

Annual Report and Financial Statement 2022

Royal Society for Public Health
www.rsph.org.uk

Contents

Reference and administrative details	3
Chair's foreword	4
What we've achieved.....	5
Income and expenditure 2022 and 2021	6
Vision	7
Voice	9
Practice.....	12
2023 and beyond	17
Structure, governance and management	18
Statement of trustee's responsibilities.	22
Independent auditors' report.	23
Statement of financial activities	27
Balance sheet.....	28
Statement of cash flows.....	29
Notes to the financial statement.....	30

Reference and administrative details

Charity No: 1125949 England and Wales
SC040750 Scotland

Principal and registered office: John Snow House
59 Mansell Street London E1 8AN

Trustees: Members of the Council since 1 January 2022

Dr Jonathan Pearson-Stuttard	Chair
Margaret Waterston	Treasurer, appointed 8 August 2022
Professor Lisa Ackerley	to 31 December 2022
Ms Ahmina Akhtar	to 31 October 2022
Mr Jeremy Benson	appointed 21 February 2023
Dr Nigel Carter	
Mr Christopher Clarke	to 26 January 2022
Dr Tim Elwell-Sutton	to 23 March 2023
Mr Malcolm Groat	appointed 21 February 2023
Mr Meir Hakkak	appointed 21 February 2023
Ms Anne Heughan	to 23 March 2023
Dr Rachel Isba	appointed 1 March 2023
Ms Davinder Jhamat	to 31 December 2022
Ms Halima Khan	appointed 27 January 2023
Mr James Morris	
Professor Margaret Rae	appointed 28 July 2022 to 11 April 2023
Ms Wilma Reid	
Mr Joe Stringer	to 17 March 2022
Mr Tony Vickers-Byrne	to 31 January 2022
Professor Carol Wallace	to 18 October 2022
Ms Charlotte Wood	appointed 21 February 2023
Ms Elizabeth Wynn	appointed 1 March 2023

Bankers: HSBC Bank
Wimbledon Branch
5 Wimbledon Hill Road
London SW19 7NF

Legal Advisors: Hempsons
40 Villiers Street
London WC2N 6NJ

Auditors: Moore Kingston Smith LLP
9 Appold Street
London EC2A 2AP

Investment Advisors: Rathbones Investment
Management Ltd
1 Curzon Street
London W1J 5FB

Chair's reflections on 2022

I had the honour of becoming Chair of the Royal Society for Public Health in the autumn of 2022 after being appointed a trustee in 2019. I would like to thank the previous Chair, Dr Nigel Carter OBE, and all trustees for welcoming me. I am really excited about the opportunity that we collectively have at such an important time for the public's health.

2022 saw many challenges. The ongoing impact of the Covid-19 pandemic, a cost-of-living crisis, and Government changes had an impact on us all individually, but also on the public's health.

The public health workforce continues to be an inspiration, with their compassion, resilience, innovation, and unwavering care. We are proud to be the voice for the sector, and we held our first Public Health Workforce Week in October to listen and learn about the challenges they face, and work with them on how we might best provide support.

It was also a year of change for RSPH. We welcomed our new Chief Executive, William Roberts, and new members of staff across the organisation. We owe a huge debt of thanks to our dedicated staff, led by the executive management team, who continue to deliver high-quality work and rise to the challenges of an ever-changing public health landscape.

We're proud of the resilience and agility that our teams, and our members and supporters have shown. As a result, we have been able to continue providing a wide range of support for public health. I would also like to give special thanks to Professor Carol Wallace who joined as a trustee in 2011 and worked tirelessly as our Treasurer before she left in October.

During the year the trustees and executive management team worked to further develop the strategy for the organisation, and this will be implemented in 2023. Our vision has always been dedication to improving and protecting the public's health.



Dr Jonathan Pearson-Stuttard FRSPH FFPH
Chair of Royal Society for Public Health

We used our voice to ensure that prevention, public health, and tackling inequalities remain on the agenda of Governments. We used our expertise in practice to develop new, relevant qualifications, training and learning tools that are fully accessible remotely in a complex and changing environment. I am optimistic about the impact RSPH can have on the public's health through our new strategic focus areas – that everyone can improve the public's health, inequalities matter to us all, and upskilling and empowering the public health workforce to help forge a healthier future.

Refurbishment works of our headquarters building at John Snow House were completed in the summer and have provided teams with an updated modern and flexible work environment.

Finally, I would like to thank our trustees who continue to serve the charity admirably with their skills and knowledge and to thank all our members, supporters, partners and centres for their continued dedication and support.

Jonathan Pearson-Stuttard

Jonathan Pearson-Stuttard (Jun 19, 2023 14:41 GMT+1)

Dr Jonathan Pearson-Stuttard FRSPH FFPH
Chair of Council

What we've achieved



Membership grew by 14%



Six webinars with 2, 796 attendees



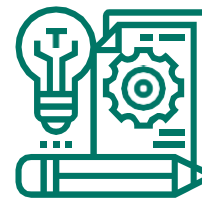
61, 956 hours of CPD delivered



11% increase in qualifications candidates



37 new centres recruited



Five new qualifications delivered



Over half a million website visits
502, 873

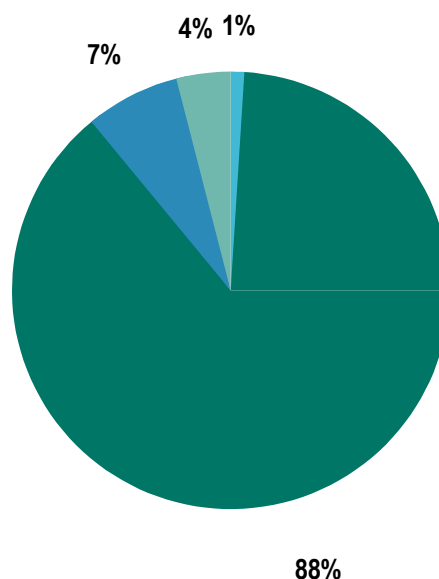


Over 6,800 new followers on
social media

Income and expenditure 2022 and 2021

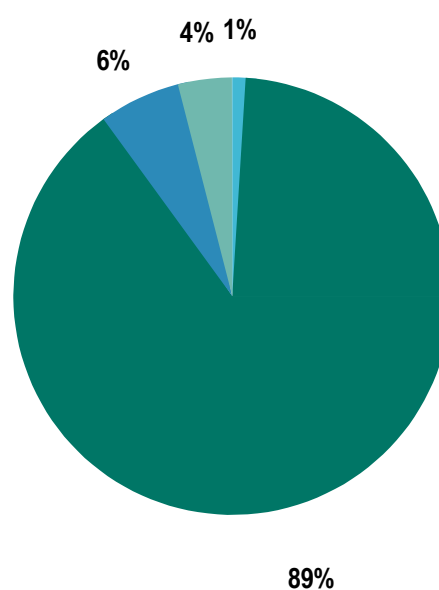
2022

Donations and sponsorship	£20,000
Charitable activities	£2,760,893
Other trading activities	£225,263
Investments	£138,696
Total Income	£3,144,852



2021

Donations and sponsorship	£32,020
Charitable activities	£2,521,892
Other trading activities	£169,385
Investments	£113,153
Total Income	£2,836,450



Vision

The Royal Society for Public Health is the oldest public health agency in the world. Established in 1856, we have over 165 years of experience in supporting the wider public health workforce through education, training, research and influencing and, more importantly, supporting the public's health.

Our 2022 – 2027 strategy brings in the next chapter for the charity. We will continue to fulfil our role as established in the royal charter, but we will also go further and be bolder in our ambitions to support our members and to tackle the greatest challenges we currently face, such as the gross inequalities exacerbated by the Covid-19 pandemic, and the cost-of-living crisis.

Our vision, voice and practice will guide our work for the next five years, enabling us to deliver our high-quality services whilst being a strong and sound organisation, so we can impact the public's health for many years to come.

RSPH exists to ensure everyone can lead a healthier longer life

RSPH Strategic Plan 2022-2027



Vision

Tackle inequalities exposed and exacerbated through Covid-19

Enable conditions and environments that support healthier societies

Change trajectory for improving UK healthy life expectancy



Voice

Support for the Public Health Workforce is Crucial

A skilled and well-trained workforce is essential for better public health. This requires investment both financially and in terms of commitment. We are the voice and support for the wider public health workforce and will champion and campaign on their needs

Inequalities Matter

We need to reverse the decline in trends around life expectancy and healthy life expectancy. We care about poverty, inequalities in all its forms, and fair economic prosperity. Addressing these issues is critical to improving public health. To tackle the drivers of inequality we must understand and challenge them. A fairer society is a healthier society

Public Health is Everyone's Responsibility

We must ensure that the public's health remains part of the conversation. Public health is everyone's responsibility from governments, to organisations, businesses and communities. Making public health everyone's business is essential for better public health outcomes



Practice

Enable and empower the wider public health workforce with our high-quality educational offer, impactful campaigns and, great programmes

Convene groups and stakeholders working across all areas of public health, hosting conversations and championing better health outcomes

Innovate and influence in the public health arena with our research, programmes and qualifications, engaging our membership in these

Transform the public health landscape by being a strong and sustainable organisation with financial security

Vision

Tackle inequalities exposed and exacerbated through Covid-19

Inequalities across our societies is nothing new. But the need to tackle these disparities and provide stronger voice and support for those communities most at risk is now essential. Covid-19 highlighted that the health and wellbeing of our communities must be supported if we are to grow and withstand any shocks to the system, such as another pandemic. We will provide voice, raise awareness, influence and provide training on behalf of these groups.



Enabling conditions and environments that support healthier societies

We are aware of the impact that people, place, and systems have on our health and ability to lead healthier lives. It is also well documented that more often than not our environments support unhealthy behaviours and consequently ill health. We will encourage population-level changes that champion healthier environments, whilst also providing our communities with the tools that will better support them and their health.



Change trajectory for improving UK healthy life expectancy

For the first time since WWII, the life expectancy of men and women in the UK decreased in 2020. However, more concerning is the difference in healthy life expectancy between the richest and poorest communities. It cannot be fair or accepted that a person living in Wokingham will live 15 healthier years more than a person living in Manchester. We will seek to convene the groups and influence the changes that will support healthier life expectancy across all communities and provide better awareness of these factors.



Voice

Support for the public health workforce is crucial

A skilled and well-trained workforce is essential for better public health. This requires investment both financially and in terms of commitment. We are the voice and support for the public health workforce and will champion and campaign on their needs.

In 2022 our membership increased by 14% meaning we were able to support more of the public health workforce with our qualifications, training, events, learning opportunities, and peer-reviewed journals.

We asked our members in the public health workforce about the challenges they are facing and, from the research, produced a series of [information sheets](#) highlighting the stress and strain that the public health workforce is under and the solutions that they wanted.

"Burn out is an issue, after having worked 12 hour-days as the norm for the last two years."



We held our first Public Health Workforce Week in October 2022 raising awareness of key findings from the research and hosted a live Twitter discussion about the concerns of the public health workforce.

We hosted the annual RSPH Health and Wellbeing Awards that recognise and celebrate a wide range of public health activities, policies and strategies that empower communities and individuals, improve the population's health, and address the wider social determinants of health. The winner of the 2022 Public Health Ministers' award was the Swim England and Good Boost partnership.



Inequalities matter

We need to reverse the decline in trends around life expectancy and healthy life expectancy. We care about poverty, inequalities in all its forms, and fair economic prosperity. Addressing these issues is critical to improving public health. To tackle the drivers of inequality we must understand and challenge them. A fairer society is a healthier society.

We published [Our Health - the Price We Will Pay for the Cost-of-Living Crisis](#) – a report highlighting new data collected by RSPH and showing the growing and lasting impact of the cost-of-living crisis on the public's health.

The report marked the beginning of RSPH's programme of work on the impact of the cost-of-living crisis on the public's health and inequalities, and the policy and practice solutions.



This programme of work is a core part of RSPH's new strategy: everyone can improve the public's health; inequalities – and their societal impacts – matter; and an empowered public health workforce is crucial to unlocking health and prosperity in communities across the UK. 2022 saw us continuing to increase the number of approved delivery centres for our qualifications, in order to expand the reach of this network in tackling health inequalities across the UK. We approved 37 centres in all four nations of the UK, including schools, colleges, universities, grassroots community organisations, and local authorities

In addition to our new centres, one centre has been re-approved and is delivering eight qualifications, and 22 existing centres have added 29 additional qualifications to their centre's educational offering.

Access programme

RSPH qualifications have been used to support other innovative work across RSPH. Commissioned by NHS England, RSPH developed a pilot programme with a focus on supporting people experiencing homelessness into frontline healthcare roles and was concerned with highlighting barriers to employment in this specific context.



This work was taken forward in partnership with Pathway, Groundswell, and the Department of Work and Pensions. It involved the design and delivery of employment support and a training pathway for individuals with lived experience of homelessness. This included the attainment of the RSPH Level 1 Understanding Health Improvement qualification, provision of pre-employment advice, access to internships, and placements.

The independent evaluation from King's College London indicates that the main outcomes of the project include a high job offer rate for participants and a better understanding of the elements of a successful employment pathway for people experiencing homelessness. The report is due to be published in 2023.

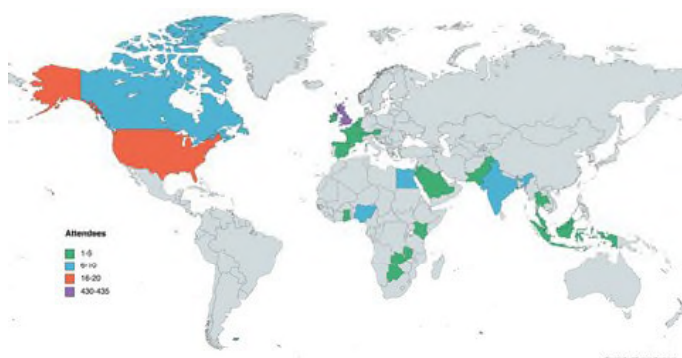
Public health is everyone's responsibility

We must ensure that the public's health remains part of the conversation. Public health is everyone's responsibility, from governments to organisations, businesses, and communities. Making public health everyone's business is essential for better public health outcomes.

In February 2022 we delivered 'Future of Public Health' an online conference asking, 'What next following the Covid-19 pandemic?' speakers included

- Professor David Nabarro, Special Envoy on Covid-19, World Health Organisation
- Rt Hon Jonathan Ashworth, Shadow Secretary for Work and Pensions
- Alison Cox, Global Health and Climate Alliance
- Chris Thomas, Institute for Public Policy Research

The talks stimulated strong discussions and the webinar had 302 international attendees and, importantly, engagement from the devolved nations.



From this, we began our work to convene groups and teams from across the public health landscape.

During the year we worked with UKHSA, OHID, NHES, HEE (now NHS England WTE), Food Standards Agency, HSE, Gambling Health Alliance, Obesity Alliance, Association of Directors of Public Health, Faculty of Occupational Medicine, Health Equals, Health Equalities Alliance, Smoke Free Action Coalition, Alcohol Health Alliance, UK People in Public Health, Dept for Levelling Up, Mental Health First Aid England, World Cancer Research Fund, stakeholders from the devolved nations and many more NHS Trusts, local authority public health departments, national charities, universities and academia, public health practitioners and organisations, professional bodies, and hundreds of local community health and wellbeing organisations.



This engagement and our reputation as evidence-based influencers should only grow in 2023 when we step up our work highlighting the inequalities in vaccine uptake, harms caused by gambling, and the effects on public health, to influence manifestos as we approach the general election.

During 2022 we started a series of policy breakfasts to communicate our public health research and engage with the sector. Our first policy breakfast focussed on supporting those who deliver public health, and we started planning our 2023 series, which includes the impact of the cost-of-living crisis, and children and young people's experiences of vaccines.

Practice

Enable and empower the wider public health workforce with our high-quality educational offer, impactful campaigns, and great programmes.

Royal Society for Public Health is regulated by Ofqual (England), Qualifications Wales (Wales), and CCEA (Northern Ireland) to provide its wide-ranging and innovative public health qualifications, all of which focus on providing the public health workforce with the knowledge, skills, and confidence to protect and improve the public's health.

In 2022, the charity provided public health qualifications for many thousands of candidates across a range of diverse subjects, with key growth areas being Health Improvement and Pest Control. Our qualifications have been used to underpin projects and programmes of work delivered by a range of organisations including NHS England, multiple local authorities, charities, and private businesses.

Public Health Area	2022
Food safety	16,177
Health improvement	4,283
Health and safety	4,096
Pest management	1,849
Nutrition	717
Built environment	638
Bespoke qualifications	926
	28,686

We continued to show innovation in identifying new areas of need and demand for public health skills and knowledge, by working with partners to initiate the development of five new qualifications

- RSPH Level 3 Mental Health First Aid
- RSPH Level 2 Award for Mental Health Peer Mentors (RSPH non-regulated)
- RSPH also agreed a partnership with NHS England to develop a suite of qualifications to support the national Violence Prevention and Reduction Standard (RSPH non-regulated)

We continued to develop and deliver our innovative programmes that support the public health workforce to deliver new services and tackle inequalities.

RSPH Learn and RSPH LearnFree Training

RSPH provides eLearning courses for a range of clients and customers in the public, private, charitable, academic, and educational sectors.

- **Total number of learners (eLearning and training) in 2022: 9,707**
- **Total learners accessing digital courses: 8,330** Most popular course in 2022: **Level 2 Food Safety & Hygiene**

New eLearning courses launched in 2022

- Introduction to Public Health (March, free for members)
- Introduction to Health Behaviour Change (March, free for members)
- Loneliness and Relationships course update and re-launch (May, free for everyone)

Continuing Professional Development

RSPH provides members and non-members with CPD points for a range of its training, learning, webinars, conferences, and more. In 2022 we delivered **61,956** hours of CPD.

Making Every Contact Count for Mental Health Project

RSPH was commissioned by Health Education England to lead the Making Every Contact Count (MECC) for Mental Health project that aims to upskill the non-specialist workforce in primary and community care by supplying high-quality evidence-based training. MECC training develops knowledge, skills, and confidence to integrate mental health and wellbeing messages and interventions into routine practice, enabling the opportunistic delivery of consistent, concise healthy lifestyle information through short conversations aimed to support people to make positive changes to improve their mental wellbeing.



An independent evaluation of the phase 1 project (June 2021-May 2022) showed:

- 12 lead trainers and 100 local trainers from 83 organisations in primary and community care organisations were recruited
- Statistically significant increases in participants' capability, opportunity, and motivation to have conversations with people about their mental health
- Evaluation follow-up also found a statistically significant increase in the number of conversations about mental health and wellbeing that participants were having, compared with before the training

Phase 2 of the project commenced in June 2022, to recruit an additional 26 lead trainers and 130 trainers across the three ICS areas of Cheshire and Merseyside, Greater Manchester and Lancashire, and South Cumbria. Training was delivered to 19 lead trainers and 604 end users (380 MECC for Mental Health, 177 MECC for Menopause, and 47 MECC for Cancer Pathways).

"...as a third sector organisation, having a number of MECC for Mental Health trainers on our team means we now have a training arm to our organisation which we didn't have before. So that strengthens our position as an organisation, as well as bringing real value to the community we serve."

Building on this, the following adaptation programmes were developed to be launched in 2023:

- MECC for Menopause
- MECC for Stroke Care
- MECC for Practice Education Facilitators

Encouraging Vaccine Uptake

RSPH Training continued to deliver the Level 2 Award to upskill public facing professionals who could have brief opportunistic conversations about all vaccination programmes, and in particular Covid-19.

Total number of learners trained: 308

“The staff who have attended the training gave overwhelmingly positive feedback, reporting a marked improvement in both the knowledge of vaccine concern, and confidence around hosting conversations to encourage vaccine uptake.”

Partners we worked with to deliver this training:

- Lambeth Council
- Tower Hamlets Council
- Groundswell
- Champs Public Health Collaborative
- Redbridge CVS
- Cheshire West and Chester Council
- NHS North East London CCG
- Kent Community NHS Trust
- Royal Borough of Kensington and Chelsea
- Westminster Council

Tackling Gambling Related Harms

In partnership with Medway Council, RSPH Training delivered the Level 2 Award in Tackling Gambling-Related Harms qualification. This course educates learners about the impact of harmful gambling, and how to provide support and signposting to affected individuals.

Total number of learners trained: 124

NHS England Health and Wellbeing Champions Project

RSPH Training was commissioned by NHS England to deliver the RSPH Level 2 Award in Understanding Health Improvement qualification to health and care staff across the seven NHS regions in England with the aim of having workplace health and wellbeing champions available to fellow staff. All learners who completed the training have been given a year's RSPH Membership to support them in their role. The project will continue into 2023.

Total number of learners trained: 231

Diploma in Occupational Medicine

RSPH is approved by the Faculty of Occupational Medicine to run the Diploma in Occupational Medicine course to prepare candidates for the Diploma in Occupational Medicine's written examination and the oral examination based on a portfolio.

In 2022, 80 delegates attended the two-week course
100% said they would recommend this course to a colleague

“...overall, it was very well-organized intensive course under the leadership of Dr Shriti Pattani. All the lecturers were senior people with vast experience in their respective field. All the sessions were conducted on time without any glitches. Finally, it was a great session.”

RSPH Accreditation

Through the RSPH accreditation service, the RSPH endorses training programmes, campaigns and university modules which contribute to maintaining high standards in education, public health, hygiene, and safety.

During 2022 there were over 40 programmes accredited from 19 organisations, in subjects including public health, behaviour change, health literacy, cancer awareness, mental health, nutrition, hygiene, and food safety.

We accredited West Sussex County Council's 'Making Every Contact Count' training programme. The programme is designed to upskill and motivate the local workforce, giving people the knowledge, skills, and confidence to discuss health behaviour change with others. It supports the County Council's ambition to be an organisation:

"...where all our people can work in an empowered, collaborative and innovative way to make a real and positive difference for all our communities".

Convene groups and stakeholders working across all areas of public health, hosting conversations and championing better health outcomes

In 2022 we supported our members and the public health sector with

Six webinars: 2,796 attendees

Four Special Interest Groups: 4,495 members

Two online member events: 150 attendees

Feedback on our events and conferences is always positive and, in response to our member's request for face-to-face events, we are planning two in-person member networking events in 2023.

Since 2020, RSPH has been working with Hull City Council's public health team to establish a Financial Inclusion Network, to support coordinated, multi-agency strategic action to address financial insecurity. In 2022, RSPH facilitated financial insecurity network meetings to continue the development of the local health and care systems' capability around the scale and impact of financial insecurity and debt on population health. The network mobilised several innovations and initiatives to improve financial inclusion in the city, including The Poverty Truth Commission, The Prevention Concordat for Better Mental Health, The Health Inequalities Framework, The Money and Mental Health Workshop, and The Joint Health & Wellbeing Strategy.

Innovate and influence in the public health arena with our research, programmes, and qualifications, engaging our membership in these

Our membership consists of people working, or with an interest, in public health from a broad range of areas including doctors, students, environmental health, health and safety professionals, and public health practitioners. They are global - from the four UK nations, and internationally, and they are involved and vocal in their passion for public health, and as the charity innovates and influences the public health arena, we engage our membership in discussion, development, and delivery.

Membership levels range from Student to Fellow, with the aim of supporting professionals along their public health career pathway. We offer a range of benefits to members including, webinars, member events, journal subscriptions; and special interest groups in Arts and Health, Behaviour Change, Food, and Water that members can join.

We continued to support our members with free eLearning as part of their membership: 1,377 member learners took courses in 2022.



"Perspectives in Public Health" is published bi-monthly and is available to all RSPH members, while "Public Health" is published monthly and is available online to Fellow members. Our newest journal, "Public Health in Practice", is a gold open-access journal and accepts submissions.

In 2022 our journals were downloaded 1,778,631 times and we received 3,917 article submissions from around the world.

Transform the public health landscape by being a strong and sustainable organisation with financial security

In 2022 we undertook a major refurbishment to our freehold building with improved lighting, revised office layout, new carpets, and other facilities to provide a modern working environment for our staff.

The overwhelming majority of staff enjoy the flexibility of working from home for part of the week and we reviewed our flexible working policy and made hybrid/agile working a permanent arrangement for all staff members. We reviewed and improved some of our other staff policies around annual leave maternity leave/pay and sickness absence, with the aim of creating an engaged, supported, and happy staff team. To increase their wellbeing, we also increased the number of First Aiders, staff trained in Mental Health First Aid, and continued to develop the remit of our staff health champions.

In line with our regulatory requirements and quality assurance procedures, several of our qualifications were put through scheduled mid-term or full-term reviews during the year. Our internal qualifications learning system, exam marking, and certification systems are continually monitored and reviewed whilst maintaining the highest standards.

We strengthened our resources around policy and communications to support our three strategic voice areas and increase our capacity for influencing the public health arena, convening groups and stakeholders, hosting conversations, and championing better health outcomes.

Our two online learning platforms, RSPH Learn and RSPH LearnFree for public health professionals and the public respectively, continue to run successfully since launch two years ago. During the year we implemented portal refinements to enhance customer experience based on feedback received. We have continued to promote the move to e-Assessment and have significantly increased the number of centres signed up and delivering on-line examinations.

A review of our financial accounting processes indicated the need for an improved finance system, and this will be implemented in 2023

2023 and beyond

Our strategy will support us to go further and be bolder in our ambitions to tackle the greatest challenges faced in our societies and the wider public health workforce. This is necessary if we are to make the much-needed gains following a pandemic that has exacerbated the gross inequalities faced in our societies, and a cost-of-living crisis that can impact the public's health for many years to come.

We aim to grow our membership by 20% and increase online payments, subscriptions, and readership aimed at reducing the negative effect on climate and the environment.

We plan to increase the impact factor of our three international journals by strengthening our editorial boards and increasing article submissions from the sector globally.

We will grow our events and conferences offering, highlighting key issues in public health including, supporting the de-motivated workforce, the effects of the cost-of-living crisis on public health, developing areas of public health, and reflecting the needs of our members and the public health sector.

We will continue to deliver our public health qualifications and our online training and learning to more people and organisations in the public health sector, supporting the need for a high standard of required knowledge and experience across the public health workforce. This will also help us tackle inequalities by increasing our use of e-learning, face to face training, and e-certification, enabling more people to develop a career in public health.

We believe it is crucial for improved public health to increase the number of people accessing our health improvement programmes and becoming Community Health Champions via the Communities in Charge project, particularly in the areas of obesity, alcohol, and gambling.

We will upscale our successful Making Every Contact Count for Mental Health project and diversify into new areas such as Menopause and Cancer Awareness. From the Evaluation Report for our Access to Work Programme due to be published in 2023, we plan to increase our delivery to help people with lived experience of homelessness into employment into healthcare settings.

We will continue to develop the charity as an evidence-based authoritative voice that successfully advocates for the public's health and the public health workforce. We aim to be the trusted source for public health information developing a presence and communications with the sector including the devolved nations and internationally.

Structure, Governance and Management

RSPH is a registered charity in England & Wales (Reg.No 1125949) and in Scotland (Reg. No.SC040750) and governed by a royal charter and by-laws dated 30 September 2008 and as amended on 10 February 2016. The direction and management of RSPH and its affairs and business are vested in the RSPH Council. The Council members, as charity trustees are responsible for the RSPH and its property and funds. The Council of RSPH consists of not less than 10 and not more than 15 members including the Chair, Vice Chair, and Treasurer. Trustees are appointed by the Council to ensure an optimum match of expertise and experience to suit the strategic needs of the charity that exists at any given time. All members of the Council act as trustees of RSPH and have a vote.

New trustees are appointed through a recruitment campaign and occasionally on the basis of recommendation depending on the experiences and skills needed. RSPH members are always notified of Council vacancies and encouraged to apply. New trustees send an application and cover letter, and candidates are interviewed by two or three members of the Nominations and Governance Committee. New trustees are given a formal induction process with senior staff and provided with all the appropriate governance materials including key guidance for trustees from the Charity Commission.

The normal term of office for trustees is three years, renewable for a further immediate term of three years. In order to provide both continuity and engagement of new trustees, one third of the Council is required to stand down each year. New Council members are offered induction meetings with the Chair, Chief Executive, and senior staff of RSPH, and every trustee is offered training opportunities as appropriate.

RSPH reviews its long-term strategy regularly with trustees and the executive management team. It operates five standing sub-committees, 'Audit and Risk', 'Nominations and Governance', 'Qualifications Governance', 'Policy & Impact' and 'Public Health Workforce' to provide support to the Council on issues defined by terms of reference. It also creates task and finish groups to explore specific and timely issues when necessary. The trustees meet four times per year as a full trustee group as well as at the Annual General Meeting.

RSPH is managed on a day-to-day basis by an executive management team led by the Chief Executive. To facilitate effective operations, the Chief Executive has delegated authority, within terms of delegation approved by the trustees, for all operational matters including finance and employment. The trustees are listed on page 3 of this report.

Key Management Personnel

The Council of Trustees and members of the executive management team comprise the key management personnel of the charity in charge of directing and controlling, running, and operating RSPH on a day-to-day basis. All trustees give their time freely and no trustee received remuneration in the year for their responsibilities as part of the Council. The executive management team members are the Chief Executive, Director of Membership and Educational Services, Director of Finance and Corporate Resources, Director of National and Regional Programmes, Director of Qualifications, and Director of Policy and Communications.

The pay of the executive management team is reviewed annually and normally increases in accordance with inflation. The charity benchmarks salaries based on the market rates.

Risk Management

The Council has assessed the major risks to which the RSPH is exposed, in particular those related to the operations and finances of the charity and is satisfied that systems are in place to mitigate the exposure to major risks. The trustees have set up an Audit and Risk Committee comprising a minimum of three trustees to oversee the risk issues. This Committee reports to Council on relevant matters and sets its own agenda for action and is free to consider any matters relating to the health of RSPH, which could have serious deleterious effects or bring RSPH or its work into disrepute. Where appropriate, risks are covered by insurance. A risk register has been set up and is reviewed quarterly by the Council at its meetings.

The following framework is central to ensuring adequate risk assurance:

- regular identification and monitoring of major risks and development of action plans
- a clear structure of delegated authority and control
- regular review of internal control systems
- regular summary reports on risk management to the Council
- regular reports on risk management to the Audit and Risk Committee.
- As any organisation, the RSPH is also exposed to cyber security threats. To mitigate this risk, RSPH endpoint devices are fully managed and have antivirus software which is updated regularly. In addition to this, all emails are routed through an anti-spam email gateway. RSPH files are stored in the Microsoft Cloud (SharePoint/OneDrive) and are accessible only from RSPH compliant devices. Multifactor Authentication (MFA) is enabled for users. There is a Datto SaaS Protection in place which is a backup tool that protects Microsoft 365 data. In an event of data loss, our data can be re-stored within a short period of time.
- RSPH is exposed to market fluctuations of the values of its freehold property and investment portfolio. Market values dropped substantially in 2022 and these are reflected in the Balance Sheet. The executive management team is monitoring the position regularly.
- Over the last few years, the charity has achieved media coverage for its key public health messages. This has exposed RSPH to reputational risk. RSPH has established good media relationships and engages in robust research on topics by our dedicated and trained staff.

Key risks

- As an Awarding Organisation, RSPH is regulated by OfQual. It is important for RSPH to satisfy the regulatory requirements to maintain the accredited status of its qualifications. The Compliance Manager and other senior staff keep up to date with OfQual guidance on the Regulatory Conditions. This is overseen on a quarterly basis by the Qualifications Governance Committee.
- As with other Awarding organisations, RSPH is also exposed to fraud by criminal gangs who produce fraudulent certificates that are presented to obtain certain skilled jobs. We are working with OfQual on this, and the executive management team has introduced rigorous controls and measures in place to ensure the authenticity of our certificates.

Reserves Policy

The executive management team has considered RSPH's requirements and established a policy in line with the Charity Commission guidance whereby the unrestricted general fund held by RSPH should be approximately six months expenditure. The budgeted expenditure for the year is £3.1 million and therefore, the target reserve level is approximately £1.55 million, and the management is confident that at this level they would be able to continue the current activities of RSPH in the event of a significant drop in income.

At the end of the year, the level of unrestricted general funds stood at over £9.3 million which is more than its target level. In March this year, trustees agreed to the development of an innovation fund to enable RSPH to access funding for new initiatives. A designated Innovation fund of £146,000 has now been set up from the free reserves.

Trustees have also decided to re-establish the designated building fund following the major refurbishment works on its freehold building at 59 Mansell Street during the year which utilised most of the designated fund set aside in 2021. It was decided to set aside a sum of £600,000 as the 'building designated fund'.

Due to the volatility of the markets for our activities over the past few years, trustees have decided to keep the free reserves above the target level until suitable designated purposes are found in the future.

Fundraising

Following the implementation of the Charities (Protection and Social Investment) Act 2016, the charity has reviewed its fundraising activities and confirms that it complies with the regulation. The charity did not make use of any external fundraisers. No complaints were received in respect of its fundraising activities.

Objects

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charities Commission in determining the activities undertaken by RSPH.

The objects of RSPH as set out in the royal charter are "for the promotion and protection of public health in such ways as are charitable in law". Through advocacy, mediation, empowerment, knowledge, and practice we advise on policy development, provide education and training services, encourage scientific research, disseminate information and good practice.

Financial Review

Funding for RSPH's work is generated by its core activities in education and training and through the support of specific projects from charitable sources. It is also supported by income from the investment portfolio. Although RSPH continues to experience the effect of the Covid-19 pandemic, trustees are pleased with the income for the year compared to the previous year. The total income from all sources has increased by nearly 11% to £3,144,852 (2021-£2,836,450).

Total expenditure for the year increased by 3% to £2,998,284 (2021- £2,902,292) which includes an expenditure of £28,188 in relation to the restricted funds.

Total net income before gains/(loss) on investments amounted to £146,568 compared to the net expenditure of £65,842 in 2021.

An amount of £19,152 is transferred from the following restricted funds to the unrestricted fund:

- £17,096 was transferred from 'Heggie fund' to support the refurbishment of 'Heggie' meeting rooms at 59 Mansell Street
- £1,146 was transferred from 'Nigel Symonds fund' following approval from the Charity Commission
- £910 was transferred from 'EMC Wilson Bequest fund' following approval from the Charity Commission

Providing qualifications is one of the main activities of RSPH and this has generated an income of £851,403 which was 21% higher than the previous year's income of £705,845. The other main activities, membership and publishing, have generated an income of £768,492 for the year, compared to the income of £788,274 in the previous year. Income from projects for the year is £361,604 which is 8% lower than the previous year's income.

In addition to this, RSPH has also provided other activities such as courses and conferences, educational services, and sold resources, which have generated a combined income of £779,394 for the year.

During the year, RSPH increased the letting proportion of its building and signed a 10-year lease with the tenants. As a result, its investment property ratio has increased to 63.02% from 36.98% in the previous year.

RSPH engaged a RICS qualified external valuer to provide a report on the value of its freehold property at 59 Mansell Street, London E1 8AN. According to the report, the fair value of the property as of 31 December 2022 has fallen to £5,750,000 from £6,600,000 in 2021.

Based on the revised valuation and increased letting proportion of the building, the split between Tangible asset and Investment property is as follows

- Tangible asset £2,126,350 (36.98%)
- Investment property of £3,623,650 (63.02%)

Overall, RSPH's net expenditure after all the losses on the investment portfolio and the valuation of freehold property, is £1,753,076 compared to a net expenditure of £316,594 in the previous year.

Investment policy and performance

Investments are managed by external managers, Rathbones Investment Management Ltd who have many years experience of investment management and are authorised persons within the Financial Services and Markets Act 2000.

RSPH delegates power to Rathbones Investment Management Ltd to use their best endeavours in managing the portfolio within clearly defined policy guidelines. Investments are with corporations that have produced audited accounts in the last five preceding years and trade within the ethical restraints imposed by RSPH.

The investment manager is required to report all transactions within 14 days and submit a comprehensive performance report quarterly. The manager is frequently invited to present their report to the Audit and Risk Committee. RSPH reviews the delegated arrangement with the manager annually. RSPH also undertakes an annual review of its investment objectives which meet the requirements of the Financial Services Authority (FSA).

RSPH's priority is for capital growth with medium income. The portfolio is based on medium risk and may include government and other fixed interest investments and equities. Indirect exposure through UK companies trading internationally is permitted.

During the year, RSPH acquired stocks with a value of £1,152,159 and disposed of stocks with a market value of £1,251,424. The market value of the RSPH investment portfolio at the end of the year stood at £5,172,737 (2021- £5,866,041).

Thomas Latimer Cleave Memorial Trust

RSPH administers the above charitable fund which is registered with the Charity Commission under the number 296180. RSPH is the only trustee of the fund.

Statement of trustees' responsibilities

The trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations. Charity law in England and Wales and the royal charter require the trustees to prepare financial statements for each financial year. Under the law, the trustees have elected to prepare the financial statements in accordance with United Kingdom Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the surplus or deficit for that period. In preparing those financial statements the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles of the Charities SORP
- make judgments and estimates that are reasonable and prudent
- follow applicable accounting standards
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in operation

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

Jonathan Pearson-Stuttard

Jonathan Pearson-Stuttard (Jun 19, 2023 14:41 GMT+1)

Dr Jonathan Pearson-Stuttard FRSPH FFPH
Chair of Council

Date: 15 June 2023

Opinion

We have audited the financial statements of the Royal Society for Public Health for the year ended 31 December 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and 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 charity's affairs as at 31 December 2022, and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 22, the trustees 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 charity'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 charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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

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

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

evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.

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

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

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

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

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

Our approach was as follows:

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

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

Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Moore Kingston Smith LLP
Moore Kingston Smith LLP
Statutory auditor

6th Floor
9 Appold Street
London
EC2A 2AP

Date: 23 June 2023

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.

Royal Society for Public Health

**Statement of Financial Activities
for the year ended 31 December 2022**

			2022	2021
		Unrestricted Funds	Restricted Funds	Total
		£	£	£
Income from:				
Donations and sponsorship		20,000	-	20,000
Charitable activities	3(a)	2,760,893	-	2,760,893
<i>Other trading activities:</i>				
Rental, room hire and other income		225,263	-	225,263
Investments		134,828	3,868	138,696
Total		3,140,984	3,868	3,144,852
Expenditure on:				
Raising funds				
Trading operations		109,701	-	109,701
Charitable activities		2,860,395	28,188	2,888,583
Total	3(b)	2,970,096	28,188	2,998,284
Net income/(expenditure) before gains/(loss) on investments		170,888	(24,320)	146,568
Transfer from Restricted funds		19,152	(19,152)	-
(Loss) on revaluation of freehold property		(482,628)	-	(482,628)
Net loss on investments		(1,417,016)	-	(1,417,016)
Net expenditure		(1,709,604)	(43,472)	(1,753,076)
Net movement in funds		(1,709,604)	(43,472)	(1,753,076)
Reconciliation of funds				
Funds brought forward		13,047,062	198,549	13,245,611
Funds carried forward	12	11,337,458	155,077	11,492,535

The statement of financial activities includes all gains and losses recognised in the year.

Balance Sheet
as at 31 December 2022

		2022	2021
	Note	£	£
Fixed Assets			
Tangible Assets	6	2,174,546	4,166,412
Intangible Assets	7	62,885	75,497
Investments	8	8,795,887	8,306,722
		<u>11,033,318</u>	<u>12,548,631</u>
Current Assets			
Stock		1,230	2,846
Debtors	9	473,575	237,029
Cash at bank and in hand		720,416	1,112,564
		<u>1,195,221</u>	<u>1,352,439</u>
Creditors: amounts falling due within one year	10	(736,004)	(655,459)
Net current assets/(liabilities)		<u>459,217</u>	<u>696,980</u>
Total assets less current liabilities		11,492,535	13,245,611
Net assets		<u>11,492,535</u>	<u>13,245,611</u>
Funds	12		
Restricted funds		155,077	198,549
Unrestricted funds			
General		9,288,111	8,634,451
Designated and revaluation reserve		2,049,347	4,412,611
		<u>11,492,535</u>	<u>13,245,611</u>

These financial statements were approved and authorised for issue by the Council on 15 June 2023 and were signed below on its behalf by;

Jonathan Pearson-Stuttard

Jonathan Pearson-Stuttard (Jun 19, 2023 14:41 GMT+1)

Dr Jonathan Pearson-Stuttard
Chair

Margaret Waterston

Margaret Waterston (Jun 19, 2023 12:58 GMT+1)

Margaret Waterston
Treasurer

Royal Society for Public Health
Statement of Cash Flows
for the year ended 31 December 2022

	2022	2021
	£	£
Cash flows from operating activities (see note below)	(107,681)	37,050
<i>Cash flows from investing activities</i>		
Dividends received	138,696	113,153
Proceeds from sale of other Investments	1,251,424	1,379,346
Purchase of investments	(1,152,158)	(3,141,734)
Addition to investment property	(286,807)	-
Purchase of fixed assets	(235,622)	(27,555)
Net cash (used) by investing activities	(284,467)	(1,676,790)
Cash and cash equivalents at the beginning of the year	1,112,564	2,752,304
Cash and cash equivalents at the end of the year	720,416	1,112,564
Notes to the Cash Flow Statement	2022	2021
Reconciliation of Net Movement in Funds to Net cashflow from operating activities	£	£
Net (expenditure) for the year	(1,753,076)	(316,594)
Depreciation	11,779	7,775
Amortisation	27,053	36,827
Decrease in revaluation reserve	482,628	566,888
Dividends and interest	(138,696)	(113,153)
Net loss/(gain) on investments	1,417,016	(316,136)
(Increase)/decrease in Debtors	(236,546)	57,270
Decrease in stock	1,616	(2,684)
Increase in Creditors	80,545	116,857
	(107,681)	37,050
Analysis of Cash and Cash Equivalents	2022	2021
	£	£
Cash at Bank and in hand	720,416	1,112,564
	720,416	1,112,564

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts

1 Accounting policies

Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Functional currency and level of rounding

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest pound.

Going concern

At the end of the year the charity's cash balance was £720,416 and the value of its listed investment portfolio was £5,172,237 at the balance sheet date. This can be drawn down to support operating activities if necessary. Given the charity's level of free reserves available at the year end, the trustees consider that the charitable company has adequate resources to continue in operational existence for the foreseeable future.

Accordingly, the financial statements have been prepared on a going concern basis.

Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes. Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. Restricted funds are funds subject to specific restrictive conditions imposed by donors or by the purpose of the appeal.

Income

All income is included in the SOFA when the charity is legally entitled to the income, it is probable that income will be received and the amount of income receivable can be measured reliably. Income is accounted for on an accruals basis. Part of the income from investments is allocated to the restricted funds and this is calculated at the rate of 1% above the Bank of England's base rate on the average balance of the funds during the year.

Grants relating to revenue are recognised in income on a systematic basis over the periods in which the entity recognises the associated costs for which the grant is intended to compensate. This includes £nil (2021- £3,450) of Government assistance under the Coronavirus Job Retention Scheme (CJRS) relating to staff who were furloughed due to Covid-19.

Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregated all costs related to the category.

Support costs, which include the central office functions such as general management, budgeting and accounting, information technology, marketing and financing are allocated across the categories of charitable expenditure, governance costs and the costs of generating funds. The basis of costs allocation has been explained in the note 3 (c).

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022

Notes to the accounts – cont'd....

1 Accounting policies cont'd...

Expenditure cont'd..

Governance costs comprise all costs identified as wholly or mainly attributable to ensuring the public accountability of the charity and its compliance with regulation. These costs include external audit and trustee costs. Governance costs are now apportioned on the same basis as support costs.

Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Charitable activities

Costs of charitable activities comprise all costs identified as wholly or mainly attributable to achieving charitable objects of the charity. These costs include staff costs, wholly or mainly attributable support costs and apportionment of general overheads.

Operating leases

All the operating lease rentals are charged to the income and expenditure account on a straight line basis over the terms of the lease.

Pensions

The RSPH operates a group personal pension scheme with AEGON Scottish Equitable for its employees and this scheme complies with the employer pension duties applicable under Part 1 of the Pensions Act 2008. This is a contributory scheme and the RSPH contributes 10% to Senior Managers and up to 7.5% to all the other employees. The assets of the scheme are held separately from those of the charity in independently administered funds. The pension cost charge represents contributions payable under this arrangement by the RSPH to the funds. The RSPH has no liability other than for the payment of those contributions.

Tangible fixed assets

Tangible fixed assets, except freehold property, are stated at cost less accumulated depreciation. Depreciation is provided so as to write off the cost of tangible fixed assets over their estimated useful lives of:

- Computer hardware - 3 years
- Office equipment - 4 years
- Office furniture - 4 years

The freehold property at 59 Mansell Street, London E1 was acquired by the charity on 27 January 2011 for £3.35million. The charity decided to adopt the policy of revaluation and the premises was valued at £5.75million at 31 December 2022. This property is also split between tangible fixed assets (£2,126,350) and investment properties (£3,623,650) as per the mixed use of the building. The trustees believe that the current valuation reflects the realisable value of the premises under current market conditions.

Intangible fixed assets

Intangible fixed assets are stated at cost less accumulated depreciation. Amortisation is provided

- Software - 5 years

RSPH's policy is to capitalise any of the above items with the value over £500.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

1 Accounting policies cont'd...

Investments

Investments are valued and carried at market value. Realised and unrealised gains or losses on revaluation are disclosed in the Statement of Financial Activities.

Fixed asset investment properties are revalued annually at open market value.

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.

Cash and Cash Equivalents

Cash and Cash Equivalents includes cash and overdraft balances.

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.

Employee benefits

▪ **Short term benefits**

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

▪ **Employee termination benefits**

Termination benefits are accounted for on an accruals basis and in line with FRS 102

Key estimates and judgements

In the Application of the charity's accounting policies, which are described in note 1, the trustees are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods. The following judgement is considered by the trustees to have most significant effect on amounts recognised in the financial statements:

2 Taxation

As a registered charity, the Society is potentially exempt from taxation on its income and gains falling within s505 Income & Corporation Taxes Act 1988 and s256 Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable purposes. No tax charge has arisen in the year.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

3 (a) Income - Charitable activities - 2022

	Un-restricted General funds	Restricted funds	2022 Total
	£	£	£
Qualifications	851,403	-	851,403
Membership and publishing	768,492	-	768,492
Courses & conferences	279,070	-	279,070
Educational services	494,520	-	494,520
Projects	361,604	-	361,604
Bookshop	5,804	-	5,804
	2,760,893	-	2,760,893

Income - Charitable activities - 2021

	Un-restricted General funds	Restricted funds	2021 Total
	£	£	£
Qualifications	705,845	-	705,845
Membership and publishing	788,274	-	788,274
Courses & conferences	262,970	-	262,970
Educational services	363,131	-	363,131
Projects	298,471	96,480	394,951
Bookshop	6,721	-	6,721
	2,425,412	96,480	2,521,892

3 (b) Total Expenditure - 2022

	Direct costs	Indirect costs	2022 Total
	£	£	£
<i>Costs of generating funds</i>			
Rental and room hire costs	24,746	45,648	70,394
Investment managers fees	39,307	-	39,307
	64,053	45,648	109,701
<i>Charitable activities</i>			
Qualifications	520,946	268,228	789,174
Membership and publishing	371,981	239,834	611,815
Courses & conferences	255,504	80,992	336,496
Educational services	267,782	115,260	383,042
Projects	338,612	201,416	540,028
Bookshop	7,204	3,072	10,276
Policy and communications	217,752	-	217,752
	1,979,781	908,802	2,888,583
	2,043,834	954,450	2,998,284

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

3 (b) Total Expenditure - 2021

	Direct costs	Indirect costs	2021 Total
	£	£	£
<i>Costs of generating funds</i>			
Rental and room hire costs	24,649	74,487	99,136
Investment managers fees	32,375	-	32,375
	<u>57,024</u>	<u>74,487</u>	<u>131,511</u>
<i>Charitable activities</i>			
Qualifications	459,241	267,715	726,956
Membership and publishing	405,966	237,028	642,994
Courses & conferences	208,422	80,359	288,781
Educational services	250,104	112,851	362,955
Projects	395,704	188,948	584,652
Bookshop	8,182	3,468	11,650
Policy and communications	152,793	-	152,793
	<u>1,880,412</u>	<u>890,369</u>	<u>2,770,781</u>
	<u>1,937,436</u>	<u>964,856</u>	<u>2,902,292</u>

3 (c) Support costs - 2022

	Premises	Other Overheads	2022 Total
	£	£	£
<i>Costs of generating funds</i>			
Rental and room hire income	2,289	43,359	45,648
	<u>2,289</u>	<u>43,359</u>	<u>45,648</u>
<i>Charitable activities</i>			
Qualifications	37,473	230,755	268,228
Membership and publishing	28,548	211,286	239,834
Courses & conferences	7,266	73,725	80,991
Educational services	21,969	93,292	115,262
Projects	51,203	150,213	201,415
Bookshop	1,144	1,928	3,072
	<u>147,603</u>	<u>761,199</u>	<u>908,802</u>
	<u>149,892</u>	<u>804,558</u>	<u>954,450</u>

Support costs - 2021

	Premises	Other Overheads	2021 Total
	£	£	£
<i>Costs of generating funds</i>			
Rental and room hire income	7,284	67,203	74,487
	<u>7,284</u>	<u>67,203</u>	<u>74,487</u>
<i>Charitable activities</i>			
Qualifications	39,969	227,745	267,714
Membership and publishing	29,976	207,052	237,028
Courses & conferences	2,248	78,111	80,359
Educational services	14,988	97,863	112,851
Projects	22,193	166,755	188,948
Bookshop	1,249	2,219	3,468
	<u>110,623</u>	<u>779,746</u>	<u>890,369</u>
	<u>117,908</u>	<u>846,948</u>	<u>964,856</u>

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022

Notes to the accounts – cont'd....

3 (c) Support costs cont'd...

Other Overheads;	2022	2021
	£	£
- Overhead staff costs	368,486	425,676
- Marketing and communications	86,774	127,988
- Administrative expenses	316,016	267,964
- Governance	33,282	25,321
	<u>804,558</u>	<u>846,949</u>

Support costs have been allocated on the following basis;

- Premises costs allocated based on the floor space basis occupied by each department.
- Overheads allocated based on turn over basis

3 (d) Governance costs

	2022	2021
	£	£
Audit fees	16,000	15,600
Council meeting expenses	1,386	355
	<u>17,386</u>	<u>15,955</u>

3 (e) Staff costs

	2022	2021
	£	£
Salaries	1,291,637	1,205,200
Social security costs	144,110	128,997
Pension and other benefits	157,564	146,255
Ex-Gratia/redundancy costs	-	37,285
	<u>1,593,311</u>	<u>1,517,737</u>

The average number of employees during the year was:

	2022	2021
	Number	Number
Royal Society for Public Health	35	33
	<u>35</u>	<u>33</u>

The number of employees whose salary and benefit in kind fell within the following scales is as follows:

	2022	2021
	Number	Number restated
£120,001 - £130,000	-	1
£80,001 - £90,000	1	1
£70,001 - £80,000	3	3
£60,001 - £70,000	1	-
	<u>1</u>	<u>-</u>

Key management personnel

Key Management Personnel are the trustees and members of the executive management team. Trustees are not paid any remuneration for their role as members of the Council(Board). The executive management team members are the Chief Executive, Director of Membership & Education, Director of Policy & Communications, Director of Finance & Corporate Resources, Director of Qualifications and Director of National & Regional Programmes. The total employee benefits paid to the executive management team were £494,976 (2021 - £575,920)

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

3 (f) Related parties

Professor Lisa Ackerley, Chairing and speaking at RSPH's courses and conferences, received an Honorarium of £250 (2021 - £300) in accordance with Article 4.3 of the royal charter.

Travelling expenses totalling £912 (2021-£355) were reimbursed to 4 (2021-3) trustees during the year to 31 December 2022.

Trustees liability insurance premium of £3,600 (2021-£3,600) was paid in the period.

4 Operating costs

	2022	2021
	£	£
The deficit is stated after charging:		
- Depreciation charge:	11,779	7,775
- Amortisation charge:	27,053	36,827
- Auditors' remuneration	16,000	15,600

5 Commitments under operating leases

At 31 December 2022 the charity had annual commitments under non-cancellable operating leases as follows:

Operating leases - Equipment	2022	2021
	£	£
- Due within one year	2,912	2,283
- Due within 2 to 5 years	728	381
	3,640	2,664

6 Tangible fixed assets

	Freehold property	Computer hardware	Furniture and office equipment	Total
	£	£	£	£
Cost				
At 1 January 2022	4,159,319	109,893	237,161	4,506,373
Additions in the period	161,977	33,855	19,027	214,859
Revaluation	(476,306)	-	-	(476,306)
Disposals	-	(35,720)	(210,882)	(246,602)
Transfer to Investment property	(1,718,640)	-	-	(1,718,640)
At 31 December 2022	2,126,350	108,028	45,306	2,279,684
Depreciation				
At 1 January 2022	-	103,376	236,585	339,961
Charge for the period	-	10,408	1,371	11,779
Disposals	-	(35,720)	(210,882)	(246,602)
At 31 December 2022	-	78,064	27,074	105,138
Net book value				
At 31 December 2022	2,126,350	29,964	18,232	2,174,546
At 31 December 2021	4,159,319	6,517	576	4,166,412

At 31 December 2022 there were authorised capital commitments of £Nil (2021: £Nil).

6 Tangible fixed assets- cont'd....

Historic cost and the revaluation of freehold property

Historic cost of the freehold property, 59 Mansell Street, was £3.35million. At 31 December 2022, this property was valued at £5.75million by Richard Moss of Cluttons, a registered RICS valuer, which is split between tangible fixed assets (£2,126,350) (as per note 6) and investment properties (£3,623,650) (as above). The trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

7 Intangible fixed assets

	Software	Total
Cost	£	£
At 1 January 2022	151,254	151,254
Additions in the period	14,441	14,441
Disposals	(768)	(768)
At 31 December 2022	164,927	164,927
Depreciation		
At 1 January 2022	75,757	75,757
Charge for the period	27,053	27,053
Disposals	(768)	(768)
At 31 December 2022	102,042	102,042
Net book value		
At 31 December 2022	62,885	62,885
At 31 December 2021	75,497	75,497

At 31 December 2022 there were authorised capital commitments of £Nil (2021: £Nil).

8 Investments

	2022	2021
RSPH investments	£	£
Market Value of Investments on 1 January 2022	8,306,722	6,228,198
Additions	3,157,605	3,141,734
Disposal proceeds	(1,251,424)	(1,379,346)
Net Investment (loss)/ gains	(1,417,016)	316,136
Balance at 31 December 2022	8,795,887	8,306,722
Historic Cost of Investments	5,195,555	5,303,430
All investments are quoted on a registered UK stock exchange.		
Market value as at 31 December:		
Investment properties	3,623,650	2,440,681
UK listed investments	5,172,237	5,866,041
	8,795,887	8,306,722

Investment properties

Historic cost of the freehold property, 59 Mansell Street, was £3.35million. At 31 December 2022, this property was valued at £5.75million by Richard Moss of Cluttons, a registered RICS valuer, which is split between tangible fixed assets (£2,126,350) (as per note 6) and investment properties (£3,623,650) (as above). The trustees believe that this valuation reflects the realisable value of the premises under current market conditions.

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

9 Debtors

	2022	2021
	£	£
Trade debtors	345,142	194,593
Other debtors	74,731	12,607
Prepayments	53,702	29,829
	473,575	237,029

10 Creditors: amounts falling due within one year

	2022	2021
	£	£
Other taxes and social security costs	59,705	32,377
Trade and other creditors	213,343	231,632
Accruals	117,724	189,214
Deferred Income	345,232	202,236
	736,004	655,459

Included within other creditors is an amount of £16,222 (2021: £13,254) of pension contributions to be paid across to scheme.

Deferred income-movements during the year:

	2022	2021
	£	£
Balance at 1 January	202,236	243,763
Amounts released to income in the year	(202,236)	(243,763)
New deferred income in the year	345,232	202,236
Balance at 31 December	345,232	202,236

11 Analysis of net assets - 2022

	General Fund	Designated Fund	Revaluation Reserve	Restricted Fund	2022 Total
	£	£	£	£	£
Tangible fixed assets	1,455,324	-	719,222	-	2,174,546
Intangible fixed assets	62,885	-	-	-	62,885
Investments	7,593,532	-	1,202,355	-	8,795,887
Current assets	912,374	127,770	-	155,077	1,195,221
Liabilities	(736,004)	-	-	-	(736,004)
	9,288,111	127,770	1,921,577	155,077	11,492,535

Analysis of net assets - 2021

	General Fund	Designated Fund	Revaluation Reserve	Restricted Fund	2021 Total
	£	£	£	£	£
Tangible fixed assets	916,412	-	3,250,000	-	4,166,412
Intangible fixed assets	75,497	-	-	-	75,497
Investments	7,744,111	-	562,611	-	8,306,722
Current assets	553,890	600,000	-	198,549	1,352,439
Liabilities	(655,459)	-	-	-	(655,459)
	8,634,451	600,000	3,812,611	198,549	13,245,611

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

12 Funds - 2022	1 Jan 22	Income	Expenditure	Gains, Losses & Transfers	31 Dec 22
	£	£	£	£	£
General fund	8,634,451	3,140,984	(2,970,096)	482,773	9,288,111
Designated funds and revaluation reserve					
Building Fund	600,000	-	-	(472,230)	127,770
Revaluation reserve	3,812,611	-	-	(1,891,034)	1,921,577
	4,412,611	-	-	(2,363,264)	2,049,347
Restricted funds					
Nigel Symonds*	1,146	-	-	(1,146)	-
Harben Trust	83,264	2,081	-	-	85,345
Heggie fund*	60,795	1,264	-	(17,096)	44,963
Thomas Latimer Cleave Memorial	8,157	204	-	-	8,361
Awards fund	12,759	319	-	-	13,078
EMC Wilson Bequest Fund*	910	-	-	(910)	-
Gamble Aware	21,069	-	(21,069)	-	-
Robert Wood Johnson	10,449	-	(7,119)	-	3,330
	198,549	3,868	(28,188)	(19,152)	155,077
Total funds - 2022	13,245,611	3,144,852	(2,998,284)	(1,899,643)	11,492,535

The Charity Commission approved the RSPH resolutions on 30 September 2022 to transfer Nigel Symonds fund and EMC Wilson Bequest fund to General fund. The meeting rooms designated as 'Heggie' rooms were refurbished during the year and £17,096 was transferred from this fund to reimburse costs.

Funds - 2021	1 Jan 21	Income	Expenditure	Gains, Losses & Transfers	31 Dec 21
	£	£	£	£	£
General fund	8,295,583	2,737,998	(2,691,542)	292,412	8,634,451
Designated funds and revaluation reserve					
Building Fund	600,000	-	-	-	600,000
Revaluation reserve	4,355,775	-	-	(543,164)	3,812,611
	4,955,775	-	-	(543,164)	4,412,611
Restricted funds					
Nigel Symonds	1,135	11	-	-	1,146
Harben Trust	82,439	825	-	-	83,264
Heggie fund	60,193	602	-	-	60,795
Thomas Latimer Cleave Memorial	8,076	81	-	-	8,157
Awards fund	12,633	126	-	-	12,759
EMC Wilson Bequest Fund	901	9	-	-	910
Gambling Health Alliance	32,555	96,689	(108,175)	-	21,069
Robert Wood Johnson	112,915	109	(102,575)	-	10,449
	310,847	98,452	(210,750)	-	198,549
Total funds - 2021	13,562,205	2,836,450	(2,902,292)	(250,752)	13,245,611

Royal Society for Public Health
Report and financial statements
for the year ended 31 December 2022
Notes to the accounts – cont'd....

12 Funds continued...

The RSPH has designated certain funds as follows:

Building fund - represents amounts set aside for property refurbishments, repairs and maintenance over the next three years.

Major restricted funds of the RSPH as follows:

Harben Trust fund - represents amounts restricted for the purpose of an annual lectureship "dealing with some subject embodying the results of original research in conjunction with the science of public health".

Heggie fund - represents amounts restricted for the specific purposes of
 (a) the refurbishment and maintenance in perpetuity of 'James Heggie Room' in 28 Portland Place.
 (b) the development of courses and examinations for anatomical pathology technicians.

Thomas Latimer Cleave Memorial fund - represents amounts restricted for the purpose for the advancement of education and in furtherance thereof to provide prizes, awards, scholarships and grants to students of food science subjects.

Awards fund - represents all the individual restricted award funds from the predecessor organisations Royal Institute of Public Health and the Royal Society for the Promotion of Health.

Gamble Aware - represents to establish and run Gambling Health Alliance

Robert Wood Johnson - to support the Health on the High Street campaign in the USA

13 Net cash

	2021	Cash flow	Other	2022
	£'000	movements	movements	£'000
		£'000	£'000	
Cash at bank and in hand	1,112,564	(392,148)	-	720,416
Net cash	1,112,564	(392,148)	-	720,416

14 Lessor

The charity earns rental income by leasing its investment property to tenants under non-cancellable leases.

	2022	2021
	£	£
Within one year	113,000	-
Between two and five years	755,453	-
Total undiscounted lease payments receivable	868,453	-

Royal Society for Public Health

John Snow House
59 Mansell Street
London E1 8AN

RSPH is a registered charity in England and Wales (Reg no. 1125949) and
in Scotland (Reg no. SC040750)

www.rsph.org.uk