, National Lottery, Bristol Next Link, Pilgrims and the City Bridge Foundation.

The Home Office had provided a grant over 2 years to enable SignHealth to improve its capacity to respond to deaf victims of domestic abuse. An extra £824,984 was awarded during the financial year 2023–2024, and was expended for the purpose for which it was awarded. Of the grant, £321,319 was spent on direct project and beneficiary costs, £54,135 on project overheads and £452,045 on staff costs.

The London Council – As correction to the Section 37 for financial year 2021–22: A total amount of £145,212.92 was available in grant from the London Councils Grant Committee during the financial year 2021–22 for SignHealth's domestic abuse service. This consisted of £138,052.92 in grant payments and £7,160 in underspend, from financial year 2020–2021 (agreed by London Councils to be carried forward to financial year 2021–22). £150,604 was expended for the purpose for which it was awarded, with no amount of underspend brought forward to financial year 2022–23.

As correction to the Section 37 for financial year 2022–23: £269,304 was awarded from the London Councils Grant Committee during the financial year 2022–23 for SignHealth's domestic abuse service. £267,078 was expended for the purpose for which it was awarded. A balance of £2,226 was carried forward to the financial year 2023–24. The entirety of this balance was returned to London Councils in financial year 2023–24.

£253,231 was awarded from the London Councils Grant Committee during the financial year 2023–2024 for SignHealth's domestic abuse service. This was expended for the purpose for which it was awarded: for abused Deaf women and children in London. Of the grant, £33,862 was spent on direct project costs, £28,033 on project overheads and £192,879 on staff costs.

**Residential**

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

**Therapy/Online Therapy**

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

**Brudenell Road**

Funding received for 'Brudenell Road' refers to a new housing scheme we have developed in Leeds.

**Deaf with Cancer**

Funding provides therapy for deaf people diagnosed with or recovering from cancer.

**Access to Work**

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

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

**Purposes of Designated Funds and General Funds**

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

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

The innovation designated fund represents funds set aside by the Board of Trustees, to put towards initiatives that will further SignHealth's charitable objects but that represent a high financial risk.

**18 Legal status of the charity**

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