

THE BRITISH GERIATRICS SOCIETY

England & Wales · Charity number 268762

Details

Other names B G S, BGS

Status Registered

Legal form Charitable company

Company number [01189776](#)

Registered 1975-01-23

Register [View on the Charity Commission register](#)

Contact

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Activities

Objects: THE RELIEF OF SUFFERING AND DISTRESS AMONGST THE AGED AND INFIRM BY THE IMPROVEMENT OF STANDARDS OF MEDICAL CARE FOR SUCH PERSONS, THE HOLDING OF MEETINGS AND THE PUBLICATION OF PAPERS, THE ENCOURAGEMENT OF RESEARCH ON SPECIAL PROBLEMS OF SUCH PERSONS AND THE PUBLICATION AND DISTRIBUTION OF THE RESULTS OF SUCH RESEARCH.

Activities: The Society aims to be the pre-eminent professional body for practitioners engaged in the specialty health care of older people. Our mission is to improve the health care of older people throughout the UK. We hold scientific meetings, publish approved papers and promote research, education and training in all aspects of geriatric medicine.

Classification

- **How:** Makes Grants To Individuals, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Elderly/old People, Other Defined Groups

Geography

- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£1,844,874	£2,337,435	£4,622,071	16
2024-03-31	£1,789,463	£2,064,136	£5,203,777	14
2023-03-31	£1,593,787	£1,664,975	£5,147,132	13
2022-03-31	£1,331,426	£1,207,067	£5,393,397	12
2021-03-31	£1,163,935	£1,133,141	£4,911,996	12

Trustees

Name	Role	Appointed
Professor Jugdeep Kaur DHESI	Chair	2022-11-11
Dr Alison Falconer		2025-11-07
Dr Amit Arora		2024-11-15
Dr Deborah Alexandria Gompertz		2025-11-07
Dr Elizabeth Mary LAWN		2023-11-17
Dr Karl Robert DAVIS		2023-11-17
Dr Richard William Stuart BIRAM		2024-02-15
Dr Sarah Elizabeth TRUE		2025-11-07
Lyndsey DUNN		2024-11-15
NICHOLAS JAMES PAHL		2022-07-28
Professor Bernadette McGuinness		2026-05-27
Stephanie Jane Harland		2023-04-17

THE BRITISH GERIATRICS SOCIETY

England & Wales - Charity number 268762

Accounts



British Geriatrics Society
Improving healthcare
for older people

THE BRITISH GERIATRICS SOCIETY
(A Company Limited by Guarantee)
REPORT OF THE TRUSTEES
AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 March 2025

Charity registration number: 268762
Company registration number: 1189776 (England and Wales)

The British Geriatrics Society

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For the year ended 31 March 2025

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The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2025

CHARITY REGISTRATION NUMBER	268762
COMPANY REGISTRATION NUMBER	1189776 (England & Wales)
President	Professor Adam Gordon (demitted 15 November 2024) Professor Jugdeep Dhesi (appointed 15 November 2024)
President-Elect	Professor Jugdeep Dhesi (demitted 15 November 2024) Dr Amit Arora (appointed 15 November 2024)
Honorary Secretary	Dr Ruth Law
Honorary Treasurer	Dr Liz Lawn
Chair BGS England Council	Dr Richard Biram
Chair BGS Northern Ireland Council	Dr Jan Ritchie
Chair BGS Scotland Council	Dr Bob Caslake
Chair BGS Wales Council	Dr Karl Davis
Co-Chairs BGS Trainees Council	Dr Victoria O'Brien Dr Julianaa Raghu
Chair BGS Nurses and AHPs Council	Dr Esther Clift (demitted 15 November 2024) Lyndsey Dunn (appointed 15 November 2024)
Lay Trustee	Mr Nicholas Pahl
Lay Trustee	Ms Stephanie Harland
CHIEF EXECUTIVE OFFICER	Ms Sarah Mistry

The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2025

PRINCIPAL AND REGISTERED OFFICE Marjory Warren House
31 St John's Square
London
EC1M 4DN

AUDITOR *MHA,
Building 4,
Foundation Park,
Roxborough Way
Maidenhead,
SL6 3UD*

BANKERS Santander UK plc
2 Triton Square,
Regent's Place,
London
NW1 3AN

Flagstone Investment Management Ltd
Clareville House,
26-27 Oxendon St,
London
SW1Y 4EL

INVESTMENT ADVISERS CCLA Fund Managers Limited
Senator House
85 Queen Victoria Street
London
EC4V 4ET

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2025

The Trustees are pleased to present their annual report for the year ended 31 March 2025, under the Companies Act 2006 and the Charities Act 2011, together with the audited financial statements for that year, and confirm that they comply with the requirements of the Acts and the Charities SORP (FRS 102). The report and accounts have also been prepared to fulfil the requirements for a Director's Report for the purposes of company law.

OBJECTS AND MISSION

Charitable Objects

The Society was established in 1947 to serve the healthcare needs of older people living with frailty - a large and increasing sector of the UK and world population. The Society's objects, as set out in the Memorandum of Association, are 'the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons.'

Charitable mission

In line with the Objects, the Society's charitable mission is to improve healthcare for older people.

We pursue our Objects and mission through the objectives and activities set out in the section below.

OBJECTIVES AND ACTIVITIES, INCLUDING PUBLIC BENEFIT

Our objectives, which we refer to as our 'specific aims' are to

- Inspire students and trainees to specialise in the care of older people, and to support their education, training, clinical effectiveness and career development;
- Promote high standards of clinical quality through conferences, meetings, information, good practice guidance, and educational and training opportunities;
- Encourage the sharing of learning and best practice, both within and across relevant disciplines;
- Promote research into the healthcare of older people, facilitating access to research and opportunities to generate research;
- Act as the informed policy voice regarding educational curricula; clinical standards; research; effective commissioning practice and health policy regarding the treatment and care of older people across the UK;
- Raise awareness among healthcare professionals of the role of 'living well' in preventing disease in old age.

These long-term aims are translated through a Strategic Plan into five strategic objectives. We describe achievements later in this report under these five areas.

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For the year ended 31 March 2025

Principal activities

Our aims and objectives are met through delivery of a set of activities, as follows:

- national, regional and special interest meetings to share research and clinical best practice;
- publishing approved research papers, clinical guidance and resources;
- promoting research, education and training in all aspects of healthcare for older people;
- providing expert input into the formulation of policy relevant to the care of older people.

Below, we look at each of these in turn with reference to the 'public benefit' test.

Public benefit

The Society's overall purpose is to improve healthcare for older people, chiefly by driving up standards of NHS healthcare for older people across the UK through the member services and activities described below. The ultimate beneficiaries of our work are older people with frailty and other complex health needs who benefit from improved NHS healthcare from the physicians, nursing staff and allied health professionals whose knowledge, understanding and confidence are being raised through the activities of the Society. This public benefit is accessible free of charge through NHS services for older people. Older patients are by far the largest population group using NHS services, whether in the community or in hospitals.

Almost 12 million people in the UK are currently of pensionable age and this is projected to rise to over 15 million by 2045. The fastest growing age group is the over 85 population which is projected to double by 2045. The fact that people are living longer lives is a great success story. It comes with many positive dimensions, which should be roundly celebrated, but also brings major challenges. Research published in January 2018 estimates that between 2015 and 2035, the prevalence of multi-morbidity (multiple diagnoses of chronic illness) is set to increase, with the proportion of those diagnosed with four or more illnesses almost doubling. Two thirds of those with four or more illnesses will have mental ill-health, such as depression, dementia, and other forms of cognitive impairment. Older people are more likely to have chronic conditions than any other age group – 58% of people over 60 have at least one chronic illness compared to 14% of those under 40. Around 10% of people aged over 65 and a quarter to a half of those over 85 live with frailty. Management of frailty costs UK healthcare systems £5.8billion per year. Older people account for around 40% of all admissions to acute hospitals in the UK and occupy around two thirds of hospital beds at any one time. The NHS is currently in crisis, having experienced continued pressure since the COVID pandemic. The challenge of meeting rising demand for healthcare in an economic environment of increasing costs and workforce shortages has plagued successive governments. In this context, the role of the BGS is more vital than ever, to lobby for health and social care services to be designed to meet the needs of the ageing population and to help ensure that the right people with the right skills are in place to ensure that older people can access the care they need, where and when they need it.

As we illustrate below, the trustees have had regard to the Charity Commission's guidance on public benefit when reviewing the Society's aims and objectives, overseeing the delivery of the service activities which flow from them, and planning its future activities:

National, regional, and special interest meetings

Our meetings are explicitly intended to improve patient care. They provide demonstrable benefit by improving the knowledge and skills of geriatricians and other healthcare professionals caring for older people, whether in NHS hospitals, in primary care settings or in

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Trustees' Report

For the year ended 31 March 2025

the community. Each year the Society holds two major national conferences which provide Society members and other healthcare professionals with the opportunity to share their research and clinical best practice. All submitted abstracts are subject to rigorous peer review prior to acceptance as either platform presentations or posters. The meetings provide a forum for Continuing Professional Development (CPD), which follows a five-year cycle to ensure that all pertinent clinical topics within the specialty of geriatric medicine are regularly examined. Included in the meetings are guest lectures and sessions presented by the Society's Special Interest Groups (SIGs). In addition to the national conferences, regional meetings and specialist conferences are held to address topical and/or sub-specialty issues. Some of these are undertaken through partnership working with other specialist societies and charitable organisations.

Publication of research and clinical guidance

The Society publishes best practice statements, guidance on clinical quality, tools, and resources, which are freely available on its website. This information is widely used as a source of authoritative guidance for healthcare professionals and lay people alike. Through the expertise of our 16 Special Interest Groups covering a wide range of topics related to geriatric medicine, we keep these resources up to date in order to meet the needs of our members and others with an interest in current developments and evidence on the healthcare of older people.

Healthcare professionals in the UK and across the world benefit from peer-reviewed scientific papers, which the BGS publishes in its official journal, *Age and Ageing*. The journal is published in a hybrid format by Oxford University Press, which means authors have the option of an Open Access license (free to read immediately) or a standard license (subscriber-only for 12 months, then free). Currently 51% of content is published Open Access and the rest is available online to the Society's members as part of their membership package, and also to paid subscribers. The journal is fully compliant with the Research Councils UK and the Wellcome Trust Open Access policies and belongs to major national and international Read & Publish Agreements, including the Joint Information Systems Committee (JISC), which covers most UK universities. In addition, we also grant a free access waiver to a number of key papers to allow the clinical community to have immediate free access to important work which might influence practice. *Age and Ageing* has a worldwide reputation for publishing refereed original articles and commissioned reviews on geriatric medicine and gerontology. It has become increasingly influential among geriatrics and gerontology publications.

Promotion of research, education, and training

- Providing high-quality healthcare to older people with complex health needs relies upon keeping abreast of latest evidence regarding prevention, treatment, and care, and indeed adding to that evidence base. The promotion of academic and research activity in relation to older people and the translation of findings into clinical practice is one of the Society's core aims. The Society delivers much of its education and training through scientific meetings. Following the COVID-19 pandemic, the BGS has strengthened its online offer. Our events are now all available for virtual participation, which has enabled busy healthcare professionals to have ready access to high-quality content, live and after the event.

The Society supports the education and training of those members who may not be able to afford to attend our conferences through a system of free places for our national conferences. Since 2019, we have run a Fellowship scheme with Vivensa Foundation (formerly Dunhill Medical Trust), which provides full funding for one doctoral training Fellowship per year. Applicants' research topics must be clinically relevant to the care of older people and there is a rigorous competitive process for this prestigious award. We are embarking on a further partnership with Vivensa to support undergraduates to gain

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For the year ended 31 March 2025

experience of research into ageing through 6-week placements in university departments.

Providing expert input into policy relevant to the care of older people

The Society aims to provide expert input to the development of policy at a national level within the four nations of the UK. The Society provides comment, responses, and information to a variety of agencies including Government and parliamentary bodies, NHS England and its equivalents in the other nations, the Department of Health and Care in each of the four countries of the United Kingdom, the National Institute for Health and Care Excellence (NICE), the Care Quality Commission and other professional bodies. Senior officers represent the Society's positions in print and media. The Society has an active social media presence including a BGS blog, X accounts for the Society and for *Age and Ageing*, a Facebook page and LinkedIn pages.

ACHIEVEMENTS AND PERFORMANCE

Our strategic planning cycle

The BGS has adopted a fixed, three-year planning cycle. For each year of the strategic plan, strategic objectives are flowed through into annual operational plans, and from there to committee workplans and individual staff members' objectives so that Vice-Presidents and their committees and the staff team are aware of their specific contribution in achieving the organisation's strategic objectives. The annual operational plan and accompanying annual budget are presented to the Trustee Board for approval before the start of each year and reported against at quarterly Trustee Board meetings.

Strategic Plan 2023/26

BGS members approved a Strategic Plan for the three years from 1 April 2023 to 31 March 2026 at the AGM in November 2022. The Strategy set out five objectives in pursuit of the Society's mission to improve healthcare for older people.

These are:

1. **Clinical quality and professional practice** - To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improving practice.

Intended outcome: By 2026, we will have contributed to the delivery of better healthcare for older people across all care settings by developing and sharing tools, guidance and examples which enable healthcare professionals to improve their practice.

2. **Workforce** - To support recruitment, retention and development initiatives that increase numbers of specialists in the care of older people and help existing staff to have the appropriate skills and support to deliver good care for older people in the right place at the right time.

Intended outcome: By 2026, we will have worked with others to address the workforce crisis by helping to increase the size and skill base of the specialist workforce delivering care for older people, and by contributing to action on the workforce needed to provide care to an ageing population.

3. **Education and professional development** - To support continuing professional development of those specialising and working in healthcare of older people.

Intended outcome: By 2026, we will have enhanced the BGS educational offering for

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For the year ended 31 March 2025

multidisciplinary professionals working in older people's healthcare across different care settings, providing a range of meetings and learning opportunities to enable their continuing professional development.

4. Policy and communications - To influence the decisions, programmes and implementation of policymakers, commissioners, system partners and health professionals relating to older people's healthcare across the UK.

Intended outcome: By 2026, we will have increased our profile and voice, and will be successfully influencing the development, design and implementation of national and regional programmes and policy for older people's healthcare.

5. Research and evidence - To promote research into older people's health and healthcare, and the application of evidence-based knowledge to clinical practice across the continuum of care.

Intended outcome: By 2026, we will have strengthened research opportunities, skills and impact through our research community and through the reputation and reach of our journal, *Age and Ageing*.

The Strategic Plan 23/26 affirms some key principles in the way the BGS works across all professions concerned with the healthcare of older people, across the four countries of the UK and across all care settings. It sets out values that inform how we work: we aim to be person-centred, inclusive, collaborative and proactive. The Plan also sets out how we will deliver our objectives over the three-year period: through BGS members and the staff team, by increasing and diversifying our income and making our money work harder, by strengthening our governance, by modernising our infrastructure and by reviewing progress and adapting to the changing context.

24-25 Context

This has been another challenging year for the NHS across the four countries of the UK. A new Labour government won the July 2024 election. In England, the incoming Secretary of State for Health and Social Care, Wes Streeting, immediately commissioned a review of the NHS, which was led by Lord Darzi. While commenting on the impressive commitment of staff, the report's hard-hitting message was that the NHS was broken and needed significant reform. The Darzi Review set the scene for a NHS Ten Year Plan, which will be published in June 2025.

While governments across the four countries sought to strengthen care closer to home by investment in community and primary care services, there remained major problems of overcrowding in emergency departments and hospital beds. The BGS sounded the alarm again about the risk to older people's health and wellbeing of long waits on arrival in hospitals, sub-standard care and deconditioning arising from prolonged hospital stays, particularly during the prolonged period of winter pressures. 'Corridor care' appeared to be normalised, a situation highly detrimental to the most vulnerable, including older people, and far from the standard of care NHS professionals would wish to provide.

Discussion of palliative and end of life care achieved new prominence in 2024/25, thanks to the debate surrounding a Private Member's Bill on Assisted Dying, with similar moves towards possible legislation in Scotland. The BGS published an updated position statement reaffirming our opposition to assisted dying. Our statement was cited by many, though the BGS was not called to give evidence. Meanwhile the BGS President was appointed as a Commissioner for the Palliative and End of Life Care, and various BGS members spoke as witnesses. The BGS has been actively campaigning for better public and professional understanding around end of life. Nearly 70% of the 670,000 people who die in the UK each year are over 75, and the majority of these do not have specialist palliative care but are supported at the end of life by specialists

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For the year ended 31 March 2025

in older people's care and generalist staff. There is a long way to go in ensuring that everyone has access to honest conversations and supportive, compassionate care at the end of life.

The BGS convened a roundtable event in June 24 for senior leaders in the NHS, Royal Colleges, charities and thinktanks, highlighting the need for a policy focus on older people as the group who use healthcare services the most, and the need for preparation for an ageing population. Sir Chris Whitty reiterated the themes from his 2023 Chief Medical Officer's report, stressing the gains that could be made in terms of healthy longevity. The BGS feels there is indeed greater recognition of the importance of meeting the complex needs of older people with frailty, dementia and long-term conditions. We have been encouraged by the plans and early implementation at national and regional level of integrated strategies which reflect the age-attuned care we described in the BGS Blueprint: Joining the Dots. Nevertheless, the workforce is thinly stretched and there are too many examples of older people suffering avoidable harms due to delays, fragmentation or duplication in parts of the system.

Against this challenging backdrop, BGS members continued to demonstrate their commitment to providing the best care they could for older people. The BGS is extremely proud of the dedication of its multidisciplinary members working in acute, primary and community care. Membership numbers continued to rise past 5300 during 2024/25, consisting of 4800 fee paying members and a further 500 retired and non-contributory members. We have seen growth in membership from all professions. The sense of community is as strong as ever, helped by a series of excellent national meetings and active contributions by more than 500 committee members and officers. The BGS has continued to be visible and assertive, with senior leaders invited to speak at key NHS meetings, party conferences and in media appearances. Strong stakeholder relationships with the Royal College of Emergency Medicine in particular have provided opportunities to highlight the need for front door frailty services and the risks to older people of long waits in emergency departments. We continue to build on the BGS Blueprint summary of what good care for older people should look like, published in March 2023, with reports on rehabilitation and proactive care. We have established a group of frontrunners from Integrated Care Systems (ICSs) in England who are implementing integrated approaches to care for older people with frailty and multimorbidity, and over the next year will be sharing learning from their experience in practical forms for the benefit of other regions across all four countries.

BGS members, and in particular honorary office bearers, namely, the trustees, deputies, Vice Presidents, Council and committee members, and the officers of our Special Interest Groups, regions, nations and journal, continue to contribute a huge amount to our mission. We are very grateful for their voluntary efforts, particularly given the other demands on them. They lead and deliver much of the detailed work carried out by the Society, and we are deeply indebted to them for finding the time and energy to contribute their expertise to improving healthcare for older people across the UK through the work of the BGS. While this is a huge asset, restrictions on study leave, study budgets and external commitments have made it even harder for them to devote time to the BGS this year. Professor Adam Gordon completed his term as BGS President in November 2024 and handed over to Professor Jugdeep Dhesi; continuing the BGS tradition of highly visible, articulate leadership speaking up for older people's care.

The BGS staff team stabilised at 16 people during 2024/25, with the extra capacity for events, digital learning, policy, marketing and finance helping to increase our output. The staff team proudly supports the BGS's membership, which stands at its highest ever level.

Geographically, BGS's principal focus is the UK, and maintaining genuine UK-wide reach remains one of our core concerns, particularly as health is a devolved responsibility and health and social care services therefore vary between England, Scotland, Wales, and Northern Ireland. We value the different perspectives of our members from across the UK and benefit from cross-country comparisons and shared learning.

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The BGS has overseas members and its website resources are accessed by health professionals from across the globe. We continue to welcome delegates from many countries to BGS events online and in-person, and to host delegations and visitors. The Editorial Board of Age and Ageing has members from all over the world, reflecting the international nature of the journal.

Performance against strategic objectives

In the rest of this section the Trustees describe achievements during 2024/25 against the Society's strategic objectives.

Objective 1: Clinical quality and professional practice - 'To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improving practice'

One of the crucial roles played by the Society is to enable those working with older people to have access to information, resources, and expertise on good practice across the span of older people's healthcare needs. The Vice President for Clinical Quality oversees the Clinical Quality Committee (CQ Committee) and the Society's work in promoting high standards of clinical quality.

During 24/25, Dr Tom Bartlett (Vice President for Clinical Quality) and colleagues focused on improving the BGS's relationship with NICE. The programme leads at NICE are open to a more strategic focus on the implications of their guidelines for older people, and this has opened the door to greater involvement by the BGS at an earlier stage of developing their recommendations. Relationships with benchmarking/audit bodies such as Get It Right First Time (GIRFT) and NHS Benchmarking offer the chance for strategic influence and we continue to develop those.

The curation and re-development of our resources on Comprehensive Geriatrics Assessment (CGA) took place this year, with a view to publishing in May 2025. This should help re-establish BGS as the go-to place for resources and information on this vital tool.

The BGS has 16 Special Interest Groups (SIGs) serving as the Society's source of clinical innovation, articulating and maintaining high standards of clinical care, and disseminating specialist knowledge. Meetings of the Chairs of the SIGs, convened by our SIG lead, enable them to share challenges, successes and ideas, and highlight the range of ways in which their expertise informs BGS policy positions. It also feeds into reports and meetings from other specialties, ensuring that the different needs of older people with frailty, dementia and long-term conditions are properly reflected. During 2024/25, we held one-day conferences with the Cardiology, Falls and Bones, Movement Disorders and POPs SIGs. The Sarcopenia and Frailty Research SIG organised a series of three 3 successful webinars, with a final one due in June 2025.

For the BGS Spring Conference 2024, the Dementia and Nutrition SIGs and Bladder and Bowel SIGs organised parallel all-day sessions on the first day. For the remainder of the conference, the Medicines Optimisation, Ethics and Law, and Cardiology SIGs contributed to the sessions.

At the BGS Autumn Conference 2024, the Dementia, Delirium, and Brain Health SIG and the Movement Disorder SIG contributed to sessions.

Members of the End of Life Care SIG were highly active, responding to reports and attending external meetings on behalf of the BGS, including the Commission, an Inquiry established by the Health and Care Select Committee and NHSE events. The Ethics and Law SIG Chairs formed a committee to review and update the BGS position on Assisted Dying.

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The Community and Primary Care Group, which formed in 2022, planned and held a full day of sessions on Community Care for older people at the BGS Autumn meeting in November 2024, which has led to some excellent engagement with leaders of community initiatives.

The BGS has 90 pharmacists in membership who formed a committee and meet four times a year. This group is very active; they have contributed to BGS conference sessions, to information on the BGS website and to external reports. They collaborate with the Medicines Optimisation SIG on important issues such as deprescribing.

The CQ Committee held clinical quality sessions at the BGS national conferences. The top-marked abstracts were delivered as platform presentations. The Committee continues to promote QI practice and abstract-writing and to showcase good examples.

The BGS responded to the following **consultations**:

- 1) NICE decision aid on stable angina – stakeholder review- Cardiology SIG
- 2) ICENI (Improving care in elderly neurosurgery initiative working group) chronic subdural haematoma (cSDH) consensus guideline - Peri-Operative Care SIG
- 3) Non-ambulatory Fragility Fracture (NAFF) Pathway, GIRFT- Falls and Bones SIG.
- 4) NHSE ICB Delivering Acute Neurology Services - standards and outcomes-based acute neurology service commissioning guidance -Movement Disorder SIG
- 5) NICE draft guideline consultation - Falls: assessment and prevention in older people and people 50 and over at higher risk (update) -Falls and Bones SIG.

Objective 2: Workforce - 'To support recruitment, retention and development initiatives that increase numbers of specialists in the care of older people and help existing staff to have the appropriate skills and support to deliver good care for older people in the right place at the right time.'

Workforce pressures continue to plague the NHS and older people's healthcare. There are not enough people with the skills needed to care for an ageing population with increasingly complex needs.

Following the election of Dr Amit Arora as President Elect, Dr Claire Copeland was appointed to take over from Dr Arora as Vice President for Workforce.

In autumn 2024, we launched the #ChooseGeriatrics campaign which celebrates the variety and rewards of working in older people's healthcare. This campaign aims to address some of the challenges of recruitment, including the bottlenecks faced by trainee doctors. The campaign also tells uplifting stories of careers in geriatric medicine and shares why people chose geriatrics. We currently have 152 #ChooseGeriatrics ambassadors who have committed to sharing their stories or representing BGS at a careers fair or similar.

We have published the report from a survey of Training Programme Directors (TPDs), outlining the challenges faced in recruitment locally and solutions that TPDs have come up with. This report was presented as a poster at the BGS spring meeting in 2024.

Having been continually frustrated by the lack of data regarding nurses and allied health professionals working with older people, we requested this data from NHS England through the Freedom of Information Act. This data was provided to us and, despite having significant concerns about the quality of the data, we published a report about it, highlighting the need for more nurses and AHPs in older people's healthcare and more consistent data about them. We are keen to secure data from the other countries to strengthen our call for recruitment, retention and support of the multidisciplinary workforce caring for older people.

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There has been very little progress on the NHS Long Term Workforce Plan published in 2023. We expect a refreshed version of the plan to be published later this year.

We continue to campaign for recognition of the workforce caring for older people, who are the group who use NHS services the most. The growth of Advanced Clinical Practitioner roles, the recognition that older people's care cannot rely on specialists alone and the provision for Less than Full Time working arrangements are all examples of ways in which workforce shortages are being overcome.

Objective 3: Education and professional development - 'To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education.'

The Vice President for Education and Training oversees the BGS's education and professional development work. Dr Iain Wilkinson took over as Vice-President for Education and Training. The remit includes ensuring geriatric medicine training for doctors is delivered through the appropriate curriculum and supported by accessible learning opportunities in the form of meetings, e-learning and other resources. Our increasingly ageing population requires a larger number of geriatricians. The BGS has set out a recommended undergraduate medical school curriculum to ensure future doctors have a comprehensive understanding of older people's specific healthcare needs. While promoting the recruitment, retention and development of trainee doctors, the Education and Training Committee's remit also involves professional development for the wider multidisciplinary team.

The BGS has a reputation for delivering high-quality educational meetings. We continued these in 2024/25 as hybrid meetings, with delegates able to attend in person or online on the day. Aiming for relevant, attractive content and excellent speakers, the meetings provided clinical education, research updates and service delivery based upon a rolling Continuing Professional Development (CPD) calendar and curricula for those specialising in older people's healthcare.

In 2024/25, the main meetings we delivered were our Spring and Autumn three-day conferences plus 4 stand-alone SIG conferences. In total we ran 16 hybrid meetings, and seven online webinars for Trainees, Nurses and AHPs and wider audiences such as medical students. We also ran a dedicated event for those in early-stage careers to consider the specialty, Geriatrics 4 Juniors. We reached a total of 7687 delegates, up from 6510 registrations the previous year. As healthcare professionals' ability to attend specific days decreases with work pressures, on-demand viewing means that people continued to register and watch this content after the live events. These hybrid and virtual meetings received overwhelmingly positive feedback. While we aim to ensure the substantial BGS events offer continues to deliver an excellent delegate experience, with a hybrid format as standard for the main meetings and virtual delivery of webinars and other learning opportunities, there remain challenges. During 2024/25, access to delegates' study leave and study budgets continued to be restricted, as in previous years. BGS members and other would-be delegates reported a decrease in study budgets, and many experienced freezes or caps on spending their budget. These restrictions were also compounded by workforce pressures and industrial action in the NHS, making it harder for people to attend live on the day.

The BGS continued to offer e-learning modules, on Frailty identification and intervention, and adding two more on OncoGeriatrics and Delirium. We prepared another module, Continence in older people, for launch in late spring 2025. In partnership with NHS England, the BGS agreed to continue to provide free access to the Frailty eLearning module for all NHS and social care staff. The module now has 11,487 learners, up from 5541 last year. The completion rate as of March 2025 stood at 25%. The 2024 Perioperative care of older people e-learning module (POPs) course is being reviewed by the SIG so that it can be given a major update and relaunch with current best practice information. There are over 15,000 sign-ups to these modules and over 20,000 CPD credits have been earned.

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The BGS continued to collaborate with the Royal College of Physicians London (RCPL) on the Diploma in Geriatric Medicine (DGM), promoting this to a wider audience including nurses, allied health professionals, physician associates and other healthcare professionals. We signed a further five-year agreement on delivery of the DGM with RCPL, which is positive, though numbers remain stubbornly at the same level for the written exam year on year. We continue to collaborate with the Federation of Royal Colleges in the delivery of the Specialty Certificate Examination (SCE) in geriatric medicine. This has now moved to a nine-monthly rather than a yearly cycle. The BGS is contributing to the development of a European exam based on the UK SCE, which will see its first pilot in late April 2025.

Objective 4 Policy and communications - 'To influence the decisions, programmes and implementation of policymakers, commissioners, system partners and health professionals relating to older people's healthcare across the UK.'

During 2024/25, BGS continued to increase its voice and profile in the policy world, including meeting with more politicians and ensuring that we are represented in relevant groups and committees. Our policy work is led by the Honorary Secretary, Dr Ruth Law, supported by the Deputy Honorary Secretary. The President and President Elect are also closely involved in our policy work, representing the BGS in high-level meetings and media opportunities.

During our Spring Meeting in May 2024, the then Prime Minister announced a general election to be held in summer, earlier than previously predicted. We announced our asks of parties contesting the election during the policy breakfast the following day and then published our election manifesto the following week. We engaged with the new Government shortly after the election by attending the Labour Party conference. Our President participated in a panel discussion on end of life care with Ashley Dalton MP, one of the Secretary of State's Parliamentary Private Secretaries. We also hosted a roundtable discussion with the Royal College of Emergency Medicine and the Royal College of Psychiatrists, which was attended by Dr Zubir Ahmed MP, another Parliamentary Private Secretary. We have since followed up with Dr Ahmed and had a one-to-one meeting with him in late 2024. We also met with the Minister for Health for Scotland to discuss the BGS Blueprint, *Joining the Dots*, and other issues associated with older people's healthcare in Scotland.

In summer 2024, we hosted a private roundtable event with Professor Sir Chris Whitty and Professor Sir Steve Powis to discuss how the ambitions set out in Professor Whitty's 2023 report should be achieved, using the principles set out in *Joining the Dots*. This event brought together leaders from across health and social care to discuss how to care for the ageing population. We published a report as a result of the event and plan to host a follow-up event in autumn 2025.

Following the publication of *Joining the Dots* in 2023, in 2024 we published reports focused on two of the 'touchpoints' outlined. First, we published *Reablement, Rehabilitation, Recovery* which looks at the evidence behind rehabilitation services for older people and highlights examples of best practice. Following this, we published two reports about proactive care. One set out the evidence for proactive care in older people and the second set out how to deliver proactive care in a primary care setting.

The BGS Ethics and Law SIG convened a working group to update our position on assisted dying. The updated position statement was published in October 2024 and retained our position of being opposed to assisted dying. We have engaged in the parliamentary process around assisted dying including providing written evidence to the committees considering the

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issue in both Westminster and the Scottish Parliament. An amendment to the Westminster bill was tabled based on our written evidence. We provided a briefing to the MP concerned and the amendment was passed.

The public debate around assisted dying has skewed the debate about death and dying. We have set out to remind the public and decision makers that most people die in old age, with multiple long term conditions. Our President was appointed as a commissioner on the Palliative and End of Life Commission and we have submitted evidence to the Health and Social Care Select Committee Expert Panel considering this issue. We have also published the first of a series of key messages focusing on end of life care.

Our members continue to be under extreme pressure, especially during the winter months. We published the third version of our winter statement highlighting our concerns. This statement was supported by 23 other organisations and called on the new Government to make long term changes that would make a difference to older people. We also published 12 tips to help our members improve their services over the winter months.

The BGS's media profile continued to grow during 24/25. Over the course of the year 1,208 articles were published mentioning BGS or our journal, Age and Ageing, with key coverage including Professor Jugdeep Dhesi being interviewed on BBC Breakfast, 4 pieces in the Telegraph online, 3 pieces in The Times Online, 3 pieces in iNews as well as many pieces in Nature, The BMJ and Dove Press for Age and Ageing.

We have continued to have a high-profile X presence, with over 37.2k followers as well as growing our LinkedIn page to 3.1k and Facebook followers to 2.3k.

The following **news stories, press releases and statements** were published:

- 03.04.25 - BGS welcomes new National Clinical Director
- 02.05.24 - Professor Roy Soiza announced as new Editor-in-Chief of Age and Ageing
- 15.05.24 - BGS report finds lack of rehabilitation hinders older people's recovery from illness
- 22.05.24 - Dr Liam Barrett awarded 2024 BGS/Dunhill Medical Trust Doctoral Fellowship
- 15.06.24 - Professor Adam Gordon awarded MBE in King's Birthday Honours
- 18.06.24 - His Majesty King Charles III remains patron of the BGS
- 18.07.24 - BGS, RCPE and RCPL call on Lord Darzi to prioritise older people's care
- 22.07.24 - BGS roundtable calls for transformation of older people's care
- 29.07.24 - Dr Amit Arora, creator of world-renowned reconditioning campaigns, to become next BGS President Elect
- 01.08.24 - New Delirium elearning course
- 02.08.24 - BGS Age and Ageing increases rank in the Geriatrics and Gerontology category
- 08.08.24 - Lyndsey Dunn announced as Chair of the BGS Nurse and AHPs Council
- 27.08.24 - Joint Statement: 'Hospital at Home' not 'virtual wards'
- 29.08.24 - Dr Firdaus Hirji Adenwalla announced as winner of the Marjory Warren Lifetime Achievement Award 2024
- 30.08.24 - BGS responds to MHRA's approval of Lecanemab for early stages of Alzheimer's disease
- 03.09.24 - BGS Rising Star Awards 2024: Open for applications
- 10.09.24 - Dr Claire Copeland announced as new BGS Vice President Workforce
- 12.09.24 - BGS responds to Darzi Review
- 26.09.24 - BGS launches #ChooseGeriatrics
- 25.09.25 - Dr Iain Wilkinson announced as new BGS Vice President Education and Training
- 25.09.24 - BGS responds to reports of Ageing Well cuts

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- 15.10.24 - BGS Annual General Meeting (AGM) 2024
- 24.10.24 - BGS issues stark warning to the new government ahead of winter
- 30.10.24 - BGS publishes evidence in support of proactive care for older people
- 06.11.24 - Opportunity for healthcare professionals working with older people to apply for the Diploma in Geriatric Medicine
- 07.11.24 - New BGS Oncogeriatrics elearning course
- 08.11.24 - BGS issues updated position statement on Assisted Dying
- 14.11.24 - BGS publishes recommendations on how to deliver proactive care
- 15.11.24 - Angela Conlan wins 2024 BGS Special Medal for her creative work with older people
- 28.11.24 - BGS welcomes new President and President Elect
- 04.12.24 - Professor Ken Rockwood wins 2024 BGS President's Medal
- 13.12.24 - BGS and Dunhill Medical Trust announce Doctoral Training Fellowship for 2025
- 12.12.24 - BGS publishes #ChooseGeriatrics-themed 12 Days of Christmas
- 19.12.24 - BGS announces Rising Star Award Winners for 2024
- 01.01.25 - Joe Wicks encourages older people to get active in preparation for surgery
- 03.02.25 - BGS responds to the government's announcement of a social care commission
- 14.01.25 - Prestigious Dhole-Eddlestone Memorial Prize awarded to study on deprescribing blood pressure treatments in older adults with dementia
- 22.01.25 - BGS statement on the healthcare sector providing care in corridors
- 31.01.25 - The BGS pushes to provide oral evidence to Assisted Dying committee
- 21.02.25 - BGS condemns MRCP(UK) Part 2 results error
- 25.02.25 - BGS welcomes amendment to assisted dying bill that will safeguard older people with frailty
- 28.3.25 - BGS publishes report on workforce data for nurses and allied health professionals working in older people's healthcare

To adapt to the changing needs of our members and users, the BGS website was fully redeveloped and relaunched in February 2025. The new website offers a much more powerful and intuitive interface to help healthcare professionals to access the most relevant and current information, which was identified as an area for improvement in initial user experience research. It also includes new features such as bookmarking, a 'portals' area bringing together curated content on specific topics, and gamified profile completion to incentivise users to keep their personal information up-to-date.

This update also provides an upgrade to our content management system (CMS) from Drupal 7 to Drupal 10, allowing more secure integration with our Customer Relationship Management (CRM) database, improving the member journey and facilitating easier membership sign-up. It provides a smarter and more powerful system on which to run our online/hybrid events, poster submissions, elearning and other activities that the Society is increasingly delivering digitally.

Some of the most frequently accessed areas of the website during 24/25 include our elearning modules, our End of Life Care in Frailty resource series, the Silver Book II and our 2023 report on Front Door Frailty. New pages which have seen the highest number of visitors include our frailty language guide, written in 2024, and our recent reports on rehabilitation and proactive care.

The BGS member magazine, AGENDA, is published in hard copy format and sent to all BGS members every two months. Each issue is themed on a topic relevant to healthcare professionals working with older people, and in 24/25 these included cognitive and mental health, rehabilitation, proactive care and the charity sector. The magazine also provides updates on BGS activities, including reports, policy developments and clinical updates.

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Objective 5: Research and evidence - 'To promote research into older people's health and healthcare, and the application of evidence-based knowledge to clinical practice across the continuum of care.'

The Vice President for Research and Academic Affairs oversees the Society's work to promote, enable, support, and communicate research which can ultimately improve the care of older people. Professor Miles Witham leads this work, supported by the Research and Academic Development Committee (RADC).

BGS is in a key position to ensure that the voice of clinicians is heard in setting research agendas. In particular, the BGS Special Interest Groups (SIGs) comprise large groups of experts who can contribute insights into what questions research should address, and how these questions should be addressed. The SIGs help to answer these questions and to ensure that new research evidence about ageing and older people's care are taken up rapidly into practice. The SIGs were asked for PICO's in July 2024 and 3 were submitted. The RADC will also develop a pandemic research response strategic plan to delineate what key components of an effective research response for older people need to be in place. The nucleus of a working group is coming together for a first meeting of this group. In partnership with workforce committee colleagues, they will develop guidance and examples for the allocation of job plan time for research with older people.

The research and clinical quality committees adjudicated the abstract submissions for the BGS national meetings. In autumn 2024, we had 13 platform presentations, 10 President's round presentations and 129 posters.

Planning has been underway during 24/25 for a submitted research symposium slot at the BGS Autumn Meeting. It is hoped that this will allow showcasing of large, impactful, programmatic research which is likely to be of major interest to BGS members and is in many cases likely to change practice.

The BGS jointly funds PhD Fellowships with Dunhill Medical Trust (now renamed Vivensa). The BGS Board agreed to continue this funding partnership for a further 3 PhD Fellowships from 2025 onwards, with the next successful Fellow being announced at the Spring Meeting 2026.

We also agreed to collaborate with Dunhill/Vivensa on a pilot scheme for undergraduates. Host institutions such as university departments will be funded to offer six-week placements in ageing research to give students from different courses exposure to academic work focused on issues relevant to the care of older people. The scheme was announced at the BGS Spring conference 2025.

The BGS's high-impact journal, *Age and Ageing*, is published in monthly online issues, with occasional supplementary issues (including the [WHO Measurements of Health Ageing](#) supplement) and special themed collections throughout the year. The journal website and submission process offer a high-quality reader experience and a modern and attractive offering to authors.

Professor Roy Soiza succeeded Professor Rowan Harwood as Editor in Chief in June 2024 and has overseen a smooth transition. He has developed an Editorial Strategy with a focus on growth in impact and the retention of our strong reputation and standing as a society journal. The team of Associate Editors and Senior Editors, with the Deputy Editor and Editor in Chief now numbers 42. We give regular consideration to recruitment needs in order to maintain a team of this size, to ensure diversity of expertise and geographic representation, and to meet the challenges of an ever-increasing workload. Editorial processes and administration are supported by tools and training to protect against the potential risks of fraud. Regular analysis of the journal's financial position and connections with professional networks help to keep us

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abreast of changes and trends in the funding environments. Our current position as a hybrid journal remains strong and gives us access to the widest and growing number of Read and Publish (R&P) agreements for the funding of authors wishing to opt for an Open Access licence, and retaining the option of a free standard licence for authors without funding.

The editorial process continues to perform well and we benefit from a high and growing submission rate. In the period 1 April 2024 to 31 March 25, the journal received 3,150 submissions, which is a 32% increase on last year, and accepted 307 for publication, which is a 16% increase on last year. The maintenance of this low acceptance rate reflects the continued high quality of journal content. The increased output is good for income and as an indicator of good reputation, but recruitment and careful succession planning are needed to ensure sustainability of our editorial and production capacity.

The impact of the journal can be measured by the following metrics:

- Journal Impact Factor is scored annually and in 2024 rose to 7.1.
- Age and Ageing remains a high-ranking (Q1) journal and is 5/73 in the *Geriatrics and Gerontology* category and within this is the highest ranking clinical geriatrics journal.
- The usage rate in this period remains static at was 2.5 million article downloads, which is the same as recorded last year.
- Subscriptions are agreed annually, and at the end of 2024 we had 8,092 subscriptions, an increase due to new Read & Publish agreements opening in South America.
- Open Access uptake remains at 51% in the reporting period. This results in a healthy additional income stream and is a good indicator for future financial sustainability.
- Journal income, as reflected in the 2024 financial report, was £596,910. Expenditure was £143,366, resulting in profit to the BGS of £453,544 (before salary and overheads).

After a thorough consultation and benchmarking process, the 2024-27 Publishing Agreement has been finalised with OUP. The Editorial Executive developed a strategy for Open Access and potential future publishing models. We remain in a strong position as a hybrid journal and are monitoring the triggers that would indicate that it is time to transition (flip) to a fully Open Access publishing model. The new Publishing Agreement is adaptable for that eventuality.

Delivering the Strategic Plan

a. Membership

During 2024/25 we continued to surpass our 5,000 membership target and at the highest point of the year, achieved a record 5,300 members. Our membership continues to grow across all membership categories, in particular the category of membership for nurses and AHP. As a multidisciplinary Society, it is vital that we welcome all healthcare professionals involved in the care of older people come together to achieve our mission.

The expansion of the elearning courses and events has driven the growth of our membership. Existing and new members can identify the member value in our educational content and resources, and this is evident in the membership signups. Our members join the Society and usually thereafter sign up to an elearning course as these are free for members of the Society. Or they register to attend an event which is discounted to members of the Society. With the new microlearning offer in 2025, we will only see an increase in our membership, as this is another useful free member benefit.

Other than elearning and events, we have aided recruitment and retention through our #ChooseGeriatrics campaign. We have had over 150 enthusiastic members signing up to

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become ambassadors. They, along with many other members and professionals have been able to highlight the diversity and flexibility of roles across the multidisciplinary team. This helps people wishing to specialise in older people's healthcare to access the information they need to start on this journey and become part of the strong community providing high-quality care for older people. We continue to attend as many career fairs and external healthcare events as possible to reach those in their early years of study and career to provide an insight of geriatrics.

b. Inclusion and sustainability

The BGS has a sustainability policy and is a member of the UK Health Alliance on Climate Change, supporting their campaigns about sustainable healthcare and reduction of wastage. We aim to ensure the way we deliver our meetings and run the organisation is as green as possible. Professor Rowan Harwood is now our BGS Sustainability Lead, working alongside Florence Wedmore, our Trainees Council representative.

The BGS Equality, Diversity and Inclusion Group met regularly, working to develop an approach to EDI across the BGS's activities and to advocate externally against ageism which is pervasive within healthcare. Members of the EDI Group have been involved in a collaboration with RCGP which will produce a Core20Plus5 framework for older people, offering a structured approach to addressing the inequalities experienced by older people in accessing and using healthcare.

c. Overview of achievements

The BGS produced an infographic in March 2025, which gives an overview of achievements during 2024/25.

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BGS key achievements: 2024-25

#CHOOSE GERIATRICS
 campaign launched, celebrating the variety and rewards of careers in older people's healthcare

6th BGS/Dunhill PhD Fellowship awarded to research project on the effect of ageing and blood thinners

Policy roundtable event attended by 25 senior decision-makers

37k followers on Twitter/X

7,687 delegates attended BGS events and webinars

Position on assisted dying updated. Input to Palliative and End of Life Commission and Inquiry.

163 #Choose Geriatrics ambassadors recruited

A total of **5,310** BGS members spanning all four UK nations and across the entire multidisciplinary team

67 blogs published

2.6 million Age and Ageing article downloads

Reports published on Proactive care, Nurse & AHP workforce, Reablement, rehabilitation and recovery, BGS roundtable event

New website launched

BGS President Prof Jugdeep Dhesi appeared on BBC Breakfast talking about frailty

18k members of our Special Interest Groups (SIGs)

222 abstracts submitted for our Autumn Meeting... the highest number in **18 years**

Highest ranking clinical geriatrics journal

126 free places awarded to enable members to attend BGS events

↑30% overall membership increase over the last 5 years
↑55% increase in student, FY and preceptorship year members
↑14% increase in nurse and AHP members

20,000 CPD hours awarded through our elearning courses

Figures taken at highest point of 2024-25 year. Some numbers have been rounded up or down.

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FINANCIAL REVIEW

Results for the year

Total income for 2024/25 was £1,844,874 (2023/24: £1,789,463) and expenditure was £2,337,435 (2023/24: £2,064,136). The Society achieved an overall deficit before net losses on investments of £492,561 (2023/24: £274,673 deficit).

Book losses on investments were £89,145 (2023/24: £331,318 gains).

Analysis of income

	2025		2024	
	£	%	£	%
Donations	2,664	-	353	1
Membership subscriptions	658,810	36	580,308	35
Professional development & events	652,669	36	599,813	31
Age & Ageing journal	390,706	21	420,680	24
Education and research	17,456	1	58,316	1
Other	3,995	-	12,913	1
Investments	118,574	6	117,080	7
Total	1,844,874		1,789,463	

The principal funding sources for the Society remain membership subscriptions, professional development and events and the surplus arising from the Age and Ageing Journal.

The Society is pleased to have been able to increase its income from membership subscriptions by a combination of increased membership numbers and a small increase in the subscription rates from 1 January 2025. Income from professional development and events continue to be held in the hybrid online and in person format adopted in 2023.

Operational expenditure increased as events and other business activity increases and the full complement of staffing is now in place.

The Society achieved an overall deficit before net gains on investments of £492,561 (2023/24: £274,673 deficit). An analysis of the Society's deficit is due to the following reasons;

i). Staff costs are now 48% of total costs. During the year the Society made £48,476 of exceptional staff costs, see note 6 to the accounts.

ii). Designated and Restricted expenditure is applied against historic funds built up over previous years, it is the intention to reduce the level held in these funds and therefore expenditure will exceed income until this is met. To this end the Society continues to support the Dunhill/Dhole Scholarships and £170,076 (2023/24 £95,421) was committed in support of these scholarships.

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The analysis of the surpluses and deficits on the various funds which make up the Society's total deficit are as follows:

	31 March 2025	31 March 2024
	£	£
Designated (deficit)	(30,846)	(21,201)
Unrestricted (deficit)/surplus	(296,978)	(138,459)
Restricted (deficit)	(164,737)	(115,013)
Total (Deficit)	(492,561)	(274,673)

Future financial plans

In 2018/19 the trustees agreed to use the MK Dhole Income Fund for a series of three Doctoral Fellowship Scholarships jointly with Dunhill Medical Trust. In 2021/22 a second series of three Scholarships was agreed and during the year trustees increased this to four making seven scholarships in total. The Scholarship awards recognised are awarded and intended to be claimed over a three-year period. Scholarship payments are recognised in the year in which they are paid.

The total amount recognised for these Scholarships to 31 March 2025 is £356,908. The total BGS share for grants awarded to date is £725,037, leaving £368,129 to be recognised in future years.

The upgrade of the operating system of BGS website started in March 2024 and was completed in February 2025. Work to 31 March 2024 was reflected as Assets in Progress in the balance sheet where £30,320 had been capitalised (Note 10), this was transferred to Intangible Assets, 2025 Website costs, along with the further £137,404 of additions (Note 11). The work will now be amortised in line with the Society's amortisation policy over three years.

The Society continues to develop its business model to allow delivery of events via the hybrid format and to extend its E-Learning offer. Allowing for this the Society expects to have an operational deficit, before investment gains, of around £469,710 at 31 March 2026. The trustees have agreed that the Society is able to cover this potential additional cost out of reserves without impacting on delivery of the Strategic Plan.

Fundraising

The Society does not currently undertake public fundraising activities but occasionally receives donations.

Investment Policy

The Memorandum and Articles of Association give the trustees the power to invest any surplus funds not immediately required by the Society in such investments, securities, or property as they think fit. The Trustees' policy has been to balance the requirement for capital growth of the endowment investments with maximising income for the Society. Investments are reviewed annually.

The Society does not invest directly in any one individual company. All its investments are held in specialist multi-asset charity funds at CCLA and M&G investments. Both funds have ethical investment policies which seek to meet the needs of charities investing in them.

The Society held listed investments of £3,431,501 at 31 March 2025 (2024: £3,820,647). The total unrealised losses were £89,145 (2024: £331,318 gains).

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Reserves Policy

The reserves policy of the Society is to hold unrestricted reserves (excluding designated funds), to a level representing at least one year's unrestricted expenditure budgeted for the following year to ensure that it has an adequate buffer to protect against future uncertainties. Unrestricted reserves above this level, including the revaluation reserve, are available to further the Society's strategic objectives.

The Trustees review the reserves of the Society as part of the budget-setting process to ensure they still meet the needs of the organisation and are sufficient to manage risks. The review involves an assessment of the income and expenditure streams, the Society's strategic objectives and the uncertainties it faces and the level of reserves.

The Trustees have designated funds to identify those unrestricted funds which are earmarked for specific purposes and hence not freely available. The value of designated funds at 31 March 2025 was £1,191,680, (2024: £1,117,731). Included in designated funds is £944,565, (2024: £839,770) which is equal to the value of the Society's fixed assets.

The Society finished 2025 with unrestricted reserves of £3,825,918 (2024: £4,216,791) as analysed below.

	31 March 2025	31 March 2024	Increase/ (decrease)	%
	£	£	£	
Designated expenditure	1,191,680	1,117,731	(194,998)	7
Required to cover budgeted unrestricted expenditure for the following year	1,534,656	1,866,918	(332,262)	(18)
Available to further the Society's objectives	<u>1,099,582</u>	<u>1,232,142</u>	<u>260,731</u>	(10)
Total unrestricted funds	<u>3,825,918</u>	<u>4,216,791</u>	<u>266,529</u>	

Arrangements for reviewing staff salaries

The Society operates a spine point system which provides for automatic salary progression for each staff member until the top of the relevant scale is reached. Pay for all staff is reviewed every five years using an independent HR agency to benchmark BGS staff salaries with the external market and ensure the Society's pay levels are appropriate and competitive. A review was carried out in December 2021. Its recommendations were approved by Trustees and were implemented for all staff from 1 April 2022. The next review is due in 2026/27.

To protect the value of salaries from erosion due to inflation, a discretionary universal cost of living percentage increase may be awarded from the beginning of each new financial year on 1 April and the spine points adjusted accordingly.

Volunteers

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The Society is reliant on the unpaid efforts of many of its members to achieve its objectives. These volunteers serve in many capacities (for example, as trustees, as officers of our regional committees, nation committees and Special Interest Groups; on internal committees and external working parties; as expert spokespeople, and as advisers on policy matters). They provide countless hours of work in furthering the charitable objectives of the Society without remuneration, and we are grateful and indebted to them for their tireless work. It is problematic to attribute an economic value for this important contribution to the Society's mission and it is therefore not included in the statement of financial activities.

Risk management

The Trustees are aware of their responsibility to ensure that the major risks to which the charity is exposed are identified and to establish systems to manage those risks. The Trustees have a policy on risk management and have procedures in place to mitigate risks. The task of identifying and monitoring the mitigation of the risks faced by the Society is delegated to the Finance and General Purposes Committee (Finance Committee). The Finance Committee reviews the risk register every other meeting. The Trustees consider the recommendations from Finance Committee meetings, and review the full risk register once a year.

The risk register identifies and assesses both internal and external business risks and has been continually refined since then. Forty risks have been identified, clustered under the following headings:

- Governance and management
- Income
- Services and impact
- Resource management
- Financial strategy and management
- Reputational risk
- Regulatory and legal obligations

Under a rolling review process, the Finance Committee considered key sections of the risk register at every other meeting during the year. Internal control risks are mitigated by planning, systems of authorisation, budgeting, employment of suitably qualified staff, and established processes to support and manage the performance of staff members. External risks are identified by staff, officers and trustees, and assessed at staff, Finance Committee and Trustee Board meetings as appropriate, and major risks are also addressed in the Society's periodic Strategic Reviews. The Trustees are satisfied that the major risks identified have been adequately mitigated where necessary and that the Society has systems and procedures in place that are appropriate to the Society's size and nature of operations.

The most significant risks during 2024/25 continued to relate to the pressure on the NHS workforce, making it more challenging for our members to engage with the BGS, attend educational meetings or take up roles within the Society. We sought to mitigate these risks by continuing to evolve our events offer to enable flexible participation in the major meetings online or on-demand, and by creating shorter education products such as microlearning which deliver CPD. The staff team provides as much support as it can to minimise the administrative load on committee and Board officers. Nevertheless it continues to be important to ensure we are not overloading senior officers, and that we have succession planning and effective workload distribution in place. This is particularly so with the policy and political changes that bring competition for resources and a constant need to remind decision-makers that older people use healthcare services the most.

The development of our new website was much delayed, which put a strain on the staff team, even though fortunately we were able to continue using the old website throughout this long

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period. We have learned lessons about third party project management, tight specifications and penalty clauses. In the early part of the year, there continued to be reputational risks through our association with the Royal College of Physicians (London), though the furor surrounding physician associates gradually died down. Finally, the risks to the BGS business model of transitioning our journal to being fully open access have been delayed for another year, after careful analysis of the opportunities and challenges.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

The Society is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association were adopted on 7 November 1974, and the Articles were last amended on 24 November 2017. During the course of 2023, we updated the Articles to provide greater clarity on trustee roles and terms of office, on digital communications and various other minor aspects that needed modernising. This process was undertaken with the assistance of the BGS lawyers, and the revised Articles were approved by BGS members at the AGM in November 2023. The trustees are indemnified up to £25,000 of losses they cause the Society through their actions as Trustees. This cover is provided in the Society's Charity Combined insurance policy and it is not practical to identify a separate charge for this cover.

Governing Body

The Trustees are the governing body of the Society and the directors of the limited company. They comprise the President, President-Elect, Honorary Secretary, Honorary Treasurer, Chairs of the national Councils for England, Northern Ireland, Scotland and Wales, Chair of the Trainees Council, Chair of the Nurses and Allied Health Professionals Council, and two lay trustees who bring broader business planning expertise. The Trustees meet four times a year, including a full day facilitated workshop to explore long-term planning issues. The Trustees are familiar with the Charity Governance Code, and observe the principles of good governance set out in that document and in the BGS Board terms of reference.

The Society's committees include Finance and General Purposes Committee; Policy and Communications Committee; Education and Training Committee and its sub-committee for Meetings and Events; Workforce Committee; Clinical Quality Committee; Research and Academic Development Committee, and the *Age and Ageing* Editorial Board and its Executive Committee. There are also committees for the Trainees Council, Nurses and AHPs Council, four nation councils, Healthcare in the Community Group, SIGs and England regions.

The current trustees are shown on page 2 above. The directors of the wholly owned subsidiary company, BGS (Trading) Limited, who served during the year were Dr Elizabeth Lawn, Dr Divya Tiwari, and Dr Ruth Law.

Trustee recruitment and appointment

The President, Honorary Secretary and Honorary Treasurer are Society members who succeed automatically to their roles having previously been nominated and elected by the membership as President-Elect, Deputy Honorary Secretary and Deputy Honorary Treasurer respectively. They each serve a 2-year term with the exception of the Honorary Treasurer who serves for 3 years in order to ensure continuity. Chairs of National Councils are ex officio members of the Trustee Board appointed by the relevant nation. The Chairs of the Trainees Council and the Nurses and Allied Health Professionals Council are also ex officio and appointed by their Councils. The two lay trustees are recruited externally through an open process and serve for up to two 2-year terms. During 2024/25 we held an election for a new President Elect, which was won by Dr Amit Arora.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2025

Our Trustee Induction and Training policy guides the orientation process for new trustees. New trustees receive a comprehensive induction pack and meet with key officers and staff to acquaint them with the Society's policies and practice, its aims and activities, management and governance, and also what is expected of them under charity law and company law. All trustees give their time voluntarily and receive no benefits from the Society. Any expenses reclaimed from the Society are disclosed in note 6.

A register of directors' interests is maintained and updated annually, and declarations of any potential conflicts of interest are required at the commencement of each Trustee Board meeting. Any trustee/director with a potential conflict of interest with a particular topic within a meeting declares it and takes no further part in the discussion or vote on that topic.

Group Structure

The Society has a wholly owned, non-charitable trading subsidiary, BGS (Trading) Limited, a company incorporated in England and Wales (No. 2013195). BGS (Trading) Limited accounts for the income and expenditure from scientific conferences and exhibitions. The subsidiary covenants its taxable profit at each year-end to the Society. Further details of BGS (Trading) Limited's financial results for the year ended 31 March 2025 can be found in note 13.

REFERENCE AND ADMINISTRATIVE DETAILS

The name of the charity is the British Geriatrics Society, and it is frequently abbreviated as the BGS. The Society is a registered charity (No 268762) and is constituted as a company (No. 1189776) limited by guarantee. The trustees/directors, professional advisers and principal and registered office are set out on pages 2 - 3 above.

RESPONSIBILITIES OF THE TRUSTEES

The Trustees are required by law to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Society and of its results for that period. In preparing those financial statements, the Trustees have undertaken, and will continue to undertake the following:

- selected suitable accounting policies and then applied them consistently.
- made judgements and estimates that are reasonable and prudent.
- prepared the financial statements on a going concern basis unless it is inappropriate to assume that the Society will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Society and to enable them to ensure that the financial statements comply with the Companies Act 2006 and Charities Act 2011. The Trustees are satisfied that they have met, and they will continue to meet their responsibilities for safeguarding the assets of the Society and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. They can provide assurance that:

- the Society is operating efficiently and effectively.
- its assets are safeguarded against unauthorised use or disposition.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2025

- proper records are maintained, and financial information used within the Society or for publication is reliable.
- the Society complies with its Memorandum and Articles of Association.
- the Society has actively pursued all of its objectives and policies throughout the year.

STATEMENT OF DISCLOSURE OF INFORMATION TO AUDITORS

The Trustees, who are the directors of the Society, who held office at the date of approval of this Annual Report, confirm that:

- so far as they are aware, there is no relevant audit information, information needed by the Society's auditors in connection with preparing their report, of which the Society's auditors are unaware; and
- they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Society's auditors are aware of that information.

AUDITOR

The auditor, MHA, previously traded through the legal entity Macintyre Hudson LLP. In response to regulatory changes, MacIntyre Hudson LLP ceased to hold an audit registration with the engagement transitioning to MHA Audit Services LLP.

The auditor MHA will be proposed for re-appointment in accordance with Section 485 of the Companies Act 2006.

SMALL COMPANY RULES

This report has been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006.

It was approved by the Board of Directors and Trustees on 23 October 2025 and signed on its behalf:



Professor Jugdeep Dhesi
President of the Society, Chair of the Directors and the Trustee Board

Independent auditor's report

to the members of

The British Geriatrics Society

Opinion

We have audited the financial statements of The British Geriatrics Society (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2025 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2025 and of the group's 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 and 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 group financial statements section of our report. We are independent of the group and parent 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 The British Geriatrics Society's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the group financial statements and our auditor's report thereon. Our opinion on the group financial statements does not cover

Independent auditor's report

to the members of

The British Geriatrics Society

the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group 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 group financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- 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 group and the parent charitable company and their 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 and Charities Act 2011 requires us to report to you if, in our opinion:

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

Independent auditor's report

to the members of

The British Geriatrics Society

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 parent 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 group's and the parent 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 group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

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

- Enquiry of management around actual and potential litigation and claims;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias;
- Reviewing minutes of meetings of those charged with governance;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with laws and regulations.

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. This description forms part of our auditor's report.

Independent auditor's report

to the members of

The British Geriatrics Society

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 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. 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.

Carina Ralfs

Carina Ralfs Msci (Hons) PhD FCA (Senior statutory auditor)

for and on behalf of

MHA

Maidenhead, United Kingdom

Date: November 5, 2025

MHA is the trading name of MHA Audit Services LLP, a limited liability partnership in England and Wales (registered number OC455542)

The British Geriatrics Society

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2025

	Note	Unrestricted £	Restricted £	Endowment £	2025 Total £	Unrestricted £	Restricted £	Endowment £	2024 Total £
Income from:									
Donations and legacies		2,664	-	-	2,664	353	-	-	353
Charitable activities									
Membership Subscriptions		658,810	-	-	658,810	580,308	-	-	580,308
Professional Development & Events fees		628,996	23,673	-	652,669	599,813	-	-	599,813
Age & Ageing Journal		390,706	-	-	390,706	420,680	-	-	420,680
Education & Research		17,456	-	-	17,456	58,316	-	-	58,316
Other		3,995	-	-	3,995	12,913	-	-	12,913
Investments	2	101,793	16,781	-	118,574	100,624	16,456	-	117,080
		<u>1,804,420</u>	<u>40,454</u>	<u>-</u>	<u>1,844,874</u>	<u>1,773,007</u>	<u>16,456</u>	<u>-</u>	<u>1,789,463</u>
Expenditure on:									
Charitable activities									
Membership Services	3a	185,309	-	-	185,309	207,353	-	-	207,353
Professional Development & Events	3a	917,271	32,814	-	950,085	849,410	37,594	-	887,004
Digital & Print Publications	3a	185,558	-	-	185,558	216,275	-	-	216,275
Education & Research	3a	303,362	172,377	-	475,739	337,100	93,875	-	430,975
Policy Influencing & Communications	3a	540,744	-	-	540,744	322,529	-	-	322,529
Total expenditure		<u>2,132,244</u>	<u>205,191</u>	<u>-</u>	<u>2,337,435</u>	<u>1,932,667</u>	<u>131,469</u>	<u>-</u>	<u>2,064,136</u>
Net income / (expenditure) before net gains / (losses) on investments		<u>(327,824)</u>	<u>(164,737)</u>	<u>-</u>	<u>(492,561)</u>	<u>(159,660)</u>	<u>(115,013)</u>	<u>-</u>	<u>(274,673)</u>
Net gains / (losses) on investments		<u>(63,049)</u>	<u>(18,127)</u>	<u>(7,969)</u>	<u>(89,145)</u>	<u>256,689</u>	<u>44,022</u>	<u>30,607</u>	<u>331,318</u>
Net income / (expenditure) for the year	5	<u>(390,873)</u>	<u>(182,864)</u>	<u>(7,969)</u>	<u>(581,706)</u>	<u>97,029</u>	<u>(70,991)</u>	<u>30,607</u>	<u>56,645</u>
Transfers between funds		-	-	-	-	<u>(9,602)</u>	<u>9,602</u>	<u>-</u>	<u>-</u>
Net income / (expenditure) before other recognised gains and losses		<u>(390,873)</u>	<u>(182,864)</u>	<u>(7,969)</u>	<u>(581,706)</u>	<u>87,427</u>	<u>(61,389)</u>	<u>30,607</u>	<u>56,645</u>
Net movement in funds		<u>(390,873)</u>	<u>(182,864)</u>	<u>(7,969)</u>	<u>(581,706)</u>	<u>87,427</u>	<u>(61,389)</u>	<u>30,607</u>	<u>56,645</u>
Reconciliation of funds:									
Total funds brought forward		<u>4,216,791</u>	<u>644,852</u>	<u>342,134</u>	<u>5,203,777</u>	<u>4,129,364</u>	<u>706,241</u>	<u>311,527</u>	<u>5,147,132</u>
Total funds carried forward		<u><u>3,825,918</u></u>	<u><u>461,988</u></u>	<u><u>334,165</u></u>	<u><u>4,622,071</u></u>	<u><u>4,216,791</u></u>	<u><u>644,852</u></u>	<u><u>342,134</u></u>	<u><u>5,203,777</u></u>

The notes on pages 34 onwards form part of these financial statements.

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 18a to the financial statements.

The British Geriatrics Society**Balance sheets**

Company no. 1189776

As at 31 March 2025

		The group		Society	
	Note	2025	2024	2025	2024
		£	£	£	£
Fixed assets:					
Tangible assets	10	786,161	839,770	772,500	839,770
Intangible assets	11	158,406	-	158,406	-
Investments	12	3,431,501	3,820,647	3,431,601	3,820,747
		4,376,068	4,660,417	4,362,507	4,660,517
Current assets:					
Debtors	15	312,482	315,382	440,506	252,075
Short term deposits		98,512	505,908	98,512	505,908
Cash at bank and in hand		623,568	354,939	467,739	289,667
		1,034,562	1,176,229	1,006,757	1,047,650
Creditors: amounts falling due within one year	16	(788,559)	(632,869)	(624,763)	(504,494)
Net current assets / (liabilities)		246,003	543,360	381,994	543,156
Total net assets / (liabilities)		4,622,071	5,203,777	4,744,501	5,203,673
Funds:					
Permanent Endowment	18a	334,165	342,134	334,165	342,134
Restricted funds	18a	461,988	644,852	461,988	644,852
Unrestricted income funds:					
Designated funds	18a	1,191,680	1,117,731	1,191,680	1,117,731
Revaluation reserve	18a	205,337	205,337	205,337	205,337
General funds	18a	2,428,901	2,893,723	2,551,331	2,893,619
Total unrestricted funds		3,825,918	4,216,791	3,948,348	4,216,687
Total Charity Funds		4,622,071	5,203,777	4,744,501	5,203,673

The financial statements which have been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006, were approved and authorised for issue by the Board on 23 October 2025 and signed on their behalf by



Professor Jugdeep Dhesi
President of the Society, Chair of the Directors and the Trustee Board

The notes on pages 34 onwards form part of these financial statements
The gross income and result for the year for the Society is given in note 14 to the accounts.

The British Geriatrics Society

Consolidated statement of cash flows

For the year ended 31 March 2025

	Note	2025 £	£	2024 £	£
Cash flows from operating activities					
Net (expenditure)/ income for the reporting period (as per the statement of financial activities)		(581,706)		56,645	
Depreciation charges		48,242		39,099	
Ammortisation		9,318			
(Gains)/losses on investments		89,145		(331,318)	
Loss on disposal of fixed assets		3,906			
Dividends, interest and rent from investments		(118,574)		(117,080)	
(Increase)/Decrease in short term deposits		407,396		(90,908)	
(Increase)/Decrease in debtors		2,900		16,312	
Increase/(Decrease) in creditors		155,690		(119,924)	
Net cash provided by / (used in) operating activities			16,317		(547,174)
Cash flows from investing activities:					
Dividends, interest and rents from investments		118,574		117,080	
Proceeds from the sale of investments		300,000		200,000	
Purchase of investments		-		-	
Proceeds from the sale of fixed assets		-		-	
Purchase of fixed assets		1,462		(86,227)	
Purchase of intangible assets		(167,724)			
Net cash (used in) / provided by investing activities			252,312		230,853
Change in cash and cash equivalents in the year			268,629		(316,321)
Cash and cash equivalents at the beginning of the year			354,939		671,260
Change in cash and cash equivalents due to exchange rate movements			-		-
Cash and cash equivalents at the end of the year			623,568		354,939

Analysis of cash and cash equivalents and of net debt

	At 1 April 2024 £	Cash flows £	Other non- cash changes £	At 31 March 2025 £
Cash at bank and in hand	354,939	268,629	-	623,568
a Total cash and cash equivalents	354,939	268,629	-	623,568

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025**

1 Accounting policies**a) Statutory information**

The British Geriatrics Society is a charitable company limited by guarantee and is incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given in the charity information on page 3 of these financial statements. The nature of the charity's operations and principal activities are detailed in the Trustees Report on page 5.

The registered office address and principal place of business is Marjory Warren House 31 St John's Square, London, EC1M 4DN.

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. The presentation currency is GBP rounded to the nearest pound.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary BGS (Trading) Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

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 are aware that the group continues to make losses in line with the strategy to expand the group's activities. They are monitoring the spending down of reserves and have strategic plans to generate further income to come to a break even position.

e) Estimation uncertainty

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.

f) Income

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

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

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.

g) 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.

h) 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.

i) 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:

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025**

1 Accounting policies (continued)

Expenditure on charitable activities includes the costs of delivering services, exhibitions and other educational activities 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.

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

k) Allocation of support costs

Support costs are costs related to those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the Society's programmes and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The basis on which support costs have been allocated are set out in notes 3a and 3b.

l) Operating leases

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

m) Tangible fixed assets and intangible assets

Items of equipment are capitalised to fixed assets where the purchase price exceeds £500. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

Where the assets used are intangible and are used to generate income and support the group's activities then expenditure over £5,000 are amortised over their estimated useful life.

Assets in Development is expenditure on assets that are being built and yet to be brought into use. No depreciation is charged against these assets until they are in use. The amount of £30,320 in Assets in Development at the beginning of the year relates to the costs of building the new website, this was brought into use in February 2025 and this amount was transferred to intangible asset costs.

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:

▪ Fixtures and Fittings	10 years
▪ Office Equipment	5 years
▪ Computer Equipment	3 years

Depreciation is not charged on the freehold property since it has an indefinitely long useful life and is maintained to a high standard.

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

▪ Website	3 years
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n) 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. 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.

o) Investments in subsidiaries

Investments in subsidiaries are at cost.

p) 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.

q) Short term deposits

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

r) 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.

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025**

1 Accounting policies (continued)**s) 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.

t) 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.

u) Pensions

The Society operates a scheme to contribute a defined amount to individual employees' pension schemes and the pension charge represents the amount payable by the Society to the various schemes in respect of the year. Pension costs are allocated to the Group's activities on the basis of staff time spend on those activities. Staff costs are only allocated to unrestricted funds as the conditions of the restricted funds held do not permit overheads to be charged to those funds.

v) Severance pay

Severance pay is based on the employee's contractual rights at the point of termination of employment. In addition, any unpaid leave and a reasonable amount for loss of office is offered, this is settled on a case by case basis.

2 Income from investments

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Income from listed investments	74,241	16,781	91,022	72,803	16,456	89,259
Interest receivable on cash deposits	27,552	–	27,552	27,821	–	27,821
	<u>101,793</u>	<u>16,781</u>	<u>118,574</u>	<u>100,624</u>	<u>16,456</u>	<u>117,080</u>

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

3a Analysis of expenditure (current year)

	Charitable activities							2024 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Policy Influencing & Communications £	Operational Support £	2025 Total £	
Staff costs (Note 6)	107,864	260,496	109,607	79,444	292,690	263,726	1,113,827	988,900
Membership costs	2,703	-	-	-	-	-	2,703	3,620
Event costs	-	503,649	-	-	-	-	503,649	521,736
E Learning	-	-	-	21,421	-	-	21,421	24,853
Grants, Fellowships, Awards & Prizes	-	-	-	202,763	-	-	202,763	109,453
Newsletters & Publications	-	-	-	54,207	-	-	54,207	63,945
Age & Ageing	-	-	-	62,856	-	-	62,856	65,814
BGS commissioned research	-	-	-	-	19,021	-	19,021	5,313
Communications	-	-	-	-	26,222	-	26,222	23,692
Website development & support	-	-	-	-	-	-	-	-
Trustee and other committee meeting costs	-	-	-	-	-	15,582	15,582	19,603
Premises costs	-	-	-	-	-	36,201	36,201	19,462
Office costs	-	-	-	-	-	131,005	131,005	101,328
ICT costs	-	-	-	-	-	86,512	86,512	77,318
Depreciation	-	5,435	-	-	-	42,807	48,242	39,099
Amortisation	-	-	-	-	-	9,318	9,318	-
Bad debt provision	-	-	-	-	-	-	-	-
Loss on disposal	-	-	-	-	-	3,906	3,906	-
Governance & Support costs	110,567	769,580	109,607	420,691	337,933	589,057	2,337,435	2,064,136
Total expenditure 2025	185,309	950,085	185,558	475,739	540,744	-	2,337,435	-
Total expenditure 2024	207,353	887,004	216,275	430,975	322,529	-	2,064,136	-

3b Governance and support costs

	2025	2024	2025	2024
	Support costs £	Support costs £	Governance costs £	Governance costs £
Salary costs	239,991	253,586	23,735	41,281
Trustee and other committee meeting costs	-	-	15,582	19,603
Premises costs	36,201	19,462	14,850	15,540
Office costs	116,155	85,788	-	-
ICT costs	86,512	77,318	-	-
Depreciation	42,807	39,099	-	-
Amortisation	9,318	-	-	-
Loss on disposal	3,906	-	-	-
	534,890	475,253	54,167	76,424

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

3c Analysis of expenditure (previous year)

	Charitable activities							2024 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Influencing & Communications £	Policy	Operational Support £	
Staff costs (Note 6)	113,507	203,505	120,495	92,992	163,534	294,867	988,900	
Membership costs	3,620	-	-	-	-	-	3,620	
Event costs	-	521,736	-	-	-	-	521,736	
E Learning	-	-	-	24,853	-	-	24,853	
Grants, Fellowships, Awards & Prizes	-	-	-	109,453	-	-	109,453	
Newsletters & Publications	-	-	-	63,945	-	-	63,945	
Age & Ageing	-	-	-	65,814	-	-	65,814	
BGS commissioned research	-	-	-	-	5,313	-	5,313	
Communications	-	-	-	-	23,692	-	23,692	
Website development & support	-	-	-	-	-	-	-	
Trustee and other committee meeting costs	-	-	-	-	-	19,603	19,603	
Premises costs	-	-	-	-	-	19,462	19,462	
Office costs	-	-	-	-	-	101,328	101,328	
ICT costs	-	-	-	-	-	77,318	77,318	
Depreciation	-	-	-	-	-	39,099	39,099	
	117,127	725,241	120,495	357,057	192,539	551,677	2,064,136	
Governance & Support costs	90,225	161,763	95,781	73,918	129,990	(551,677)	-	
Total expenditure 2024	207,352	887,004	216,276	430,975	322,529	-	2,064,136	

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

4 Analysis of grants and prizes

	Grants to individuals £	Grants to individuals – restricted £	2025 £	Grants to individuals £	Grants to individuals – restricted £	2024 £
Cost						
Doctoral Fellowship Scholarship	-	170,077	170,077	-	95,422	95,422
Specialist Registrar Research Start Up Grants	-	-	-	(3,437)	-	(3,437)
BGS Conference Grants	27,036	-	27,036	10,539	-	10,539
Awards and prizes	3,200	2,450	5,650	4,229	2,700	6,929
	<u>30,236</u>	<u>172,527</u>	<u>202,763</u>	<u>11,331</u>	<u>98,122</u>	<u>109,453</u>

The Society has taken advantage of the exemption under Section 16.11 of the Charities SORP to withhold details of individual grant recipients. No support costs are allocated to grant making activities as these are not permitted per the terms of the funds.

5 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2025 £	2024 £
Depreciation of tangible fixed assets	48,242	39,099
Auditor's remuneration (excluding VAT):		
Audit	14,850	15,540
Corporation tax costs	500	1,320
	<u>63,592</u>	<u>55,959</u>

6 Analysis of staff costs, trustees' and key management personnel remuneration and expenses

Staff costs were as follows:

	2025 £	2024 £
Salaries and wages	871,815	817,341
Social security costs	95,117	82,502
Employer's contribution to defined contribution pension schemes	98,419	89,057
Redundancy costs	48,476	-
	<u>1,113,827</u>	<u>988,900</u>

Redundancy costs relate to the contractual costs and compensation for loss of office awarded to employees upon termination of their employment. The accounting policy relating to severance costs is detailed in note 1.v) to the accounts.

One employee earned between £110,000 and £120,000 (2024: none), no employees earned between £90,000 and £100,000 (2024: one), no employees earned between £80,000 and £90,000 (2024: one), one employee earned between £70,000 and £80,000 (2024: none), and six employees earned between £60,000 and £70,000 (2024 two).

The total employee benefits (including pension contributions and employer's national insurance) of the 3 key management personnel were £317,545 (2024: £237,715).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2024: £nil). No charity trustee received payment for professional or other services supplied to the charity (2024: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £8,388 (2024: £5,642) incurred by 14 (2024: 6) members relating to attendance at meetings of the trustees.

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025****7 Staff numbers**

The average number of employees (head count based on number of staff employed) during the year was 15.5 (2024: 14).

Staff are split across the activities of the charitable company as follows (full time equivalent basis):

	2025 No.	2024 No.
Membership Services	2.50	3
Professional Development & Events	4.00	3
Digital & Print Publications	1.00	1
Education & Research	1.00	1
Policy Influencing & Communications	3.00	3
Operational Support	4.00	3
	15.50	14

8 Related party transactions

There are no related party transactions other than those which took place with the trading subsidiary (BGS Trading Limited), these have been fully disclosed in Note 13. The balance outstanding due from BGS Trading at the year end was £318,121 (2024: £109,655).

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

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary BGS Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was: nil.

10 Tangible fixed assets

The Group/ Charity	Assets in development £	Freehold property £	Fixtures and fittings £	Computer equipment £	Total £
Cost					
At 1 April 2024	30,320	700,000	87,166	428,791	1,246,277
Additions in year	-	-	20,076	8,782	28,858
Transfers in year	(30,320)				
Disposals in year	-	-	-	(119,290)	(119,290)
At 31st March 2025	<u>-</u>	<u>700,000</u>	<u>107,242</u>	<u>318,283</u>	<u>1,125,525</u>
Depreciation					
At 1 April 2024	-	-	40,854	365,655	406,509
Charge for the year	-	-	12,831	35,411	48,242
Eliminated on disposal	-	-	-	(115,387)	(115,387)
At 31st March 2025	<u>-</u>	<u>-</u>	<u>53,685</u>	<u>285,679</u>	<u>339,364</u>
Net book value					
At 31st March 2025	<u>-</u>	<u>700,000</u>	<u>53,557</u>	<u>32,604</u>	<u>786,161</u>
At 1 April 2024	<u>30,320</u>	<u>700,000</u>	<u>46,312</u>	<u>63,136</u>	<u>839,768</u>

All of the above assets are used for charitable purposes.

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

11 Intangible assets

The Group/Charity	2025 Website £	Total £
Cost		
At 1 April 2024	-	-
Additions in year	137,404	137,404
Transfers in year	30,320	30,320
Disposals in year	-	-
At 31st March 2025	<u>167,724</u>	<u>167,724</u>
Ammortisation		
At 1 April 2024	-	-
Charge for the year	9,318	9,318
Eliminated on disposal	-	-
At 31st March 2025	<u>9,318</u>	<u>9,318</u>
Net book value		
At 31 March 2025	<u>158,406</u>	<u>158,406</u>
At 31 March 2024	<u>-</u>	<u>-</u>

The transfer of £30,320 from Assets in Development in Fixed Assets relate to the building of the new website. The website was brought into use in February 2025 and this amount was transferred to the cost of Intangible Assets.

12 Listed investments

	The group		Society	
	2025 £	2024 £	2025 £	2024 £
Fair value at the start of the year	3,820,646	3,689,328	3,820,646	3,689,328
Additions at cost	-	-	-	-
Disposal proceeds	(300,000)	(200,000)	(300,000)	(200,000)
Net gain / (loss) on change in fair value	(89,145)	331,318	(89,145)	331,318
	<u>3,431,501</u>	<u>3,820,646</u>	<u>3,431,501</u>	<u>3,820,646</u>
Investment in Subsidiary	-	-	100	100
Fair value at the end of the year	<u>3,431,501</u>	<u>3,820,646</u>	<u>3,431,601</u>	<u>3,820,746</u>
Historic cost at the end of the year	<u>3,091,335</u>	<u>3,391,335</u>	<u>3,091,335</u>	<u>3,391,335</u>
Investments comprise:				
	The group	2024	Society	2024
	2025	£	2025	£
UK Common investment funds	3,431,501	3,820,646	3,431,501	3,820,646
Investment in Subsidiary	-	-	100	100
	<u>3,431,501</u>	<u>3,820,646</u>	<u>3,431,601</u>	<u>3,820,746</u>

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

13 Subsidiary undertaking

The charity owns the whole of the issued ordinary share capital of BGS (Trading) Limited, a company registered in England. The company number is 02013195. The registered office address is Marjory Warren House, 31 St John's Square, London EC1M 4DN.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustees Dr Elizabeth Lawn and Dr Divya Tiwari are also directors of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2025 £	2024 £
Turnover	669,319	593,371
Turnover from sales to parent undertaking	-	-
Cost of sales	(468,735)	(482,461)
Cost of sales related to purchases from parent undertaking	-	-
Gross profit/(loss)	200,584	110,910
Administrative expenses	(323,117)	(995)
Management charge payable to parent undertaking	-	(102,886)
Profit/(loss) on ordinary activities before interest and taxation	(122,533)	7,029
Interest receivable and similar income	-	-
Profit / (loss) on ordinary activities before taxation	(122,533)	7,029
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	(122,533)	7,029
Retained earnings		
Total retained earnings brought forward	-	-
Profit / (loss) for the financial year	(122,533)	7,029
Distribution under Gift Aid to parent charity	-	(7,029)
Total retained earnings carried forward	(122,533)	-
The aggregate of the assets, liabilities and reserves was:		
Assets	203	203
Liabilities	-	-
Reserves	203	203

Amounts owed to/from the parent undertaking are shown in note 15.

14 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2025 £	2024 £
Gross income	1,483,903	1,305,747
Result for the year	(459,172)	56,645

15 Debtors

	The group		Society	
	2025 £	2024 £	2025 £	2024 £
Trade debtors	24,042	61,475	1,055	1,055
Other debtors	7,726	7,383	7,489	7,383
Prepayments and accrued income	280,714	246,524	115,554	134,250
Amount due from subsidiary	-	-	316,408	109,387
	312,482	315,382	440,506	252,075

All debtors are due within the year.

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

16 Creditors: amounts falling due within one year

	The group		Society	
	2025	2024	2025	2024
	£	£	£	£
Trade creditors	47,805	16,827	39,403	11,372
Taxation and social security	45,384	40,450	18,761	22,043
Other creditors	10,917	10,833	-	-
Accruals	103,941	39,870	114,858	50,703
Deferred income	580,512	524,889	451,741	420,376
	788,559	632,869	624,763	504,494

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Deferred income comprises subscription and event income relating to 2025/6 received in advance.

	The group		The charity	
	2025	2024	2025	2024
	£	£	£	£
Balance at the beginning of the year	524,889	558,750	420,376	424,162
Amount released to income in the year	(524,889)	(558,750)	(420,376)	(424,162)
Amount deferred in the year	580,512	524,889	451,741	420,376
Balance at the end of the year	580,512	524,889	451,741	420,376

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

18a Fund reconciliation (current year)

	At 1 April 2024 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2025 £
(a) Permanent Endowment MK Dhole Bequest	342,134	-	-	-	(7,969)	334,165
Restricted funds:						
(b) MK Dhole Income Fund:	431,865	14,864	(171,077)	-	(15,257)	260,395
(c) Bulpitt	75,488	1,917	(1,200)	-	(2,870)	73,335
(d) Rising Star fund (formerly Jim George Memorial fund)	14,000	-	(250)	-	-	13,750
(e) Research into Ageing	31,188	-	-	-	-	31,188
(f) Frailty in Acute Settings Restricted Fund Frailty Module	16,709	-	-	-	-	16,709
	-	-	-	-	-	-
Total research funds	569,250	16,781	(172,527)	-	(18,127)	395,377
Devolved nations						
Scotland	46,390	7,962	(11,190)	-	-	43,162
Northern Ireland	-	-	(589)	-	-	(589)
Wales	29,212	15,711	(20,885)	-	-	24,038
Total devolved nations	75,602	23,673	(32,664)	-	-	66,611
Total restricted funds	644,852	40,454	(205,191)	-	(18,127)	461,988
Unrestricted funds:						
Designated funds:						
(i) Fixed Asset fund	839,770	-	-	104,795	-	944,565
(j) Designated SIG Grant fund	76,088	-	-	-	-	76,088
(k) Total Designated grant funds	47,137	-	(30,846)	-	-	16,291
(l) Healthcare in Care Homes fund	-	-	-	-	-	-
(m) BGS Development fund	154,736	-	-	-	-	154,736
Total designated funds	1,117,731	-	(30,846)	104,795	-	1,191,680
(n) Revaluation reserve	205,337	-	-	-	-	205,337
General funds	2,893,620	1,804,420	(2,101,398)	(104,795)	(63,049)	2,428,798
Non-charitable trading funds						
(o) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	4,216,791	1,804,420	(2,132,244)	-	(63,049)	3,825,918
Total funds	5,203,777	1,844,874	(2,337,435)	-	(89,145)	4,622,071

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025**

18a Fund reconciliation (current year continued)**(a) The Dhole Permanent Endowment Fund**

The Permanent Endowment Fund relates to the Dr MK Dhole bequest which was provided to enable any investment income arising on the bequest to be applied for the provision of an award for the most deserving published work of medical research appertaining to the needs of aged people. Any remainder income is to be used for the provision, endowment and financing of scholarships, fellowships and lectureships of all kinds connected with research in the field of geriatric medicine.

Purposes of restricted funds

- (b) The M K Dhole Income Fund is a restricted fund that receives the income from the Dhole Permanent Endowment Fund. It is used to fund the annual Dhole–Eddlestone Memorial Prize of £1,000 for a paper published in Age and Ageing during the previous calendar year. From 2020/21 it has also been used to fund the Joint Dunhill Medical Trust BGS Doctoral Training Fellowship Scholarship. (Note 21). The total awarded by 31 March 2025 but not paid was £353,972 (31 March 2024: £690,113).
- (c) The Bulpitt Fund is used to fund up to two essay prizes of £400 each awarded every year by the Cardiovascular Section. Three prizes were awarded in 2024/25 (2023/2024: Two).
- (d) The Rising Star fund (formerly The Jim George Memorial fund) was originally established using a donation received in memory of Jim George. The fund is used to fund two annual winners of the BGS Rising Star Awards. £250 was awarded in 2024/25 (2023/24: £750).
- (e) Research into Ageing Fund – funds research which informs and influences the ageing research agenda to make it clinically relevant and meaningful to the lives of older people.
- (f) The Frailty in Acute Settings Fund was established using money donated by a member who wishes to be consulted before significant spending is made. It was used to support the Frailsafe project, now complete. There was no movement on this fund in 2024/25 (2023/24: Nil).
- (g) The Special Interest Groups (SIG's) are restricted in so far as they are to be used by the relevant SIG for charitable purposes in the particular special interest field. Funds from SIGs which are no longer active are transferred into the designated grants fund; None was transferred in 2023/24 (2022/23 £76,598). From 1 April 2023 it was agreed with SIG chairs that SIG income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining SIG reserves were transferred on 31 March 2023 to a new designated account "SIG grants" and will be protected for SIG grants for five years as agreed.
- (h) The devolved nation funds are restricted in so far as they are to be used by the relevant devolved nation for charitable purposes.
- (i) The English regions funds are restricted in so far as they are to be used by the BGS English regions for charitable purposes. From 1 April 2023 English region income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining English region reserves were transferred on 31 March 2023 to the designated grants fund and will be protected for grants for five years as agreed.

Purposes of designated funds

- (j) The Fixed Asset Fund, was designated to assist in identifying those funds that are not free funds. It represents the net book value of tangible assets and includes Marjory Warren House, the Society's registered office.
- (k) The designated SIGs grants fund was established on 31 March 2023 by designating surplus SIG reserves of £ 76,598. It funds grants, prizes and awards related to a SIG. The overall aim of the fund is to give grants to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement; The rejuvenated SIG's grants, prizes and awards programme was relaunched in 2023/24. Nil was spent in 2024/25 (2023/2024 £510).
- (l) The Total designated grants fund was established to fund grants, prizes and awards. The overall aim of grants is to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement. The Society's grants, prizes and awards programme was relaunched in 2022/23. In 2024/25 £30,846 was spent from this fund (2023/24 £15,378).
- (m) Healthcare in Care Homes funds. This was a three year project beginning in April 2022 on the delivery of healthcare in care homes, building on the Society's publication, Ambitions for Change. It was a cross-organisational project ranging from influencing policy decisions to workforce and curriculum development to promoting BGS membership to care home staff. The project completed early in 2024 and the balance of funds has been transferred to general funds.
- (n) The BGS development fund was established for future projects, such as further development of the BGS website, eLearning and other "cloud" resources to support members. An additional £150,000 was designated by Trustees in October 2022 to fund an upgrade and further development of BGS website.
- (o) The charitable trading fund is the general fund of the trading company.

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

18b Fund reconciliation (prior year)

	At 2 April 2023 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2024 £
(a) Permanent Endowment						
MK Dhole Bequest	311,527			-	30,607	342,134
Restricted funds:						
(b) MK Dhole Income	475,741	14,576	(96,422)		37,970	431,865
(c) Bulpitt	68,356	1,880	(800)		6,052	75,488
(e) Rising Star fund (formerly Jim George Memorial fund)	14,750	-	(750)			14,000
(f) Research into Ageing	27,241	-	3,947			31,188
(a) Frailty in Acute Settings Restricted	16,709	-	-			16,709
Total research funds	602,797	16,456	(94,025)	-	44,022	569,250
(h) Devolved nations						
Scotland	50,620	-	(4,230)	-	-	46,390
Northern Ireland	5,821	-	(15,423)	9,602	-	-
Wales	47,003	-	(17,791)	-	-	29,212
Total devolved nations	103,444	-	(37,444)	9,602	-	75,602
Total restricted funds	706,241	16,456	(131,469)	9,602	44,022	644,852
Unrestricted funds:						
Designated funds:						
(k) Fixed Asset fund	792,641	-		47,129	-	839,770
(l) Designated SIG Grant fund	76,598	-	(510)	-	-	76,088
(m) Designated Grants fund	62,515	-	(15,378)	-	-	47,137
(n) Healthcare in Care Homes fund	269,703	-	(5,313)	(264,390)	-	-
(o) BGS Development fund	154,736	-	-	-	-	154,736
Total designated funds	1,356,193	-	(21,201)	(217,261)	-	1,117,731
(p) Revaluation reserve	205,337	-	-		-	205,337
General funds	2,567,731	1,773,007	(1,911,466)	207,659	256,689	2,893,620
Non-charitable trading funds						
(q) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	4,129,364	1,773,007	(1,932,667)	(9,602)	256,689	4,216,791
Total funds	5,147,132	1,789,463	(2,064,136)	-	331,318	5,203,777

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

18b Fund reconciliation (current year continued)

(a) The Dhole Permanent Endowment Fund

The Permanent Endowment Fund relates to the Dr MK Dhole bequest which was provided to enable any investment income arising on the bequest to be applied for the provision of an award for the most deserving published work of medical research appertaining to the needs of aged people. Any remainder income is to be used for the provision, endowment and financing of scholarships, fellowships and lectureships of all kinds connected with research in the field of geriatric medicine.

Purposes of restricted funds

- (b) The M K Dhole Income Fund is a restricted fund that receives the income from the Dhole Permanent Endowment Fund. It is used to fund the annual Dhole–Eddlestone Memorial Prize of £1,000 for a paper published in Age and Ageing during the previous calendar year. From 2020/21 it has also been used to fund the Joint Dunhill Medical Trust BGS Doctoral Training Fellowship Scholarship. (Note 21). The total awarded by 31 March 2025 but not paid was £368,129, (31 March 2024: £690,113).
- (c) The Bulpitt Fund is used to fund up to two essay prizes of £400 each awarded every year by the Cardiovascular Section. Two prizes were awarded in 2023/24 (2022/23: £800).
- (d) The Rising Star fund (formerly The Jim George Memorial fund) was originally established using a donation received in memory of Jim George. The fund has received two donations during the year: £5,000 from the family of Jin George and £10,000 from the family of Dr John Dall. The fund is used to fund two annual winners of the BGS Rising Star Awards. £750 was awarded in 2023/24 (2022/23: £500).
- (e) Research into Ageing Fund – funds research which informs and influences the ageing research agenda to make it clinically relevant and meaningful to the lives of older people.
- (f) The Frailty in Acute Settings Fund was established using money donated by a member who wishes to be consulted before significant spending is made. It was used to support the Frailsafe project, now complete. There was no movement on this fund in 2023/24 (2022/23 Nil).
- (g) The Special Interest Groups (SIG's) are restricted in so far as they are to be used by the relevant SIG for charitable purposes in the particular special interest field. Funds from SIGs which are no longer active are transferred into the designated grants fund. From 1 April 2023 it has been agreed with SIG chairs that SIG income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining SIG reserves were transferred on 31 March 2023 to a new designated account "SIG grants".
- (h) The devolved nation funds are restricted in so far as they are to be used by the relevant devolved nation for charitable purposes.
- (i) The English regions funds are restricted in so far as they are to be used by the BGS English regions for charitable purposes. From 1 April 2023 English region income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining English region reserves were transferred on 31 March 2023 to the designated grants fund and will be protected for grants for five years as agreed.

Purposes of designated funds

- (j) The Fixed Asset Fund, was designated to assist in identifying those funds that are not free funds. It represents the net book value of tangible assets and includes Marjory Warren House, the Society's registered office.
- (k) The designated SIGs grants fund was established on 31 March 2023 by designating surplus SIG reserves of £ 76,598 as explained in note (h) above. It fund grants, prizes and awards related to a SIG . The overall aim of the fund is to give grants to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement.
- (l) The designated grants fund was established to fund grants, prizes and awards . The overall aim of grants is to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement.
- (m) Healthcare in Care Homes funds. This is a three year project beginning in April 2022 on the delivery of healthcare in care homes, building on the Society's publication, Ambitions for Change. It will be a cross-organisational project ranging from influencing policy decisions to workforce and curriculum development to promoting BGS membership to care home staff.
- (n) The BGS development fund was established for future projects, such as further development of the BGS website, eLearning and other "cloud" resources to support members. An additional £150,000 was designated by Trustees in October 2022 to fund an upgrade and further development of BGS website.
- (o) The revaluation reserve fund represents the accumulated unrealised gain net of losses on the Society's listed general investments. In the prior year all investments held at CCLA in accumulation and income units of the COIF Charities Investment Fund were sold and proceeds were immediately used to purchase equivalent COIF Charities Ethical Investment Fund units. As a result, the revaluation reserve relating to CCLA units was realised and the balance of £1,055,921 transferred into general funds.
- (p) The charitable trading fund is the general fund of the trading company.

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025****19a Analysis of net assets between Funds (current year)**

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	-	786,161	-	-	786,161
Intangible Assets	158,406				158,406
Investments	2,285,912	405,519	405,905	334,165	3,431,501
Cash & short term deposits	665,997	-	56,083	-	722,080
Other current assets / liabilities	(476,077)	-	-	-	(476,077)
Total	2,634,238	1,191,680	461,988	334,165	4,622,071

19b Analysis of net assets between Funds (prior year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	-	839,770	-	-	839,770
Investments	2,525,700	546,908	405,905	342,134	3,820,647
Cash	625,847	-	235,000	-	860,847
Other current assets / liabilities	(317,487)	-	-	-	(317,487)
Total	2,834,060	1,386,678	640,905	342,134	5,203,777

20 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.

21 Doctoral Fellowship Scholarships

BGS and Dunhill Medical Trust agreed to share equally the costs of one Doctoral Fellowship Scholarship annually for a period of up to three years starting in 2019/20. All three fellowships have now been awarded with a total commitment to BGS of £276,946 of which £85,897 remains at 31 March 2025. Each fellowship is held at an appropriate UK research institution.

BGS and Dunhill Medical Trust agreed a second series of three Doctoral Fellowship Scholarships starting in 2022/23. The total cost to BGS will not exceed £450,000. In March 2023 BGS and Dunhill Medical Trust agreed to fund an additional scholarship in this series, which could bring the maximum commitment to £600,000, although the 2024 award was cancelled as the applicant secured other funding. To date £149,050 has been paid of these grants leaving a year end commitment balance of £282,232.

Total remaining commitments are shown in the table below.

	Committed for first series £	Committed for second series £	Total Commitment £
Within one year	26,765	27,522	54,287
Over one year	59,132	254,710	313,842
	85,897	282,232	368,129

THE BRITISH GERIATRICS SOCIETY

England & Wales - Charity number 268762

Accounts



British Geriatrics Society
Improving healthcare
for older people

THE BRITISH GERIATRICS SOCIETY
(A Company Limited by Guarantee)
REPORT OF THE TRUSTEES
AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 March 2024

Charity registration number: 268762
Company registration number: 1189776 (England and Wales)

The British Geriatrics Society

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For the year ended 31 March 2024

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The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2024

CHARITY REGISTRATION NUMBER	268762
COMPANY REGISTRATION NUMBER	1189776 (England & Wales)
President	Professor Adam Gordon
President-Elect	Professor Jugdeep Dhese
Honorary Secretary	Dr Anne Hendry (demitted 17 November 2023) Dr Ruth Law (appointed 17 November 2023)
Honorary Treasurer	Professor Sarah Goldberg (demitted 17 November 2023) Dr Liz Lawn (appointed 17 November 2023)
Chair BGS England Council	Dr Mike Azad (demitted 14 February 2024) Dr Richard Biram (appointed 15 February 2024)
Chair BGS Northern Ireland Council	Dr Jan Ritchie (appointed 5 June 2023)
Chair BGS Scotland Council	Dr Rowan Wallace (demitted 17 November 2023) Dr Bob Caslake (appointed 17 November 2023)
Chair BGS Wales Council	Dr Sam Abraham (demitted 17 November 2023) Dr Karl Davis (appointed 17 November 2023)
Co-Chairs BGS Trainees Council	Dr Sangam Malani (demitted 17 November 2023) Dr Victoria O'Brien (appointed 17 November 2023) Dr Julianaa Raghu (appointed 17 November 2023)
Chair BGS Nurses and AHPs Council	Dr Esther Clift
Lay Trustee	Mr Nicholas Pahl
Lay Trustee	Ms Stephanie Harland (appointed 17 April 2023)
CHIEF EXECUTIVE OFFICER	Ms Sarah Mistry

The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2024

PRINCIPAL AND REGISTERED OFFICE Marjory Warren House
31 St John's Square
London
EC1M 4DN

AUDITOR Sayer Vincent LLP,
110 Golden Lane,
London
EC1Y 0TG

BANKERS Santander UK plc
2 Triton Square,
Regent's Place,
London
NW1 3AN

Flagstone Investment Management
Ltd Clareville House,
26-27 Oxendon St,
London
SW1Y 4EL

INVESTMENT ADVISERS CCLA Fund Managers Limited Senator
House
85 Queen Victoria Street
London
EC4V 4ET

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2024

The Trustees are pleased to present their annual report for the year ended 31 March 2024, under the Companies Act 2006 and the Charities Act 2011, together with the audited financial statements for that year, and confirm that they comply with the requirements of the Acts and the Charities SORP (FRS 102). The report and accounts have also been prepared to fulfil the requirements for a Director's Report for the purposes of company law.

OBJECTS AND MISSION

Charitable Objects

The Society was established in 1947 to serve the healthcare needs of older people living with frailty - a large and increasing sector of the UK and world population. The Society's objects, as set out in the Memorandum of Association, are 'the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons.'

Charitable mission

In line with the Objects, the Society's charitable mission is to improve healthcare for older people.

We pursue our Objects and mission through the objectives and activities set out in the section below.

OBJECTIVES AND ACTIVITIES, INCLUDING PUBLIC BENEFIT

Our objectives, which we refer to as our 'specific aims' are to

- Inspire students and trainees to specialise in the care of older people, and to support their education, training, clinical effectiveness and career development;
- Promote high standards of clinical quality through conferences, meetings, information, good practice guidance, and educational and training opportunities;
- Encourage the sharing of learning and best practice, both within and across relevant disciplines;
- Promote research into the healthcare of older people, facilitating access to research and opportunities to generate research;
- Act as the informed policy voice regarding educational curricula; clinical standards; research; effective commissioning practice and health policy regarding the treatment and care of older people across the UK;
- Raise awareness among healthcare professionals of the role of 'living well' in preventing disease in old age.

These long-term aims are translated through a Strategic Plan into five strategic objectives. We describe achievements later in this report under these five areas.

Principal activities

Our aims and objectives are met through delivery of a set of activities, as follows:

- national, regional and special interest meetings to share research and clinical best practice;
- publishing approved research papers, clinical guidance and resources;
- promoting research, education and training in all aspects of healthcare for older people;
- providing expert input into the formulation of policy relevant to the care of older people.

Below, we look at each of these in turn with reference to the 'public benefit' test.

Public benefit

The Society's overall purpose is to improve healthcare for older people, chiefly by driving up standards of NHS healthcare for older people across the UK through the member services and activities described below. The ultimate beneficiaries of our work are older people with frailty and other complex health needs who benefit from improved NHS healthcare from the physicians, nursing staff and allied health professionals whose knowledge, understanding and confidence are being raised through the activities of the Society. This public benefit is accessible free of charge through NHS services for older people. Older patients are by far the largest population group using NHS services, whether in the community or in hospitals.

Almost 12 million people in the UK are currently of pensionable age and this is projected to rise to over 15 million by 2045. The fastest growing age group is the over 85 population which is projected to double by 2045. The fact that people are living longer lives is a great success story. It comes with many positive dimensions, which should be roundly celebrated, but also brings major challenges. Research published in January 2018 estimates that between 2015 and 2035, the prevalence of multi-morbidity (multiple diagnoses of chronic illness) is set to increase, with the proportion of those diagnosed with four or more illnesses almost doubling. Two thirds of those with four or more illnesses will have mental ill-health, such as depression, dementia, and other forms of cognitive impairment. Older people are more likely to have chronic conditions than any other age group – 58% of people over 60 have at least one chronic illness compared to 14% of those under 40. Around 10% of people aged over 65 and a quarter to a half of those over 85 live with frailty. Management of frailty costs UK healthcare systems £5.8 billion per year. Older people account for around 40% of all admissions to acute hospitals in the UK and occupy around two thirds of hospital beds at any one time. The NHS is currently in crisis, having experienced continued pressure since the COVID pandemic, and the workforce is depleted and exhausted. In this context, the role of the BGS is more vital than ever, to lobby for health and social care services to be designed to meet the needs of the ageing population and to help ensure that the right people with the right skills are in place to ensure that older people can access the care they need, where and when they need it.

As we illustrate below, the trustees have had regard to the Charity Commission's guidance on public benefit when reviewing the Society's aims and objectives, overseeing the delivery of the service activities which flow from them, and planning its future activities:

National, regional, and special interest meetings

Our meetings are explicitly intended to improve patient care. They provide demonstrable benefit by improving the knowledge and skills of geriatricians and other healthcare professionals caring for older people, whether in NHS hospitals, in primary care settings or in the community. Each year the Society holds two major national conferences which provide Society members and other healthcare professionals with the opportunity to share their

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2024

research and clinical best practice. All submitted abstracts are subject to rigorous peer review prior to acceptance as either platform presentations or posters. The meetings provide a forum for Continuing Professional Development (CPD), which follows a five-year cycle to ensure that all pertinent clinical topics within the speciality of geriatric medicine are regularly examined. Included in the meetings are guest lectures and sessions presented by the Society's Special Interest Groups (SIGs). In addition to the national conferences, regional meetings and specialist conferences are held to address topical and/or sub-specialty issues. Some of these are undertaken through partnership working with other specialist societies and charitable organisations.

Publication of research and clinical guidance

The Society publishes best practice statements, guidance on clinical quality, tools, and resources, which are freely available on its website. This information is widely used as a source of authoritative guidance for healthcare professionals and lay people alike. Through the expertise of our 14 Special Interest Groups covering a wide range of topics related to geriatric medicine, we keep these resources up to date in order to meet the needs of our members and others with an interest in current developments and evidence on the healthcare of older people.

Healthcare professionals in the UK and across the world benefit from peer-reviewed scientific papers, which the BGS publishes in its official journal, *Age and Ageing*. The journal is published in a hybrid format by Oxford University Press, which means authors have the option of an Open Access license (free to read immediately) or a standard license (subscriber-only for 12 months, then free). Currently 51% of content is published Open Access and the rest is available online to the Society's members as part of their membership package, and also to paid subscribers. The journal is fully compliant with the Research Councils UK and the Wellcome Trust Open Access policies and belongs to major national and international Read & Publish Agreements, including the Joint Information Systems Committee (JISC), which covers most UK universities. In addition, we also grant a free access waiver to a number of key papers to allow the clinical community to have immediate free access to important work which might influence practice. *Age and Ageing* has a worldwide reputation for publishing refereed original articles and commissioned reviews on geriatric medicine and gerontology. It has become increasingly influential among geriatrics and gerontology publications.

Promotion of research, education, and training

Providing high-quality healthcare to older people with complex health needs relies upon keeping abreast of latest evidence regarding prevention, treatment, and care, and indeed adding to that evidence base. The promotion of academic and research activity in relation to older people and the translation of findings into clinical practice is one of the Society's core aims. The Society delivers much of its education and training through scientific meetings. Following the COVID-19 pandemic, the BGS has been boosting its online offer. Our events are now all available for virtual participation, which has enabled busy healthcare professionals to have ready access to high-quality content, live and after the event.

An important part of the promotion of research, education and training is the Society's funding of grants and fellowships to those who work in the field of geriatric medicine and more generally the healthcare of older people. These support healthcare professionals to acquire new knowledge and skills, which are then shared and applied to the care of the older population across the UK.

Providing expert input into policy relevant to the care of older people

The Society aims to provide expert input to the development of policy at a national level within the four nations of the UK. The Society provides comment, responses, and information to a

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2024

variety of agencies including Government and parliamentary bodies, NHS England and its equivalents in the other nations, the Department of Health and Care in each of the four countries of the United Kingdom, the National Institute for Health and Care Excellence (NICE), the Care Quality Commission and other professional bodies. Senior officers represent the Society's positions in print and media. The Society has an active social media presence including a BGS blog, Twitter accounts for the Society and for *Age and Ageing*, a Facebook page and LinkedIn pages.

ACHIEVEMENTS AND PERFORMANCE

Our strategic planning cycle

The BGS has adopted a fixed, three-year planning cycle. For each year of the strategic plan, strategic objectives are flowed through into annual operational plans, and from there to committee workplans and individual staff members' objectives so that Vice-Presidents and their committees and the staff team are aware of their specific contribution in achieving the organisation's strategic objectives. The annual operational plan and accompanying annual budget are presented to the Trustee Board for approval before the start of each year and reported against at quarterly Trustee Board meetings.

Strategic Plan 2023/26

BGS members approved a new Strategic Plan for the three years from 1 April 2023 to 31 March 2026 at the AGM in November 2022. The Strategy set out five objectives in pursuit of the Society's mission to improve healthcare for older people.

These are:

1. **Clinical quality and professional practice** - To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improving practice.

Intended outcome: By 2026, we will have contributed to the delivery of better healthcare for older people across all care settings by developing and sharing tools, guidance and examples which enable healthcare professionals to improve their practice.

2. **Workforce** - To support recruitment, retention and development initiatives that increase numbers of specialists in the care of older people and help existing staff to have the appropriate skills and support to deliver good care for older people in the right place at the right time.

Intended outcome: By 2026, we will have worked with others to address the workforce crisis by helping to increase the size and skill base of the specialist workforce delivering care for older people, and by contributing to action on the workforce needed to provide care to an ageing population.

3. **Education and professional development** - To support continuing professional development of those specialising and working in healthcare of older people.

Intended outcome: By 2026, we will have enhanced the BGS educational offering for multidisciplinary professionals working in older people's healthcare across different care settings, providing a range of meetings and learning opportunities to enable their continuing professional development.

4. **Policy and communications** - To influence the decisions, programmes and implementation of policymakers, commissioners, system partners and health professionals relating to older people's healthcare across the UK.

Intended outcome: By 2026, we will have increased our profile and voice, and will be successfully influencing the development, design and implementation of national and regional programmes and policy for older people's healthcare.

5. Research and evidence - To promote research into older people's health and healthcare, and the application of evidence-based knowledge to clinical practice across the continuum of care.

Intended outcome: By 2026, we will have strengthened research opportunities, skills and impact through our research community and through the reputation and reach of our journal, *Age and Ageing*.

The Strategic Plan 23/26 affirms some key principles in the way the BGS works across all professions concerned with the healthcare of older people, across the four countries of the UK and across all care settings. It sets out values that inform how we work: we aim to be person-centred, inclusive, collaborative and proactive. The Plan also sets out how we will deliver our objectives over the three-year period: through BGS members and the staff team, by increasing and diversifying our income and making our money work harder, by strengthening our governance, by modernising our infrastructure and by reviewing progress and adapting to the changing context.

23-24 Context

The NHS has continued to struggle this year, with no let-up in the pressure on the workforce, which can be attributed to under-investment and the longer-term fallout from the COVID pandemic. In England, the new infrastructure of 42 Integrated Care Systems (ICSs) has begun to bed in but progress towards integration is patchy across the country. While the ambition of 'care closer to home' continued to drive evolution of primary and community care, the numbers of older people marooned in hospital remained stubbornly high at around 13,000 during 2023/24. Virtual wards for patients with respiratory conditions and with frailty have been promoted by NHS England, enabling some people to be cared for at home, where this was possible. However, implementation is variable across England. In Scotland, health and social care boards have been in existence longer and Hospital at Home is well-established in parts of the nation. Despite this, funding and workforce shortages have hindered more extensive roll-out of Hospital at Home. The introduction of a National Care Service in Scotland has also been delayed. In Wales, the Government has continued to implement the Age Friendly Wales Strategy which includes a commitment to improving access to primary care, supporting people out of hospital where possible and reviewing social care funding. A welcome development in Northern Ireland was the return of a functioning government, after a long absence, which it is hoped will help to revive the health system. Across all four countries, waiting lists remained stubbornly high. GP and dental appointments were in short supply and there was considerable strain on the system due to the backlog of people waiting for elective care, acute services being dangerously over-capacity and waits in Emergency Departments leading to harms, particularly for older patients.

Workforce shortages throughout the system continued to grow, with all professions affected. No solution to the social care crisis emerged and restrictions on pay and visas served to exacerbate the social care workforce shortfall. Pay disputes remained largely unresolved, particularly among junior doctors. The BGS's analysis of workforce data revealed ongoing vacancies, people leaving for better-paid jobs elsewhere, and generally low morale.

Against this challenging backdrop, BGS members continued to demonstrate their commitment to providing the best care they could for older people. The BGS is extremely proud of the dedication of its multidisciplinary members working in acute, primary and community care. Membership numbers continued to rise past 5000 at the peak during 2023/24. We have seen

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2024

growth in membership from all professions and are pleased that, thanks to the energy of our Trainees' Council, we have established a new sub-group for medical students. The sense of community is as strong as ever, helped by a series of excellent national meetings. The BGS has been more visible, with senior leaders invited to speak at key NHS meetings (including a summit at 10 Downing Street), party conferences and in media appearances. Strong stakeholder relationships with the Royal College of Emergency Medicine in particular have provided opportunities to highlight the need for front door frailty services and the risks to older people of long waits in emergency departments. Building on the BGS Blueprint summary of what good care for older people should look like, published in March 2023, we produced several excellent reports this year, which are proving influential on service design and delivery at local, regional and national level.

BGS members, and in particular honorary office bearers, namely, the trustees, deputies, Vice Presidents, Council and committee members, and the officers of our Special Interest Groups, regions and nations, continue to contribute a huge amount to our mission. We are very grateful for their voluntary efforts, particularly given the other demands on them. Much of the detailed work carried out by the Society is led and delivered by them, and we are deeply indebted to them for finding the time and energy to contribute their expertise to improving healthcare for older people across the UK through the work of the BGS. While this is a huge asset, restrictions on study leave, study budgets and external commitments have made it even harder for them to devote time to the BGS this year.

The BGS staff team grew to 16 during 2023/24, with extra capacity for events, digital learning, policy, marketing and finance. The staff team proudly supports the BGS's membership, which passed the 5000 mark in the course of the year.

Geographically, BGS's principal focus is the UK, and maintaining genuine UK-wide reach remains one of our core concerns, particularly as health is a devolved responsibility and health and social care services therefore vary between England, Scotland, Wales, and Northern Ireland. We value the different perspectives of our members from across the UK and benefit from cross-country comparisons and shared learning.

The BGS has overseas members and its website resources are accessed by health professionals from across the globe. We continue to welcome delegates from many countries to BGS events online and in-person, and to host delegations and visitors. The Editorial Board of Age and Ageing has members from all over the world, reflecting the international nature of the journal's content.

Performance against strategic objectives

In the rest of this section the Trustees describe achievements during 2023/24 against the Society's strategic objectives.

Objective 1: Clinical quality and professional practice - 'To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improving practice'

One of the crucial roles played by the Society is to enable those working with older people to have access to information, resources, and expertise on good practice across the span of older people's healthcare needs. The Vice President for Clinical Quality oversees the Clinical Quality Committee and the Society's work in promoting high standards of clinical quality.

Dr Tom Downes stepped down from his role as VP of Clinical Quality to take up the NHS England post of National Clinical Director for Older people. Dr Tom Bartlett is now Vice President for Clinical Quality.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2024

The BGS has 15 Special Interest Groups (SIGs) serving as the Society's source of clinical innovation, articulating and maintaining high standards of clinical care, and disseminating specialist knowledge. In 2023, we held two successful meetings for the Chairs of the SIGs, enabling them to share challenges, successes and ideas. During 2023, we held one-day conferences with the Bladder and Bowel, Falls and Bones, and Movement Disorders SIGs. For the BGS Spring conference 2023, the Sarcopenia and Frailty Research SIG, the Cardiovascular SIG, POPS SIG and Dementia SIG organised all-day sessions. At the BGS Autumn conference 2023, the Frailty and Urgent Care SIG and Oncology SIG organised parallel half-day sessions. Members of the Oncology SIG contributed to a report from the Royal College of Radiology on frailty assessment and management in cancer services.

The Community and Primary Care Group, which formed in 2022, planned and held a full day of sessions on Community Care for older people at the BGS Autumn meeting in November 2023.

The BGS has 54 pharmacists in membership who have now formed their own group and meet four times a year. This group has been very active and is currently writing guidance for BGS members on medicines optimisation in frailty, to be published in summer 2024. They have contributed to BGS conference sessions and are developing their own page on the BGS website. They collaborate with the Medicines Optimisation SIG on important issues such as deprescribing.

The CQ Committee held clinical quality sessions at the BGS national conferences. The top-marked abstracts were delivered as platform presentations, as a demonstration of how to write a good abstract. The Committee continues to promote QI practice and showcase good examples.

The BGS responded to the following **consultations**:

- Consultation on Acute Oncology Services Specification for NHS Wales – Oncology SIG
- Joint RCP & FPA response to DHSC consultation: Regulating anaesthesia associates and physician associates - POPS SIG
- Implementing frailty assessment and management in oncology services – consultation on new guidance - Oncology SIG
- NICE consultation re guideline on assessment, management and support for people living with dementia and their carers -Dementia SIG
- NICE decision aid for Abdominal Aortic Aneurysm: Stakeholder review - POPS SIG
- Comments on the review of the draft guideline for the British Haematology Society on identification and management of preoperative anaemia - POPS SIG

Objective 2: Workforce - 'To support recruitment, retention and development initiatives that increase numbers of specialists in the care of older people and help existing staff to have the appropriate skills and support to deliver good care for older people in the right place at the right time.'

Many of the challenges surrounding older people's healthcare have to do with the challenges facing the workforce. There are not enough healthcare professionals specialising in older people's healthcare and the staff that are in post are exhausted and burnt out. In addition, many healthcare professionals outside the specialty lack the skills required to care for an ageing population with increasingly complex needs, despite older people being the biggest user group of health and social care services.

Our work in this area is overseen by the Vice President for Workforce, supported by the Workforce Committee. The committee's priorities have been focused around gathering data about the workforce to better understand the situation facing our members and how we can help.

In May 2023, we published *The case for more geriatricians* which used data from the Royal College of Physicians' census and population projections to estimate how many geriatricians are needed to care for the ageing population. This report suggests that there should be one geriatrician per 500 people aged 85 and over. This figure was calculated based on areas of the country where there are sufficient geriatricians to provide innovative services such as peri-operative care and virtual wards/hospital at home. The report showed that by 2030, 1,846 more geriatricians will be needed to care for the ageing population. This report focused on doctors because there is data available for doctors. We would like to be able to publish a similar analysis for nurses and allied health professionals working with older people but so far have been unable to access data on this group.

In early summer 2023, NHS England published the long-awaited NHS Long Term Workforce Plan, outlining plans for more medical school places and exploring new ways of training. We welcomed the plan and have volunteered to be involved in the 'Train' workstream (the other workstreams are 'Retain' and 'Reform'). However, there has been relatively little progress on the plan since publication.

In autumn 2023, we surveyed the BGS membership to better understand our members' experiences. We published a report from this survey in February 2024 which showed that BGS members work in services that are routinely under-staffed and that the pressures of working in under-staffed services are impacting upon their mental and emotional wellbeing.

Also in February, we published our analysis of the RCP census from the perspective of geriatric medicine. This analysis confirmed that there are not enough geriatricians to care for the ageing population and that the geriatricians we do have are not evenly distributed across the country, meaning that some areas are well-served and others are under-served. This analysis also showed that geriatric medicine is the largest medical specialty in the UK and, despite the challenges, most geriatricians are happy and satisfied in their work.

Plans are in place for a #ChooseGeriatrics campaign to start over the coming months to further promote older people's healthcare and to resolve some of the challenges facing recruitment for trainees.

Objective 3: Education and professional development - 'To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education.'

The Vice President for Education and Training oversees the BGS's education and professional development work. This includes ensuring geriatric medicine training for doctors is delivered through the appropriate curriculum and supported by accessible learning opportunities in the form of meetings, e-learning and other resources. Our increasingly ageing population requires a larger number of geriatricians. The BGS has set out a recommended undergraduate medical school curriculum to ensure future doctors have a comprehensive understanding of older people's specific healthcare needs. While promoting the recruitment, retention and development of trainee doctors, the Education and Training Committee's remit also involves professional development for the wider multidisciplinary team. The growth of Advanced Clinical Practitioner roles, the recognition that older people's care cannot rely on specialists alone and the provision for Less than Full Time working arrangements are all examples of ways in which workforce shortages are being overcome.

The BGS has a reputation for delivering high-quality educational meetings. BGS delivered meetings in 2023/24 as hybrid meetings, with delegates able to attend in person or online on the day. Aiming for relevant, attractive content and excellent speakers, the meetings provided clinical education, research updates and service delivery based upon a rolling Continuing Professional Development (CPD) calendar and curricula for those specialising in older people's healthcare.

In 2023/24, the main meetings we delivered were our Spring and Autumn three-day conferences plus 4 stand-alone SIG conferences. In total we ran 17 hybrid meetings, and five online webinars for Trainees, Nurses and AHPs and wider audiences such as medical students. We also ran 4 events dedicated to training: IMT applications, G4J, G4E in Northern Ireland and Scotland Trainees' meeting. We reached a total of 6510 registrations, with people still registering to watch this content on demand into 2024. This is in line with attendees in 2022/23. These hybrid and virtual meetings received overwhelmingly positive feedback and were successfully delivered live, and made available for 12 months after the event on demand.

We aim to ensure the substantial BGS events offer continues to deliver an excellent delegate experience, with a hybrid format as standard for the main meetings and virtual delivery of webinars and other learning opportunities. However, during 2023/24, access to delegates' study leave and study budgets continued to be restricted. These restrictions were also compounded by workforce pressures and industrial action in the NHS, making it harder for people to attend live on the day. BGS will focus on making education available on demand.

The BGS continued to offer two e-learning modules, on Frailty identification and intervention, and on Perioperative Care of Older People undergoing surgery. In partnership with NHS England, the BGS agreed to update and provide free access to all NHS and Social care staff to the Frailty eLearning module. The new module saw 5541 participants sign up, compared to the 1084 people who accessed the course in its previous version. The completion rate as of March 2024 stood at 25%. The 2024 Perioperative care of older people e-learning module (POPs) course (711 signups, and 19% completion rate) is being reviewed by the SIG so that it can be given a major update and relaunch at the end of September. We have 3 other e-learning modules in development – delirium, oncology in older people and continence.

The BGS continued to collaborate with the Royal College of Physicians London (RCPL) on the Diploma in Geriatric Medicine (DGM), promoting this to a wider audience including nurses, allied health professionals, physician associates and other healthcare professionals. The RCPL confirmed their support for a further five-year agreement on delivery of the DGM with the BGS, which is positive, though numbers dipped again for the written exam in February 2024. We continue to collaborate with the Federation of Royal Colleges in the delivery of the Specialty Certificate Examination (SCE) in geriatric medicine. This has now moved to a nine-monthly rather than a yearly cycle. The BGS is contributing to the development of a European exam based on the UK SCE.

Objective 4: Policy and communications - 'To influence the decisions, programmes and implementation of policymakers, commissioners, system partners and health professionals relating to older people's healthcare across the UK.'

The BGS has continued to build our policy influencing during 2023/24, making the most of the opportunities we have had. We were the only non-Royal College to be invited to a summit at Number 10 to discuss winter planning. This event was attended by the Prime Minister and the Secretary of State for Health and Social Care. We were also active at political party conferences in autumn 2023. We co-hosted a panel discussion at the Labour conference with the Royal College of Emergency Medicine and Parkinson's UK. Despite this event being held on the Sunday afternoon of conference, it was an extremely successful event with standing room only. We were also invited to participate in a panel discussion at the Conservative conference hosted by Age UK and with a Health Minister on the panel.

BGS members continue to experience tough conditions in health systems across the country. In the lead-up to winter 23/24, we were concerned that the situation had not improved significantly since our winter statement in 22/23. We re-issued our statement in November

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2023, to sound the alarm in the lead-up to winter, once again with the support of 25 other organisations.

We hosted a meeting of stakeholders from across the UK and internationally to discuss the use of minimum datasets in care homes and domiciliary care, comparing models from different countries. As a result of this event, we published a report making 12 recommendations around the use of data to improve care.

While the COVID pandemic is mostly over, we have contributed to both the UK and Scotland COVID inquiries, highlighting the impact of the pandemic on older people and the healthcare professionals who cared for them. The UK COVID inquiry team attended our autumn 2023 meeting to speak to BGS members about their experiences during the pandemic.

In autumn 2023, we worked with a clinical fellow to publish a resource about front door frailty services, aimed at supporting BGS members to implement front door frailty services locally. This resource was very well received and the author of the resource has been invited to present the work to international conferences.

We were pleased when the Chief Medical Officer for England, Professor Sir Chris Whitty, chose to focus his annual report on the health of the ageing population. BGS senior officers were able to contribute to this report and we have developed good links with the CMO's office as a result.

We continue to work in partnership with others on much of our work, especially the Royal College of Physicians London, the Royal College of Physicians of Edinburgh, the Royal College of Emergency Medicine and the Community Rehabilitation Alliance. This year we have joined with the Gold Standards Framework and Care England to form the End of Life Care Coalition, calling for all generalist staff to be trained in skills to support of end of life care.

The BGS's media profile continued to grow during 23/24. Over the course of the year 771 articles were published mentioning BGS including in The Telegraph, ITV, Express, Daily Mail, MSN UK, Yahoo! News, Nature, the Carer and regional coverage in the Dover Express, Belfast Telegraph, The Northern Echo, Swansea Bay News and Glasgow Evening Times. Professor Gordon was interviewed on Greatest Hits London Radio and BGS Honorary Secretary Dr Ruth Law was interviewed by Professor Dame Jane Dacre for UCL's 'Medical Women Talking' Podcast.

We have continued to have a high-profile X/Twitter presence, with over 37,400 followers. The BGS live tweeted from our national and regional conferences. We have also continued to promote our Facebook and LinkedIn presence.

The following **press releases and statements** were published:

- 3/04/2024 - BGS welcomes new National Clinical Director
- 06/03/2024 - National Clinical Impact Awards 2024
- 22/02/2024 - New BGS report exposes continuing shortage of geriatricians
- 09/02/2024 - BGS report finds that short-staffing negatively affects healthcare professionals' mental health
- 08/02/2024 - BGS responds to new research showing link between frailty and austerity
- 12/01/2024 - Prestigious Dhole-Eddlestone Memorial Prize awarded to scientific paper enabling early detection of age-related functional decline
- 11/01/2024 - BGS Statement on job titles
- 20/12/2023 - BGS announces Rising Star Award Winners 2023
- 19/12/2023 - BGS responds to long-awaited publication of proactive care guidance
- 08/12/2023 - BGS responds to ongoing UK COVID Inquiry
- 01/12/2023 - Transforming the quality of care in care homes through better use of data

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- 21/11/2023 - BGS responds to RCEM report about emergency care
- 20/11/2023 - BGS launches new Front Door Frailty resource
- 15/11/2023 - BGS sounds the alarm as winter approaches
- 10/11/2023 - BGS responds to CMO report
- 08/11/2023 - Guidance on frailty assessment and management in oncology published in association with BGS
- 30/10/2023 - Measuring what matters to older people: WHO unveils special issue on measuring healthy ageing
- 25/10/2023 - BGS welcomes Prime Minister's plans to ban smoking within a generation
- 18/11/2023 - BGS announces new initiatives to support researchers
- 11/10/2023 - Medical student volunteers invited to attend BGS Autumn Meeting
- 28/09/2024 - BGS joins coalition of health and social care organisations calling on government to overhaul end of life care
- 27/09/2023 - Frailty elearning free to all
- 22/09/2023 - Calling out sexual misconduct in healthcare
- 19/09/2023 - New intermediate care framework shows why investing in rehab is so important
- 15/09/2023 - BGS responds to No 10 summit and additional winter funding
- 08/09/2023 - Judith Lund wins BGS Special Medal for support of older people on discharge from hospital
- 08/09/2023 - Acute care of older people: Reflections on Acute Frailty Network impact
- 08/09/2023 - BGS announces Dr Deb Gompertz as next Deputy Honorary Secretary
- 22/08/2023 - BGS responds to Major Conditions Strategy strategic framework
- 02/08/2023 - Dr Gill Turner announced as winner of the Marjory Warren Lifetime Achievement Award 2023
- 01/08/2023 - BGS Rising Star Awards 2023: Applications now open
- 12/07/2023 - BGS announces EAMA grant award winners for 2024-2026
- 11/07/2023 - BGS responds to new Age UK briefing on the state of health and care of older people
- 30/06/2023 - BGS responds to NHS Long Term Workforce Plan
- 27/06/2023 - New guidance outlines 'Six steps to better care for older people in hospital'
- 27/06/2023 - BGS leads open letter to Secretary of State regarding Major Conditions Strategy
- 24/05/2023 - More geriatricians needed to meet the needs of the UK's ageing population
- 16/05/2023 - Dr Shiv Bhakta and Dr Marc Österdahl awarded joint BGS/Dunhill Medical Trust Doctoral Fellowships
- 05/05/2023 - Age and Ageing launches new cardiovascular themed collection to coincide with BGS Spring Meeting
- 27/04/2023 - Professor Jugdeep Dhesi awarded prestigious William Farr Medal by the Worshipful Society of Apothecaries
- 04/04/2023 - BGS responds to latest social care announcement

The BGS website has become ever more central to the way the Society delivers its core message, with total page views increasing year-on-year as healthcare professionals seek the latest up-to-date information on conditions affecting older people. It also provides access to all of our educational events, which can be streamed online live or on demand. The website is now attracting 1.6 million hits annually. During 23/24, we contracted with Drupology to build a new website, which will be launched in September 2024.

Key resources available on the website include a series of 'hubs' which include the Frailty Hub, Delirium Hub, Quality Improvement (QI) Hub and the most recent addition, the Research Hub. These have become go-to resources for practitioners involved in the care of older people, helping to link up methodology, evidence, guidance and learning within the context of delivery of healthcare for older people. The website also provides access to all of the Society's latest and past reports and publications. These span research and policy through to practice, and include topics such as virtual wards, front door frailty, urgent care, workforce, end of life care and many other pertinent themes.

The BGS member magazine, AGENDA, is a valued member benefit which is published in hard copy print format every second month and mailed to all members, offering a space to reflect, connect and unwind. It helps members to keep abreast of developments within the BGS, as well as more widely in the field of geriatric medicine. Themed issues over the past year have included medicines management, workforce, person-centred care, cognitive health, technology and sustainability. The magazine continues to provide an opportunity for Officers, SIGs, Councils and other BGS groups to highlight their areas of work and promote engagement with BGS activities including policy influencing, events and resources available via the website.

Objective 5: Research and evidence - 'To promote research into older people's health and healthcare, and the application of evidence-based knowledge to clinical practice across the continuum of care.'

The Vice President for Academic Affairs oversees the Society's work to promote, enable, support, and communicate research which can ultimately improve the care of older people. Professor Miles Witham was appointed as Vice President for Research and Academic Affairs at the end of 2023.

We are currently looking at the next three years and how the BGS can support and encourage those who would like to undertake research in all the MDT. We have a small life working group looking at academic capacity-building in the health and wellbeing of older people. This also includes a Research Prioritisation and study development exercise which will involve the BGS SIGs. BGS is in a key position to ensure that the voice of clinicians is heard in setting research agendas. In particular, the BGS Special Interest Groups (SIGs) comprise large groups of experts who are able to contribute insights into what questions research should address, and how these questions should be addressed. The SIGs are in a position to help answer these questions and to ensure that new research evidence is taken up rapidly into practice. The current start date for surveying the SIG Chairs on this is July 2024.

The committee will also develop a pandemic research response strategic plan to delineate what key components of an effective research response for older people need to be in place. In partnership with workforce committee colleagues, they will develop guidance and examples for the allocation of job plan time for research with older people.

The research and clinical quality committees adjudicated the abstract submissions for the BGS national meetings. In autumn 2023, we had 13 platform presentations, 8 President's round presentations and 119 posters. The Research and Academic Committee (RADC) ran sessions to help promote research and offer advice on subjects such as how to get started in research, how to write a research paper, and where to look for funding. There are ongoing discussions on how to ensure that the RADC produce a relevant programme for all researchers at each conference.

The BGS funded two systematic reviewers to work on a Delphi exercise to inform a new BGS research strategy. This systematic review of research prioritisation exercises in the field of older people's healthcare and ageing was published in JAMDA in November 2023.

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The RADC oversaw development of a new Research Hub, which was launched in October 2023.

The Trustees agreed to co-fund a second round of three joint Clinical Fellowships with the Dunhill Medical Trust. Exceptionally, two Fellowships were awarded in 2023.

The BGS's high-impact journal, *Age and Ageing*, is published in monthly online issues, with occasional supplementary issues (including the [WHO Measurements of Health Ageing](#) supplement) and special themed collections throughout the year. The journal website and submission process offer a high-quality reader experience and a modern and attractive offering to authors.

Additional recruitments have been made to expand and diversify the Editorial Board, both to maintain expertise when Board members come to the end of their terms, and to build representation in emerging areas and novel methodologies. Equally our administrative resources are developing to meet the challenges of an ever-increasing workload and the potential risks of fraud and changing funding environments. Recruitment for a new Editor-in-Chief to succeed Professor Rowan Harwood took place in 2024, and Professor Roy Soiza started in post in June 2024.

The editorial process continues to perform well. In the period 1 April 2023 to 31 March 24, the journal received 2,379 submissions, which is slightly more than last year, and accepted 265 for publication, which is slightly less than last year. This low acceptance rate reflects the high quality of journal content and the need to make sustainable our editorial and production capacity.

The impact of the journal can be measured by a number of metrics.

- The Impact Factor for the period to 31 March 2023 was 6.7, a reduction on the previous year but this is in the context of a recalibration of this index by Clarivate which saw reductions across all journals.
- *Age and Ageing* remains a high-ranking (Q1) journal and is 10/54 in the Geriatrics and Gerontology category.
- The usage rate in this period was 2.5 million article downloads, which is a slight decrease from last year.
- Subscriptions are agreed annually, and at the end of 2023 we had 7,638 subscriptions, a slight decrease in line with expectations that institutions will convert their subscriptions into Read & Publish agreements.
- We have seen growth in Open Access uptake, which was 51% in the reporting period and a significant increase on the previous year. This results in a healthy additional income stream and is a good indicator for future financial sustainability.
- Journal income, as reflected in the 2023 financial report, was £596,910. Expenditure was £143,366, resulting in profit to the BGS of £453,544 (before salary and overheads).

After a thorough consultation and benchmarking process, the 2024-27 Publishing Agreement has been finalised with OUP. The Editorial Executive formed a strategy for Open Access and potential future publishing models. We remain in a strong position as a hybrid journal and are monitoring the triggers that would indicate that it is time to transition (flip) to a fully Open Access publishing model. The new Publishing Agreement is adaptable for that eventuality.

Delivering the Strategic Plan

a. Membership

The number of BGS members has now passed the milestone of 5,000. Our membership consists of consultants, registrars, SAS grade doctors, nurses, physiotherapists, pharmacy professionals and many more. As the largest specialty, the impact we can have on older people's healthcare as a multidisciplinary Society is more important than ever. The Nurses and AHPs Council now boasts more than 750 members and is well-represented on committees and groups across the BGS, ensuring the voice of the multidisciplinary team is incorporated throughout our work.

Retention in terms of BGS membership has been key and to do this, we ensured our member offer remained attractive, affordable and accessible. We offered good value for money through various streams such as e-learning resources, CPD accredited events, grants and awards and access to our scientific journal, *Age and Ageing*. Later this year, with the upgrade of the new website, the member journey will improve. It will provide a smoother access and better navigation to educational content and resources.

To aid recruitment in 2023/24, we continued to attend as many career fairs and healthcare events as possible to encourage students and trainees early access to the BGS. With membership being free to undergraduate students, foundation year doctors and preceptorship year nurses and AHPs, there are ample opportunities for learning and development, networking and staying abreast of BGS news and policy work. We are pleased to have new members joining the BGS at the start of their career in older people's healthcare. We plan to use the upcoming campaign, #ChooseGeriatrics, to encourage multidisciplinary healthcare professionals to join and be active in the Society's work at all career stages by celebrating its diversity, flexibility and rewards.

b. Inclusion and sustainability

The BGS has a sustainability policy and this year it became a member of the UK Health Alliance on Climate Change. We continue to promote messages to our members about sustainable healthcare and reduction of wastage and to ensure the way we deliver our meetings and run the organisation is as green as possible.

The BGS Equality, Diversity and Inclusion Group got underway this year. It is meeting regularly to develop an approach to EDI across the BGS's activities and to advocate externally against ageism which is pervasive within healthcare. The EDI Group led a session at the Spring Conference 2024 based on Schwarz round principles.

c. Overview of achievements

The BGS produced an infographic in March 2024, which gives an overview of achievements during 2023/24.

BGS key achievements: 2023-24

5,500+

signups to our frailty elearning module

40k

followers on Twitter/X

67,000

CPD hours awarded

550

BGS members contributed valuable time and expertise to sit on BGS Councils, Committees, Groups, Nations and Regions

Our blueprint document **Joining the dots: A blueprint for preventing and managing frailty in older people** viewed close to

14,000 times

739

mentions of BGS in the press

2.5 million

Age and Ageing article downloads

103

event grants awarded in 2023

21%

increase in nurse and AHP members during 2023

A total of

5,000

BGS members spanning all four UK nations and across the entire multidisciplinary team

6.5k

BGS event registrations,

40% since 2020

1.6m

BGS website page views

18.5k

members of BGS Special Interest Groups (SIGs)

Top read blog: *Twenty minutes of daily exercise can help reverse frailty and build resilience in over 65-year-olds*

47%

of delegates attended BGS events in person

↑1,000 in 2023

3 workforce reports published:

The state of the consultant geriatrician workforce

The state of the older people's healthcare workforce

The case for more geriatricians

25

health and social care organisations supported our winter statement

BGS officers contributed to England CMO Professor Chris Whitty's 2023 annual report, **Health in an ageing society**

77%

increase in membership in the last 10 years

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FINANCIAL REVIEW

Results for the year

Total income for 2023/24 was £1,789,463, (2022/23: £1,593,787) and expenditure was £2,064,136 (2022/23: £1,664,977). The Society achieved an overall deficit before net gains on investments of £274,673, (2022/23: £71,188 deficit).

Book gains on investments were £331,318 (2022/23: £175,077 losses).

Analysis of income

	2024		2023	
	£	%	£	%
<i>Donations</i>	353	-	16,312	1
<i>Membership subscriptions</i>	580,308	32	558,588	35
<i>Professional development & events</i>	599,813	33	499,843	31
<i>Age & Ageing journal</i>	420,680	23	387,564	24
<i>Education and research</i>	58,316	3	13,363	1
<i>Other</i>	12,913	1	11,506	1
<i>Investments</i>	117,080	8	106,611	7
Total	1,789,463		1,593,787	

The principal funding sources for the Society remain membership subscriptions, professional development and events and the surplus arising from the Age and Ageing Journal.

The Society is pleased to have been able to increase its income from membership subscriptions by a combination of increased membership numbers and a small increase in the subscription rates from 1 January 2024. Income from professional development and events has significantly recovered from the COVID-19 pandemic. Events in 2023/24 continue to be held in the hybrid online and in person format adopted in 2023.

Operational expenditure increased as events and other business activity such as face to face committee meetings began to return to pre-pandemic levels.

The Society achieved an overall deficit before net gains on investments of £274,673, (2022/23: £71,188 deficit). An analysis of the Society's deficit is due to the following reasons;

- i). Operational surplus has reduced as activity begins to return to pre-pandemic levels and, in line with the strategic plan, staffing has been increased. This has increased the Society's capacity and campaigning influence.
- ii). Designated and Restricted expenditure is applied against historic funds built up over previous years, it is the intention to reduce the level held in these funds and therefore expenditure will exceed income until this is met.

The analysis of the surpluses and deficits on the various funds which make up the Society's total deficit are as follows:

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	31 March 2024	31 March 2023
	£	£
Designated (deficit)	(21,201)	(80,692)
Unrestricted (deficit)/surplus	(138,459)	55,312
Restricted (deficit)	(115,013))	(45,808)
Total (Deficit)	(274,673)	(71,188)

Future financial plans

In 2018/19 the trustees agreed to use the MK Dhole Income Fund for a series of three Doctoral Fellowship Scholarships jointly with Dunhill Medical Trust. In 2021/22 a second series of three Scholarships was agreed and during the year trustees increased this to four making seven scholarships in total. The cost is spread over several years to 2027/28 and will be around £877,000, £690,113 of which is still outstanding at 31 March 2024 (Note 20).

The upgrade of the operating system of BGS website started in March 2024. It will be completed in the 2024/25 financial year. Work to date is reflected as Assets in Progress in the balance sheet where £30,320 has been capitalised (Note 10). The work will be brought into use, and depreciated in line with the Society's depreciation policy, when completed.

The Society continues to develop its business model to allow delivery of events via the hybrid format and to extend its E-Learning offer. In view of this, a contingency of £100,000 has been continued in the 2024/25 operational budget. Allowing for this the Society expects to have an operational deficit, before investment gains, of around £531,760 at 31 March 2025. The trustees have agreed that the Society is able to cover this potential additional cost out of reserves without impacting on delivery of the Strategic Plan.

Fundraising

The Society does not currently undertake public fundraising activities, but occasionally receives donations.

Investment Policy

The Memorandum and Articles of Association give the trustees the power to invest any surplus funds not immediately required by the Society in such investments, securities, or property as they think fit. The Trustees' policy has been to balance the requirement for capital growth of the endowment investments with maximising income for the Society. Investments are reviewed annually.

The Society does not invest directly in any one individual company. All its investments are held in specialist multi-asset charity funds at CCLA and M&G investments. Both funds have ethical investment policies which seek to meet the needs of charities investing in them.

The Society held listed investments of £3,820,747 at 31 March 2024 (2023: £3,689,329). The total unrealised gains were £331,318 (2023: £175,077 loss).

Reserves Policy

The reserves policy of the Society is to hold unrestricted reserves (excluding designated funds), to a level representing at least one year's unrestricted expenditure budgeted for the

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following year to ensure that it has an adequate buffer to protect against future uncertainties. Unrestricted reserves above this level, including the revaluation reserve, are available to further the Society's strategic objectives.

The Trustees review the reserves of the Society as part of the budget-setting process to ensure they still meet the needs of the organisation and are sufficient to manage risks. The review involves an assessment of the income and expenditure streams, the Society's strategic objectives and the uncertainties it faces and the level of reserves.

The Trustees have designated funds to identify those unrestricted funds which are earmarked for specific purposes and hence not freely available. The value of designated funds at 31 March 2024 was £1,382,121, (2023: £1,356,193). Included in designated funds is £839,770, (2023: £792,641) which is equal to the value of the Society's fixed assets.

The Society finished 2024 with unrestricted reserves of £4,216,791 (2023: £4,129,362) as analysed below.

	31 March 2024	31 March 2023	Increase/ (decrease)	%
	£	£	£	
Designated expenditure	1,386,678	1,356,193	30,485	2
Required to cover budgeted unrestricted expenditure for the following year	1,866,918	1,611,929	254,989	16
Available to further the Society's objectives	<u>963,361</u>	<u>1,161,240</u>	<u>(197,879)</u>	17
Total unrestricted funds	<u>4,216,957</u>	<u>4,129,362</u>	<u>87,595</u>	2

Arrangements for reviewing staff salaries

The Society operates a spine point system which provides for automatic salary progression for each staff member until the top of the relevant scale is reached. Pay for all staff is reviewed every five years using an independent HR agency to benchmark BGS staff salaries with the external market and ensure the Society's pay levels are appropriate and competitive. A review was carried out in December 2021. Its recommendations were approved by Trustees and were implemented for all staff from 1 April 2022. The next review is due in 2026/27.

To protect the value of salaries from erosion due to inflation, a discretionary universal cost of living percentage increase may be awarded from the beginning of each new financial year on 1 April and the spine points adjusted accordingly.

Volunteers

The Society is reliant on the unpaid efforts of many of its members to achieve its objectives. These volunteers serve in many capacities (for example, as trustees, as officers of our regional committees, nation committees and Special Interest Groups; on internal committees and external working parties; as expert spokespeople, and as advisers on policy matters). They provide countless hours of work in furthering the charitable objectives of the Society without remuneration, and we are grateful and indebted to them for their tireless work.

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Risk management

The Trustees are aware of their responsibility to ensure that the major risks to which the charity is exposed are identified and to establish systems to manage those risks. The Trustees have a policy on risk management and have procedures in place to mitigate risks. The task of identifying and monitoring the mitigation of the risks faced by the Society is delegated to the Finance and General Purposes Committee (Finance Committee). The Finance Committee reviews the risk register every other meeting. The Trustees consider the recommendations from Finance Committee meetings, and review the full risk register once a year.

The risk register identifies and assesses both internal and external business risks and has been continually refined since then. Forty risks have been identified, clustered under the following headings:

- Governance and management
- Income
- Services and impact
- Resource management
- Financial strategy and management
- Reputational risk
- Regulatory and legal obligations

Under a rolling review process, the Finance Committee considered key sections of the risk register at every other meeting during the year. Internal control risks are mitigated by planning, systems of authorisation, budgeting, employment of suitably qualified staff, and established processes to support and manage the performance of staff members. External risks are identified by staff, officers and trustees, and assessed at staff, Finance Committee and Trustee Board meetings as appropriate, and major risks are also addressed in the Society's periodic Strategic Reviews. The Trustees are satisfied that the major risks identified have been adequately mitigated where necessary and that the Society has systems and procedures in place that are appropriate to the Society's size and nature of operations.

The most significant risks during 2023/24 related to pressure on the NHS workforce, making it more challenging for our members to attend BGS meetings, engage with it or take up roles within the Society. We sought to mitigate these risks by constantly evolving our events offer to enable flexible participation in the major meetings online or on-demand, and by adjusting the events calendar. The staff team provides as much support as it can to minimise the administrative load on committee and Board officers. Other risks during the year related to our contract for a new website, where we were uncomfortable with the outcome of the first tender process and decided to repeat it. As a major IT project, there are inevitably risks around scope, budget and timeline, which we are monitoring closely. The risks posed by cyber threats, fraud and data misuse are ongoing, and we aim to ensure we have safeguards in place for the work of the BGS and the journal. Reputational risks have been managed during the course of the year; these have arisen in connection with the role of physician associates. The BGS has worked hard to steer a sensible course here in representing the interests of its members. Finally, the risks to the BGS business model of transitioning our journal to being fully open access have been delayed until January 2026, after careful analysis of the opportunities and challenges.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

The Society is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association were adopted on 7 November 1974, and the Articles were last amended

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2024

on 24 November 2017. During the course of 2023, we updated the Articles to provide greater clarity on trustee roles and terms of office, on digital communications and various other minor aspects that needed modernising. This process was undertaken with the assistance of the BGS lawyers, and the revised Articles were approved by BGS members at the AGM in November 2023.

Governing Body

The Trustees are the governing body of the Society and the directors of the limited company. They comprise the President, President-Elect, Honorary Secretary, Honorary Treasurer, Chairs of the national Councils for England, Northern Ireland, Scotland and Wales, Chair of the Trainees Council, Chair of the Nurses and Allied Health Professionals Council, and two lay trustees who bring broader business planning expertise. The Trustees meet four times a year, including a full day facilitated workshop to explore long-term planning issues. The Trustees are familiar with the Charity Governance Code, and observe the principles of good governance set out in that document and in the BGS Board terms of reference.

The Society's committees include Finance and General Purposes Committee; Policy and Communications Committee; Education and Training Committee and its sub-committee for Meetings and Events; Workforce Committee; Clinical Quality Committee; Research and Academic Development Committee, and the *Age and Ageing* Editorial Board and its Executive Committee. There are also committees for the Trainees Council, Nurses and AHPs Council, four nation councils, SIGs and England regions.

The current trustees are shown on page 2 above. The directors of the wholly owned subsidiary company, BGS (Trading) Limited, who served during the year were Professor Sarah Goldberg (demitted 17 November 2023), Dr Elizabeth Lawn, Dr Divya Tiwari (appointed on 17 November 2023), Dr Anne Hendry (demitted 17 November 2023), and Dr Ruth Law (appointed 17 November 2023).

Trustee recruitment and appointment

The President, Honorary Secretary and Honorary Treasurer are Society members who succeed automatically to their roles having previously been nominated and elected by the membership as President-Elect, Deputy Honorary Secretary and Deputy Honorary Treasurer respectively. They each serve a 2-year term with the exception of the Honorary Treasurer who serves for 3 years in order to ensure continuity. Chairs of National Councils are ex officio members of the Trustee Board appointed by the relevant nation. The Chairs of the Trainees Council and the Nurses and Allied Health Professionals Council are also ex officio and appointed by their Councils. The two lay trustees are recruited externally through an open process and serve for up to two 2-year terms.

Our Trustee Induction and Training policy guides the orientation process for new trustees. New trustees receive a comprehensive induction pack and meet with key officers and staff to acquaint them with the Society's policies and practice, its aims and activities, management and governance, and also what is expected of them under charity law and company law. All trustees give their time voluntarily and receive no benefits from the Society. Any expenses reclaimed from the Society are disclosed in note 8.

A register of directors' interests is maintained and updated annually, and declarations of any potential conflicts of interest are required at the commencement of each Trustee Board meeting. Any trustee/director with a potential conflict of interest with a particular topic within a

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2024

meeting declares it and takes no further part in the discussion or vote on that topic.

Group Structure

The Society has a wholly owned, non-charitable trading subsidiary, BGS (Trading) Limited, a company incorporated in England and Wales (No. 2013195). BGS (Trading) Limited accounts for the income and expenditure from scientific conferences and exhibitions. The subsidiary covenants its taxable profit at each year-end to the Society. Further details of BGS (Trading) Limited's financial results for the year ended 31 March 2024 can be found in note 12.

REFERENCE AND ADMINISTRATIVE DETAILS

The name of the charity is the British Geriatrics Society, and it is frequently abbreviated as the BGS. The Society is a registered charity (No 268762) and is constituted as a company (No. 1189776) limited by guarantee. The trustees/directors, professional advisers and principal and registered office are set out on pages 2 - 3 above.

RESPONSIBILITIES OF THE TRUSTEES

The Trustees are required by law to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Society and of its results for that period. In preparing those financial statements, the Trustees have undertaken, and will continue to undertake the following:

- selected suitable accounting policies and then applied them consistently.
- made judgements and estimates that are reasonable and prudent.
- prepared the financial statements on a going concern basis unless it is inappropriate to assume that the Society will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Society and to enable them to ensure that the financial statements comply with the Companies Act 2006 and Charities Act 2011. The Trustees are satisfied that they have met, and they will continue to meet their responsibilities for safeguarding the assets of the Society and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. They can provide assurance that:

- the Society is operating efficiently and effectively.
- its assets are safeguarded against unauthorised use or disposition.
- proper records are maintained, and financial information used within the Society or for publication is reliable.
- the Society complies with its Memorandum and Articles of Association.
- the Society has actively pursued all of its objectives and policies throughout the year.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2024

STATEMENT OF DISCLOSURE OF INFORMATION TO AUDITORS

The Trustees, who are the directors of the Society, who held office at the date of approval of this Annual Report, confirm that:

- so far as they are aware, there is no relevant audit information, information needed by the Society's auditors in connection with preparing their report, of which the Society's auditors are unaware; and
- they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Society's auditors are aware of that information.

AUDITOR

The auditor Sayer Vincent will be proposed for re-appointment in accordance with Section 485 of the Companies Act 2006.

SMALL COMPANY RULES

This report has been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006.

It was approved by the Board of Directors and Trustees on 15 November 2024 and signed on its behalf:

Professor Adam Gordon
President of the Society, Chair of the Directors and the Trustee Board

Independent auditor's report

to the members of

The British Geriatrics Society

Opinion

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

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2024 and of the group's 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 and 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 group financial statements section of our report. We are independent of the group and parent 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 The British Geriatrics Society 's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the group financial statements and our auditor's report thereon. Our opinion on the group 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.

Independent auditor's report

to the members of

The British Geriatrics Society

In connection with our audit of the group financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group 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 group financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- 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 group and the parent charitable company and their 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 and Charities Act 2011 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' 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 parent 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 group's and the parent 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 group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Independent auditor's report

to the members of

The British Geriatrics Society

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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 audit and risk committee, which included obtaining and reviewing supporting documentation, concerning the group'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 group 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 group 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

The British Geriatrics Society

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. 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 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. 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)

16 December 2024

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2024

	Note	Unrestricted £	Restricted £	Endowment £	2024 Total £	Unrestricted £	Restricted £	Endowment £	2023 Total £
Income from:									
Donations and legacies		353	-	-	353	1,312	15,000	-	16,312
Charitable activities									
Membership Subscriptions		580,308	-	-	580,308	558,588	-	-	558,588
Professional Development & Events		599,813	-	-	599,813	346,300	153,543	-	499,843
Age & Ageing Journal		420,680	-	-	420,680	387,564	-	-	387,564
Education & Research		58,316	-	-	58,316	13,363	-	-	13,363
Other		12,913	-	-	12,913	11,506	-	-	11,506
Investments	2	100,624	16,456	-	117,080	80,289	26,322	-	106,611
		<u>1,773,007</u>	<u>16,456</u>	<u>-</u>	<u>1,789,463</u>	<u>1,398,922</u>	<u>194,865</u>	<u>-</u>	<u>1,593,787</u>
Expenditure on:									
Charitable activities									
Membership Services	3a	207,353	-	-	207,353	141,461	-	-	141,461
Professional Development & Events	3a	849,410	37,594	-	887,004	622,783	168,096	-	790,879
Digital & Print Publications	3a	216,275	-	-	216,275	166,178	-	-	166,178
Education & Research	3a	337,100	93,875	-	430,975	312,525	72,577	-	385,102
Policy Influencing & Communications	3a	322,529	-	-	322,529	181,355	-	-	181,355
Total expenditure		<u>1,932,667</u>	<u>131,469</u>	<u>-</u>	<u>2,064,136</u>	<u>1,424,302</u>	<u>240,673</u>	<u>-</u>	<u>1,664,975</u>
Net income / (expenditure) before net gains / (losses) on investments		(159,660)	(115,013)	-	(274,673)	(25,380)	(45,808)	-	(71,188)
Net gains / (losses) on investments		256,689	44,022	30,607	331,318	(141,789)	(16,940)	(16,348)	(175,077)
Net income / (expenditure) for the year	5	97,029	(70,991)	30,607	56,645	(167,169)	(62,748)	(16,348)	(246,265)
Transfers between funds		(9,602)	9,602	-	-	161,280	(161,280)	-	-
Net income / (expenditure) before other recognised gains and losses		<u>87,427</u>	<u>(61,389)</u>	<u>30,607</u>	<u>56,645</u>	<u>(5,889)</u>	<u>(224,028)</u>	<u>(16,348)</u>	<u>(246,265)</u>
Net movement in funds		<u>87,427</u>	<u>(61,389)</u>	<u>30,607</u>	<u>56,645</u>	<u>(5,889)</u>	<u>(224,028)</u>	<u>(16,348)</u>	<u>(246,265)</u>
Reconciliation of funds:									
Total funds brought forward		4,129,364	706,241	311,527	5,147,132	4,135,253	930,269	327,875	5,393,397
Total funds carried forward		<u>4,216,791</u>	<u>644,852</u>	<u>342,134</u>	<u>5,203,777</u>	<u>4,129,364</u>	<u>706,241</u>	<u>311,527</u>	<u>5,147,132</u>

The notes on pages 32 onwards form part of these financial statements.

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

Balance sheets

Company no. 1189776

As at 31 March 2024

	Note	The group		Society	
		2024	2023	2024	2023
		£	£	£	£
Fixed assets:					
Tangible assets	10	839,770	792,641	839,770	792,641
Investments	11	3,820,647	3,689,329	3,820,747	3,689,429
		4,660,417	4,481,970	4,660,517	4,482,070
Current assets:					
Debtors	14	315,382	331,694	252,075	315,718
Short term deposits		505,908	415,000	505,908	415,000
Cash at bank and in hand		354,939	671,261	289,667	496,855
		1,176,229	1,417,955	1,047,650	1,227,573
Creditors: amounts falling due within one year	15	(632,869)	(752,793)	(504,494)	(562,614)
Net current assets / (liabilities)		543,360	665,162	543,156	664,959
Total net assets / (liabilities)		5,203,777	5,147,132	5,203,673	5,147,029
Funds:					
Permanent Endowment	17a	342,134	311,527	342,134	311,527
Restricted funds	17a	644,852	706,241	644,852	706,241
Unrestricted income funds:					
Designated funds	17a	1,117,731	1,356,193	1,117,731	1,356,193
Revaluation reserve	17a	205,337	205,337	205,337	205,337
General funds	17a	2,893,723	2,567,834	2,893,619	2,567,731
Total unrestricted funds		4,216,791	4,129,364	4,216,687	4,129,261
Total Charity Funds		5,203,777	5,147,132	5,203,673	5,147,029

The financial statements which have been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006 , were approved and authorised for issue by the Board on 15 November 2024 and signed on their behalf by

Professor Adam Gordon
President of the Society, Chair of the Directors and the Trustee Board

The notes on pages 32 onwards form part of these financial statements

Consolidated statement of cash flows

For the year ended 31 March 2024

	Note	2024 £	£	2023 £	£
Cash flows from operating activities					
Net (expenditure)/ income for the reporting period (as per the statement of financial activities)		56,645		(246,265)	
Depreciation charges		39,099		28,907	
(Gains)/losses on investments		(331,318)		175,077	
Dividends, interest and rent from investments		(117,080)		(106,611)	
(Increase)/Decrease in short term deposits		(90,908)		(75,342)	
(Increase)/Decrease in debtors		16,312		(93,971)	
Increase/(decrease) in creditors		(119,924)		173,372	
Net cash provided by / (used in) operating activities			(547,174)		(144,833)
Cash flows from investing activities:					
Dividends, interest and rents from investments		117,080		106,611	
Proceeds from the sale of investments		200,000		200,000	
Purchase of investments		-		-	
Proceeds from the sale of fixed assets		-		-	
Purchase of fixed assets		(86,227)		(49,362)	
Net cash (used in) / provided by investing activities			230,853		257,249
Change in cash and cash equivalents in the year			(316,321)		112,416
Cash and cash equivalents at the beginning of the year			671,262		558,846
Change in cash and cash equivalents due to exchange rate movements			-		-
Cash and cash equivalents at the end of the year	a		354,941		671,262
Analysis of cash and cash equivalents and of net debt					
		At 1 April 2023 £	Cash flows £	Other non- cash changes £	At 31 March 2024 £
Cash at bank and in hand		671,262	(316,321)	-	354,941
a Total cash and cash equivalents		671,262	(316,321)	-	354,941

1 Accounting policies

a) Statutory information

The British Geriatrics Society is a charitable company limited by guarantee and is incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given in the charity information on page 3 of these financial statements. The nature of the charity's operations and principal activities are detailed in the Trustees Report on page 5.

The registered office address and principal place of business is Marjory Warren House 31 St John's Square, London, EC1M 4DN.

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. The presentation currency is GBP rounded to the nearest pound.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary BGS (Trading) Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

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 only income stream to be significantly affected by COVID –19 in previous years was professional development and event activities, the surplus from which is covenanted to the charitable company, from its trading subsidiary. However there has been a small surplus in the trading subsidiary in 2023/24 from these events and income in 24/25 is set to increase as in person attendance continues to rise.

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.

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

e) Income

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

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

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.

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.

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:

1 Accounting policies (continued)

Expenditure on charitable activities includes the costs of delivering services, exhibitions and other educational activities 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) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

j) Allocation of support costs

Support costs are costs related to those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the Society's programmes and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The basis on which support costs have been allocated are set out in notes 3a and 3b.

k) Operating leases

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

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

Assets in Development is expenditure on assets that are being built and yet to be brought into use. No depreciation is charged against these assets until they are in use. The amount of £30,320 (2023:Nil) in Assets in Development at the year end relates to the costs of building the new website, expected to be launched in Autumn 2024.

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:

- | | |
|-------------------------|----------|
| ▪ Fixtures and Fittings | 10 years |
| ▪ Office Equipment | 5 years |
| ▪ Computer Equipment | 3 years |

Depreciation is not charged on the freehold property since it has an indefinitely long useful life and is maintained to a high standard.

m) 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 and any excess of fair value over the historic cost of the investments will be shown as a fair value reserve in the balance sheet. 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.

n) Investments in subsidiaries

Investments in subsidiaries are at cost.

o) 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.

p) Short term deposits

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

q) 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.

r) 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.

1 Accounting policies (continued)

s) 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.

t) Pensions

The Society operates a scheme to contribute a defined amount to individual employees' pension schemes and the pension charge represents the amount payable by the Society to the various schemes in respect of the year.

2 Income from investments

	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
Income from listed investments	72,803	16,456	89,259	77,408	16,456	93,864
Interest receivable on cash deposits	27,821	-	27,821	2,881	9,866	12,747
	<u>100,624</u>	<u>16,456</u>	<u>117,080</u>	<u>80,289</u>	<u>26,322</u>	<u>106,611</u>

3a Analysis of expenditure (current year)

	Charitable activities						2024 Total £	2023 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Policy Influencing & Communications £	Operational Support £		
Staff costs (Note 6)	113,507	203,505	120,495	92,992	163,534	294,867	988,900	850,843
Membership costs	3,620	-	-	-	-	-	3,620	7,431
Event costs	-	521,736	-	-	-	-	521,736	371,179
E Learning	-	-	-	24,853	-	-	24,853	1,500
Grants, Fellowships, Awards & Prizes	-	-	-	109,453	-	-	109,453	89,927
Newsletters & Publications	-	-	-	63,945	-	-	63,945	33,371
Age & Ageing	-	-	-	65,814	-	-	65,814	47,311
BGS commissioned research	-	-	-	-	5,313	-	5,313	45,206
Communications	-	-	-	-	23,692	-	23,692	12,749
Website development & support	-	-	-	-	-	-	-	21,361
Trustee and other committee meeting costs	-	-	-	-	-	19,603	19,603	19,070
Premises costs	-	-	-	-	-	19,462	19,462	17,566
Office costs	-	-	-	-	-	101,328	101,328	58,581
ICT costs	-	-	-	-	-	77,318	77,318	59,973
Depreciation	-	-	-	-	-	39,099	39,099	28,907
	117,127	725,241	120,495	357,057	192,539	551,677	2,064,136	1,664,975
Governance & Support costs	90,225	161,763	95,781	73,918	129,990	(551,677)		-
Total expenditure 2024	207,353	887,004	216,275	430,975	322,529	-	2,064,136	
Total expenditure 2023	141,461	790,879	166,178	385,102	181,355	-	1,664,975	

3b Analysis of expenditure (previous year)

	Charitable activities						2023 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Policy Influencing & Communications £	Operational Support £	
Staff costs (Note 6)	103,310	246,451	130,090	85,657	129,222	156,113	850,843
Membership costs	7,431	-	-	-	-	-	7,431
Event costs	-	371,179	-	-	-	-	371,179
E Learning	-	1,500	-	-	-	-	1,500
Grants, Fellowships, Awards & Prizes	-	-	-	89,927	-	-	89,927
Newsletters & Publications	-	-	-	33,371	-	-	33,371
Age & Ageing	-	-	-	47,311	-	-	47,311
BGS commissioned research	-	-	-	45,206	-	-	45,206
Communications	-	-	-	-	12,749	-	12,749
Website development & support	-	-	-	-	-	21,361	21,361
Trustee and other committee meeting costs	-	-	-	-	-	19,070	19,070
Premises costs	-	-	-	-	-	17,566	17,566
Office costs	-	-	-	-	-	58,581	58,581
ICT costs	-	-	-	-	-	59,973	59,973
Depreciation	-	-	-	-	-	28,907	28,907
	110,741	619,130	130,090	301,472	141,971	361,571	1,664,975
Governance & Support costs	30,720	171,750	36,088	83,630	39,383	(361,571)	-
Total expenditure 2023	141,461	790,879	166,178	385,102	181,355	-	1,664,975

Notes to the financial statements

For the year ended 31 March 2024

4 Analysis of grants and prizes

	Grants to individuals £	Grants to individuals – restricted £	2024 £	Grants to individuals £	Grants to individuals – restricted £	2023 £
Cost						
Doctoral Fellowship Scholarship	–	95,422	95,422	–	54,086	54,086
Specialist Registrar Research Start Up Grants	(3,437)	–	(3,437)	20,109	1,932	22,041
BGS Conference Grants	10,539	–	10,539	7,950	–	7,950
Awards and prizes	4,229	2,700	6,929	4,200	1,650	5,850
	<u>11,331</u>	<u>98,122</u>	<u>109,453</u>	<u>32,259</u>	<u>57,668</u>	<u>89,927</u>

5 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2024 £	2023 £
Depreciation of tangible fixed assets	39,099	28,907
Auditor's remuneration (excluding VAT):		
Audit	12,950	12,075
Tax advisory costs	–	410
	<u>52,049</u>	<u>41,392</u>

6 Analysis of staff costs, trustees' and key management personnel remuneration and expenses

Staff costs were as follows:

	2024 £	2023 £
Salaries and wages	817,341	684,676
Social security costs	82,502	70,546
Employer's contribution to defined contribution pension schemes	89,057	75,895
Other staff costs	–	19,726
	<u>988,900</u>	<u>850,843</u>

One employee earned between £90,000 and £100,000 (2023: one), one employee earned between £80,000 and £90,000 (2023: none), and 2 employees earned between £60,000 and £70,000 (2023 two).

The total employee benefits (including pension contributions and employer's national insurance) of the 3 key management personnel were £237,715 (2023: £270,773).

The charity trustees 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).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £5,642 (2023: £5,074) incurred by 6 (2023: 9) members relating to attendance at meetings of the trustees.

Notes to the financial statements

For the year ended 31 March 2024

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 16.5 (2023: 13).

Staff are split across the activities of the charitable company as follows (full time equivalent basis):

	2024 No.	2023 No.
Membership Services	3	3
Professional Development & Events	3	4
Digital & Print Publications	1	2
Education & Research	1	1
Policy Influencing & Communications	3	1
Operational Support	3	2
	14	13

8 Related party transactions

There are no related party transactions other than those which took place with the trading subsidiary (BGS Trading Limited), these have been fully disclosed in Note 14. The balance outstanding due from BGS Trading at the year end was £109,655 (2023: £151,249).

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

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary BGS Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was: nil.

10 Tangible fixed assets

The Group/ Charity	Assets in development £	Freehold property £	Fixtures and fittings £	Computer equipment £	Total £
Cost					
At 1 April 2023	–	700,000	73,094	386,957	1,160,051
Additions in year	30,320	–	14,072	41,834	86,227
Disposals in year	–	–	–	–	–
At 31st March 2024	30,320	700,000	87,166	428,791	1,246,278
Depreciation					
At 1 April 2023	–	–	34,355	333,055	367,410
Charge for the year	–	–	6,499	32,600	39,099
Eliminated on disposal	–	–	–	–	–
At 31st March 2024	–	–	40,854	365,655	406,509
Net book value					
At 31st March 2024	30,320	700,000	46,312	63,136	839,768
At 1 April 2023	–	700,000	38,739	53,902	792,641

All of the above assets are used for charitable purposes.

11 Listed investments

	The group		Society	
	2024	2023	2024	2023
	£	£	£	£
Fair value at the start of the year	3,689,329	4,064,405	3,689,329	4,064,405
Additions at cost	-	-	-	-
Disposal proceeds	(200,000)	(200,000)	(200,000)	(200,000)
Net gain / (loss) on change in fair value	331,318	(175,076)	331,318	(175,076)
	3,820,647	3,689,329	3,820,647	3,689,329
Investment in Subsidiary	-	-	100	100
Fair value at the end of the year	3,820,647	3,689,329	3,820,747	3,689,429
Historic cost at the end of the year	3,391,335	3,591,335	3,391,335	3,591,335
Investments comprise:				
	The group	2023	Society	2023
	2024	£	2024	£
	£	£	£	£
UK Common investment funds	3,820,647	3,689,329	3,820,647	3,689,329
Investment in Subsidiary	-	-	100	100
	3,820,647	3,689,329	3,820,747	3,689,429

Notes to the financial statements

For the year ended 31 March 2024

12 Subsidiary undertaking

The charity owns the whole of the issued ordinary share capital of BGS (Trading) Limited, a company registered in England. The company number is 02013195. The registered office address is Marjory Warren House, 31 St John's Square, London EC1M 4DN.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustees Dr Anne Hendry and Professor Sarah Goldberg together with the deputy treasurer Dr Elizabeth Lawn are also directors of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2024 £	2023 £
Turnover	593,371	500,323
Turnover from sales to parent undertaking	-	-
Cost of sales	(482,461)	(345,544)
Cost of sales related to purchases from parent undertaking	-	-
Gross profit/(loss)	110,910	154,779
Administrative expenses	(995)	(808)
Management charge payable to parent undertaking	(102,886)	(150,180)
Profit/(loss) on ordinary activities before interest and taxation	7,029	3,791
Interest receivable and similar income	-	-
Profit / (loss) on ordinary activities before taxation	7,029	3,791
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	7,029	3,791
Retained earnings		
Total retained earnings brought forward	-	-
Profit / (loss) for the financial year	7,029	3,791
Distribution under Gift Aid to parent charity	(7,029)	(3,791)
Total retained earnings carried forward	-	-
The aggregate of the assets, liabilities and reserves was:		
Assets	203	203
Liabilities	-	-
Reserves	203	203

Amounts owed to/from the parent undertaking are shown in note 16.

13 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2024 £	2023 £
Gross income	1,305,747	1,103,186
Result for the year	56,645	225,157

14 Debtors

	The group		Society	
	2024 £	2023 £	2024 £	2023 £
Trade debtors	61,475	101,709	1,055	2,005
Other debtors	7,383	16,988	7,383	16,988
Prepayments and accrued income	246,524	212,997	134,250	142,754
Amount due from subsidiary	-	-	109,387	153,971
	315,382	331,694	252,075	315,718

All debtors are due within the year.

15 Creditors: amounts falling due within one year

	The group		Society	
	2024	2023	2024	2023
	£	£	£	£
Trade creditors	16,827	95,761	11,372	71,205
Taxation and social security	40,450	56,140	22,043	28,834
Other creditors	10,833	3,729		
Accruals	39,870	38,413	50,703	38,413
Deferred income	524,889	558,750	420,376	424,162
	632,869	752,793	504,494	562,614

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Deferred income comprises subscription and event income relating to 2023/24 received in advance.

	The group		The charity	
	2024	2023	2024	2023
	£	£	£	£
Balance at the beginning of the year	558,750	448,470	424,162	381,572
Amount released to income in the year	(558,750)	(448,470)	(424,162)	(381,572)
Amount deferred in the year	524,889	558,750	420,376	424,162
Balance at the end of the year	524,889	558,750	420,376	424,162

17a Fund reconciliation (current year)

	At 1 April 2023 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2024 £
(a) Permanent Endowment						
MK Dhole Bequest	311,527	-	-	-	30,607	342,134
Restricted funds:						
(b) MK Dhole Income Fund:	475,741	14,576	(96,422)		37,970	431,865
(c) Bulpitt	68,356	1,880	(800)	-	6,052	75,488
(d) Rising Star fund (formerly Jim George Memorial fund)	14,750	-	(750)	-	-	14,000
(e) Research into Ageing	27,241	-	3,947	-	-	31,188
(f) Frailty in Acute Settings Restricted Fund Frailty Module	16,709	-	-	-	-	16,709
	-	-	-	-	-	-
Total research funds	602,797	16,456	(94,025)	-	44,022	569,250
(q) Devolved nations						
Scotland	50,620	-	(4,230)	-	-	46,390
Northern Ireland	5,821	-	(15,423)	9,602	-	-
Wales	47,003	-	(17,791)	-	-	29,212
Total devolved nations	103,444	-	(37,444)	9,602	-	75,602
Total restricted funds	706,241	16,456	(131,469)	9,602	44,022	644,852
Unrestricted funds:						
Designated funds:						
(i) Fixed Asset fund	792,641	-	-	47,129	-	839,770
(j) Designated SIG Grant fund	76,598	-	(510)	-	-	76,088
(k) Total Designated grant funds	62,515	-	(15,378)			47,137
(l) Healthcare in Care Homes fund	269,703	-	(5,313)	(264,390)	-	-
(m) BGS Development fund	154,736	-	-	-	-	154,736
Total designated funds	1,356,193	-	(21,201)	(217,261)	-	1,117,731
(n) Revaluation reserve	205,337	-	-			205,337
General funds	2,567,731	1,773,007	(1,911,466)	207,659	256,689	2,893,620
Non-charitable trading funds						
(o) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	4,129,364	1,773,007	(1,932,667)	(9,602)	256,689	4,216,791
Total funds	5,147,132	1,789,463	(2,064,136)	-	331,318	5,203,777

17a Fund reconciliation (current year continued)

(a) The Dhole Permanent Endowment Fund

The Permanent Endowment Fund relates to the Dr MK Dhole bequest which was provided to enable any investment income arising on the bequest to be applied for the provision of an award for the most deserving published work of medical research appertaining to the needs of aged people. Any remainder income is to be used for the provision, endowment and financing of scholarships, fellowships and lectureships of all kinds connected with research in the field of geriatric medicine.

Purposes of restricted funds

- (b) The M K Dhole Income Fund is a restricted fund that receives the income from the Dhole Permanent Endowment Fund. It is used to fund the annual Dhole–Eddlestone Memorial Prize of £1,000 for a paper published in Age and Ageing during the previous calendar year. From 2020/21 it has also been used to fund the Joint Dunhill Medical Trust BGS Doctoral Training Fellowship Scholarship. (Note 22). The total awarded by 31 March 2024 but not paid was £690,113, (31 March 2023: £785,534).
- (c) The Bulpitt Fund is used to fund up to two essay prizes of £400 each awarded every year by the Cardiovascular Section. Two prizes were awarded in 2023/24 (2022/2023: Two).
- (d) The BUPA Fund is used to: (a) produce and publish clinical guidance on the assessment and management of pain in older people, and (b) other clinical guidance relating to the healthcare of older people with frailty, and (c) remaining funds to be spent on BGS research grants. From 2021/22 it has been used to fund a Delphi exercise to inform a new BGS research strategy. At 31 March 2023 the fund was fully spent
- (e) The Rising Star fund (formerly The Jim George Memorial fund) was originally established using a donation received in memory of Jim George. The fund is used to fund two annual winners of the BGS Rising Star Awards. £750 was awarded in 2023/24 (2022/23: £500).
- (f) Research into Ageing Fund – funds research which informs and influences the ageing research agenda to make it clinically relevant and meaningful to the lives of older people.
- (g) The Frailty in Acute Settings Fund was established using money donated by a member who wishes to be consulted before significant spending is made. It was used to support the Frailsafe project, now complete. There was no movement on this fund in 2023/24 (2022/23 Nil).
- (h) The Special Interest Groups (SIG's) are restricted in so far as they are to be used by the relevant SIG for charitable purposes in the particular special interest field. Funds from SIGs which are no longer active are transferred into the designated grants fund; None was transferred in 2023/24 (2022/23 £76,598). From 1 April 2023 it was agreed with SIG chairs that SIG income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining SIG reserves were transferred on 31 March 2023 to a new designated account "SIG grants" and will be protected for SIG grants for five years as agreed.
- (i) The devolved nation funds are restricted in so far as they are to be used by the relevant devolved nation for charitable purposes.
- (j) The English regions funds are restricted in so far as they are to be used by the BGS English regions for charitable purposes. From 1 April 2023 English region income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining English region reserves were transferred on 31 March 2023 to the designated grants fund and will be protected for grants for five years as agreed.

Purposes of designated funds

- (k) The Fixed Asset Fund, was designated to assist in identifying those funds that are not free funds. It represents the net book value of tangible assets and includes Marjory Warren House, the Society's registered office.
- (l) The designated SIGs grants fund was established on 31 March 2023 by designating surplus SIG reserves of £ 76,598 as explained in note (h) above. It fund grants, prizes and awards related to a SIG . The overall aim of the fund is to give grants to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement; The rejuvenated SIG's grants, prizes and awards programme was relaunched in 2023/24 and £510 was spent from the fund.
- (m) The designated grants fund was established to fund grants, prizes and awards . The overall aim of grants is to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement. The Society's grants, prizes and awards programme was relaunched in 2022/23. On 31 March 2023 remaining English region reserves of £61,372 were transferred into this fund as explained in note (j) as were remaining reserves from SIG's which were no longer active of £12,567 as explained in note (h). £10,821 of this fund was applied to grants and awards in the year.
- (n) Healthcare in Care Homes funds. This was a three year project beginning in April 2022 on the delivery of healthcare in care homes, building on the Society's publication, Ambitions for Change. It was a cross-organisational project ranging from influencing policy decisions to workforce and curriculum development to promoting BGS membership to care home staff. The project completed early in 2024 and the balance of funds has been transferred to general funds.
- (o) The BGS development fund was established for future projects, such as further development of the BGS website, eLearning and other "cloud" resources to support members. An additional £150,000 was designated by Trustees in October 2022 to fund an upgrade and further development of BGS website.
- (p) The revaluation reserve fund represents the accumulated unrealised gain net of losses on the Society's listed general investments. In the prior year all investments held at CCLA in accumulation and income units of the COIF Charities Investment Fund were sold and proceeds were immediately used to purchase equivalent COIF Charities Ethical Investment Fund units. As a result, the revaluation reserve relating to CCLA units was realised and the balance of £1,055,921 transferred into general funds.
- (q) The charitable trading fund is the general fund of the trading company.

17b Fund reconciliation

	At 1 April 2022 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 1 April 2023 £
(a) Permanent Endowment						
MK Dhole Bequest	327,875			-	(16,348)	311,527
Restricted funds:						
(b) MK Dhole Income	520,094	24,442	(55,086)		(13,709)	475,741
(c) Bulpitt	69,707	1,880			(3,231)	68,356
(d) BUPA	20,869		(14,909)	(5,960)		-
(e) Rising Star fund (formerly Jim George Memorial fund)	250	15,000	(500)			14,750
(f) Research into Ageing	27,241	-	-			27,241
(g) Frailty in Acute Settings Restricted	16,709	-	-			16,709
Total research funds	654,870	41,322	(70,495)	(5,960)	(16,940)	602,797
(h) Devolved nations						
Scotland	57,016	3,939	(10,335)	-	-	50,620
Northern Ireland	9,295	888	(4,362)	-	-	5,821
Wales	53,143	17,613	(23,573)	-	-	47,183
Total devolved nations	119,454	22,440	(38,270)	-	-	103,624
Total restricted funds	774,324	63,762	(108,765)	(5,960)	(16,940)	706,421
Unrestricted funds:						
Designated funds:						
(k) Fixed Asset fund	772,185	-		20,456	-	792,641
(l) Designated SIG Grant fund	-	-		76,598	-	76,598
(m) Designated Grants fund	20,835	-	(32,259)	73,939	-	62,515
(n) Healthcare in Care Homes fund	300,000	-	(30,297)		-	269,703
(o) BGS Development fund	22,872	-	(18,136)	150,000	-	154,736
Total designated funds	1,115,892	-	(80,692)	320,993	-	1,356,193
(p) Revaluation reserve	347,126	-	-		(141,789)	205,337
General funds	2,672,132	1,398,922	(1,343,610)	(159,713)		2,567,731
Non-charitable trading funds						
(q) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	4,135,253	1,398,922	(1,424,302)	161,280	(141,789)	4,129,364
Total funds	5,237,452	1,462,684	(1,533,067)	155,320	(175,077)	5,147,312

17b Fund reconciliation (current year continued)

(a) The Dhole Permanent Endowment Fund

The Permanent Endowment Fund relates to the Dr MK Dhole bequest which was provided to enable any investment income arising on the bequest to be applied for the provision of an award for the most deserving published work of medical research appertaining to the needs of aged people. Any remainder income is to be used for the provision, endowment and financing of scholarships, fellowships and lectureships of all kinds connected with research in the field of geriatric medicine.

Purposes of restricted funds

- (b) The M K Dhole Income Fund is a restricted fund that receives the income from the Dhole Permanent Endowment Fund. It is used to fund the annual Dhole–Eddlestone Memorial Prize of £1,000 for a paper published in Age and Ageing during the previous calendar year. From 2020/21 it has also been used to fund the Joint Dunhill Medical Trust BGS Doctoral Training Fellowship Scholarship. (Note 22). The total awarded by 31 March 2023 but not paid was £485,534, (31 March 2021: £239,620).
- (c) The Bulpitt Fund is used to fund up to two essay prizes of £400 each awarded every year by the Cardiovascular Section. No prizes were awarded in 2022/23 (2021/22: £800).
- (d) The BUPA Fund is used to: (a) produce and publish clinical guidance on the assessment and management of pain in older people, and (b) other clinical guidance relating to the healthcare of older people with frailty, and (c) remaining funds to be spent on BGS research grants. From 2021/22 it has been used to fund a Delphi exercise to inform a new BGS research strategy. At 31 March 2023 the fund was fully spent
- (e) The Rising Star fund (formerly The Jim George Memorial fund) was originally established using a donation received in memory of Jim George. The fund has received two donations during the year: £5,000 from the family of Jim George and £10,000 from the family of Dr John Dall. The fund is used to fund two annual winners of the BGS Rising Star Awards. £500 was awarded in 2022/23 (2021/22: £500).
- (f) Research into Ageing Fund – funds research which informs and influences the ageing research agenda to make it clinically relevant and meaningful to the lives of older people.
- (g) The Frailty in Acute Settings Fund was established using money donated by a member who wishes to be consulted before significant spending is made. It was used to support the Frailsafe project, now complete. There was no movement on this fund in 2022/23 (2021/22 Nil).
- (h) The Special Interest Groups (SIG's) are restricted in so far as they are to be used by the relevant SIG for charitable purposes in the particular special interest field. Funds from SIGs which are no longer active are transferred into the designated grants fund; £12,567, 2022/23 (2021/22: £Nil). From 1 April 2023 it has been agreed with SIG chairs that SIG income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining SIG reserves were transferred on 31 March 2023 to a new designated account "SIG grants".
- (i) The devolved nation funds are restricted in so far as they are to be used by the relevant devolved nation for charitable purposes.
- (j) The English regions funds are restricted in so far as they are to be used by the BGS English regions for charitable purposes. From 1 April 2023 English region income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining English region reserves were transferred on 31 March 2023 to the designated grants fund and will be protected for grants for five years as agreed.

Purposes of designated funds

- (k) The Fixed Asset Fund, was designated to assist in identifying those funds that are not free funds. It represents the net book value of tangible assets and includes Marjory Warren House, the Society's registered office.
- (l) The designated SIGs grants fund was established on 31 March 2023 by designating surplus SIG reserves of £ 76,598 as explained in note (h) above. It fund grants, prizes and awards related to a SIG . The overall aim of the fund is to give grants to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement; The rejuvenated SIG's grants, prizes and awards programme will be relaunched in 2023/24.
- (m) The designated grants fund was established to fund grants, prizes and awards . The overall aim of grants is to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement. The Society's grants, prizes and awards programme was relaunched in 2022/23. On 31 March 2023 remaining English region reserves of £61,372 were transferred into this fund as explained in note (j) as were remaining reserves from SIG's which were no longer active of £12,567,2022/23 (2021/22: £Nil) as explained in note (h).
- (n) Healthcare in Care Homes funds. This is a three year project beginning in April 2022 on the delivery of healthcare in care homes, building on the Society's publication, Ambitions for Change. It will be a cross-organisational project ranging from influencing policy decisions to workforce and curriculum development to promoting BGS membership to care home staff.
- (o) The BGS development fund was established for future projects, such as further development of the BGS website, eLearning and other "cloud" resources to support members. An additional £150,000 was designated by Trustees in October 2022 to fund an upgrade and further development of BGS website.
- (p) The revaluation reserve fund represents the accumulated unrealised gain net of losses on the Society's listed general investments. In the prior year all investments held at CCLA in accumulation and income units of the COIF Charities Investment Fund were sold and proceeds were immediately used to purchase equivalent COIF Charities Ethical Investment Fund units. As a result, the revaluation reserve relating to CCLA units was realised and the balance of £1,055,921 transferred into general funds.
- (q) The charitable trading fund is the general fund of the trading company.

18a Analysis of net assets between Funds (current year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	-	839,770	-	-	839,770
Investments	2,525,700	546,908	405,905	342,134	3,820,647
Cash	625,847	-	235,000	-	860,847
Other current assets / liabilities	(317,487)	-	-	-	(317,487)
Total	2,834,060	1,386,678	640,905	342,134	5,203,777

18b Analysis of net assets between Funds (prior year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	-	792,641	-	-	792,641
Investments	2,635,762	269,703	472,337	311,527	3,689,329
Cash	143,508	293,849	233,904	-	671,261
Other current assets / liabilities	(6,099)	-	-	-	(6,099)
Total	2,773,171	1,356,193	706,241	311,527	5,147,132

19 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.

20 Doctoral Fellowship Scholarships

BGS and Dunhill Medical Trust agreed to share equally the costs of one Doctoral Fellowship Scholarship annually for a period of up to three years starting in 2019/20. All three fellowships have now been awarded with a total commitment to BGS of £276,946 of which £145,472 remains at 31 March 2024. Each fellowship is held at an appropriate UK research institution.

BGS and Dunhill Medical Trust agreed a second series of three Doctoral Fellowship Scholarships starting in 2022/23. The total cost to BGS will not exceed £450,000. In March 2023 BGS and Dunhill Medical Trust agreed to fund an additional scholarship in this series, making the total cost of the second series £600,000. £55,359 was paid in relation to these grants in the year leaving a year end creditor balance of £544,641.

Total remaining commitments are shown in the table below.

	Committed for first series £	Committed for second series £	Total Commitment £
2024/25	52,023	119,929	171,952
2025/26	46,725	187,500	234,225
2026/27	46,724	137,500	184,224
2027/28	-	99,712	99,712
	145,472	544,641	690,113

THE BRITISH GERIATRICS SOCIETY

England & Wales - Charity number 268762

Accounts



British Geriatrics Society
Improving healthcare
for older people

THE BRITISH GERIATRICS SOCIETY
(A Company Limited by Guarantee)
REPORT OF THE TRUSTEES
AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 March 2023

Charity registration number: 268762
Company registration number: 1189776 (England and Wales)

The British Geriatrics Society

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For the year ended 31 March 2023

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The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2023

CHARITY REGISTRATION NUMBER	268762
COMPANY REGISTRATION NUMBER	1189776 (England & Wales)
President	Dr Jennifer Burns (demitted 11 November 2022) Professor Adam Gordon (appointed 11 November 2022)
President-Elect	Professor Adam Gordon (demitted 11 November 2022) Professor Jugdeep Dhesi (appointed 11 November 2022)
Honorary Secretary	Dr Anne Hendry
Honorary Treasurer	Professor Sarah Goldberg
Chair BGS England Council	Dr Mike Azad
Chair BGS Northern Ireland Council	Dr Mark Roberts (demitted 14 June 2022) Dr Gerrard Sloan (appointed 14 June 2022, demitted 21 February 2023) Dr Jan Ritche (appointed 6 June 2023)
Chair BGS Scotland Council	Dr Rowan Wallace
Chair BGS Wales Council	Dr Sam Abraham
Chair BGS Trainees Council	Dr Sangam Malani
Chair BGS Nurses and AHPs Council	Dr Esther Clift
Lay Trustee	Ms Rose Gray (demitted 28 July 2022) Mr Nicholas Pahl (appointed 28 July 2022)
Lay Trustee	Mr David Crundwell (demitted 01 August 2022) Ms Stephanie Harland (appointed 17 April 2023)
CHIEF EXECUTIVE OFFICER	Ms Sarah Mistry

The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2023

PRINCIPAL AND REGISTERED OFFICE	Marjory Warren House 31 St John's Square London EC1M 4DN
AUDITOR	Sayer Vincent LLP, Invicta House, 108-114 Golden Lane, London EC1Y 0TL
BANKERS	Santander UK plc 2 Triton Square, Regent's Place, London NW1 3AN Flagstone Investment Management Ltd Clareville House, 26-27 Oxendon St, London SW1Y 4EL
INVESTMENT ADVISERS	CCLA Fund Managers Limited Senator House 85 Queen Victoria Street London EC4V 4ET M&G Investments 10 Fenchurch Avenue London EC3M 5AG

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2023

The Trustees are pleased to present their annual report for the year ended 31 March 2023, under the Companies Act 2006 and the Charities Act 2011, together with the audited financial statements for that year, and confirm that they comply with the requirements of the Acts and the Charities SORP (FRS 102). The report and accounts have also been prepared to fulfil the requirements for a Director's Report for the purposes of company law.

OBJECTS AND MISSION

Charitable Objects

The Society was established in 1947 to serve the healthcare needs of older people living with frailty - a large and increasing sector of the UK and world population. The Society's objects, as set out in the Memorandum of Association, are 'the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons.'

Charitable mission

In line with the Objects, the Society's charitable mission is to improve healthcare for older people.

We pursue our Objects and mission through the objectives and activities set out in the section below.

OBJECTIVES AND ACTIVITIES, INCLUDING PUBLIC BENEFIT

Our objectives, which we refer to as our 'specific aims' are to

- Inspire students and trainees to specialise in the care of older people, and to support their education, training, clinical effectiveness and career development;
- Promote high standards of clinical quality through conferences, meetings, information, good practice guidance, and educational and training opportunities;
- Encourage the sharing of learning and best practice, both within and across relevant disciplines;
- Promote research into the healthcare of older people, facilitating access to research and opportunities to generate research;
- Act as the informed policy voice regarding educational curricula; clinical standards; research; effective commissioning practice and health policy regarding the treatment and care of older people across the UK;
- Raise awareness among healthcare professionals of the role of 'living well' in preventing disease in old age.

These aims are translated through our 20-23 Strategic Plan into five strategic objectives. We describe achievements later in this report under these five areas.

Principal activities

Our aims and objectives are met through delivery of a set of activities, as follows:

- national, regional and special interest meetings to share research and clinical best practice;
- publishing approved research papers, clinical guidance and resources;
- promoting research, education and training in all aspects of healthcare for older people;
- providing expert input into the formulation of policy relevant to the care of older people.

Below, we look at each of these in turn with reference to the 'public benefit' test.

Public benefit

The Society's overall purpose is to improve healthcare for older people, chiefly by driving up standards of NHS healthcare for older people across the UK through the member services and activities described below. The ultimate beneficiaries of our work are older people with frailty and other complex health needs who benefit from improved NHS healthcare from the physicians, nursing staff and allied health professionals whose knowledge, understanding and confidence are being raised through the activities of the Society. This public benefit is accessible free of charge through NHS services for older people. Older patients are by far the largest population group using NHS services, whether in the community or in hospitals.

Almost 12 million people in the UK are currently of pensionable age and this is projected to rise to over 15 million by 2045. The fastest growing age group is the over-85 population which is projected to double by 2045. The fact that people are living longer lives is a great success story. It comes with many positive dimensions, which should be roundly celebrated, but also brings major challenges. Research published in January 2018 estimates that between 2015 and 2035, the prevalence of multi-morbidity (multiple diagnoses of chronic illness) is set to increase, with the proportion of those diagnosed with four or more illnesses almost doubling. Two thirds of those with four or more illnesses will have mental ill-health, such as depression, dementia, and other forms of cognitive impairment. Older people are more likely to have chronic conditions than any other age group – 58% of people over 60 have at least one chronic illness compared to 14% of those under 40. Around 10% of people aged over 65 and a quarter to a half of those over 85 live with frailty. Management of frailty costs UK healthcare systems £5.8 billion per year. Older people account for around 40% of all admissions to acute hospitals in the UK and occupy around two thirds of hospital beds at any one time. The NHS is currently in crisis, having experienced one of the worst winters in its history and the workforce is depleted and exhausted. The BGS has a vital role to play in ensuring that health and social care services are designed to meet the needs of the ageing population and that the right people with the right skills are in place to ensure that older people can access the care they need, where and when they need it.

As we illustrate below, the trustees have had regard to the Charity Commission's guidance on public benefit when reviewing the Society's aims and objectives, overseeing the delivery of the service activities which flow from them, and planning its future activities:

National, regional, and special interest meetings

Our meetings are explicitly intended to improve patient care. They provide demonstrable benefit by improving the knowledge and skills of geriatricians and other healthcare professionals caring for older people, whether in NHS hospitals, in primary care or in the community. Each year the Society holds two major national conferences which provide Society members and other healthcare professionals with the opportunity to share their research and

clinical best practice. All submitted abstracts are subject to rigorous peer review prior to acceptance as either platform presentations or posters. The meetings provide a forum for Continuing Professional Development (CPD), which follows a five-year cycle to ensure that all pertinent clinical topics within the speciality of geriatric medicine are regularly examined. Included in the meetings are guest lectures and sessions presented by the Society's Special Interest Groups (SIGs). In addition to the national conferences, regional meetings and specialist conferences are held to address topical and/or sub-specialty issues. Some of these are undertaken through partnership working with other specialist societies and charitable organisations.

Publication of research and clinical guidance

The Society publishes best practice statements, guidance on clinical quality, tools, and resources, which are freely available on its website. This information is widely used as a source of authoritative guidance for healthcare professionals and lay people alike. Through the expertise of our 16 Special Interest Groups covering a wide range of topics related to geriatric medicine, we keep these resources up to date in order to meet the needs of our members and others with an interest in current developments and evidence on the healthcare of older people.

Healthcare professionals in the UK and across the world benefit from peer-reviewed scientific papers, which the BGS publishes in its official journal, *Age and Ageing*. The journal is published in a hybrid format by Oxford University Press, which means authors have the option of an Open Access license (free to read immediately) or a standard license (subscriber-only for 12 months, then free). Currently 38% of content is published Open Access and the rest is available online to the Society's members as part of their membership package, and also to paid subscribers. The journal is fully compliant with the Research Councils UK and the Wellcome Trust Open Access policies and belongs to major national and international Read & Publish Agreements, including the Joint Information Systems Committee (JISC), which covers most UK universities. In addition, we also grant a free access waiver to a number of key papers to allow the clinical community to have immediate free access to important work which might influence practice. *Age and Ageing* has a worldwide reputation for publishing refereed original articles and commissioned reviews on geriatric medicine and gerontology. It has become increasingly influential among geriatrics and gerontology publications.

Promotion of research, education, and training

Providing high-quality healthcare to older people with complex health needs relies upon keeping abreast of latest evidence regarding prevention, treatment, and care, and indeed adding to that evidence base. The promotion of academic and research activity in relation to older people and the translation of findings into clinical practice is one of the Society's core aims. The Society delivers much of its education and training through scientific meetings. Following the COVID-19 pandemic, the BGS has been boosting its online offer. Our events are now all available for virtual participation, which has enabled busy healthcare professionals to have ready access to high-quality content, live and after the event.

An important part of the promotion of research, education and training is the Society's funding of grants and fellowships to those who work in the field of geriatric medicine and more generally the healthcare of older people. These support healthcare professionals to acquire new knowledge and skills, which are then shared and applied to the care of the older population across the UK.

Providing expert input into policy relevant to the care of older people

The Society aims to provide expert input to the development of policy at a national level within the four nations of the UK. The Society provides comment, responses, and information to a

variety of agencies including Government and parliamentary bodies, NHS England and its equivalents in the other nations, the Department of Health and Care in each of the four countries of the United Kingdom, the National Institute for Health and Care Excellence (NICE), the Care Quality Commission and other professional bodies. Senior officers represent the Society's positions in print and media. The Society has an active social media presence including a BGS blog, Twitter accounts for the Society and for *Age and Ageing*, a Facebook page and LinkedIn pages.

ACHIEVEMENTS AND PERFORMANCE

Our strategic planning cycle

BGS has adopted a fixed, three-year planning cycle. For each year of the strategic plan, strategic objectives are flowed through into annual operational plans, and from there to committee workplans and individual staff members' objectives so that Vice-Presidents and their committees and the staff team are aware of their specific contribution to achieving the organisation's strategic objectives. The annual operational plan and accompanying annual budget are presented to the Trustees Board for approval before the start of each year and reported against at quarterly Trustee Board meetings.

20-23 Strategy

The BGS Strategic Plan ran for three years from 1 April 2020 to 31 March 2023. The Strategy set out five objectives in pursuit of the Society's mission to improve healthcare for older people.

These are:

1. To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improved practice.

Intended outcome: By 2023, we will have contributed to better healthcare for older people by developing and promoting tools, guidance and standards which are widely used and shared by clinicians and other healthcare professionals in their practice.

2. To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education.

Intended outcome: By 2023, we will have contributed to relevant curricula, and developed new courses and learning opportunities to enhance the uptake, quality and relevance of education and training in geriatric medicine and healthcare for older people.

3. To promote research into older people's health and healthcare, and its application to clinical settings.

Intended outcome: By 2023, we will be a recognised convener for research opportunities, research skills and dissemination of research evidence into practice, and will be publishing our high-impact journal, *Age and Ageing*, via a sustainable model.

4. To influence policymakers, commissioners, and health professionals by being an informed advocate and authority on older people's healthcare.

Intended outcome: By 2023, we will be known for our authoritative policy voice which will have influenced the development of older people's healthcare policy at national and regional level across the NHS in the UK.

5. To ensure the BGS is a robust, dynamic, sustainable organisation.

Intended outcome: By 2023, we will be a strong, collaborative charity and medical society of more than 4,500 members with a financially sound business model and a thriving multi-disciplinary ethos.

The Strategic Plan also includes three cross-cutting themes: a) stronger regions; b) stronger digital; c) stronger community. These three themes are applied across the different objectives.

The Trustees reviewed the Strategic Plan at their awayday in July 2021, at roughly the midpoint of the three-year Strategy. They discussed a rebalancing of priorities in light of the COVID-19 pandemic, and agreed that workforce should be added as a fourth cross-cutting theme.

During 22/23, a new Strategic Plan for the period 2023-26 was developed. Inputs included a survey of members, stakeholder interviews, discussions with all committees and sessions with the Board and staff. The 23/26 Strategic Plan was approved by the Board in October 2022 and ratified by the members at the AGM in November 2022.

22/23 Context

This year has seen the decline of the COVID-19 pandemic which had been such a dominant feature of the previous two years. The number of deaths in people due to COVID-19 in people over the age of 65 thankfully reduced and the NHS set about the process of recovery and rebuilding of services. There was considerable strain on the system due to the backlog of people waiting for elective care and delayed appointments, and the ongoing physical and mental health toll of the pandemic on the population and the NHS workforce. The winter of 22/23 was a particularly challenging time for all those working in the NHS. Many acute services were dangerously over-capacity and the waits in Emergency departments led to harms, particularly for older patients.

Workforce shortages throughout the system continued to grow, with all professions affected. 165,000 social care staff vacancies were reported and the overall healthcare workforce was over-stretched and exhausted. Nursing and physiotherapy unions balloted their members over pay and conditions and began strike action, followed later by junior doctors – with the situation as yet unresolved. In England, 42 Integrated Care Systems (ICSs) got underway formally in July 22 with Boards (ICBs) taking responsibility for health and social care services for their populations. These aim to deliver more joined-up services and integrated care, but addressing the workforce shortfall remains the main challenge across all systems.

BGS members continued to demonstrate their commitment to care for older people. While COVID-19 may have declined, the longer-term effects were manifest in high numbers of older people with frailty and multimorbidity, who had experienced deconditioning, loneliness or isolation during the pandemic. Long waiting times, overcrowded Emergency Departments and older people stuck in hospital despite being medically fit for discharge continued despite the implementation of the 'discharge to assess' policy and investment in community services. 22/23 saw more initiatives to bring care closer to home, such as the establishing of frailty virtual wards/Hospital at Home in England, following the trend in Scotland. Other community and primary care developments sought to strengthen services outside the hospital and to reduce avoidable admissions. The absence of a sustainable social care solution from Government continued.

BGS members as ever continued to provide the best care they could for older people within this challenging context. The BGS is extremely proud of the commitment and dedication of its multidisciplinary members working in acute, primary and community care. Membership numbers continued to rise past 4600 at the peak during 2022/23. We have seen diversification

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Trustees' Report

For the year ended 31 March 2023

with more people joining from the care home sector, physician associates and pharmacists, as well as growth from our more traditional member sectors, including trainee doctors and GPs, nurses and Allied Healthcare Professionals (AHPs). The sense of community is as strong as ever, helped by the return to in-person /hybrid meetings. This year the BGS has been adopting a more assertive policy voice, as it calls for the needs of the NHS's largest user group – older people- to be met.

BGS members, and in particular honorary office bearers, namely, the trustees, deputies, Vice Presidents, Council and committee members, and the officers of our Special Interest Groups, regions and nations, continue to contribute a huge amount to our mission. We are very grateful for their voluntary efforts, particularly given the other demands on them. Much of the detailed work carried out by the Society is led and delivered by them, and we are deeply indebted to them for finding the time and energy to contribute their expertise to improving healthcare for older people across the UK through the work of the BGS. While this is a huge asset, restrictions on study leave, study budgets and external commitments have made it even harder for them to devote time to the BGS this year.

The BGS also has a strong and committed staff team of thirteen, which supports the membership and coordinates the activities set out below.

Geographically, BGS's principal focus is the UK, and maintaining genuine UK-wide reach remains one of our core concerns, particularly as health is a devolved responsibility and health and social care services therefore vary between England, Scotland, Wales, and Northern Ireland. We value the different perspectives of our members from across the UK and benefit from cross-country comparisons and shared learning.

The BGS has overseas members and its website resources are accessed by health professionals from across the globe. The BGS hosted the European Geriatric Medicine Society (EuGMS) Congress in London during September 2022. The event, held over three days at the ExCel Centre in London, provided a compelling showcase for British geriatric medicine and UK geriatricians and healthcare professionals. Supporting past BGS President, Professor Tash Masud and the EuGMS team, the BGS contributed to a successful hybrid meeting, combining in-person and online attendance.

Performance against strategic objectives

In the rest of this section the Trustees describe achievements during 2022/23 against the Society's strategic objectives.

Objective 1: 'To promote high standards of clinical quality in the healthcare of older people by developing and promoting knowledge and improved practice'

One of the crucial roles played by the Society is to enable those working with older people to have access to information, resources, and expertise on good practice across the span of older people's healthcare needs. The Vice President for Clinical Quality oversees the Clinical Quality Committee and the Society's work in promoting high standards of clinical quality.

In November 2022, the Clinical Quality Committee launched a Quality Improvement Hub, providing resources and information about quality improvement methodology and practice. The QI Hub, QI workshops at national meetings, feedback on clinical quality abstracts and QI coaching are helping to upskill BGS members, and support local service improvements for the benefit of older people.

The BGS has 16 Special Interest Groups (SIGs) serving as the Society's source of clinical innovation, articulating and maintaining high standards of clinical care, and disseminating specialist knowledge. A new BGS SIG lead was appointed in 2022/23. She chaired two successful

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meetings for the Chairs of the SIGs, enabling them to discuss challenges, successes and ideas. The BGS held one-day conferences with the Bladder and Bowel, Cardiology, Falls and Bones, Frailty and Urgent Care, and Movement Disorder SIGs. For the BGS Spring conference 2022, the Sarcopenia and Frailty Research and the Nutrition SIG joined forces to organise a whole day's programme on the first day, and in parallel the Dementia SIG organised a whole day's programme. At the BGS Autumn conference 2022, the End of Life Care SIG organised all-day sessions on 16 November.

The Community Care SIG has now merged with the BGS Geri-GP group to become the Community and Primary Care Group. This was agreed by both groups and the transition has been a positive one. The CPCG includes healthcare professionals working in community and primary care, with sub-groups for GPs, pharmacy professionals and Care home staff. The Co-Chairs for the CPCG are Dr Philly O'Riordan and Dr Holly Paris, both GPs. The group planned and held a full day of sessions on Community Care for older people at the BGS Autumn meeting in November 2022.

The BGS responded to the following **consultations**:

- NICE Consultation on Oxybutynin HCl Over The Counter
- NHSBN 2022 Managing Frailty Project: Service User Audit Consultation
- Dementia/Mental Health Group NHSE: Eating disorders in older adults service recommendations
- NICE urinary tract infections
- NICE draft guideline on Osteoarthritis: care and management
- NICE Chronic heart failure in adults quality standard
- NICE urinary tract infections in adults (update) quality standard
- NICE draft guideline consultation – Hip fracture: management (update)
- NICE Head injury: assessment and early management
- NICE draft guideline consultation – Delirium: prevention, diagnosis and management
- NICE Head injury: assessment and early management GD-NG 10164.
- Consultation: Surveillance Review Proposal – CG181 Cardiovascular disease: risk assessment and reduction, including lipid modification
- Osteoporosis: risk assessment, treatment, and fragility fracture prevention (update) - Extension to scope consultation period
- NICE Draft Guidance (DG): consultees and commentators: COVID-19 – therapeutics [ID4038]
- Draft BTS Clinical Statement on Pulmonary Rehabilitation - Response
- NICE draft guideline consultation correction – Cardiovascular disease: risk assessment and reduction, including lipid modification.

The BGS continued its collaboration with GIRFT, contributing to co-produced resources on frailty, outpatient services and priorities in acute care, which will be published in July 2023.

Objective 2: 'To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education.'

The Vice President for Education and Training oversees the BGS's education and professional development work. This includes ensuring geriatric medicine training for doctors is delivered through the appropriate curriculum and supported by accessible learning opportunities in the

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2023

form of meetings, e-learning and other resources. While promoting the recruitment, retention and development of trainee doctors, the Education and Training Committee's remit also involves professional development for the wider multidisciplinary team. The growth of Advanced Clinical Practitioner roles, the recognition that older people's care cannot rely on specialists alone and the provision for Less than Full Time working arrangements are all examples of ways in which workforce shortages are being overcome.

The BGS has a reputation for delivering high-quality educational meetings. BGS delivered meetings in 2022/23 as hybrids, with delegates able to attend in person or online on the day. Aiming for relevant, attractive content and excellent speakers, the meetings provided clinical education, research updates and service delivery based upon a rolling Continuing Professional Development (CPD) calendar and curricula for those specialising in older people's healthcare.

In 2022/23, the main meetings we delivered were our Spring and Autumn three-day conferences plus 5 stand-alone SIG conferences: Bladder and Bowel, Cardiology, Falls and Bones and our Movement Disorder SIGs. In total we ran 10 hybrid meetings, 20 totally virtual meetings and 10 free online webinars for Trainees, Nurses and AHPs and wider audiences such as medical students. We reached a total of 6519 (*as of 10 March 2023) registrations with people still registering to watch this content on demand into 2023. This is up from 5,500 attendees in 2021/22. These hybrid and virtual meetings received overwhelmingly positive feedback and were successfully delivered live, as well as made available for 12 months after the event on demand.

We aim to ensure the substantial BGS events offer continues to deliver an excellent delegate experience, with a hybrid format as standard for the main meetings and virtual delivery of webinars and other learning opportunities. However, we did experience knock-on effects from the COVID-19 pandemic to delegates' study leave and study budgets in 2022/23, compounded by workforce pressures and industrial action in the NHS, schools and transport sectors, making it harder for people to attend.

The BGS continued to offer two e-learning modules, on Frailty identification and intervention, and on Perioperative Care of Older People undergoing surgery. The Frailty eLearning module has had 1084 people access the course, up from 776 from last year. Several organisations have block-purchased access. 461 people, up from 385 in 2021/22, have accessed the Perioperative care of older people e-learning module. With support from NHS England, we have redeveloped the Frailty module, updating its content and branching it for different professionals' place of work. This will be launched in June 2023 for all healthcare and social care professionals in the UK to access for free, with a certification. We have 3 other e-learning modules in development – delirium, oncology in older people and continence and have recruited a dedicated Digital Project Manager to lead these modules.

The BGS continued to collaborate with the Royal College of Physicians on the Diploma in Geriatric Medicine (DGM), promoting this to a wider audience including nurses, allied health professionals, physician associates and other healthcare professionals, and we were pleased to see a significant increase in numbers for the written exam in February 23. We continue to collaborate with the Federation of Royal Colleges in the delivery of the Specialty Certificate Examination (SCE) in geriatric medicine. This has now moved to a nine-monthly rather than a yearly cycle. The BGS is contributing to the development of a European exam based on the UK SCE.

Objective 3: 'To promote research into older people's health and healthcare, and its application to clinical settings'

The Vice President for Academic Affairs oversees the Society's work to promote, enable, support, and communicate research which can ultimately improve the care of older people.

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The research and clinical quality committees adjudicated the abstract submissions for the BGS bi-annual meetings. In autumn 2022, we had 12 platform presentations, 10 President's round presentations and 107 posters. The Research and Academic Committee (RADC) maintains a presence at the bi-annual conferences with sessions to help promote research and offer advice on subjects such as how to get started in research, how to write a research paper, and where to look for funding.

The BGS funded two systematic reviewers to work on a Delphi exercise to inform a new BGS research strategy. This systematic review of research prioritisation exercises in the field of older people's healthcare and ageing was completed in 2022; once published, it will help to inform the BGS's understanding of research gaps and opportunities.

The RADC oversaw development of a new Research Hub, which will be launched in the summer of 2023.

The Trustees agreed to co-fund a second round of three joint Clinical Fellowships with the Dunhill Medical Trust. Exceptionally, two Fellowships were awarded in 2022.

The BGS's high-impact journal, *Age and Ageing*, continues to build on successes after a period of rapid growth in 2021-22. The transition to fully online, monthly publication (from bi-monthly print and online) has completed and is benefiting from extra digital features and functionality which improves the reader experience and modernises the journal's offering to authors.

In the period 1 April 2022 to 31 March 23, the journal received 2,242 submissions and accepted 279 for publication; both rates are virtually unchanged from the previous year. This meets the expectation that the journal's input and output is sustainable after its period of rapid growth. This recent increase to output is financially desirable but careful consideration has been given to ensure that editorial standards of quality are maintained.

The Editorial Board met the challenge of rapid growth in volume with an expansion and diversification of Board membership to increase capacity, build resilience and create an extra tier of senior editors who share higher-level decision making. Investment in administrative resources and Editorial Board recruitment has created a well-supported and forward-looking international team behind the journal.

The impact of material published in the journal has also increased following a record number of high-quality submissions. The Impact Factor for the period to 31 March 2023 was 12.784 (up from 10.688) making *Age and Ageing* the highest ranking journal in the *Geriatrics and Gerontology* category. The usage rate in this period was 2.6 million article downloads, which is a 15% increase on last year. The number of subscriptions on 31 March 2023 was 6,579, which is a 8% decrease on the same time last year, partly due to a change in the renewal period for subscribers moving to Read & Publish agreements.

Following *Age and Ageing's* celebratory 50th anniversary in 2022, the Editorial Board continues to develop the journal's offering with two new article categories created to better serve the publication of clinical guidelines, and of clinical trials. The Editorial Board has been expanded to add expertise in emerging statistical methodologies, such as big data, machine learning, AI and mendelian randomisation. We observe that the scholarly publishing landscape is changing and maintain a careful watch on the potential risks and new requirements for editorial scrutiny, but also of the opportunities for growth and influence.

The publishing agreement between the BGS and Oxford University Press was extended by one year to December 2023. We have recruited a consultancy firm to assist the BGS with the process of developing and negotiating a new five-year agreement with OUP for the publishing of *Age and Ageing*. This needs to accommodate the opportunities and risks of 'flipping' from

being a hybrid journal to one that is fully open access.

Objective 4: 'To influence policymakers, commissioners and healthcare professionals by being an informed advocate and authority on older people's healthcare'

Politically, 2022/23 was a turbulent year with three Prime Ministers, three Secretaries of State for Health and Social Care in England, two Scottish First Ministers, two Cabinet Secretaries for Health and Social Care in Scotland and the lack of a functioning Government in Northern Ireland. It has been a challenging year for the NHS as well, with services still recovering from the COVID-19 pandemic and the worst winter in the history of the health service. The NHS workforce is in crisis with staff across the service feeling burnt out, exhausted and under-appreciated. Staff across the NHS have taken industrial action, included the first ever nurses' strike in England. Industrial action has yet to be resolved among many groups including nurses and junior doctors. An election was held in Northern Ireland and the BGS produced a manifesto for that election. The power-sharing agreement in Northern Ireland has however collapsed and the Northern Ireland Assembly is not currently sitting. Despite political uncertainty, BGS has stepped up and has been more active in the policy world than ever before.

While the worst of the pandemic is over, the effects of the COVID-19 pandemic continue to be felt. In autumn 2022, we published a report outlining ten lessons learned from COVID from the perspective of older people's healthcare. This report describes both positive and negative experiences during the pandemic and forms the basis of our contributions to the ongoing COVID inquiries both in England and Scotland.

There has been a focus over the last year on providing more care closer to home, particularly through virtual ward and Hospital at Home models. We produced *Bringing Hospital Care Home: Virtual wards and Hospital at Home for older people*. This document aimed to support BGS members with guidance and practical advice on implementation as they established virtual wards locally.

The most significant policy document of this year was *Joining the Dots: A blueprint for preventing and managing frailty in older people*. This document is aimed at commissioners and uses seven system touchpoints to set out what good quality, age-attuned integrated care looks like. It cites relevant evidence and offers examples from across the UK to illustrate best practice. The report includes 12 recommendations for commissioners and system leaders.

As a small organisation, we continue to work in partnership with others to achieve our aims. This year we have built particularly strong links with the Royal College of Physicians Edinburgh and the Royal College of Emergency Medicine as well as developing closer links with the Royal College of Physicians London. In January 2023, we published a joint statement with RCPL and RCPE outlining the rights of older people to health and social care. This statement attracted a lot of attention and 23 additional organisations have supported the statement. We continue to be active members of the Community Rehabilitation Alliance, leading the Alliance's Ageing Well workstream. New stakeholder opportunities have emerged from our more proactive policy stance, including with NHS senior leaders, the DHSC and political parties. We will capitalise on these over the coming months.

The BGS's media profile grew substantially during 22/23. The President and President Elect have responded to an unprecedented level of media interest, with appearances on BBC Breakfast, the Today programme, and ITV News. Commentary and insights from BGS officers have appeared in The Times, The Telegraph, The Scotsman, The Express, The Glasgow Herald, The Daily Mail and Nursing in Practice. A joint opinion piece published in the BMJ, 'Resolving the health and social care crisis requires a focus on care for older people', has led to further media and press. The BGS arranged two sets of media training in 2022/23 for senior officers, and is able to field expert spokespeople on a range of issues relevant to older people's healthcare.

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We maintain a strong Twitter presence, with over 35,000 followers and 43,000 Tweets, including live tweeting from our national conferences. The BGS Autumn Meeting 2022 attracted 49.7 million global impressions via #BGSconf and our campaign #BGSinvestincare attracted 2.68 million impressions. In addition, BGS spokespeople appeared on BBC Breakfast, The Today Programme, ITV News and were quoted in the Guardian, The Times, The Telegraph, The Daily Mail, The Daily Express, HSJ and the President and President Elect had an opinion piece published in BMJ. During the year, the BGS blog received 111,392 unique page views. The top performing BGS Blog during this period was 'NHS: a giant Diogenes syndrome' with 4,325 page views.

The BGS website has become ever more central to the way the Society delivers its core message, with traffic remaining steady as healthcare professionals seek the latest up-to-date information on conditions affecting older people, and access our events, which can be streamed online live or on demand. The website is now attracting 1.2 million hits annually.

Key resources available on the website include a series of 'hubs' which include the Frailty Hub, Delirium Hub, and the most recent Quality Improvement (QI) Hub. These have become go-to resources for practitioners involved in the care of older people, helping to link up methodology, evidence, guidance and learning within the context of delivery of healthcare for older people.

Other popular materials hosted on the website include the End of Life Care in Frailty series which aims to support clinicians and others to consider the needs of frail older people as they move towards the end of their lives. Launched in 2020, it includes 20 chapters covering areas such as delirium, prognostication and nutrition, and remains one of the most-accessed resources on the website. The Silver Book II, an international collaboration focusing on the delivery of urgent care for older people, continues to be highly used. These resources have been joined by newer publications, including the BGS blueprint and virtual wards report.

The BGS member magazine, AGENDA, is a valued member benefit which is published in hard copy print format every second month and mailed to all members, offering a space to reflect, connect and unwind. It helps members to keep abreast of developments within the BGS, as well as more widely in the field of geriatric medicine. Themed issues this year have included a celebration of the multidisciplinary team, a focus on education and training, as well as issues examining international geriatric medicine and care homes. It continues to provide an opportunity for Officers, SIGs, Councils and other BGS groups to highlight their areas of work and promote engagement with BGS activities including policy influencing, events and resources available via the website.

Some of the Society's key **publications and resources** during the last year have included:

- Bringing hospital care home: Virtual Wards and Hospital at Home for older people
- Joining the dots: A blueprint for preventing and managing frailty in older people
- Lessons from the COVID-19 pandemic
- Protecting the rights of older people to health and social care
- Quality Improvement (QI) Hub

The following **press releases and statements** were published:

- 30/03/2023 - BGS responds to public satisfaction with NHS falling to lowest levels in 40 years
- 16/03/2023 - BGS responds to Budget 2023

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- 06/03/2023 - BGS Press release: Joining the Dots: A blueprint for preventing and managing frailty in older people
- 17/02/2023 - BGS responds to Age UK's 'Fixing the foundations' report
- 15/02/2023 - BGS response to NHS England Urgent and Emergency Care Recovery Plan
- 10/02/2023 - BGS Statement: Protecting the rights of older people to health and social care
- 08/02/2023 - BGS statement on industrial action across the NHS
- 20/01/2023 - BGS responds to £250 million funding to buy care home beds
- 15/01/2023 - BGS press release - Prestigious Dhole-Eddlestone Memorial Prize awarded to scientific paper examining cost-effectiveness of 'Hospital at Home' for older people
- 08/12/2022 - BGS responds to BBC news article 'A&E is absolute chaos - spent 15 hours on a trolley'
- 01/12/2022 - BGS announces Rising Star Award Winners 2022
- 30/11/2022 - BGS responds to scientific paper 'Lecanemab in Early Alzheimer's Disease'
- 23/11/2022 - Age and Ageing journal launches new collection, commentary and editorial to support the World Falls Guidelines
- 22/11/2022 - BGS Press release : Research on the role of immune cells in delirium to be undertaken by third BGS/Dunhill Doctoral Training Fellow
- 17/11/2022 - BGS Press release : New BGS report highlights 10 key lessons from the COVID-19 pandemic
- 16/11/2022 - BGS Quality Improvement (QI) Hub launched
- 14/11/2022 - BGS President responds to Sunday Times articles
- 14/11/2022 - BGS President responds to Daily Mail article 'Hospitals harm the elderly'
- 20/10/2022 - BGS response to NHS England winter resilience plan
- 19/10/2022 - Stroke Physician Professor Peter Langhorne wins prestigious Marjory Warren Lifetime Achievement Award
- 01/10/2022 - BGS press release: Landmark publication of World Falls Guidelines
- 09/09/2022 - A tribute to Her Majesty the Queen
- 01/09/2022 - BGS publishes new report examining workforce data
- 17/08/2022 - BGS press release: Launch of 'Implementing 'Virtual Wards' for older people with frailty'
- 03/08/2022 - Dr Jugdeep Dhesi announced as BGS President Elect
- 13/07/2022 - BGS statement on working together to understand kidney disease in older people
- 01/07/2022 - BGS statement: Age and Ageing Journal now highest ranked journal in the Geriatrics & Gerontology category
- 27/06/2022 - BGS Statement on the death of Baroness Sally Greengross OBE, 1935-2022
- 03/05/2022 - BGS statement on care homes High Court ruling
- 14/04/2022 - BGS news story: Former BGS President elected President of the Royal College of Physicians
- 08/04/2022 - BGS announces second round of Doctoral Training Fellowships with Dunhill Medical Trust
- 06/04/2022 - BGS news story: Leon and Janet Wormley win BGS Special Medal for Online Pandemic Exercise Classes for Older People

Objective 5: 'To ensure the BGS is a robust, dynamic, sustainable organisation'

The BGS strategic target of reaching 4,500 members by 2023 was exceeded. Membership numbers peaked at 4,684 at the end of December 2022. All members were informed ahead of

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the 2023 renewal of the slight increase in membership fees which was agreed at the BGS AGM in November 22 and took effect on 1 December 2022.

There has been an increase in membership attrition rates, due to the cost-of-living crisis, but also people retiring. Some members who cancelled their membership citing costs have reported they are likely to re-join the Society once their individual circumstances and the wider financial climate improve. To help with recruitment and retention of members, we are analysing our marketing focus to ensure we clearly communicate the benefits of BGS membership, particularly to those earlier on in their career. This will ensure members see membership as an investment for professional development and a community.

We continue to promote Group Memberships. As of 4 April 2023, 15 organisations are benefiting from group membership. We are developing our website and database to allow self-management for group membership applications, invoicing and management of individual members.

The modernisation of the BGS continued in 22/23. Online participation in events is now a smooth and seamless process, accessible via the BGS website. We put out a tender for an upgrade to the operating system (Drupal) for our website, and will take the opportunity to improve accessibility and navigation at the same time. This is a substantial IT project that will get underway during July 2023 with our provider, MRM.

We continued with streamlining the process for grants and prizes. We also updated terms of reference for our Special Interest Groups, and continued the process of rationalising their funds, so that they are managed by the BGS Finance team rather than volunteers in SIGs and regions.

We continued to promote the BGS green policy and we recruited a lead for Equality, Diversity and Inclusion, as recommended by the Board. The new Lead will recruit an EDI group who will support cross-cutting work to ensure that the BGS is inclusive and encourages participation from all parts of its membership.

This was the final year of the 2020/23 Strategic Plan. Good progress was made against the operational plans we set for 22/23, but it must be acknowledged that the post-pandemic environment for those working in the NHS providing care for older people continued to present huge challenges.

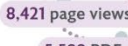

The BGS produced an infographic in March 23, which gives an overview of achievements during 2022/23.

BGS key achievements: 2022-23


More than  **6500** event registrations

In excess of  **1.3 million** website page views

BGS spokespeople appeared on BBC Breakfast, The Today Programme and ITV News and were quoted in the Guardian, The Times, The Telegraph, the Daily Mail, the Daily Express, HSJ & more 

In March 2023, we published **Joining the dots: A blueprint for preventing and managing frailty in older people**
 8,421 page views  In the first 4 weeks
 5,588 PDF downloads 
 Printed summary sent to all 4,500 BGS members 

Age and Ageing impact factor reached **12.782** 
 ranking it the #1 journal in the geriatrics and gerontology category

We held **10 events** as hybrid meetings 
 2617 people joined online  1297 people attended in person 

  
34,000 followers of @GeriSoc on Twitter and
22,000 followers of @Age_and_Ageing

25  organisations supported our statement on protecting the rights of older people to health and social care

4,684 multidisciplinary members 
 at the end of 2022

 More than 300 people signed up for our eLearning modules between April 2022 and January 2023.
 We also secured an arrangement with NHS England to make our Tier 3 Frailty e-learning module available to staff.

We provided **73** grants for our Autumn Meeting and **103** total grants overall. We awarded **2 PhD fellowships** jointly with **Dunhill Medical Trust** 

 www.bgs.org.uk
 Website resources accessed **400,000** times  Information on frailty accessed **175,000** times
24,000 registered users on the BGS website  End of Life Care in Frailty accessed more than **75,000** times

Balanced **565kg** of CO₂ and contributed to the protection of **108m²** of rainforest through carbon-balanced printing (verified by the World Land Trust) 

Age and Ageing Published 300 articles of cutting edge research in the field of older people's medicine, with 2.5 million articles read  Celebrated **50** years 

We launched significant reports including: **BGS Blueprint**  **Virtual wards**  **Lessons from COVID** 
 We worked with BGS members, stakeholders, government and the third sector to publish evidence-based policy documents to help our members to provide high-quality care for older people.

The #BGSconf hashtag had 49.7 million impressions during the Autumn Meeting 
 Our #BGSInvestinCare campaign hashtag saw 2.6 million impressions 

90,000 downloads of BGS publications 

Launched a Community and Primary Care Group which now has **1788** members 
 We have 16 Special Interest Groups (SIGs) with more than 5000 members 

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FINANCIAL REVIEW

Results for the year

Total income for 2022/23 was £1,593,787, (2021/22: £1,331,426) and expenditure was £1,664,975, (2021/22: £1,207,067). The Society achieved an overall deficit before net gains on investments of £71,188, (2021/22: £124,359 surplus).

Book losses on investments were £175,077, (2021/22: £357,042 gain).

Analysis of income

	31 March 2023		31 March 2022	
	£	%	£	%
Membership Subscriptions	558,588	35%	540,989	41%
Professional Development & Events	499,843	31%	286,041	21%
Age & Ageing Journal	387,564	24%	383,583	29%
Other	41,181	3%	36,270	3%
Investment Income	106,611	7%	84,543	6%
	<u>1,593,787</u>	<u>100%</u>	<u>1,331,426</u>	<u>100%</u>

The principal funding sources for the Society remain membership subscriptions, professional development and events and the surplus arising from the *Age and Ageing Journal*.

The Society is pleased to have been able to increase its income from membership subscriptions by a combination of increased membership numbers and a small increase in the subscription rates from 1 January 2023. Income from professional development and events has significantly recovered from the COVID-19 pandemic. Events in 2022/23 were held as hybrids, with delegates able to attend in person or online on the day.

Operational expenditure increased as events and other business activity such as face to face committee meetings began to return to pre-pandemic levels.

The Society achieved an overall deficit before net gains on investments of £71,188, (2021/22: £124,359 surplus). An analysis of the (deficit) surpluses across the Society's various funds is below.

Operational surplus has reduced as activity begins to return to pre-pandemic levels. Designated and Restricted expenditure is funded largely out of reserves built up over previous years, which means that annual net income on these funds will always be in deficit as the funds are reduced.

	31 March 2023	31 March 2022
	£	£
Operational Surplus	55,310	206,982
Designated expenditure (Deficit)	<u>(80,692)</u>	<u>(60,788)</u>
Unrestricted (Deficit) /(Surplus)	(25,382)	146,194
Restricted (Deficit)	(45,808)	(21,835)
Total (Deficit)/Surplus	<u>(71,190)</u>	<u>124,359</u>

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Future financial plans

In 2018/19 The trustees agreed to use the MK Dhole Income Fund for a series of three Doctoral Fellowship Scholarships jointly with Dunhill Medical Trust. In 2021/22 a second series of three Scholarships was agreed and during the year trustees increased this to four making seven scholarships in total. The cost is spread over several years to 2027/28 and will be around £877,000, £785,534 of which is still outstanding at 31 March 2023 (Note 20).

The operating system of BGS website will be upgraded and the functionality improved in 2023/24. Trustees have agreed to designate £150,000 for this IT project.

The trustees agreed in 2021/22 that £300,000 should be designated to fund "Healthcare in Care Homes", a three-year project focusing on improving healthcare for care home residents. The balance on this fund at 31 March 2023 is £269,703 (2022: £300,000).

From 2023/24 Trustees have agreed with SIG chairs that SIG income and expenditure for events will be processed through the general fund in the same way as the main conferences. SIG reserves have been moved to a designated account "SIG grants" and will be protected for SIG grants for five years. In a similar manner Region reserves have been transferred to the designated grants fund.

The Society continues to develop its business model to allow delivery of events via a hybrid format of face to face and virtual meetings and to extend its E-Learning offer. In view of this, a contingency of £100,000 has been included in the 2023/24 operational budget, (which would otherwise break even). Allowing for this the Society expects to have an operational deficit of around £100,000 at 31 March 2024. The trustees have agreed that the Society is able to cover this potential additional cost out of reserves without impacting on delivery of the Strategic Plan.

Fundraising

The Society does not currently undertake public fundraising activities, but occasionally receives donations.

Investment Policy

The Memorandum and Articles of Association give the trustees the power to invest any surplus funds not immediately required by the Society in such investments, securities, or property as they think fit. The Trustees' policy has been to balance the requirement for capital growth of the endowment investments with maximising income for the Society. Investments are reviewed annually.

The Society does not invest directly in any one individual company. All its investments are held in specialist multi-asset charity funds at CCLA and M&G investments. Both funds have ethical investment policies which seek to meet the needs of charities investing in them.

The Society held listed investments of £3,689,329 at 31 March 2023 (2022: £4,046,405). The total unrealised loss was £175,077 (2022: £357,042 gain).

Reserves Policy

The reserves policy of the Society is to hold unrestricted reserves (excluding designated funds), to a level representing at least one year's unrestricted expenditure budgeted for the following year to ensure that it has an adequate buffer to protect against future uncertainties. Unrestricted reserves above this level, including the revaluation reserve, are available to further the Society's strategic objectives.

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The Trustees review the reserves of the Society as part of the budget-setting process to ensure they still meet the needs of the organisation and are sufficient to manage risks. The review involves an assessment of the income and expenditure streams, the Society's strategic objectives and the uncertainties it faces and the level of reserves.

The Trustees have designated funds to identify those unrestricted funds which are earmarked for specific purposes and hence not freely available. The value of designated funds at 31 March 2023 was £1,356,193 (2021/22: £1,115,892). Included in designated funds is £792,641 (2021/22: £772,185) which is equal to the value of the Society's fixed assets.

The Society finished 2022/23 with unrestricted reserves of £4,129,364, (2021/22: £4,135,253) as analysed below.

Analysis of unrestricted reserves

	31 March 2023	31 March 2022	Increase	
	£	£	£	%
Designated expenditure	1,356,193	1,115,892	240,301	22
Required to cover budgeted unrestricted expenditure for the following year	1,611,929	1,415,650	196,279	14
Available to further the Society's strategic objectives	1,161,240	1,603,711	(442,471)	(28)
Total unrestricted funds	<u>4,129,362</u>	<u>4,135,253</u>	<u>(5,891)</u>	<u>0</u>

Arrangements for reviewing staff salaries

All staff are paid above the minimum living wage.

The Society operates a spine point system which provides for automatic salary progression for each staff member until the top of the relevant scale is reached. Pay for all staff is reviewed every five years using an independent HR agency to compare BGS staff salaries with the external market and ensure the Society's pay levels are appropriate and competitive. A review was carried out in December 2021. Its recommendations were approved by Trustees and were implemented for all staff from 1 April 2022. The next review is due in 2026/27.

To protect the value of salaries from erosion due to inflation, a discretionary universal cost of living percentage increase may be awarded from the beginning of each new financial year on 1 April and the spine points adjusted accordingly.

Volunteers

The Society is reliant on the unpaid efforts of many of its members to achieve its objectives. These volunteers serve in many capacities (for example, as trustees, as officers of our regional committees, nation committees and Special Interest Groups; on internal committees and external working parties; as expert spokespeople, and as advisers on policy matters). They provide countless hours of work in furthering the charitable objectives of the Society without remuneration, and we are grateful and indebted to them for their tireless work.

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Risk management

The Trustees are aware of their responsibility to ensure that the major risks to which the charity is exposed are identified and to establish systems to manage those risks. The Trustees have a policy on risk management and have procedures in place to mitigate risks. The task of identifying and monitoring the mitigation of the risks faced by the Society is delegated to the Finance and General Purposes Committee (Finance Committee). The Finance Committee reviews the risk register every other meeting. The Trustees consider the recommendations from Finance Committee meetings, and review the full risk register once a year.

The risk register identifies and assesses both internal and external business risks and has been continually refined since then. Forty risks have been identified, clustered under the following headings:

- Governance and management
- Income
- Services and impact
- Resource management
- Financial strategy and management
- Reputational risk
- Regulatory and legal obligations

Under a rolling review process, the Finance Committee considered key sections of the risk register at every other meeting during the year. Internal control risks are mitigated by planning, systems of authorisation, budgeting, employment of suitably qualified staff, and established processes to support and manage the performance of staff members. External risks are identified by staff, officers and trustees, and assessed at staff, Finance Committee and Trustee Board meetings as appropriate, and major risks are also addressed in the Society's periodic Strategic Reviews. The Trustees are satisfied that the major risks identified have been adequately mitigated where necessary and that the Society has systems and procedures in place that are appropriate to the Society's size and nature of operations.

The most significant risks during 2022/23 relate to the aftermath of the COVID-19 pandemic and the workforce crisis. Pressures on staff in the NHS continue to make it challenging for the BGS to plan for in-person attendance at events. Fixed costs relating to venues remain high even when delegate numbers reduce, and we have had to switch some meetings to being online-only, due to low in-person registration numbers. Events income is still the most volatile of our three income streams. The heavy load on all professions has sometimes made it hard for BGS members to take their study leave or to volunteer for BGS roles, with more pressure from their NHS or university employers to justify voluntary time spent on BGS activities. Staff sickness absences this year have inevitably created challenges in a small organisation like the BGS. This year we explored four ways of mitigating staffing capacity issues, all of which are being adopted: outsourcing, automation, new recruitment and more efficient ways of working.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

The Society is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association were adopted on 7 November 1974, and the Articles were last amended on 24 November 2017. During the course of 2023, we plan to update provisions in the Mem and Arts, with the assistance of the BGS lawyers, and to seek the approval of BGS members at the AGM in November 2023.

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Governing Body

The Trustees are the governing body of the Society and the directors of the limited company. They comprise the President, President-Elect, Honorary Secretary, Honorary Treasurer, Chairs of the national Councils for England, Northern Ireland, Scotland and Wales, Chair of the Trainees Council, Chair of the Nurses and Allied Health Professionals Council, and two lay trustees who bring broader business planning expertise. The Trustees meet four times a year, including a full day facilitated workshop to explore long-term planning issues. The Trustees are familiar with the Charity Governance Code, and observe the principles of good governance set out in that document and in the BGS Board terms of reference.

The Society's committees include Finance and General Purposes Committee; Policy and Communications Committee; Education and Training Committee and its sub-committee for Meetings and Events; Workforce Committee (newly established during 22/23); Clinical Quality Committee; Research and Academic Development Committee, and the *Age and Ageing* Editorial Board and its Executive Committee. There are also committees for the Trainees Council, Nurses and AHPs Council, Nation Councils, SIGs, England regions and Community and Primary Care Group.

The current trustees are shown on page 2 above. The directors of the wholly owned subsidiary company, BGS (Trading) Limited, who served during the year were Professor Sarah Goldberg, Dr Elizabeth Lawn, and Dr Anne Hendry.

Trustee recruitment and appointment

The President, Honorary Secretary and Honorary Treasurer are Society members who succeed automatically to their roles having previously been nominated and elected by the membership as President-Elect, Deputy Honorary Secretary and Deputy Honorary Treasurer respectively. They each serve a 2-year term with the exception of the Honorary Treasurer who serves for 3 years in order to ensure continuity. Chairs of National Councils are ex officio members of the Trustee Board appointed by the relevant nation. The Chairs of the Trainees Council and the Nurses and Allied Health Professionals Council are also ex officio and appointed by their Councils. The two lay trustees are recruited externally through an open process and serve for up to two 2-year terms.

Our Trustee Induction and Training policy guides the orientation process for new trustees. New trustees receive a comprehensive induction pack and meet with key officers and staff to acquaint them with the Society's policies and practice, its aims and activities, management and governance, and also what is expected of them under charity law and company law. All trustees give their time voluntarily and receive no benefits from the Society. Any expenses reclaimed from the Society are disclosed in note 8.

A register of directors' interests is maintained and updated annually, and declarations of any potential conflicts of interest are required at the commencement of each Trustee Board meeting. Any trustee/director with a potential conflict of interest with a particular topic within a meeting declares it and takes no further part in the discussion or vote on that topic.

Group Structure

The Society has a wholly owned, non-charitable trading subsidiary, BGS (Trading) Limited, a company incorporated in England and Wales (No. 2013195). BGS (Trading) Limited accounts for the income and expenditure from scientific conferences and exhibitions. The subsidiary covenants its taxable profit at each year-end to the Society. Further details of BGS (Trading) Limited's financial results for the year ended 31 March 2023 can be found in note 12.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2023

REFERENCE AND ADMINISTRATIVE DETAILS

The name of the charity is the British Geriatrics Society, and it is frequently abbreviated as the BGS. The Society is a registered charity (No 268762) and is constituted as a company (No. 1189776) limited by guarantee. The trustees/directors, professional advisers and principal and registered office are set out on pages 2 - 3 above.

RESPONSIBILITIES OF THE TRUSTEES

The Trustees are required by law to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Society and of its results for that period. In preparing those financial statements, the Trustees have undertaken, and will continue to undertake the following:

- selected suitable accounting policies and then applied them consistently.
- made judgements and estimates that are reasonable and prudent.
- prepared the financial statements on a going concern basis unless it is inappropriate to assume that the Society will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Society and to enable them to ensure that the financial statements comply with the Companies Act 2006 and Charities Act 2011. The Trustees are satisfied that they have met, and they will continue to meet their responsibilities for safeguarding the assets of the Society and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. They can provide assurance that:

- the Society is operating efficiently and effectively.
- its assets are safeguarded against unauthorised use or disposition.
- proper records are maintained, and financial information used within the Society or for publication is reliable.
- the Society complies with its Memorandum and Articles of Association.
- the Society has actively pursued all of its objectives and policies throughout the year.

STATEMENT OF DISCLOSURE OF INFORMATION TO AUDITORS

The Trustees, who are the directors of the Society, who held office at the date of approval of this Annual Report, confirm that:

- so far as they are aware, there is no relevant audit information, information needed by the Society's auditors in connection with preparing their report, of which the Society's auditors are unaware; and
- they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Society's auditors are aware of that information.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2023

AUDITOR

The auditor Sayer Vincent will be proposed for re-appointment in accordance with Section 485 of the Companies Act 2006.

SMALL COMPANY RULES

This report has been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006.

It was approved by the Board of Directors and Trustees on 2 November 2023 and signed on its behalf:

Professor Adam Gordon
President of the Society, Chair of the Directors and the Trustee Board

Independent auditor's report

to the members of

The British Geriatrics Society

Opinion

We have audited the financial statements of The British Geriatrics Society (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2023 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2023 and of the group's 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 and 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 group financial statements section of our report. We are independent of the group and parent 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 The British Geriatrics Society 's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the group financial statements and our auditor's report thereon. Our opinion on the group 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.

Independent auditor's report

to the members of

The British Geriatrics Society

In connection with our audit of the group financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group 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 group financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- 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 group and the parent charitable company and their 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 and Charities Act 2011 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' 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 parent 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 group's and the parent 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 group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Independent auditor's report

to the members of

The British Geriatrics Society

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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 Finance and General Purposes committee, which included obtaining and reviewing supporting documentation, concerning the group'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 group 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 group 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

The British Geriatrics Society

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. 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 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. 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)

16 November 2023

for and on behalf of Sayer Vincent LLP, Statutory Auditor

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

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2023

	Note	Unrestricted £	Restricted £	Endowment £	2023 Total £	Unrestricted £	Restricted £	Endowment £	2022 Total £
Income from:									
Donations and legacies		1,312	15,000	-	16,312	1,264	-	-	1,264
Charitable activities									
Membership Subscriptions		558,588	-	-	558,588	540,989	-	-	540,989
Professional Development & Events		346,300	153,543	-	499,843	239,141	46,900	-	286,041
Age & Ageing Journal		387,564	-	-	387,564	383,583	-	-	383,583
Education & Research		13,363	-	-	13,363	26,546	-	-	26,546
Other		11,506	-	-	11,506	8,460	-	-	8,460
Investments	2	80,289	26,322	-	106,611	68,043	16,500	-	84,543
		<u>1,398,922</u>	<u>194,865</u>	<u>-</u>	<u>1,593,787</u>	<u>1,268,026</u>	<u>63,400</u>	<u>-</u>	<u>1,331,426</u>
Expenditure on:									
Charitable activities									
Membership Services	3a	141,461	-	-	141,461	117,294	-	-	117,294
Professional Development & Events	3a	622,783	168,096	-	790,879	430,024	51,900	-	481,924
Digital & Print Publications	3a	166,178	-	-	166,178	155,004	-	-	155,004
Education & Research	3a	312,525	72,577	-	385,102	252,553	33,335	-	285,888
Policy Influencing & Communications	3a	181,355	-	-	181,355	166,957	-	-	166,957
Total expenditure		<u>1,424,302</u>	<u>240,673</u>	<u>-</u>	<u>1,664,975</u>	<u>1,121,832</u>	<u>85,235</u>	<u>-</u>	<u>1,207,067</u>
Net income / (expenditure) before net gains / (losses) on investments		(25,380)	(45,808)	-	(71,188)	146,194	(21,835)	-	124,359
Net gains / (losses) on investments		(141,789)	(16,940)	(16,348)	(175,077)	285,510	45,355	26,177	357,042
Net income / (expenditure) for the year	5	(167,169)	(62,748)	(16,348)	(246,265)	431,704	23,520	-	481,301
Transfers between funds		161,280	(161,280)	-	-	-	-	-	-
Net income / (expenditure) before other recognised gains and losses		(5,889)	(224,028)	(16,348)	(246,265)	431,704	23,520	-	481,401
Net movement in funds		(5,889)	(224,028)	(16,348)	(246,265)	431,704	23,520	-	481,401
Reconciliation of funds:									
Total funds brought forward		<u>4,135,253</u>	<u>930,269</u>	<u>327,875</u>	<u>5,393,397</u>	<u>3,703,549</u>	<u>906,749</u>	<u>301,698</u>	<u>4,911,996</u>
Total funds carried forward		<u>4,129,364</u>	<u>706,241</u>	<u>311,527</u>	<u>5,147,132</u>	<u>4,135,253</u>	<u>930,269</u>	<u>327,875</u>	<u>5,393,397</u>

The notes on pages 29 onwards form part of these financial statements.

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

As at 31 March 2023

	Note	The group 2023 £	2022 £	Society 2023 £	2022 £
Fixed assets:					
Tangible assets	10	792,641	772,186	792,641	772,186
Investments	11	3,689,329	4,064,405	3,689,429	4,064,505
		4,481,970	4,836,591	4,482,070	4,836,691
Current assets:					
Debtors	14	331,694	237,723	315,718	269,716
Short term deposits		415,000	339,658	415,000	339,658
Cash at bank and in hand		671,261	558,846	496,855	449,724
		1,417,955	1,136,227	1,227,573	1,059,098
Creditors: amounts falling due within one year	15	(752,793)	(579,421)	(562,614)	(502,495)
Net current assets / (liabilities)		665,162	556,806	664,959	556,603
Total net assets / (liabilities)		5,147,132	5,393,397	5,147,029	5,393,294
Funds:					
Permanent Endowment	17a	311,527	327,875	311,527	327,875
Restricted funds	17a	706,241	930,269	706,241	930,269
Unrestricted income funds:					
Designated funds	17a	1,356,193	1,115,892	1,356,193	1,115,892
Revaluation reserve	17a	205,337	347,126	205,337	347,126
General funds	17a	2,567,834	2,672,235	2,567,731	2,672,132
Total unrestricted funds		4,129,364	4,135,253	4,129,261	4,135,150
Total Charity Funds		5,147,132	5,393,397	5,147,029	5,393,294

The financial statements which have been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006, were approved and authorised for issue by the Board on 2 November 2023 and signed on their behalf by

Professor Adam Gordon
President of the Society, Chair of the Directors and the Trustee Board

The notes on pages 32 onwards form part of these financial statements

Consolidated statement of cash flows

For the year ended 31 March 2023

	Note	2023 £	£	2022 £	£
Cash flows from operating activities					
Net (expenditure)/ income for the reporting period (as per the statement of financial activities)		(246,265)		481,401	
Depreciation charges		28,907		34,743	
(Gains)/losses on investments		175,077		(357,042)	
Dividends, interest and rent from investments		(106,611)		(84,543)	
(Increase)/Decrease in short term deposits		(75,342)		(339,658)	
(Increase)/Decrease in debtors		(93,971)		(841)	
Increase/(decrease) in creditors		173,372		80,732	
Net cash provided by / (used in) operating activities			(144,833)		(185,208)
Cash flows from investing activities:					
Dividends, interest and rents from investments		106,611		84,543	
Proceeds from the sale of investments		200,000		3,676,335	
Purchase of investments		-		(3,591,335)	
Proceeds from the sale of fixed assets		-		-	
Purchase of fixed assets		(49,362)		(33,735)	
Net cash (used in) /provided by investing activities			257,249		135,808
Change in cash and cash equivalents in the year			112,416		(49,400)
Cash and cash equivalents at the beginning of the year			558,846		608,246
Change in cash and cash equivalents due to exchange rate movements			-		-
Cash and cash equivalents at the end of the year	a		671,262		558,846
Analysis of cash and cash equivalents and of net debt					
		At 1 April 2022 £	Cash flows £	Other non- cash changes £	At 31 March 2023 £
Cash at bank and in hand	1	558,846	112,416	-	671,262
a Total cash and cash equivalents		558,846	112,416	-	671,262

1 Accounting policies

a) Statutory information

The British Geriatrics Society is a charitable company limited by guarantee and is incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given in the charity information on page 3 of these financial statements. The nature of the charity's operations and principal activities are detailed in the Trustees Report on page 5.

The registered office address and principal place of business is Marjory Warren House 31 St John's Square, London, EC1M 4DN.

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. The presentation currency is GBP rounded to the nearest pound.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary BGS (Trading) Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

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 only income stream to be significantly affected by COVID-19 was professional development and event activities, the surplus from which is covenanted to the charitable company, from its trading subsidiary. The knock on effects of COVID-19 continue to impact delegates' study leave and study budgets, which compounded by workforce pressures and industrial action in the NHS, schools and transport sectors, make it harder for people to attend BGS events. However income has covered expenditure on events in 2022/23 and Trustees are confident this will continue to be the case.

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.

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

e) Income

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

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

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.

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.

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:

1 Accounting policies (continued)

Expenditure on charitable activities includes the costs of delivering services, exhibitions and other educational activities 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) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

j) Allocation of support costs

Support costs are costs related to those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the Society's programmes and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The basis on which support costs have been allocated are set out in note 5.

k) Operating leases

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

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

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:

▪ Fixtures and Fittings	10 years
▪ Office Equipment	5 years
▪ Computer Equipment	3 years

Depreciation is not charged on the freehold property since it has an indefinitely long useful life and is maintained to a high standard.

m) 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 and any excess of fair value over the historic cost of the investments will be shown as a fair value reserve in the balance sheet. 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.

n) Investments in subsidiaries

Investments in subsidiaries are at cost.

o) 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.

p) Short term deposits

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

q) 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.

r) 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.

1 Accounting policies (continued)

s) 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.

t) Pensions

The Society operates a scheme to contribute a defined amount to individual employees' pension schemes and the pension charge represents the amount payable by the Society to the various schemes in respect of the year.

2 Income from investments

	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Income from listed investments	77,408	16,456	93,864	67,550	15,787	83,337
Interest receivable on cash deposits	2,881	9,866	12,747	493	713	1,206
	80,289	26,322	106,611	68,043	16,500	84,543

3a Analysis of expenditure (current year)

	Charitable activities						2023 Total £	2022 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Policy Influencing & Communications £	Operational Support £		
Staff costs (Note 6)	103,310	246,451	130,090	85,657	129,222	156,113	850,843	753,237
Membership costs	7,431	-	-	-	-	-	7,431	2,459
Event costs	-	371,179	-	-	-	-	371,179	140,460
E Learning	-	1,500	-	-	-	-	1,500	-
Grants, Fellowships, Awards & Prizes	-	-	-	89,927	-	-	89,927	61,662
Newsletters & Publications	-	-	-	33,371	-	-	33,371	32,579
Age & Ageing	-	-	-	47,311	-	-	47,311	33,293
BGS commissioned research	-	-	-	45,206	-	-	45,206	8,427
Communications	-	-	-	-	12,749	-	12,749	8,018
Website development & support	-	-	-	-	-	21,361	21,361	8,425
Trustee and other committee meeting costs	-	-	-	-	-	19,070	19,070	4,484
Premises costs	-	-	-	-	-	17,566	17,566	16,110
Office costs	-	-	-	-	-	58,581	58,581	53,033
ICT costs	-	-	-	-	-	59,973	59,973	50,137
Depreciation	-	-	-	-	-	28,907	28,907	34,743
	110,741	619,130	130,090	301,472	141,971	361,571	1,664,975	1,207,067
Governance & Support costs	30,720	171,750	36,088	83,630	39,383	(361,571)	-	-
Total expenditure 2023	141,461	790,879	166,178	385,102	181,355	-	1,664,975	
Total expenditure 2022	117,294	481,924	155,004	285,888	166,957	-	1,207,067	

3b Analysis of expenditure (prior year)

	Charitable activities						2022 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Policy Influencing & Communications £	Operational Support £	
Staff costs (Note 6)	83,609	213,166	113,739	73,817	114,492	154,414	753,237
Membership costs	2,459	-	-	-	-	-	2,459
Event costs	-	140,460	-	-	-	-	140,460
E Learning	-	-	-	-	-	-	-
Grants, Fellowships, Awards & Prizes	-	-	-	61,662	-	-	61,662
Newsletters & Publications	-	-	-	32,579	-	-	32,579
Age & Ageing	-	-	-	33,293	-	-	33,293
BGS commissioned research	-	-	-	8,427	-	-	8,427
Communications	-	-	-	-	8,018	-	8,018
Website development & support	-	-	-	-	-	8,425	8,425
Trustee and other committee meeting costs	-	-	-	-	-	4,484	4,484
Premises costs	-	-	-	-	-	16,110	16,110
Office costs	-	-	-	-	-	53,033	53,033
ICT costs	-	-	-	-	-	50,137	50,137
Depreciation	-	-	-	-	-	34,743	34,743
	86,068	353,626	113,739	209,778	122,510	321,346	1,207,067
Governance & Support costs	31,226	128,298	41,265	76,110	44,447	(321,346)	-
Total expenditure 2022	117,294	481,924	155,004	285,888	166,957	-	1,207,067

4 Analysis of grants and prizes

	Grants to individuals £	Grants to individuals – restricted £	2023 £	Grants to individuals £	Grants to individuals – restricted £	2022 £
Cost						
Doctoral Fellowship Scholarship	–	54,086	54,086	–	16,919	16,919
Specialist Registrar Research Start Up Grants	20,109	1,932	22,041	33,554	4,539	38,093
BGS Conference Grants	7,950	–	7,950	–	–	–
Awards and prizes	4,200	1,650	5,850	3,200	3,450	6,650
	<u>32,259</u>	<u>57,668</u>	<u>89,927</u>	<u>36,754</u>	<u>24,908</u>	<u>61,662</u>

5 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2023 £	2022 £
Depreciation of tangible fixed assets	28,907	34,743
Auditor's remuneration (excluding VAT):		
Audit	12,075	10,500
Tax advisory costs	410	3,305
	<u>41,392</u>	<u>48,548</u>

6 Analysis of staff costs, trustees' and key management personnel remuneration and expenses

Staff costs were as follows:

	2023 £	2022 £
Salaries and wages	684,676	615,281
Social security costs	70,546	64,626
Employer's contribution to defined contribution pension schemes	75,895	66,886
Other staff costs	19,726	6,444
	<u>850,843</u>	<u>753,237</u>

One employee earned more than £90,000 during the year (2022: none), no employee earned between £80,000 and £90,000 (2022:one) and two employees between £60,000 and £70,000 (2022 one).

The total employee benefits (including pension contributions and employer's national insurance) of the 3 key management personnel were £270,773 (2022:£253,262).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2022: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £5,074 (2022: £1,631) incurred by 9 (2022: 7) members relating to attendance at meetings of the trustees.

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 13 (2022:12). One staff member was employed part time for six months (2022:one)

Staff are split across the activities of the charitable company as follows (full time equivalent basis):

	2023 No.	2022 No.
Membership Services	3	2
Professional Development & Events	4	4
Digital & Print Publications	2	2
Education & Research	1	1
Policy Influencing & Communications	1	1
Operational Support	2	2
	13	12

8 Related party transactions

There are no related party transactions other than those which took place with the trading subsidiary (BGS Trading Limited), these have been fully disclosed in Note 14. The balance outstanding due from BGS Trading at the year end was £151,249 (2021:£116,455).

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

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary BGS Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was: nil.

10 Tangible fixed assets

The Group/ Charity	Freehold property £	Fixtures and fittings £	Computer equipment £	Total £
Cost				
At 1 April 2022	700,000	63,894	348,529	1,112,423
Additions in year	–	9,200	40,162	49,362
Disposals in year	–	–	(1,734)	(1,734)
At 31st March 2023	700,000	73,094	386,957	1,160,051
Depreciation				
At 1 April 2022	–	29,053	311,184	340,237
Charge for the year	–	5,302	23,605	28,907
Eliminated on disposal	–	–	(1,734)	(1,734)
At 31st March 2023	–	34,355	333,055	367,410
Net book value				
At 31st March 2023	700,000	38,739	53,902	792,641
At 1 April 2022	700,000	34,841	37,345	772,186

All of the above assets are used for charitable purposes.

11 Listed investments

	The group		Society	
	2023	2022	2023	2022
	£	£	£	£
Fair value at the start of the year	4,064,405	3,792,363	4,064,405	3,792,363
Additions at cost	-	3,591,335	-	3,591,335
Disposal proceeds	(200,000)	(3,676,335)	(200,000)	(3,676,335)
Net gain / (loss) on change in fair value	(175,076)	357,042	(175,076)	357,042
	3,689,329	4,064,405	3,689,329	4,064,405
Investment in Subsidiary	-	-	100	100
Fair value at the end of the year	3,689,329	4,064,405	3,689,429	4,064,505
Historic cost at the end of the year	3,591,335	3,791,335	3,591,335	3,791,335
Investments comprise:				
	The group		Society	
	2023	2022	2023	2022
	£	£	£	£
UK Common investment funds	3,689,329	4,064,405	3,689,329	4,064,405
Investment in Subsidiary	-	-	100	100
	3,689,329	4,064,405	3,689,429	4,064,505

12 Subsidiary undertaking

The charity owns the whole of the issued ordinary share capital of BGS (Trading) Limited, a company registered in England. The company number is 02013195. The registered office address is Marjory Warren House, 31 St John's Square, London EC1M 4DN.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustees Dr Anne Hendry and Professor Sarah Goldberg together with the deputy treasurer Dr Elizabeth Lawn are also directors of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2023 £	2022 £
Turnover	500,323	294,191
Turnover from sales to parent undertaking	-	-
Cost of sales	(345,544)	(139,326)
Cost of sales related to purchases from parent undertaking	-	-
Gross profit/(loss)	154,779	154,865
Administrative expenses	(808)	(2,305)
Management charge payable to parent undertaking	(150,180)	(124,434)
Profit/(loss) on ordinary activities before interest and taxation	3,791	28,126
Interest receivable and similar income	-	17
Profit / (loss) on ordinary activities before taxation	3,791	28,143
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	3,791	28,143
Retained earnings		
Total retained earnings brought forward	-	-
Profit / (loss) for the financial year	3,791	28,143
Distribution under Gift Aid to parent charity	(3,791)	(28,143)
Total retained earnings carried forward	-	-
The aggregate of the assets, liabilities and reserves was:		
Assets	203	203
Liabilities	-	-
Reserves	203	203

Amounts owed to/from the parent undertaking are shown in note 16.

13 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2023 £	2022 £
Gross income	1,103,186	1,037,218
Result for the year	225,157	(28,222)

14 Debtors

	The group		Society	
	2023 £	2022 £	2023 £	2022 £
Trade debtors	101,709	40,170	2,005	-
Other debtors	16,988	1,064	16,988	1,064
Prepayments and accrued income	212,997	196,489	142,754	117,403
Amount due from subsidiary	-	-	153,971	151,249
	331,694	237,723	315,718	269,716

All debtors are due within the year.

15 Creditors: amounts falling due within one year

	The group		Society	
	2023	2022	2023	2022
	£	£	£	£
Trade creditors	95,761	47,883	71,205	46,051
Taxation and social security	56,140	37,137	28,834	28,941
Other creditors	3,729	4,805		4,805
Accruals	38,413	41,126	38,413	41,126
Deferred income	558,750	448,470	424,162	381,572
	752,793	579,421	562,614	502,495

16 Deferred income

Deferred income comprises subscription and event income relating to 2022/23 received in advance.

	The group		The charity	
	2023	2022	2023	2022
	£	£	£	£
Balance at the beginning of the year	448,470	439,842	381,572	389,150
Amount released to income in the year	(448,470)	(439,842)	(381,572)	(389,150)
Amount deferred in the year	558,750	448,470	424,162	381,572
Balance at the end of the year	558,750	448,470	424,162	381,572

17a Fund reconciliation (current year)

	At 1 April 2022 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2023 £
(a) Permanent Endowment						
MK Dhole Bequest	327,875	-	-	-	(16,348)	311,527
Restricted funds:						
(b) MK Dhole Income	520,094	24,442	(55,086)	-	(13,709)	475,741
(c) Bulpitt	69,707	1,880	-	-	(3,231)	68,356
(d) BUPA	20,869	-	(14,909)	(5,960)	-	-
(e) Rising Star fund (formerly Jim George Memorial fund)	250	15,000	(500)	-	-	14,750
(f) Research into Ageing	27,241	-	-	-	-	27,241
(g) Frailty in Acute Settings Restricted	16,709	-	-	-	-	16,709
Total research funds	654,870	41,322	(70,495)	(5,960)	(16,940)	602,797
(h) Special Interest Groups (SIGs):						
Cardiovascular	7,351	15,422	(14,779)	(7,994)	-	-
Falls and Bone Health	36,000	28,718	(21,626)	(43,092)	-	-
Movement Disorders	22,225	42,901	(51,014)	(14,112)	-	-
Frailty in Urgent Care Settings	3,309	24,064	(22,237)	(5,136)	-	-
Bladder & Bowel Health	11,443	14,854	(15,250)	(11,047)	-	-
Proactive care of older people	4,115	-	(384)	(3,731)	-	-
Dementia and Related Mental Health	1,337	-	-	(1,337)	-	-
Oncology	7,499	-	-	(7,499)	-	-
Total SIGs	93,279	125,959	(125,290)	(93,948)	-	-
(i) Devolved nations						
Scotland	57,016	3,939	(10,335)	-	-	50,620
Northern Ireland	9,295	888	(4,362)	-	-	5,821
Wales	53,143	17,613	(23,753)	-	-	47,003
Total devolved nations	119,454	22,440	(38,450)	-	-	103,444
English regions						
(j) Total English regions	62,666	5,144	(6,438)	(61,372)	-	-
Total restricted funds	930,269	194,865	(240,673)	(161,280)	(16,940)	706,241
Unrestricted funds:						
Designated funds:						
(k) Fixed Asset fund	772,185	-	-	20,456	-	792,641
(l) Designated SIG Grant fund	-	-	-	76,598	-	76,598
(m) Designated Grants fund	20,835	-	(32,259)	73,939	-	62,515
(n) Healthcare in Care Homes fund	300,000	-	(30,297)	-	-	269,703
(o) BGS Development fund	22,872	-	(18,136)	150,000	-	154,736
Total designated funds	1,115,892	-	(80,692)	320,993	-	1,356,193
(p) Revaluation reserve	347,126	-	-	-	(141,789)	205,337
General funds	2,672,132	1,398,922	(1,343,610)	(159,713)	-	2,567,731
Non-charitable trading funds						
(q) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	4,135,253	1,398,922	(1,424,302)	161,280	(141,789)	4,129,364
Total funds	5,393,397	1,593,787	(1,664,975)	-	(175,077)	5,147,132

17a Fund reconciliation (current year continued)

(a) **The Dhole Permanent Endowment Fund**

The Permanent Endowment Fund relates to the Dr MK Dhole bequest which was provided to enable any investment income arising on the bequest to be applied for the provision of an award for the most deserving published work of medical research appertaining to the needs of aged people. Any remainder income is to be used for the provision, endowment and financing of scholarships, fellowships and lectureships of all kinds connected with research in the field of geriatric medicine.

Purposes of restricted funds

- (b) The M K Dhole Income Fund is a restricted fund that receives the income from the Dhole Permanent Endowment Fund. It is used to fund the annual Dhole–Eddlestone Memorial Prize of £1,000 for a paper published in Age and Ageing during the previous calendar year. From 2020/21 it has also been used to fund the Joint Dunhill Medical Trust BGS Doctoral Training Fellowship Scholarship. (Note 22). The total awarded by 31 March 2023 but not paid was £485,534, (31 March 2021: £239,620).
- (c) The Bulpitt Fund is used to fund up to two essay prizes of £400 each awarded every year by the Cardiovascular Section. No prizes were awarded in 2022/23 (2021/22: £800).
- (d) The BUPA Fund is used to: (a) produce and publish clinical guidance on the assessment and management of pain in older people, and (b) other clinical guidance relating to the healthcare of older people with frailty, and (c) remaining funds to be spent on BGS research grants. From 2021/22 it has been used to fund a Delphi exercise to inform a new BGS research strategy. At 31 March 2023 the fund was fully spent
- (e) The Rising Star fund (formerly The Jim George Memorial fund) was originally established using a donation received in memory of Jim George. The fund has received two donations during the year: £5,000 from the family of Jin George and £10,000 from the family of Dr John Dall. The fund is used to fund two annual winners of the BGS Rising Star Awards. £500 was awarded in 2022/23 (2021/22: £500).
- (f) Research into Ageing Fund – funds research which informs and influences the ageing research agenda to make it clinically relevant and meaningful to the lives of older people.
- (g) The Frailty in Acute Settings Fund was established using money donated by a member who wishes to be consulted before significant spending is made. It was used to support the Frailsafe project, now complete. There was no movement on this fund in 2022/23 (2021/22 Nil).
- (h) The Special Interest Groups (SIG's) are restricted in so far as they are to be used by the relevant SIG for charitable purposes in the particular special interest field. Funds from SIGs which are no longer active are transferred into the designated grants fund; £12,567, 2022/23 (2021/22: £Nil). From 1 April 2023 it has been agreed with SIG chairs that SIG income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining SIG reserves were transferred on 31 March 2023 to a new designated account "SIG grants" and will be protected for SIG grants for five years as agreed.
- (i) The devolved nation funds are restricted in so far as they are to be used by the relevant devolved nation for charitable purposes.
- (j) The English regions funds are restricted in so far as they are to be used by the BGS English regions for charitable purposes. From 1 April 2023 English region income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining English region reserves were transferred on 31 March 2023 to the designated grants fund and will be protected for grants for five years as agreed.

Purposes of designated funds

- (k) The Fixed Asset Fund, was designated to assist in identifying those funds that are not free funds. It represents the net book value of tangible assets and includes Marjory Warren House, the Society's registered office.
- (l) The designated SIGs grants fund was established on 31 March 2023 by designating surplus SIG reserves of £ 76,598 as explained in note (h) above. It fund grants, prizes and awards related to a SIG . The overall aim of the fund is to give grants to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement; The rejuvenated SIG's grants, prizes and awards programme will be relaunched in 2023/24.
- (m) The designated grants fund was established to fund grants, prizes and awards . The overall aim of grants is to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement. The Society's grants, prizes and awards programme was relaunched in 2022/23. On 31 March 2023 remaining English region reserves of £61,372 were transferred into this fund as explained in note (j) as were remaining reserves from SIG's which were no longer active of £12,567,2022/23 (2021/22: £Nil) as explained in note (h).
- (n) Healthcare in Care Homes funds. This is a three year project beginning in April 2022 on the delivery of healthcare in care homes, building on the Society's publication, Ambitions for Change. It will be a cross-organisational project ranging from influencing policy decisions to workforce and curriculum development to promoting BGS membership to care home staff.
- (o) The BGS development fund was established for future projects, such as further development of the BGS website, eLearning and other "cloud" resources to support members. An additional £150,000 was designated by Trustees in October 2022 to fund an upgrade and further development of BGS website.
- (p) The revaluation reserve fund represents the accumulated unrealised gain net of losses on the Society's listed general investments. In the prior year all investments held at CCLA in accumulation and income units of the COIF Charities Investment Fund were sold and proceeds were immediately used to purchase equivalent COIF Charities Ethical Investment Fund units. As a result, the revaluation reserve relating to CCLA units was realised and the balance of £1,055,921 transferred into general funds.
- (q) The charitable trading fund is the general fund of the trading company.

17b Fund reconciliation (prior year)

	At 1 April 2022 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2021 £
(a) Permanent Endowment						
MK Dhole Bequest	301,698	-	-	-	26,177	327,875
Restricted funds:						
(b) MK Dhole Income	483,137	14,696	(17,919)	-	40,180	520,094
(c) Bulpitt	63,528	1,804	(800)	-	5,175	69,707
(d) BUPA	29,296	-	(8,427)	-	-	20,869
(e) Jim George Memorial Fund	750	-	(500)	-	-	250
(f) Research into Ageing	27,241	-	-	-	-	27,241
(g) Frailty in Acute Settings Restricted	16,709	-	-	-	-	16,709
Total research funds	620,661	16,500	(27,646)	-	45,355	654,870
(h) Special Interest Groups (SIGs):						
Cardiovascular	6,986	11,134	(10,769)	-	-	7,351
Falls and Bone Health	32,082	17,971	(14,053)	-	-	36,000
Movement Disorders	27,764	-	(5,539)	-	-	22,225
Frailty in Urgent Care Settings	3,309	-	-	-	-	3,309
Bladder & Bowel Health	11,443	-	-	-	-	11,443
Proactive care of older people	4,499	-	(384)	-	-	4,115
Dementia and Related Mental Health	1,337	-	-	-	-	1,337
Oncology	7,499	-	-	-	-	7,499
Total SIGs	94,919	29,105	(30,745)	-	-	93,279
(i) Devolved nations						
Scotland	59,077	2,773	(4,834)	-	-	57,016
Northern Ireland	12,413	206	(3,324)	-	-	9,295
Wales	56,881	2,865	(6,603)	-	-	53,143
Total devolved nations	128,371	5,844	(14,761)	-	-	119,454
(j) Total English regions	62,798	11,951	(12,083)	-	-	62,666
Total restricted funds	906,749	63,400	(85,235)	-	45,355	930,269
	At 1 April 2022 £	Income £	Expenditure £	Transfers £	Investment gains £	At 31 March 2023 £
Unrestricted funds:						
Designated funds:						
(k) Fixed Asset fund	773,194	-	-	(1,009)	-	772,185
(l) M A Kuck research fund	9,505	-	(9,505)	-	-	-
(m) Designated grants fund	48,084	-	(27,249)	-	-	20,835
Health in Care Homes fund						
(o)	-	-	-	300,000	-	300,000
(o) BGS Development fund	46,905	-	24,034	-	-	22,871
	-	-	-	-	-	-
Total designated funds	877,688	-	60,788	298,991	-	1,115,892
(p) Revaluation reserve	1,117,537	-	-	1,055,921	285,510	347,126
General funds	1,708,220	1,268,026	1,061,044	756,930	-	2,672,132
Non-charitable trading funds						
(q) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	3,703,549	1,268,026	(1,121,832)	-	285,510	4,135,253
Total funds	4,911,996	1,331,426	(1,207,067)	-	357,042	5,393,397

With the exception of the note below relating to a fund closed during 2021/22, the narrative to explain the purpose of each fund has been given in Note 17a.

- (l) The M A Kuck Research Fund, was designated to recognise the monies received from the estate of the late Dr M A Kuck, a former member, for research fellowships. It has latterly been used to fund Specialist Registrar Research Start Up Grants. £9,505 was awarded in 2021/22, (2020/21 £29,237). The fund was fully paid out by 31 March 2022.

18a Analysis of net assets between Funds (current year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	-	792,641	-	-	792,641
Investments	2,635,762	269,703	472,337	311,527	3,689,329
Cash	143,508	293,849	233,904	-	671,261
Other current assets / liabilities	(6,099)	-	-	-	(6,099)
Total	2,773,171	1,356,193	706,241	311,527	5,147,132

18b Analysis of net assets between Funds (prior year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	-	772,186	-	-	772,186
Investments	3,247,252	-	489,278	327,875	4,064,405
Cash	74,149	43,706	440,991	-	558,846
Other current assets / liabilities	(2,040)	-	-	-	(2,040)
Total	3,319,361	815,892	930,269	327,875	5,393,397

19 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.

20 Doctoral Fellowship Scholarships

BGS and Dunhill Medical Trust agreed to share equally the costs of one Doctoral Fellowship Scholarship annually for a period of up to three years starting in 2019/20. All three fellowships have now been awarded with a total commitment to BGS of £276,946 of which £185,534 remains at 31 March 2023. Each fellowship is held at an appropriate UK research institution.

BGS and Dunhill Medical Trust agreed a second series of three Doctoral Fellowship Scholarships starting in 2022/23. The total cost to BGS will not exceed £450,000. In March 2023 BGS and Dunhill Medical Trust agreed to fund an additional scholarship in this series, making the total cost of the second series £600,000. There were no payments relating to this series in 2022/23

Total remaining commitments are shown in the table below.

	Committed for first series £	Committed for second series £	Total Commitment £
2023/24	38,189	84,181	122,370
2024/25	53,896	91,107	145,003
2025/26	46,725	187,500	234,225
2026/27	46,724	137,500	184,224
2027/28	-	99,712	99,712
	185,534	600,000	785,534

THE BRITISH GERIATRICS SOCIETY

England & Wales - Charity number 268762

Accounts



British Geriatrics Society
Improving healthcare
for older people

THE BRITISH GERIATRICS SOCIETY
(A Company Limited by Guarantee)
REPORT OF THE TRUSTEES
AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 March 2022

Charity registration number: 268762
Company registration number: 1189776 (England and Wales)

The British Geriatrics Society

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For the year ended 31 March 2022

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The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2022

CHARITY REGISTRATION NUMBER	268762
COMPANY REGISTRATION NUMBER	1189776 (England & Wales)
TRUSTEES	
President	Dr Jennifer Burns
President-Elect	Professor Adam Gordon
Honorary Secretary	Dr Anne Hendry (appointed 20 November 2021) Dr David Attwood (demitted 20 November 2021)
Honorary Treasurer	Professor Sarah Goldberg
Chair BGS England Council	Dr Mike Azad
Chair BGS Northern Ireland Council	Dr Mark Roberts (demitted 14 June 2022) Dr Gerrard Sloan (appointed 14 June 2022)
Chair BGS Scotland Council	Dr Rowan Wallace (appointed 01 October 2021) Dr Alan McKenzie (demitted 13 September 2021)
Chair BGS Wales Council	Dr Sam Abraham (appointed 30 April 2021) Dr Sandip Raha (demitted 30 April 2021)
Chair BGS Trainees Council	Dr Sangam Malani (appointed 20 November 2021) Dr Carly Welch (demitted 20 November 2021)
Chair BGS Nurses and AHPs Council	Dr Esther Clift (appointed 20 November 2021) Ms Lucy Lewis (demitted 20 November 2021)
Lay Trustee	Ms Rose Gray (demitted 28 July 2022) Mr Nicholas Pahl (appointed 28 July 2022)
Lay Trustee	Mr David Crundwell (demitted 01 August 2022)
CHIEF EXECUTIVE OFFICER	Ms Sarah Mistry

The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2022

PRINCIPAL AND REGISTERED OFFICE	Marjory Warren House 31 St John's Square London EC1M 4DN
AUDITOR	Sayer Vincent LLP, Invicta House, 108-114 Golden Lane, London EC1Y 0TL
BANKERS	Santander UK plc 2 Triton Square, Regent's Place, London NW1 3AN Flagstone Investment Management Ltd Clareville House, 26-27 Oxendon St, London SW1Y 4EL
INVESTMENT ADVISERS	CCLA Fund Managers Limited Senator House 85 Queen Victoria Street London EC4V 4ET

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2022

The Trustees are pleased to present their annual report for the year ended 31 March 2022, under the Companies Act 2006 and the Charities Act 2011, together with the audited financial statements for that year, and confirm that they comply with the requirements of the Acts and the Charities SORP (FRS 102). The report and accounts have also been prepared to fulfil the requirements for a Director's Report for the purposes of company law.

OBJECTS AND MISSION

Charitable Objects

The Society was established in 1947 to serve the healthcare needs of older people living with frailty - a large and increasing sector of the UK and world population. The Society's objects, as set out in the Memorandum of Association, are 'the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons.'

Charitable mission

In line with the Objects, the Society's charitable mission is to improve healthcare for older people.

We pursue our Objects and mission through the objectives and activities set out in the section below.

OBJECTIVES AND ACTIVITIES, INCLUDING PUBLIC BENEFIT

Our objectives, which we refer to as our 'specific aims' are to

- Inspire students and trainees to specialise in the care of older people, and to support their education, training, clinical effectiveness and career development;
- Promote high standards of clinical quality through conferences, meetings, information, good practice guidance, and educational and training opportunities;
- Encourage the sharing of learning and best practice, both within and across relevant disciplines;
- Promote research into the healthcare of older people, facilitating access to research and opportunities to generate research;
- Act as the informed policy voice regarding educational curricula; clinical standards; research; effective commissioning practice and health policy regarding the treatment and care of older people across the UK;
- Raise awareness among healthcare professionals of the role of 'living well' in preventing disease in old age.

These aims are translated through our 20-23 Strategic Plan into five strategic objectives. We describe achievements later in this report under these five areas.

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Trustees' Report

For the year ended 31 March 2022

Principal activities

Our aims and objectives are met through delivery of a set of activities, as follows:

- national, regional and special interest meetings to share research and clinical best practice;
- publishing approved research papers, clinical guidance and resources;
- promoting research, education and training in all aspects of healthcare for older people;
- providing expert input into the formulation of policy relevant to the care of older people.

Below, we look at each of these in turn with reference to the 'public benefit' test.

Public benefit

The Society's overall purpose is to improve healthcare for older people, chiefly by driving up standards of NHS healthcare for older people across the UK through the member services and activities described below. The ultimate beneficiaries of our work are older people with frailty and other complex health needs who benefit from improved NHS healthcare from physicians, nursing staff and allied health professionals whose knowledge, understanding and confidence are being raised through the activities of the Society. This public benefit is accessible free of charge through NHS services for older people. Older patients are by far the largest population group using NHS services, whether in the community or in hospitals.

The fact that people are living longer lives is a great success story. It comes with many positive dimensions, which should be roundly celebrated, but also brings major challenges. Research published in January 2018 estimates that between 2015 and 2035, the prevalence of multi-morbidity (multiple diagnoses of chronic illness) is set to increase, with the proportion of those diagnosed with four or more illnesses almost doubling; two thirds of those with four or more illnesses will have mental ill-health, such as depression, dementia, and other forms of cognitive impairment. People over 65 already account for approximately two thirds of the primary care prescribing budget, between a third and half of all NHS hospital admissions, and two thirds of all acute inpatient bed days. For the foreseeable future, health professionals working with older people will see the complexity of their patients' health issues increase, with greater incidence of frailty, multi-morbidity, 'polypharmacy' (multiple medication regimens), physical dependency, and cognitive impairment. Achieving the right combination of social care and healthcare, at the right time and in the right place, for the growing numbers of older people with frailty and multi-morbidity is one of the defining public service issues of our time. Our Society rises to this challenge by uniting specialists in all aspects of healthcare for older people. As such we believe we have a vital role to play as a source of expertise and as an advocate and enabler of improved patient care.

As we illustrate below, the trustees have had regard to the Charity Commission's guidance on public benefit when reviewing the Society's aims and objectives, overseeing the delivery of the service activities which flow from them, and planning its future activities:

National, regional, and special interest meetings

Our meetings are explicitly intended to improve patient care. They provide demonstrable benefit by improving the knowledge and skills of geriatricians and other healthcare professionals caring for older people, whether in NHS hospitals, in primary care or in the community. Each year the Society holds two major national conferences which provide Society members and other healthcare professionals with the opportunity to share their research and clinical best practice. All submitted abstracts are subject to rigorous peer review prior to acceptance as either platform presentations or posters. The meetings provide a forum for Continuing Professional Development (CPD), which follows a five-year cycle to ensure that all

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For the year ended 31 March 2022

pertinent clinical topics within the speciality of geriatric medicine are regularly examined. Included in the meetings are guest lectures and sessions presented by the Society's Special Interest Groups (SIGs). In addition to the national conferences, regional meetings and specialist conferences are held to address topical and/or sub-specialist issues. Some of these are undertaken through partnership working with other specialist societies and charitable organisations.

Publication of research and clinical guidance

The Society publishes best practice statements, guidance on clinical quality, tools, and resources, which are freely available on its website. This information is widely used as a source of authoritative guidance for healthcare professionals and lay people alike. Through the expertise of our 16 Special Interest Groups covering a wide range of topics related to geriatric medicine, we keep these resources up to date in order to meet the needs of our members and others with an interest in current developments and evidence on the healthcare of older people.

Healthcare professionals in the UK and across the world benefit from peer-reviewed scientific papers, which the BGS publishes in its official journal. *Age and Ageing* is published by Oxford University Press and is made available online to the Society's members as part of their membership package, and also to paid subscribers. We operate an optional open access model, sometimes called Green Open Access, and the journal is fully compliant with the Research Councils UK and the Wellcome Trust open access policies. Our practice is to make a number of key papers from each edition available as free downloads, and after one year, all articles on the journal website become free to access and download. *Age and Ageing* has a worldwide reputation for publishing refereed original articles and commissioned reviews on geriatric medicine and gerontology. It has become increasingly influential among geriatrics and gerontology publications.

Promotion of research, education, and training

Providing high-quality healthcare to older people with complex health needs relies upon keeping abreast of latest evidence regarding prevention, treatment, and care, and indeed adding to that evidence base. The promotion of academic and research activity in relation to older people and the translation of findings into clinical practice is one of the Society's core aims. The Society delivers much of its education and training through scientific meetings. During the last year, the COVID-19 pandemic has necessitated moving these events wholly online, which has enabled busy healthcare professionals to have ready access to high-quality content, live and after the event.

An important part of the promotion of research, education and training is the Society's funding of grants and fellowships to those who work in the field of geriatric medicine and more generally the healthcare of older people. These support healthcare professionals to acquire new knowledge and skills, which are then shared and applied to the care of the older population across the UK.

Providing expert input into the formulation of policy relevant to the care of older people

The Society aims to provide expert input to the development of policy at a national level within the four nations of the UK. The Society provides comment, responses, and information to a variety of agencies including Government and parliamentary bodies, NHS England and its equivalents in the other nations, the Department of Health and Care in each of the four countries of the United Kingdom, the National Institute for Health and Care Excellence (NICE), the Care Quality Commission and other professional bodies. Senior officers represent the Society's positions in print and media. The Society has an active social media presence

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Trustees' Report

For the year ended 31 March 2022

including a BGS blog, Twitter accounts for the Society and for *Age and Ageing*, a Facebook page and LinkedIn pages.

ACHIEVEMENTS AND PERFORMANCE

Our strategic planning cycle

BGS has adopted a fixed, three-year planning cycle. For each year of each strategic plan, strategic objectives are flowed through into annual operational plans, and from there to individual staff members' objectives so that everyone in the staff team is aware of their specific contribution to achieving the organisation's vision for its future. The annual operational plan and accompanying annual budget are presented to the Trustees Board for approval before the start of each year and reported against at quarterly Trustee Board meetings by means of key performance indicators.

20-23 Strategy

The current BGS Strategic Plan runs for three years from 1 April 2020 to 31 March 2023. The Strategy sets out five objectives in pursuit of the Society's mission to improve healthcare for older people.

These are:

1. To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improved practice.

Intended outcome: By 2023, we will have contributed to better healthcare for older people by developing and promoting tools, guidance and standards which are widely used and shared by clinicians and other healthcare professionals in their practice.

2. To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education.

Intended outcome: By 2023, we will have contributed to relevant curricula, and developed new courses and learning opportunities to enhance the uptake, quality and relevance of education and training in geriatric medicine and healthcare for older people.

3. To promote research into older people's health and healthcare, and its application to clinical settings.

Intended outcome: By 2023, we will be a recognised convener for research opportunities, research skills and dissemination of research evidence into practice, and will be publishing our high-impact journal, *Age and Ageing*, via a sustainable model.

4. To influence policymakers, commissioners, and health professionals by being an informed advocate and authority on older people's healthcare.

Intended outcome: By 2023, we will be known for our authoritative policy voice which will have influenced the development of older people's healthcare policy at national and regional level across the NHS in the UK.

5. To ensure the BGS is a robust, dynamic, sustainable organisation.

Intended outcome: By 2023, we will be a strong, collaborative charity and medical society of more than 4,500 members with a financially sound business model and a thriving multi-disciplinary ethos.

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The Strategic Plan also includes three cross-cutting themes: a) stronger regions; b) stronger digital; c) stronger community. These three themes are applied across the different objectives.

The Trustees reviewed the Strategic Plan at their awayday in July 2021, at roughly the midpoint of the three-year Strategy. They discussed a rebalancing of priorities in light of the COVID-19 pandemic, and agreed that workforce should be added as a fourth cross-cutting theme.

21/22 Context

The year 2021/22, covered in this report, continued to be dominated by the global COVID-19 pandemic. The number of deaths in the UK of people over 65 declined, thanks to an effective vaccination campaign, infection control and better treatments. But older people recovering from COVID-19 continued to suffer from its after-effects. Many of those who were shielding or isolated at home became less mobile, had worsening frailty and experienced mental ill-health. Family visits for residents of care homes and in-patients continued to be restricted for much of the year, and COVID-19 outbreaks occurred periodically with the rise of new variants and relaxation of public protection measures.

BGS members were at the frontline, managing those with the infection, whether admitted to hospital or cared for elsewhere, and also responding to older people's ongoing health issues associated with frailty and multi-morbidity. The backlog of delayed appointments and elective care has created a significant challenge for the NHS as it seeks to rebuild services. During 21/22, delayed discharges from hospital owing to staff shortages in social care caused capacity problems in acute care. Long waiting times, overcrowded Emergency Departments and older people stuck in hospital despite being medically fit for discharge continued despite the implementation of a 'discharge to assess' policy and investment in community services. All this has created an immensely challenging operating environment for an exhausted workforce.

The BGS continues to be extremely proud of the commitment and dedication of its multidisciplinary members working in acute, primary and community care. Showing both professionalism and compassion, they cared tirelessly for large numbers of older people with COVID-19, provided much of the physician cover for the general medical take in hospitals, and implemented new models of community care. Many were redeployed from their usual roles and had training and education programmes disrupted. Their experiences are captured in two BGS workforce reports, 'Through the visor 1 and 2' which underline the pressure felt by our members, and the toll on their wellbeing. The Society acknowledges the unstinting efforts of our members to provide high-quality care throughout the pandemic and beyond, and to support older people and their families at such a challenging time.

As reported previously, the COVID-19 pandemic has served to bring our community closer together. The BGS's role in offering practical support and resources, spaces for peer support, and an authoritative voice providing expert information to professionals and the public and speaking out against ageist policies has grown over the last year, and the Society's profile is higher than ever before. Membership numbers continued to rise past 4600 at the peak during 2021/22. We have seen diversification with more people joining from the care home sector, physician associates and pharmacists, as well as growth from our more traditional member sectors, including trainee doctors and GPs, nurses and Allied Healthcare Professionals (AHPs).

BGS members, and in particular honorary office bearers, namely, the trustees, deputies, Vice Presidents, Council and committee members, and the officers of our Special Interest Groups, continue to contribute a huge amount to our mission. We are very grateful for their voluntary efforts, particularly given the other demands on them during the pandemic. Much of the detailed work carried out by the Society is led and delivered by them, and we are deeply indebted to them for finding the time and energy to contribute their expertise to improving healthcare for older people across the UK through the work of the BGS. While this is a huge

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For the year ended 31 March 2022

asset, restrictions on study leave, study budgets and external commitments have made it even harder for them to devote time to the BGS this year.

The BGS also has a strong and committed staff team of twelve, which supports the membership and coordinates the activities set out below.

Geographically, BGS's principal focus is the UK, and maintaining genuine UK-wide reach remains one of our core concerns, particularly as health is a devolved responsibility and health and social care services therefore vary between England, Scotland, Wales, and Northern Ireland. We value the different perspectives of our members from across the UK and work hard to share learning, foster connections, and benefit from cross-country comparisons.

The BGS has overseas members and its website resources are accessed by health professionals from across the globe. The BGS developed a bid to host the European Geriatric Medicine Society (EuGMS) Congress in September 2021 and were successful in securing the opportunity to be the local host. In light of the COVID-19 pandemic, the decision was made by the EuGMS to delay the Congress in London by one year, to 28-30 September 2022. This is a prestigious opportunity, and the Trustees have been keen to ensure that risks and benefits are well-managed, and that the partnership arrangements are appropriate for the capacity of the BGS. During 21/22, past BGS President Prof Tash Masud has been leading work to develop the academic programme, and the BGS has been supporting the EuGMS and its conference provider, Aristeia, to prepare for the London Congress as a hybrid meeting, combining in-person and online attendance.

Performance against strategic objectives

In the rest of this section the Trustees describe achievements during 2021/22 against the Society's strategic objectives, as demonstrated by results and feedback.

Objective 1: 'To promote high standards of clinical quality in the healthcare of older people by developing and promoting knowledge and improved practice'

One of the crucial roles played by the Society is to enable those working with older people to have access to information, resources, and expertise on good practice across the span of older people's healthcare needs. The Vice President for Clinical Quality oversees the Clinical Quality Committee and the Society's work in promoting high standards of clinical quality.

The BGS has 16 Special Interest Groups (SIGs) serving as the Society's source of clinical innovation, articulating and maintaining high standards of clinical care, and disseminating specialist knowledge. During 2021 there were three successful one day-conferences held by the Cardiology, Falls and Bones, and Oncology SIGs, the latter co-badged with the Christie Hospital.

For the BGS Spring conference 2021, the Dementia SIG organised a whole day's programme and the Medicines Optimisation SIG organised two sessions. At the BGS Autumn conference 2021, the Cardiology, Movement Disorders and Community Geriatrics SIGs organised all-day sessions and the Falls and Bones SIG organised falls and orthogeriatric sessions. Members of the then Community Geriatrics SIG submitted video case studies. 28 of these were shown at the Autumn Meeting and have subsequently been used by NHS England/DHSC to promote Ageing Well successes. These are available on the BGS website.

The Community Geriatrics SIG has now merged with the BGS Geri-GP group to form a new BGS group, the Community and Primary Care Group. A new Trauma group has been established with 80 members as a subgroup of the Falls and Bones SIG.

The SIGs responded to 13 consultations from various bodies including the National Institute for Health and Care Excellence (NICE), Royal College of Nurses, the Medicines and Healthcare

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Products Regulatory Agency, the Royal College of Physicians and All-Party Parliamentary Groups.

The Centre for Perioperative Care, working in collaboration with the BGS POPS SIG, published guidance in September 2021 for the care of people living with frailty undergoing elective and emergency surgery, which encompasses the whole perioperative pathway.

New and popular online resources supporting high quality care for older people were developed this year with the help of the SIGs and the Clinical Quality Committee. These include the Delirium Hub, which was designed to help clinicians and carers navigate and contextualise evidence, guidance and best practice in the management of acute confusion in older people. In the first six months since its launch it has been accessed more than 6,000 times. Our page on COVID-19 vaccinations for older people has been regularly updated to reflect current programmes and advice across the four nations, and has seen more than 4,000 visits since the first vaccination information was made available in November 2020.

Providing a vital bridge between research and practice, links to relevant digital papers from *Age and Ageing* journal now appear across the BGS website to enable visitors to better access and understand the latest findings on topics which interest them.

Objective 2: 'To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education'

The Vice President for Education and Training oversees the BGS's education and professional development work. This includes ensuring geriatric medicine training for doctors is delivered through the appropriate curriculum and supported by accessible learning opportunities in the form of meetings, e-learning and other resources. While promoting the recruitment, retention and development of trainee doctors, the Education and Training Committee's remit also involves professional development for the wider multidisciplinary team. The growth of Advanced Clinical Practitioner roles, the recognition that older people's care cannot rely on specialists alone and the provision for Less than Full Time working arrangements are all examples of ways in which workforce shortages are being overcome.

The BGS has a reputation for delivering high-quality educational meetings. Owing to the COVID-19 pandemic, these have taken place during 2021/22 by live-streaming to online participants. Aiming for relevant, attractive content and excellent speakers, the meetings provide clinical education, research updates and service delivery based upon a rolling Continuing Professional Development (CPD) calendar and curricula for those specialising in older people's healthcare. We have adapted the traditional meeting format given COVID-19 restrictions and study leave constraints.

In 2021/22, we delivered our Spring and Autumn meetings, two Special Interest Group meetings, three national meetings, a conference for foundation year and internal medicine trainees and 12 regional meetings – all virtually. We also ran several free-to-access webinars. These virtual meetings received overwhelmingly positive feedback and were successfully delivered live, as well as made available for 12 months after the event on demand. Over 5,500 attendees attended BGS events in this year.

We aim to ensure the substantial BGS events offer continues to deliver an excellent delegate experience, with a hybrid format as standard for the main meetings and virtual delivery of webinars and other learning opportunities. However, we anticipate there will continue to be knock-on effects from the COVID-19 pandemic to delegates' study leave and study budgets in 2022/23.

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The BGS continues to offer two e-learning modules, on Frailty identification and intervention, and on Perioperative Care of Older People undergoing surgery. The Frailty eLearning module has had 776 people access the course, with King's College requesting access for 100 of their nurses starting in early 2022. 385 people have accessed the Perioperative care of older people e-learning module.

The BGS continued to collaborate with the Royal College of Physicians on the Diploma in Geriatric Medicine (DGM), promoting this to a wider audience including nurses, allied health professionals, physician associates and other healthcare professionals. We continue to collaborate with the Federation of Royal Colleges in the delivery of the Specialty Certificate Examination (SCE) in geriatric medicine. In February 2022, 298 candidates sat the SCE exam (in 2021, there were 202 candidates). The Federation and BGS are part of initial talks about the UK SCE being the basis of a European exam.

Objective 3: 'To promote research into older people's health and healthcare, and its application to clinical settings'

The Vice President for Academic Affairs oversees the Society's work to promote, enable, support, and communicate research which can ultimately improve the care of older people.

The research and clinical quality committees adjudicate the abstract submissions for the BGS bi-annual meetings. In autumn 2021, we had 15 platform presentations, 10 President's round presentations and 73 posters. The Research and Academic Committee (RADC) maintains a presence at the bi-annual conferences with sessions to help promote research and offer advice on subjects such as how to get started in research, how to write a research paper, and where to look for funding.

The BGS is funding two systematic reviewers to work on a Delphi exercise to inform a new BGS research strategy. This work started in late 2021 and is progressing well. It is hoped that we have a finalised strategy by Summer 2022.

The BGS co-funded its third Doctoral fellowship with the Dunhill Medical Trust in October 2021. These prestigious fully-funded fellowships enable clinicians to undertake doctoral research in topics relevant for older people's healthcare. The Trustees also agreed to co-fund a second round of three Fellowships from 2022.

The BGS's high-impact journal, *Age and Ageing*, had a highly successful year. It completed its transition to fully online publication and to monthly (from bi-monthly) online issues. In the last financial year, new digital features and functionality were deployed, and the journal website has benefited from a redesign which improves the reader experience and modernises the journal's offering to authors.

In the period 1 April 2021 to 31 March 22, the journal received 2,272 submissions, which is a 17% increase on the previous year. The journal accepted 274 articles for publication, which is a 5% decrease. This indicates that the increased output of Volume 50 (2021) will be sustained in Volume 51 (2022) but not increase further. Careful consideration has been given to ensure that standards of quality are maintained.

The Editorial Board has met the challenge of this recent rapid growth in volume with an expansion and diversification of Board membership to increase capacity and build resilience. Changes in the last year include the appointment of Nathalie van der Velde as Deputy Editor (remunerated role) and the creation of a new tier of six Senior Editors (honorary roles) who are sharing higher-level editorial decision making.

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The impact of material published in the journal has also increased significantly following a record number of high-quality submissions. The Impact Factor for the period to 31 March 2022 was 10.668 (up from 4.902). The usage rate in this period was 2.3 million article downloads, which is the same as last year. The subscriptions at 31 March 2022 were 7,149 (up from 6,851).

2022 is *Age and Ageing's* 50th year and to mark this achievement it is publishing a series of 24 expert commentaries on the development of healthcare for older people in the six different global regions and exploring 18 major illnesses and clinical problems faced by older people.

Objective 4: 'To influence policymakers, commissioners and healthcare professionals by being an informed advocate and authority on older people's healthcare'

2021/22 was another turbulent year in terms of the policy landscape, thanks to the ongoing COVID-19 pandemic, and the need for the NHS to begin the process of recovery and rebuilding of services. The BGS has continued to campaign for older people to receive high-quality joined-up care and to ensure that they do not miss out in the competition for post-pandemic NHS resources. We have continued to meet regularly with the National Clinical Director for Older People and have been pleased to see three BGS members appointed to key advisory roles at NHS England. Over the year there have been some promising developments, but equally a reduction in the funding for the Ageing Well (NHSE) programme. The failure of government to commit to a sustainable solution to the social care crisis means that many of the workforce issues remain a barrier to older people receiving the care and rehab they need at home. During 2021/22, elections were held in both Scotland and Wales and we produced manifestos for each election. As a result of this, we met with Julie Morgan MS, Deputy Minister for Social Services in Wales, and Ms Morgan recorded a message for our Wales meeting in Autumn 2021.

The COVID-19 pandemic exposed some of the challenges facing the delivery of healthcare in care homes. In response to this, we published *Ambitions for Change*, setting out what good healthcare in care homes should look like. The Trustee Board also approved funding of £300,000 for a three-year strategic project focusing on healthcare for older people in care homes and we recruited a Care Homes Fellow to lead this project.

The impact of the pandemic on the workforce has continued to be significant and in July 2021 we published our second 'Through the Visor' report, detailing a further survey of our members about their experiences in the second wave of the pandemic. This report highlighted the impact of the pandemic on the emotional and mental health of our members and their families. One of the big challenges this year has been the delayed discharge of older people who get stuck in hospital even though they are medically fit for discharge because care is not available to them in the community. We sought to highlight this issue through a 'Timely Discharge' blog series, about which we wrote to the Secretary of State for Health and Social Care.

The policy focus in all four countries of the UK has been on strengthening community and primary care services and developing alternatives to hospital. The BGS contributed to the design of NHSE's Urgent Community Response programme and in August 2021, we published 'Right Time, Right Place' to help our members to navigate this new landscape of care. Subsequently there has been an announcement of significant funding for virtual wards, some of which is intended for older people with frailty to receive acute care while based at home. The BGS will publish a report on frailty virtual wards in June 22, built from the experience of our members in delivering Hospital@home services across the UK and analysis of the challenges and opportunities they are encountering in seeking to reduce avoidable hospital admissions or to facilitate timely discharge from hospital.

As a small society, the BGS works collaboratively with others to achieve its goals. The BGS is part of the Health Inequalities Alliance, led by the RCP. It is an active member of the

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Trustees' Report

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Community Rehabilitation Alliance, and contributes to the Health for Care Alliance, pushing for a social care solution. BGS members reviewed and contributed to reports produced by other health bodies during 21/22, such as NHS Benchmarking and GIRFT. We are mindful that the different needs of older people with frailty and multi-morbidity are sometimes overlooked in a medical infrastructure designed around single conditions.

During 21/22, BGS spokespeople appeared on a number of high-profile media outlets including BBC London News, BBC 'You and Yours' programme, BBC Radio 4 'Inside Health', the Guardian, the Daily Mail and the GM Journal. The BGS was mentioned 425 times in the media between 1 April 2021 and 31 March 2022. During this period @gerisoc saw a 15% increase in its number of followers on Twitter from 26.6k to 30.6k. The top tweet during this period earned 136,533 impressions, 5,031 engagements, 599 likes and 429 retweets. The traffic to the BGS blog received 113,091 unique page views. The top performing BGS Blog during this period was 'Atypical COVID-19 presentations in older people – the need for continued vigilance' with 7,903 page views.

The BGS website has become ever more central to the way the Society delivers its core message, with traffic remaining high as healthcare professionals seek the latest up-to-date information on conditions affecting older people, and access our events, streamed online. This continues to be important with the pressures of the pandemic and its recovery, which is reflected in the 1.2 million website hits the website is now attracting annually.

Key resources available on the website include the BGS Frailty and Delirium Hubs, which have become go-to resources for practitioners involved in the care of older people, helping to link up evidence, guidance, health services and learning. The Silver Book II, a multi-disciplinary and international collaborative publication focusing on urgent care in older people with frailty, is available in an interactive format via the BGS website. Other popular resources include the End of Life Care in Frailty series, made up of more than 20 chapters addressing and providing guidance on the final stages of life of older people with frailty. Resources offering support and information on the pandemic recovery, including regularly-updated pages on vaccination and rehabilitation, have also proved popular.

The BGS Newsletter is a valued member benefit which is published in hard copy print format every second month and mailed to all members, offering a space to reflect, connect and unwind. It helps members to keep abreast of developments within the BGS, as well as more widely in the field of geriatric medicine. In late 2021 the publication underwent a rebrand a redesign, with a new name – AGenda – reflecting the move towards themed issues and a focus on bringing together some of the key topics and issues in geriatric medicine. It also continues to provide an opportunity for Officers, SIGs, Councils and other BGS groups to highlight their areas of work and promote engagement with BGS activities including policy influencing, events and resources available via the website.

Some of the Society's key **publications and resources** during this period have included:

- Delirium Hub
- Through the visor 2: Further learning from member experiences during COVID-19
- Our manifesto for the Northern Ireland Assembly election 2022
- Ambitions for change: improving healthcare in care homes
- Right Time, right place: Urgent community-based care for older people
- COVID-19: Vaccinations and older people
- COVID-19: Preventing nosocomial infection in older people
- COVID-19: Health and care staff wellbeing

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2022

- Keeping older people safe and well at home

The BGS responded to the following **consultations**:

- Royal College of Emergency Medicine- Acute Behavioural Disturbance Guidance
- Electronic Palliative Care Coordination Systems information standard: update
- Medicines and Healthcare products Regulatory Agency - Invitation to review and feedback on haloperidol communication
- Call for written evidence - All-Party Parliamentary Groups on Hospice and End of Life Care
- National Institute for Health and Care (NICE) Research: Multiple long-term conditions should not be a barrier to hip replacement surgery
- NICE draft guideline consultation: Multidisciplinary Team Decision Making – Heart Valve Disease Guidelines
- NICE consultation: Antidepressant prescribing and dementia
- NICE consultation: Long COVID-19
- NICE consultation: Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults
- NICE draft guideline consultation: Hypertension in adults: diagnosis and management
- NICE draft guideline consultation: Stroke and transient ischaemic attack in over 16s

The following **press releases and statements** were published:

- 14 April 2021: BGS launches COVID-19 second wave survey
- 22 April 2021: Our manifesto for the 2021 Scottish Parliament election
- 22 April 2021: Our manifesto for the Senedd election 2021
- 25 April 2021: Interview with BGS Special Medal Winner Bex Townley
- 25 April 2021: Doctoral Training Fellowship offers frontline health professionals the opportunity to undertake age-related research
- 11 May 2021: BGS responds to the Queen's Speech 2021
- 26 May 2021: Professor Adam Gordon awarded prestigious William Farr Medal by the Worshipful Society of Apothecaries
- 3 June 2021: BGS supports change to 14-day isolation policy for care home residents
- 1 July 2021: BGS urges new Health Secretary to consider complex health needs of older people
- 2 July 2021: Age and Ageing's 'Journal Impact Factor' more than doubles following a record number of high-quality submissions
- 20 July 2021: BGS calls for public support of #NotTooMuchToMask campaign
- 22 July 2021: 'Through the visor 2' – second report highlights continuing toll of the COVID-19 pandemic on healthcare professionals
- 31 July 2021: BGS responds to assertions in Telegraph article
- 10 August 2021: 'Ambitions for change' - Report on improving healthcare in care homes launched
- 17 August 2021: 'Right time, right place: Urgent community-based care for older people' – new BGS report launched
- 8 September 2021: BGS responds to Prime Minister's announcement on health and social care funding
- 15 September 2021: BGS voices support for primary care following criticism
- 24 September 2021: BGS responds to report 'Good for you, good for us, good for everyone'
- 24 September 2021: Call for examples of transformation, innovation and improvement
- 6 October 2021: BGS responds to GIRFT's national report on geriatric medicine

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2022

- 13 October 2021: BGS responds to report 'Coronavirus: lessons learned to date'
- 21 October 2021: Age and Ageing journal publishes new care homes collection
- 28 October 2021: BGS responds to Budget 2021
- 11 November 2021: BGS responds to findings of international study on health outcomes for older people
- 18 November 2021: BGS leads coalition of charities calling on Health Secretary to take immediate action on hospital discharge
- 24 November 2021: BGS Rising Star Award Winners: Dr Jenni Burton and Dr Mary Ni Lochlainn
- 24 November 2021: Dr Shelagh O'Riordan appointed as Professional Adviser to Discharge and Community Services team at NHS England
- 24 November 2021: BGS launches new comprehensive delirium resource
- 24 November 2021: Second series of Doctoral Training Fellowships announced for frontline health professionals to undertake ageing-related research
- 24 November 2021: Professor John Starr posthumously awarded Marjory Warren Lifetime Achievement Award
- 3 December 2021: BGS responds to 'People at the Heart of Care: Adult Social Care Reform White Paper'
- 14 January 2022: Prestigious Dhole-Eddlestone Memorial Prize awarded to 'Recurrent delirium over 12 months predicts dementia: results of the Delirium and Cognitive Impact in Dementia (DECIDE) study'
- 31 January 2022: BGS supports RCP's call for investment in healthcare at home in Wales
- 4 February 2022: Second round of BGS/Dunhill Medical Trust Doctoral Fellowships for age-related research now open
- 3 March 2022: BGS welcomes RCP call for action against 'crisis in care' for older people
- 16 March 2022: New research published in Age and Ageing shows link between delirium and increased mortality
- 18 March 2022: BGS statement on the lifting of all COVID-19 restrictions
- 25 March 2022: BGS statement on family and friends visiting older people in care homes and hospitals

Objective 5: 'To ensure the BGS is a robust, dynamic, sustainable organisation'

The BGS continued to support its members through the second year of the pandemic, aiming to provide a strong community, practical information and learning opportunities, and an authoritative external voice to protect the interests of older people. Membership numbers rose to their highest level ever, 4684 at December 2021. Two new groups were established, for SAS doctors and for healthcare professionals working in Community and Primary Care (through a merger of the Community Geriatrics SIG and the GeriGPs Group). The Nurses and AHPs Council continued to grow in numbers and diversity, supporting their membership with three communities of practice: for Advanced Clinical Practitioners, Researchers and Leaders. A pilot scheme enabled nurses and AHPs to sample the benefits of BGS membership through their employer signing up for BGS group membership.

During 21/22, we continued the programme of modernising the BGS, taking forward a project to streamline grants and prizes. The BGS moved to cloud-based document storage and sharing. A green policy was instigated, with regular newsletters to members. The Board discussed equality, inclusion and diversity, recognising the unequal effects of the pandemic on older people and on the workforce. A project to document 'what good looks like' through a blueprint for older people's healthcare got underway. Technical work to enable us to livestream events through our website, rather than relying on an external platform, was completed in time for the Spring Meeting 2022.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2022

We achieved good progress against the Operational Plan for 21/22, the second year of our 2020/23 Strategic Plan, despite the challenges of the operating environment. Preparations were begun for the development of the 2023/26 Strategic Plan.

FINANCIAL REVIEW

Results for the year

Total income was £1,331,426, (2020/21: £1,163,935) and expenditure was £1,207,067, (2020/21: £1,133,141). The Society achieved an overall surplus before net gains on investments of £124,359, (2020/21: £30,794). Book gains on investments were £357,042, (2020/21: £712,838).

Analysis of income

	31 March 2022		31 March 2021	
	£	%	£	%
Membership Subscriptions	540,989	41%	518,231	45%
Professional Development & Events	286,041	21%	208,087	18%
Age & Ageing Journal	383,583	29%	357,825	31%
Other	36,270	3%	25,826	2%
Investment Income	84,543	6%	53,966	5%
	<u>1,331,426</u>	<u>100%</u>	<u>1,163,935</u>	<u>100%</u>

The principal funding sources for the Society remain membership subscriptions, professional development and events and the surplus arising from the Age and Ageing Journal.

The Society is pleased to have been able to increase its income from membership subscriptions for the last two years whilst not raising subscription rates. Income from professional development and events is still significantly impacted by the COVID-19 pandemic. No in-person events were held during the year.

The COVID-19 pandemic continued to reduce planned spend across many areas, especially professional development and events, office and premises expenses and committee member travel reimbursement.

Future financial plans

The trustees have agreed to use the MK Dhole Income Fund for a second series of three Doctoral Fellowship Scholarships jointly with Dunhill Medical Trust, starting in 2022/23. The total cost will be around £450,000.

The trustees have agreed that £300,000 should be designated to fund "Healthcare in Care Homes", a three-year project focusing on improving healthcare for care home residents.

The Society continues to develop its business model to allow delivery of events via a hybrid format of face to face and virtual meetings. In view of this, a contingency of £100,000 has been included in the 2022/23 budget. Allowing for this the Society expects to have an operational deficit of around £99,000 at 31 March 2023. The trustees have agreed that the Society is able to cover this potential additional cost out of reserves without impacting on delivery of the Strategic Plan. The Society expects to return to a break-even position on operational income and expenditure in 2023/24.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2022

Fundraising

The Society does not currently undertake public fundraising activities, but occasionally receives donations.

Investment Policy

The Memorandum and Articles of Association give the trustees the power to invest any surplus funds not immediately required by the Society in such investments, securities, or property as they think fit. The Trustees' policy has been to balance the requirement for capital growth of the endowment investments with maximising income for the Society. Investments are reviewed annually.

The Society does not invest directly in any one individual company. All its investments are held in specialist multi-asset charity funds at CCLA and M&G investments. Both funds have ethical investment policies which seek to meet the needs of charities investing in them. On 1 July 2021, after taking professional advice the Society further strengthened the environmental and ethical objectives of its holdings at CCLA by transferring all its holdings from the COIF Charities Investment Fund to the COIF Charities Ethical Investment Fund. This fund has the same long-term investment objective as the main fund but benefits from tighter ethical objectives.

The Society held listed investments of £4,064,405 at 31 March 2022 (2021: £3,792,363). The total unrealised gain was £357,042 (2021: £712,838).

Reserves Policy

The reserves policy of the Society is to hold unrestricted reserves (excluding designated funds), to a level representing at least one year's unrestricted expenditure budgeted for the following year to ensure that it has an adequate buffer to protect against future uncertainties. Unrestricted reserves above this level, including the revaluation reserve, are available to further the Society's strategic objectives.

The Trustees review the reserves of the Society as part of the budget-setting process to ensure they still meet the needs of the organisation and are sufficient to manage risks. The review involves an assessment of the income and expenditure streams, the Society's strategic objectives and the uncertainties it faces and the level of reserves.

The Trustees have designated funds to identify those unrestricted funds which are earmarked for specific purposes and hence not freely available. The value of designated funds at 31 March 2022 was £1,115,890 (2020/21: £877,689). Included in designated funds is £772,183 (2020/21: £773,194) which is equal to the value of the Society's fixed assets.

During the year all investments held at CCLA in the COIF Charities Investment Fund were sold and proceeds were immediately used to purchase equivalent COIF Charities Ethical Investment Fund units. As a result, the revaluation reserve relating to CCLA units - £1,055,921- was realised and transferred into general funds.

The Society finished 2021/22 with unrestricted reserves of £4,135,253, (20/21: £3,703,549) as analysed below.

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Trustees' Report

For the year ended 31 March 2022

Analysis of unrestricted reserves

	31 March 2022	31 March 2021	Increase	
	£	£	£	%
Designated expenditure	1,115,890	877,689	238,201	27
Required to cover budgeted unrestricted expenditure for the following year	1,415,650	1,290,000	125,650	10
Available to further the Society's strategic objectives	1,603,713	1,535,860	67,853	4
Total unrestricted funds	<u>4,135,253</u>	<u>3,703,549</u>	<u>431,704</u>	<u>12</u>

Arrangements for reviewing staff salaries

All staff are paid above the minimum living wage.

The Society operates a spine point system which provides for automatic salary progression for each staff member until the top of the relevant scale is reached. Pay for all staff is reviewed every five years using an independent HR agency to compare BGS staff salaries with the external market and ensure the Society's pay levels are appropriate and competitive. A review was carried out in December 2021. Its recommendations were approved by Trustees and will be implemented for all staff from 1 April 2022. The next review is due in 2026/27.

To protect the value of salaries from erosion due to inflation, a discretionary universal cost of living percentage increase may be awarded from the beginning of each new financial year on 1 April and the spine points adjusted accordingly.

Volunteers

The Society is reliant on the unpaid efforts of many of its members to achieve its objectives. These volunteers serve in many capacities (for example, as trustees, as officers of our regional committees, nation committees and Special Interest Groups; on internal committees and external working parties; as expert spokespeople, and as advisers on policy matters). They provide countless hours of work in furthering the charitable objectives of the Society without remuneration, and we are grateful and indebted to them for their tireless work.

Risk management

The Trustees are aware of their responsibility to ensure that the major risks to which the charity is exposed are identified and to establish systems to manage those risks. The Trustees have a policy on risk management and have procedures in place to mitigate risks. The task of identifying and monitoring the mitigation of the risks faced by the Society is delegated to the Finance and General Purposes Committee (Finance Committee). Trustees consider the minutes of each Finance Committee meeting, and review the full risk register once a year.

A risk register was established in 2014 to identify and assess both internal and external business risks and has been continually refined since then. Forty risks have been identified, clustered under the following headings:

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2022

- Governance and management
- Income
- Services and impact
- Resource management
- Financial strategy and management
- Reputational risk
- Regulatory and legal obligations

Under a rolling review process, the Finance Committee considered key sections of the risk register at every other meeting during the year. Internal control risks are mitigated by planning, systems of authorisation, budgeting, employment of suitably qualified staff, and established processes to support and manage the performance of staff members. External risks are identified by staff, officers and trustees, and assessed at staff, Finance Committee and Trustee Board meetings as appropriate, and major risks are also addressed in the Society's periodic Strategic Reviews. The Trustees are satisfied that the major risks identified have been adequately mitigated where necessary and that the Society has systems and procedures in place that are appropriate to the Society's size and nature of operations.

The most significant risks during 2021/22 remained those arising from the effects of the global COVID-19 pandemic. Older people were particularly badly affected by the pandemic and although the death rate dropped considerably during 21/22 thanks to vaccinations, infection prevention and better treatments, there were ongoing effects for older people of mental and physical deconditioning, and delayed care for chronic conditions. BGS members were at the forefront of the response and continued to play a vital role not only in care for older people but in responding to the general medical take in hospitals. An already exhausted workforce was under pressure to resume services and develop new ones, and all of this took place in an environment of staff shortages, NHS restructuring and a cooling of political and public support. In terms of risk for the Society, the Trustees were mindful of the need for the Society to stay relevant and valuable to its members at this time of crisis; to manage any financial risks from a loss of income; and to ensure the BGS had a strong voice to challenge the marginalisation of older people's needs in this competitive resource environment. The indications are that the Society continues to weather the situation well thanks to the stable income of membership fees and journal revenue. Events costs have been much reduced thanks to online delivery (though some cancellation charges were incurred), offsetting the loss of income. The BGS has produced helpful resources, maintained its educational offerings, had a visible policy and media presence and enabled a strong sense of community. Risks noted by the Trustees are the pressures on NHS staff, making it harder for them to commit to the additional demands of BGS work; and some vulnerability of the staff team through sickness absences. Mitigations for both of these issues have been explored.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

The Society is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association were adopted on 7 November 1974, and the Articles were last amended on 24 November 2017.

Governing Body

The Trustees are the governing body of the Society and the directors of the limited company. They comprise the President, President-Elect, Honorary Secretary, Honorary Treasurer, Chairs of the national Councils for England, Northern Ireland, Scotland and Wales, Chair of the Trainees Council, Chair of the Nurses and Allied Health Professionals Council, and two lay trustees who bring broader business planning expertise. The Trustees meet four times per annum, including a full day facilitated workshop to explore long-term planning issues. The

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2022

Trustees are familiar with the Charity Governance Code, and observe the principles of good governance set out in that document and in the BGS Board terms of reference.

The Society's committees include Finance and General Purposes Committee; Policy and Communications Committee; Education and Training Committee, and its sub-committees for Meetings and Events and for Workforce; Clinical Quality Committee; Research and Academic Development Committee, and the *Age and Ageing* Editorial Board and its Executive Committee. There are also committees for the Trainees Council, Nurses and AHPs Council, nation councils, SIGs and England regions.

The current trustees are shown on page 2 above. The directors of the wholly-owned subsidiary company, BGS (Trading) Limited, who served during the year were Dr David Attwood (resigned 20 November 2021), Professor Sarah Goldberg, Dr Elizabeth Lawn, and Dr Anne Hendry (appointed 20 November 2021).

Trustee recruitment and appointment

The President, Honorary Secretary and Honorary Treasurer are Society members who succeed automatically to their roles having previously been nominated and elected by the membership as President-Elect, Deputy Honorary Secretary and Deputy Honorary Treasurer respectively. They each serve a 2-year term with the exception of the Honorary Treasurer who serves for 3 years in order to ensure continuity. Chairs of National Councils are ex officio members of the Trustee Board appointed by the relevant nation. The Chairs of the Trainees Council and the Nurses and Allied Health Professionals Council are also ex officio and appointed by their Councils for a 2-year term. The two lay trustees are recruited externally through an open process and serve for up to two 2-year terms.

Our Trustee Induction and Training policy guides the orientation process for new trustees. New trustees receive a comprehensive induction pack and meet with key officers and staff to acquaint them with the Society's policies and practice, its aims and activities, management and governance, and also what is expected of them under charity law and company law. All trustees give their time voluntarily and receive no benefits from the Society. Any expenses reclaimed from the Society are disclosed in note 8.

A register of directors' interests is maintained and updated annually, and declarations of any potential conflicts of interest are required at the commencement of each Trustee Board meeting. Any trustee/director with a potential conflict of interest with a particular topic within a meeting declares it and takes no further part in the discussion or vote on that topic.

Group Structure

The Society has a wholly owned, non-charitable trading subsidiary, BGS (Trading) Limited, a company incorporated in England and Wales (No. 2013195). BGS (Trading) Limited accounts for the income and expenditure from scientific conferences and exhibitions. The subsidiary covenants its taxable profit at each year-end to the Society. Further details of BGS (Trading) Limited's financial results for the year ended 31 March 2022 can be found in note 12.

REFERENCE AND ADMINISTRATIVE DETAILS

The name of the charity is the British Geriatrics Society, and it is frequently abbreviated as the BGS. The Society is a registered charity (No 268762) and is constituted as a company (No. 1189776) limited by guarantee. The trustees/directors, professional advisers and principal and registered office are set out on pages 2 - 3 above.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2022

RESPONSIBILITIES OF THE TRUSTEES

The Trustees are required by law to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Society and of its results for that period. In preparing those financial statements, the Trustees have undertaken, and will continue to undertake the following:

- selected suitable accounting policies and then applied them consistently.
- made judgements and estimates that are reasonable and prudent.
- prepared the financial statements on a going concern basis unless it is inappropriate to assume that the Society will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Society and to enable them to ensure that the financial statements comply with the Companies Act 2006 and Charities Act 2011. The Trustees are satisfied that they have met, and they will continue to meet their responsibilities for safeguarding the assets of the Society and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. They can provide assurance that:

- the Society is operating efficiently and effectively.
- its assets are safeguarded against unauthorised use or disposition.
- proper records are maintained, and financial information used within the Society or for publication is reliable.
- the Society complies with its Memorandum and Articles of Association.
- the Society has actively pursued all of its objectives and policies throughout the year.

STATEMENT OF DISCLOSURE OF INFORMATION TO AUDITORS

The Trustees, who are the directors of the Society, who held office at the date of approval of this Annual Report, confirm that:

- so far as they are aware, there is no relevant audit information, information needed by the Society's auditors in connection with preparing their report, of which the Society's auditors are unaware; and
- they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Society's auditors are aware of that information.

AUDITOR

The auditor Sayer Vincent will be proposed for re-appointment in accordance with Section 485 of the Companies Act 2006.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2022

SMALL COMPANY RULES

This report has been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006.

It was approved by the Board of Directors and Trustees on 29 October 2022 and signed on its behalf:

Dr Jennifer Burns
President of the Society, Chair of the Directors and the Trustee Board

Independent auditor's report

to the members of

The British Geriatrics Society

Opinion

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

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2022 and of the group's 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 and 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 group financial statements section of our report. We are independent of the group and parent 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 The British Geriatrics Society's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the group financial statements and our auditor's report thereon. Our opinion on the group 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.

Independent auditor's report

to the members of

The British Geriatrics Society

In connection with our audit of the group financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group 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 group financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- 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 group and the parent charitable company and their 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 and Charities Act 2011 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' 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 parent 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 group's and the parent 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 group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Independent auditor's report

to the members of

The British Geriatrics Society

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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 audit and risk committee, which included obtaining and reviewing supporting documentation, concerning the group'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 group 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 group 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

The British Geriatrics Society

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. 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 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. 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)

Date 31 October 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor

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

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2022

	Note	Unrestricted £	Restricted £	Endowment £	2022 Total £	Unrestricted £	Restricted £	Endowment £	2021 Total £
Income from:									
Donations and legacies		1,264	-	-	1,264	6,225	-	-	6,225
Charitable activities									
Membership Subscriptions		540,989	-	-	540,989	518,231	-	-	518,231
Professional Development & Events		239,141	46,900	-	286,041	155,605	52,482	-	208,087
Age & Ageing Journal		383,583	-	-	383,583	357,825	-	-	357,825
Education & Research		26,546	-	-	26,546	6,191	-	-	6,191
Other		8,460	-	-	8,460	10,622	2,788	-	13,410
Investments	2	68,043	16,500	-	84,543	38,718	15,248	-	53,966
		<u>1,268,026</u>	<u>63,400</u>	<u>-</u>	<u>1,331,426</u>	<u>1,093,417</u>	<u>70,518</u>	<u>-</u>	<u>1,163,935</u>
Expenditure on:									
Charitable activities									
Membership Services	3a	117,294	-	-	117,294	131,445	-	-	131,445
Professional Development & Events	3a	430,024	51,900	-	481,924	406,381	21,178	-	427,559
Digital & Print Publications	3a	155,004	-	-	155,004	155,692	-	-	155,692
Education & Research	3a	252,553	33,335	-	285,888	155,539	22,436	-	177,975
Policy Influencing & Communications	3a	166,957	-	-	166,957	240,470	-	-	240,470
Total expenditure		<u>1,121,832</u>	<u>85,235</u>	<u>-</u>	<u>1,207,067</u>	<u>1,089,527</u>	<u>43,614</u>	<u>-</u>	<u>1,133,141</u>
Net Income / (expenditure) before net gains / (losses) on Investments		146,194	(21,835)	-	124,359	3,890	26,904	-	30,794
Net gains / (losses) on investments		285,510	45,355	26,177	357,042	579,695	81,475	51,668	712,838
Net Income / (expenditure) for the year	5	431,704	23,520	26,177	481,401	583,585	108,379	51,668	743,632
Transfers between funds		-	-	-	-	59,845	(59,845)	-	-
Net Income / (expenditure) before other recognised gains and losses		431,704	23,520	26,177	481,401	643,430	48,534	51,668	743,632
Net movement in funds		431,704	23,520	26,177	481,401	643,430	48,534	51,668	743,632
Reconciliation of funds:									
Total funds brought forward		3,703,549	906,749	301,698	4,911,996	3,060,118	858,215	250,030	4,168,363
Total funds carried forward		<u>4,135,253</u>	<u>930,269</u>	<u>327,875</u>	<u>5,393,397</u>	<u>3,703,549</u>	<u>906,749</u>	<u>301,698</u>	<u>4,911,996</u>

The notes on pages 30 onwards form part of these financial statements.

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

The British Geriatrics Society

Balance sheets

Company no. 1189776

As at 31 March 2022

	Note	The group 2022 £	2021 £	Society 2022 £	2021 £
Fixed assets:					
Tangible assets	10	772,186	773,194	772,186	773,194
Investments	11	4,064,405	3,792,363	4,064,505	3,792,463
		4,836,591	4,565,557	4,836,691	4,565,657
Current assets:					
Debtors	14	237,723	236,882	269,716	235,808
Short term deposits		339,658	–	339,658	–
Cash at bank and in hand		558,846	608,246	449,724	562,022
		1,136,227	845,128	1,059,098	797,830
Creditors: amounts falling due within one year	15	(579,421)	(498,689)	(502,495)	(451,593)
Net current assets / (liabilities)		556,806	346,439	556,603	346,237
Total net assets / (liabilities)		5,393,397	4,911,996	5,393,294	4,911,893
Funds:					
Permanent Endowment	17a	327,875	301,698	327,875	301,698
Restricted funds	17a	930,269	906,749	930,269	906,749
Unrestricted income funds:					
Designated funds	17a	1,115,892	877,689	1,115,892	877,689
Revaluation reserve	17a	347,126	1,117,537	347,126	1,117,537
General funds	17a	2,672,235	1,708,323	2,672,132	1,708,220
Total unrestricted funds		4,135,253	3,703,549	4,135,150	3,703,446
Total Charity Funds		5,393,397	4,911,996	5,393,294	4,911,893

The financial statements which have been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006, were approved and authorised for issue by the Board on 29 October 2022.

Signed on behalf of the board of trustees by

Dr Jennifer Burns
President of the Society, Chair of the Directors and the Trustee Board

The notes on pages 30 onwards form part of these financial statements

The British Geriatrics Society

Consolidated statement of cash flows

For the year ended 31 March 2022

	Note	2022 £	£	2021 £	£
Cash flows from operating activities					
Net (expenditure)/ income for the reporting period (as per the statement of financial activities)		481,401		743,632	
Depreciation charges		34,743		49,089	
(Gains)/losses on investments		(357,042)		(712,838)	
Dividends, interest and rent from investments		(84,543)		(53,966)	
(Increase)/Decrease in short term deposits		(339,658)		-	
(Increase)/Decrease in debtors		(841)		11,457	
Increase/(decrease) in creditors		80,732		39,024	
Net cash provided by / (used In) operating activities			(185,208)		76,398
Cash flows from investing activities:					
Dividends, interest and rents from investments		84,543		53,966	
Proceeds from the sale of investments		3,676,335		-	
Purchase of investments		(3,591,335)		-	
Proceeds from the sale of fixed assets		-		-	
Purchase of fixed assets		(33,735)		(17,684)	
Net cash (used In) /provided by investing activities			135,808		36,282
Change in cash and cash equivalents in the year			(49,400)		112,680
Cash and cash equivalents at the beginning of the year		608,246		495,566	
Change in cash and cash equivalents due to exchange rate movements		-		-	
Cash and cash equivalents at the end of the year	a		558,846		608,246
Analysis of cash and cash equivalents and of net debt					
		At 1 April 2021 £	Cash flows £	Other non- cash changes £	At 31 March 2022 £
Cash at bank and in hand		608,246	(49,400)	-	558,846
a Total cash and cash equivalents		608,246	(49,400)	-	558,846

1 Accounting policies

a) Statutory information

The British Geriatrics Society is a charitable company limited by guarantee and is incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given in the charity information on page 3 of these financial statements. The nature of the charity's operations and principal activities are detailed in the Trustees Report on page 5.

The registered office address and principal place of business is Marjory Warren House 31 St John's Square, London, EC1M 4DN.

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. The presentation currency is GBP rounded to the nearest pound.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary BGS (Trading) Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

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 only work stream to have been significantly affected by COVID is professional development and events, the surplus from which is covenanted to the charitable company, from its trading subsidiary. Following a comprehensive risk assessment in consultation with the Society's Trustees, all BGS events will be delivered via a virtual format until at least May 2022 when events will transition to a hybrid model. It is expected that income will at least cover expenditure.

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.

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

e) Income

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

Income 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.

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:

Expenditure on charitable activities includes the costs of delivering services, exhibitions and other educational activities 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.

1 Accounting policies (continued)

i) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

j) Allocation of support costs

Support costs are costs related to those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the Society's programmes and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The basis on which support costs have been allocated are set out in note 5.

k) Operating leases

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

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

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:

• Fixtures and Fittings	10 years
• Office Equipment	5 years
• Computer Equipment	3 years

Depreciation is not charged on the freehold property since it has an indefinitely long useful life and is maintained to a high standard.

m) 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 and any excess of fair value over the historic cost of the investments will be shown as a fair value reserve in the balance sheet. 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.

n) Investments in subsidiaries

Investments in subsidiaries are at cost.

o) 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.

p) Short term deposits

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

q) 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.

r) 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.

s) 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.

t) Pensions

The Society operates a scheme to contribute a defined amount to individual employees' pension schemes and the pension charge represents the amount payable by the Society to the various schemes in respect of the year.

2 Income from investments

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Income from listed investments	67,550	15,787	83,337	38,370	15,248	53,618
Interest receivable on cash deposits	493	713	1,206	348	=	348
	68,043	16,500	84,543	38,718	15,248	53,966

3a Analysis of expenditure (current year)

	Charitable activities							2021 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Influencing & Communications £	Operational Support £	2022 Total £	
Staff costs (Note 6)								
Memberships costs	83,609	213,166	113,739	73,817	114,492	154,414	753,237	735,938
Event costs	2,459	-	-	-	-	-	2,459	2,539
E Learning	-	140,460	-	-	-	-	140,460	97,603
Grants, Fellowships, Awards & Prizes	-	-	-	-	-	-	-	3,078
Newsletters & Publications	-	-	-	61,662	-	-	61,662	51,673
Age & Ageing	-	-	-	32,579	-	-	32,579	33,706
BGS commissioned research	-	-	-	33,293	-	-	33,293	25,875
Communications	-	-	-	8,427	-	-	8,427	-
Website development & support	-	-	-	-	8,018	-	8,018	10,984
Trustee and other committee meeting costs	-	-	-	-	-	8,425	8,425	6,995
Premises costs	-	-	-	-	-	4,484	4,484	998
Office costs	-	-	-	-	-	16,110	16,110	13,526
ICT costs	-	-	-	-	-	53,033	53,033	51,638
Depreciation	-	-	-	-	-	50,137	50,137	49,499
	-	-	-	-	-	34,743	34,743	49,089
Governance & Support costs	86,068	353,626	113,739	209,778	122,510	321,346	1,207,067	1,133,141
	31,226	128,298	41,265	76,110	44,447	(321,346)	-	-
Total expenditure 2022	117,294	481,924	155,004	285,888	166,957	-	1,207,067	-
Total expenditure 2021	131,445	427,559	155,692	177,975	240,470	-	1,133,141	-

3b Analysis of expenditure (prior year)

	Charitable activities							2021 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research & Research £	Influencing & Communications £	Operational Support £	Policy	
Staff costs (Note 6)	92,480	208,394	112,547	69,074	111,175	142,268	735,938	
Membership costs	2,539	-	-	-	-	-	2,539	
Event costs	-	97,603	-	-	-	-	97,603	
E Learning	-	3,078	-	-	-	-	3,078	
Grants, Fellowships, Awards & Prizes	-	-	-	51,673	-	-	51,673	
Newsletters & Publications	-	-	-	33,706	-	-	33,706	
Age & Ageing	-	-	-	25,875	-	-	25,875	
Communications	-	-	-	-	7,195	-	7,195	
Conference attendance and external memberships	-	-	-	-	3,789	-	3,789	
Website development & support	-	-	-	-	-	6,995	6,995	
Trustee and other committee meeting costs	-	-	-	-	-	998	998	
Premises costs	-	-	-	-	-	13,526	13,526	
Office costs	-	-	-	-	-	51,638	51,638	
ICT costs	-	-	-	-	-	49,499	49,499	
Depreciation	-	-	-	-	-	49,089	49,089	
	95,019	309,075	112,547	180,328	122,159	314,013	1,133,141	
Governance & Support costs	36,426	118,484	43,145	69,129	46,829	(314,013)	-	
Total expenditure 2021	131,445	427,559	155,692	249,457	168,988	-	1,133,141	

4 Analysis of grants and prizes

Cost	Grants to individuals £	Grants to individuals – restricted £	2022 £	Grants to individuals £	Grants to individuals – restricted £	2021 £
Doctoral Fellowship Scholarship	-	16,919	16,919	-	20,406	20,406
Specialist Registrar Research Start Up Grants	33,554	4,539	38,093	22,284	-	22,284
Multi Year Masters Scholarship	-	-	-	1,703	-	1,703
Grant in support of "Later Life" Awards and prizes	3,200	3,450	6,650	3,000	-	3,000
				2,250	2,030	4,280
	36,754	24,908	61,662	29,237	22,436	51,673

5 Net Income / (expenditure) for the year

This is stated after charging / (crediting):

	2022 £	2021 £
Depreciation of tangible fixed assets		
Operating lease rentals	34,743	49,089
Auditor's remuneration (excluding VAT):	-	-
Audit		
Tax advisory costs	10,500	9,900
	3,305	6,105
	48,548	65,094

6 Analysis of staff costs, trustees' and key management personnel remuneration and expenses

Staff costs were as follows:

	2022 £	2021 £
Salaries and wages		
Social security costs	615,281	609,822
Employer's contribution to defined contribution pension schemes	64,626	64,381
Other staff costs	66,886	65,246
	6,444	(3,511)
	753,237	735,938

One employee earned more than £80,000 during the year (2021: none), No employee between £70,000 and £80,000 (2021:one) and one employee between £60,000 and £70,000 (2021: one).

The total employee benefits (including pension contributions and employer's national insurance) of the 3 key management personnel were £253,262 (2021: £249,383).

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

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £1,631 (2021: £143) incurred by 7 (2021: one) members relating to attendance at meetings of the trustees.

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 12 (2021: 12). One staff member was employed part time for three months

Staff are split across the activities of the charitable company as follows (full time equivalent basis):

	2022 No.	2021 No.
Membership Services	2	2
Professional Development & Events	4	4
Digital & Print Publications	2	2
Education & Research	1	1
Policy Influencing & Communications	1	1
Operational Support	2	2
	12	12

8 Related party transactions

There are no related party transactions other than those which took place with the trading subsidiary (BGS Trading Limited), these have been fully disclosed in Note 14. The balance outstanding due from BGS Trading at the year end was £151,249 (2021:£116,455).

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

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary BGS Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was: nil.

10 Tangible fixed assets

The Group/ Charity	Freehold property £	Fixtures and fittings £	Computer equipment £	Total £
Cost				
At 1 April 2021	700,000	74,087	326,916	1,101,003
Additions in year	-	-	33,735	33,735
Disposals in year	-	(10,193)	(12,122)	(22,315)
At 31st March 2022	700,000	63,894	348,529	1,112,423
Depreciation				
At 1 April 2021	-	34,090	293,719	327,809
Charge for the year	-	5,156	29,587	34,743
Eliminated on disposal	-	(10,193)	(12,122)	(22,315)
At 31st March 2022	-	29,053	311,184	340,237
Net book value				
At 31st March 2022	700,000	34,841	37,345	772,186
At 1 April 2021	700,000	39,997	33,197	773,194

All of the above assets are used for charitable purposes.

11 Listed Investments

	The group		Society	
	2022	2021	2022	2021
	£	£	£	£
Fair value at the start of the year				
Additions at cost	3,792,363	3,079,525	3,792,363	3,079,525
Disposal proceeds	3,591,335	-	3,591,335	-
Net gain / (loss) on change in fair value	(3,676,335)	-	(3,676,335)	-
	357,042	712,838	357,042	712,838
	<u>4,064,405</u>	<u>3,792,363</u>	<u>4,064,405</u>	<u>3,792,363</u>
Investment in Subsidiary	-	-	100	100
Fair value at the end of the year	<u>4,064,405</u>	<u>3,792,363</u>	<u>4,064,505</u>	<u>3,792,463</u>
Historic cost at the end of the year	<u>3,791,335</u>	<u>1,395,571</u>	<u>3,791,335</u>	<u>1,395,571</u>

Investments comprise:

	The group		Society	
	2022	2021	2022	2021
	£	£	£	£
UK Common investment funds	4,064,405	3,792,363	4,064,405	3,792,363
Investment in Subsidiary	-	-	100	100
	<u>4,064,405</u>	<u>3,792,363</u>	<u>4,064,505</u>	<u>3,792,463</u>

12 Subsidiary undertaking

The charity owns the whole of the Issued ordinary share capital of BGS (Trading) Limited, a company registered in England. The company number is 02013195. The registered office address is Marjory Warren House, 31 St John's Square, London EC1M 4DN.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustees Dr Anne Hendry (appointed 20 November 2021), Dr David Attwood (resigned 20 November 2021) and Professor Sarah Goldberg together with the deputy treasurer Dr Elizabeth Lawn are also directors of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2022 £	2021 £
Turnover	294,191	215,146
Turnover from sales to parent undertaking	-	-
Cost of sales	(139,326)	(97,297)
Cost of sales related to purchases from parent undertaking	-	-
Gross profit/(loss)	154,865	117,849
Administrative expenses	(2,305)	(1,521)
Management charge payable to parent undertaking	(124,434)	(115,601)
Profit/(loss) on ordinary activities before interest and taxation	28,126	727
Interest receivable and similar income	17	127
Profit / (loss) on ordinary activities before taxation	28,143	854
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	28,143	854
Retained earnings		
Total retained earnings brought forward	-	-
Profit / (loss) for the financial year	28,143	854
Distribution under Gift Aid to parent charity	(28,143)	(854)
Total retained earnings carried forward	-	-
The aggregate of the assets, liabilities and reserves was:		
Assets	203	203
Liabilities	-	-
Reserves	203	203

Amounts owed to/from the parent undertaking are shown in note 16.

13 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2022 £	2021 £
Gross income	1,037,218	1,065,117
Result for the year	(28,222)	30,833

14 Debtors

	The group		Society	
	2022 £	2021 £	2022 £	2021 £
Trade debtors	40,170	11,250	-	-
Other debtors	1,064	7,498	1,064	7,498
Prepayments and accrued income	196,489	218,134	117,403	111,855
Amount due from subsidiary	-	-	151,249	116,455
	237,723	236,882	269,716	235,808

All debtors are due within the year.

15 Creditors: amounts falling due within one year

	The group		Society	
	2022	2021	2022	2021
	£	£	£	£
Trade creditors	47,883	9,359	46,051	9,484
Taxation and social security	37,137	19,696	28,941	25,212
Other creditors	4,805	4,818	4,805	4,818
Accruals	41,126	24,974	41,126	22,929
Deferred income	448,470	439,842	381,572	389,150
	579,421	498,689	502,495	451,593

16 Deferred Income

Deferred income comprises subscription and event income relating to 2022/23 received in advance.

	The group		The charity	
	2022	2021	2022	2021
	£	£	£	£
Balance at the beginning of the year	439,842	398,463	389,150	344,823
Amount released to income in the year	(439,842)	(398,463)	(389,150)	(344,823)
Amount deferred in the year	448,470	439,842	381,572	389,150
Balance at the end of the year	448,470	439,842	381,572	389,150

17a Fund reconciliation (current year)

	At 1 April 2021 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2022 £
(a) Permanent Endowment MK Dhole Bequest	301,698	-	-	-	26,177	327,875
Restricted funds:						
(b) MK Dhole Income	483,137	14,696	(17,919)	-	40,180	520,094
(c) Bulpitt	63,528	1,804	(800)	-	5,175	69,707
(d) BUPA	29,296	-	(8,427)	-	-	20,869
(e) Jim George Memorial Fund	750	-	(500)	-	-	250
(f) Research into Ageing	27,241	-	-	-	-	27,241
(g) Frailty in Acute Settings Restricted	16,709	-	-	-	-	16,709
Total research funds	620,661	16,500	(27,646)	-	45,355	654,870
(h) Special Interest Groups (SIGs):						
Cardiovascular	6,986	11,134	(10,769)	-	-	7,351
Falls and Bone Health	32,082	17,971	(14,053)	-	-	36,000
Movement Disorders	27,764	-	(5,539)	-	-	22,225
Frailty in Urgent Care Settings	3,309	-	-	-	-	3,309
Bladder & Bowel Health	11,443	-	-	-	-	11,443
Proactive care of older people	4,499	-	(384)	-	-	4,115
Dementia and Related Mental	1,337	-	-	-	-	1,337
Oncology	7,499	-	-	-	-	7,499
Total SIGs	94,919	29,105	(30,745)	-	-	93,279
(i) Devolved nations						
Scotland	59,077	2,773	(4,834)	-	-	57,016
Northern Ireland	12,413	206	(3,324)	-	-	9,295
Wales	56,881	2,865	(6,603)	-	-	53,143
Total devolved nations	128,371	5,844	(14,761)	-	-	119,454
(i) Total English regions	62,798	11,951	(12,083)	-	-	62,666
Total restricted funds	906,749	63,400	(85,235)	-	45,355	930,269
Unrestricted funds:						
Designated funds:						
(k) Fixed Asset fund	773,194	-	-	(1,009)	-	772,185
(l) M A Kuck research fund	9,505	-	(9,505)	-	-	-
(m) Designated grants fund	48,084	-	(27,249)	-	-	20,835
(n) Healthcare in Care Homes fund	-	-	-	300,000	-	300,000
(o) BGS Development fund	46,905	-	(24,034)	-	-	22,871
Total designated funds	877,689	-	(60,788)	298,991	-	1,115,892
(p) Revaluation reserve	1,117,537	-	-	(1,055,921)	285,510	347,126
General funds	1,708,220	1,268,026	(1,061,044)	756,930	-	2,672,132
Non-charitable trading funds						
(q) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	3,703,549	1,268,026	(1,121,832)	-	285,510	4,135,253
Total funds	4,911,996	1,331,426	(1,207,067)	-	357,042	5,393,397

17a Fund reconciliation (current year continued)

(a) The Dhole Permanent Endowment Fund

The Permanent Endowment Fund relates to the Dr MK Dhole bequest which was provided to enable any investment income arising on the bequest to be applied for the provision of an award for the most deserving published work of medical research appertaining to the needs of aged people. Any remainder income is to be used for the provision, endowment and financing of scholarships, fellowships and lectureships of all kinds connected with research in the field of geriatric medicine.

Purposes of restricted funds

- (b) The M K Dhole Income Fund is a restricted fund that receives the income from the Dhole Permanent Endowment Fund. It is used to fund the annual Dhole-Eddlestone Memorial Prize of £1,000 for a paper published in Age and Ageing during the previous calendar year. From 2020/21 it has also been used to fund the Joint Dunhill Medical Trust BGS Doctoral Training Fellowship Scholarship. (Note 20). The total awarded by 31 March 2022 but not paid was £239,620, (31 March 2021: £151,540).
- (c) The Bulpitt Fund is used to fund up to two essay prizes of £400 each awarded every year by the Cardiovascular Section.
- (d) The BUPA Fund is used to: (a) produce and publish clinical guidance on the assessment and management of pain in older people, (b) other clinical guidance relating to the healthcare of older people with frailty, and (c) remaining funds to be spent on BGS research grants. From 2021/22 it is being used to fund a Delphi exercise to inform a new BGS research strategy.
- (e) The Jim George Memorial Fund was established using a donation in memoriam received during the year. It is to be used to fund the two annual winners of the BGS Rising Star Awards, initially for five years. £500 was awarded in 2021/22 (2020/21: £500).
- (f) Research into Ageing Fund – funds research which informs and influences the ageing research agenda to make it clinically relevant and meaningful to the lives of older people.
- (g) The Frailty in Acute Settings Fund was established using money donated by a member who wishes to be consulted before significant spending is made. It was used to support the Frailsafe project, now complete. There was no movement on this fund in 2021/22 (2020/2021: Nil).
- (h) The Special Interest Groups (SIG's) are restricted in so far as they are to be used by the relevant SIG for charitable purposes in the particular special interest field. Funds from SIGs which are no longer active are transferred into the designated grants fund.
- (i) The devolved nation funds are restricted in so far as they are to be used by the relevant devolved nation for charitable purposes.
- (j) The English regions funds are restricted in so far as they are to be used by the BGS English regions for charitable purposes.

Purposes of designated funds

- (k) The Fixed Asset Fund, was designated to assist in identifying those funds that are not free funds. It represents the net book value of tangible assets and includes Marjory Warren House, the Society's registered office.
- (l) The M A Kuck Research Fund, was designated to recognise the monies received from the estate of the late Dr M A Kuck, a former member, for research fellowships. It has latterly been used to fund Specialist Registrar Research Start Up Grants. £9,505 was awarded in 2021/22, (2020/21 £29,237). The fund was fully paid out by 31 March 2022.
- (m) The designated grants fund was established to fund grants, prizes and awards. The overall aim of grants is to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement; The Society's grants, prizes and awards programme will be relaunched in 2022/23.
- (n) Healthcare in Care Homes funds. This is a three year project beginning in April 2022 on the delivery of healthcare in care homes, building on the Society's publication, Ambitions for Change. It will be a cross-organisational project ranging from influencing policy decisions to workforce and curriculum development to promoting BGS membership to care home staff.
- (o) The BGS development fund was established for future projects, such as further development of the BGS website, eLearning and other "cloud" resources to support members. During the previous year (2020/21) the member services and communications development fund and the ICT upgrade capital fund were consolidated into this fund.
- (p) The revaluation reserve fund represents the accumulated unrealised gain net of losses on the Society's listed general investments. All investments held at CCLA in accumulation and income units of the COIF Charities Investment Fund were sold on 2 July 2021 and proceeds were immediately used to purchase equivalent COIF Charities Ethical Investment Fund units. As a result, the revaluation reserve relating to CCLA units was realised and the balance transferred into general funds. This then has had a knock on impact on the level of general funds held – inflating the balance by £1,055,921 the previous level of the revaluation fund which related to CCLA units.
- (q) The charitable trading fund is the general fund of the trading company.

17b Fund reconciliation (prior year)

	At 1 April 2021 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2021 £
(a) Permanent Endowment MK Dhole Bequest	250,030	-	-	-	51,668	301,698
Restricted funds:						
(b) MK Dhole Income	419,776	13,506	(21,406)	-	71,261	483,137
(c) Bulpitt	51,572	1,742	-	-	10,214	63,528
(d) BUPA	29,296	-	-	-	-	29,296
(e) Jim George Memorial Fund	1,250	-	(500)	-	-	750
(f) Research into Ageing	27,241	-	-	-	-	27,241
(g) Frailty in Acute Settings Restricted	16,709	-	-	-	-	16,709
Total research funds	545,844	15,248	(21,906)	-	81,475	620,661
(h) Special Interest Groups (SIGs):						
Cardiovascular	7,579	-	(93)	(500)	-	6,986
Falls and Bone Health	21,337	31,638	(4,893)	(16,000)	-	32,082
Movement Disorders	42,779	140	(3,922)	(11,233)	-	27,764
Frailty in Urgent Care Settings	3,309	-	-	-	-	3,309
Drugs and Prescribing	6,585	-	-	(6,585)	-	-
Care Home	9,997	-	-	(9,997)	-	-
Gastroenterology/Nutrition	708	-	-	(708)	-	-
Diabetes	640	-	-	(640)	-	-
Respiratory	374	-	-	(374)	-	-
Bladder & Bowel Health	9,889	11,709	(3,155)	(7,000)	-	11,443
Ethics and Law	2,896	-	-	(2,896)	-	-
Proactive care of older people	4,883	-	(384)	-	-	4,499
Dementia and Related Mental	1,337	-	-	-	-	1,337
Oncology	7,541	-	(42)	-	-	7,499
Total SIGs	119,854	43,487	(12,489)	(55,933)	-	94,919
(i) Devolved nations						
Scotland	59,546	-	(469)	-	-	59,077
Northern Ireland	16,082	92	(2,457)	(1,304)	-	12,413
Wales	57,111	8,510	(6,132)	(2,608)	-	56,881
Total devolved nations	132,739	8,602	(9,058)	(3,912)	-	128,371
(j) Total English regions	59,778	3,181	(161)	-	-	62,798
Total restricted funds	858,215	70,518	(43,614)	(59,845)	81,475	906,749
	At 1 April 2021 £	Income £	Expenditure £	Transfers £	Investment gains £	At 31 March 2022 £
Unrestricted funds:						
Designated funds:						
(k) Fixed Asset fund	804,598	-	-	(31,403)	-	773,195
(l) M A Kuck research fund	38,742	-	(29,237)	-	-	9,505
(m) Designated grants fund	26,884	-	-	21,200	-	48,084
Member services and						
(o) communications development fund	38,513	-	(13,778)	(24,735)	-	-
(o) ICT upgrade capital fund	15,691	-	(24,777)	9,086	-	-
(o) BGS Development fund	31,256	-	-	15,649	-	46,905
Total designated funds	955,684	-	(67,792)	(10,203)	-	877,689
(p) Revaluation reserve	537,842	-	-	-	579,695	1,117,537
General funds	1,566,489	1,093,417	(1,021,735)	70,048	-	1,708,220
Non-charitable trading funds						
(q) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	3,060,118	1,093,417	(1,089,527)	59,845	579,695	3,703,549
Total funds	4,168,363	1,163,935	(1,133,141)	-	712,838	4,911,996

The narrative to explain the purpose of each fund has been given in Note 17a.

18a Analysis of net assets between Funds (current year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	-	772,186	-	-	772,186
Investments	3,247,252	-	489,278	327,875	4,064,405
Cash	74,149	43,706	440,991	-	558,846
Other current assets / liabilities	(2,040)	-	-	-	(2,040)
Total	3,319,361	815,892	930,269	327,875	5,393,397

18b Analysis of net assets between Funds (prior year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	-	773,194	-	-	773,194
Investments	3,046,743	-	443,922	301,698	3,792,363
Cash	40,924	104,495	462,827	-	608,246
Other current assets / liabilities	(261,807)	-	-	-	(261,807)
Total	2,825,860	877,689	906,749	301,698	4,911,996

19 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.

20 Doctoral Fellowship Scholarships

BGS and Dunhill Medical Trust agreed to share equally the costs of one Doctoral Fellowship Scholarship annually for a period of up to three years starting in 2019/20. All three fellowships have now been awarded with a total commitment to BGS of £276,946 of which £239,620 remains at 31 March 2022. Each fellowship is held at an appropriate UK research institution.

BGS and Dunhill Medical Trust agreed a second series of three Doctoral Fellowship Scholarships starting in 2022/23. The total cost to BGS will not exceed £450,000.

	Committed for first series £	Committed for second series £	Total Commitment £
2022/23	89,789	12,500	102,289
2023/24	53,283	62,500	115,783
2024/25	54,108	112,500	166,608
2025/26	21,316	137,500	158,816
2026/27	21,125	87,500	108,625
2027/28	-	37,500	37,500
	239,621	450,000	689,621

THE BRITISH GERIATRICS SOCIETY

England & Wales - Charity number 268762

Accounts



British Geriatrics Society
Improving healthcare
for older people

THE BRITISH GERIATRICS SOCIETY
(A Company Limited by Guarantee)
REPORT OF THE TRUSTEES
AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2021

Charity registration number: 268762
Company registration number: 1189776 (England and Wales)

The British Geriatrics Society

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For the year ended 31 March 2021

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The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2021

CHARITY REGISTRATION NUMBER	268762
COMPANY REGISTRATION NUMBER	1189776 (England & Wales)
TRUSTEES	
President	Professor Tahir Masud (resigned 27 November 2020) Dr Jennifer Burns (from 20 November 2020)
President-Elect	Dr Jennifer Burns (until 20 November 2020) Professor Adam Gordon (appointed 20 November 2020)
Honorary Secretary	Dr David Attwood
Honorary Treasurer	Dr Owen David (resigned 20 November 2020) Dr Sarah Goldberg (appointed 20 November 2020)
Chair BGS England Council	Dr Tarun Solanki (resigned 4 February 2021) Dr Mike Azad (appointed 4 February 2021)
Chair BGS Northern Ireland Council	Dr Mark Roberts
Chair BGS Scotland Council	Dr Patricia Cantley (resigned 30 June 2020) Dr Alan McKenzie (appointed 30 June 2020)
Chair BGS Wales Council	Dr Sandip Raha (resigned 30 April 2021) Dr Sam Abraham (appointed 30 April 2021)
Chair BGS Trainees Council	Dr Carly Welch
Chair BGS Nurses and AHPs Council	Ms Lucy Lewis
Lay Trustee	Ms Rose Gray
Lay Trustee	Mr David Crundwell Ms Susan Went (resigned 23 May 2020)
CHIEF EXECUTIVE OFFICER	Ms Sarah Mistry

The British Geriatrics Society

Charity Reference and Administrative Details

For the year ended 31 March 2021

PRINCIPAL AND REGISTERED OFFICE	Marjory Warren House 31 St John's Square London EC1M 4DN
AUDITOR	Sayer Vincent LLP, Invicta House, 108-114 Golden Lane, London EC1Y 0TL
BANKERS	Santander UK plc 2 Triton Square, Regent's Place, London NW1 3AN
INVESTMENT ADVISERS	CCLA Fund Managers Limited Senator House 85 Queen Victoria Street London EC4V 4ET

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2021

The Trustees are pleased to present their annual report for the year ended 31 March 2021, under the Companies Act 2006 and the Charities Act 2011, together with the audited financial statements for that year, and confirm that they comply with the requirements of the Acts and the Charities SORP (FRS 102). The report and accounts have also been prepared to fulfil the requirements for a Director's Report for the purposes of company law.

OBJECTS AND MISSION

Charitable Objects

The Society was established in 1947 to serve the healthcare needs of older people living with frailty - a large and increasing sector of the UK and world population. The Society's objects, as set out in the Memorandum of Association, are 'the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons.'

Charitable mission

In line with the Objects, the Society's charitable mission is to improve healthcare for older people.

We pursue our Objects and mission through the objectives and activities set out in the section below.

OBJECTIVES AND ACTIVITIES, INCLUDING PUBLIC BENEFIT

Our objectives, which we refer to as our 'specific aims' are to

- Inspire students and trainees to specialise in the care of older people, and to support their education, training, clinical effectiveness and career development;
- Promote high standards of clinical quality through conferences, meetings, information, good practice guidance, and educational and training opportunities;
- Encourage the sharing of learning and best practice, both within and across relevant disciplines;
- Promote research into the healthcare of older people, facilitating access to research and opportunities to generate research;
- Act as the informed policy voice regarding educational curricula; clinical standards; research; effective commissioning practice and health policy regarding the treatment and care of older people across the UK;
- Raise awareness among healthcare professionals of the role of 'living well' in preventing disease in old age.

These aims are translated through our 20-23 Strategic Plan into five strategic objectives. We describe achievements later in this report under these five areas. During the year under review, our strategy for achieving these objectives was to provide a portfolio of mutually reinforcing services, underpinned by internal and external communications.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2021

Principal activities

Our aims and objectives are met through delivery of a set of activities, as follows:

- national, regional and special interest meetings to share research and clinical best practice;
- publishing approved research papers and clinical guidance and resources;
- promoting research, education and training in all aspects of healthcare for older people;
- providing expert input into the formulation of policy relevant to the care of older people.

Below, we look at each of these in turn with reference to the 'public benefit' test.

Public benefit

The Society's overall purpose is to improve healthcare for older people, chiefly by driving up standards of NHS healthcare for older people across the UK through the member services and activities described below. The ultimate beneficiaries of our work are older people with frailty and other complex health needs who benefit from improved NHS healthcare from physicians, nursing staff and allied health professionals whose knowledge, understanding and confidence are being raised through the activities of the Society. This public benefit is accessible free of charge through NHS services for older people. Older patients are by far the largest population group attending GP surgeries and acute hospitals.

The fact that people are living longer lives is a great success story. It comes with many positive dimensions, which should be roundly celebrated, but also brings major challenges. Research published in January 2018 estimates that between 2015 and 2035, the prevalence of multi-morbidity (multiple diagnoses of chronic illness) is set to increase, with the proportion of those diagnosed with four or more illnesses almost doubling; two thirds of those with four or more illnesses will have mental ill-health, such as depression, dementia, and other forms of cognitive impairment. People over 65 already account for approximately two thirds of the primary care prescribing budget, between a third and half of all NHS hospital admissions, and two thirds of all acute inpatient bed days. For the foreseeable future, health professionals working with older people will see the complexity of their patients' health issues increase, with greater incidence of frailty, multi-morbidity, 'polypharmacy' (multiple medication regimens), physical dependency, and cognitive impairment. Achieving the right combinations of social care and healthcare, at the right time and in the right place, for the growing numbers of older people with frailty and 'multi-morbidity' is one of the defining public service issues of our time. Our Society rises to this challenge by uniting specialists in all aspects of healthcare for older people. As such we believe we have a vital role to play as a source of expertise and as an advocate and enabler of improved patient care.

As we illustrate below, the trustees have had regard to the Charity Commission's guidance on public benefit when reviewing the Society's aims and objectives, overseeing the delivery of the service activities which flow from them, and planning its future activities:

National, regional, and special interest meetings

Our meetings are explicitly intended to improve patient care. They provide demonstrable benefit by improving the knowledge and skills of geriatricians and other healthcare professionals caring for older people, whether in NHS hospitals, in primary care or in the community. Each year the Society holds two major national conferences which provide Society members and other healthcare professionals with the opportunity to share their research and clinical best practice. All submitted abstracts are subject to rigorous peer review prior to acceptance as either platform presentations or posters. The meetings provide a forum for Continuing Professional Development (CPD), which follows a five-year cycle to ensure that all pertinent clinical topics within the

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2021

speciality of geriatric medicine are regularly examined. Included in the meetings are guest lectures and sessions presented by the Society's Special Interest Groups (SIGs).

In addition to the national conferences, regional meetings and specialist conferences are held to address topical and/or sub-specialist issues. Some of these are undertaken through partnership working with other specialist societies and charitable organisations.

Publication of research and clinical guidance

The Society publishes best practice statements, guidelines on clinical quality, tools, and resources, which are freely available on its website. This information is widely used as a source of authoritative guidance for professionals and lay people alike. Through the expertise of our 17 Special Interest Groups covering a wide range of topics related to geriatric medicine, we keep these resources up to date in order to meet the needs of our members and others with an interest in current developments and evidence on improving the healthcare of older people.

Healthcare professionals in the UK and across the world benefit from peer-reviewed scientific papers, which the BGS publishes in its official journal. *Age and Ageing* is published by Oxford University Press and is made available to the Society's members as part of their membership package, and also to paid subscribers. We operate an optional open access model, sometimes called Green Open Access, and the journal is fully compliant with the Research Councils UK and the Wellcome Trust open access policies. Our practice is to make a number of key papers from each edition available as free downloads, and after one year, all articles on the journal website become free to access and download. *Age and Ageing* has a worldwide reputation for publishing refereed original articles and commissioned reviews on geriatric medicine and gerontology. It has become increasingly influential among geriatrics and gerontology publications.

Promotion of research, education, and training

Providing high-quality healthcare to older people with complex health needs relies upon keeping abreast of latest evidence regarding prevention, treatment, and care, and indeed adding to that evidence base. The promotion of academic and research activity in relation to older people and the translation of findings into clinical practice is one of the Society's core aims. The Society delivers much of its education and training through scientific meetings. During the last year, the COVID pandemic has necessitated moving these events wholly online, which has enabled busy healthcare professionals to have ready access to high-quality content, live and after the event.

An important part of the promotion of research, education and training is the Society's funding of grants and fellowships to those who work in the field of geriatric medicine and more generally the healthcare of older people. These enable healthcare professionals to acquire new knowledge and skills, which are then shared and applied to the care of the older population with frailty across the UK.

Providing expert input into the formulation of policy relevant to the care of older people

The Society aims to provide expert input to the development of policy at a national level within the four nations of the UK. The Society provides comment, responses, and information to a variety of agencies including Government and parliamentary bodies, NHS England and its equivalents in the other nations, the Department of Health and Care in each of the four countries of the United Kingdom, the National Institute for Health and Care Excellence (NICE), the Care Quality Commission and other professional bodies. Senior officers represent the Society's positions in print and broadcast media. The Society has an active social media presence including a BGS blog, Twitter accounts for the Society and for *Age and Ageing*, a Facebook page and LinkedIn pages.

ACHIEVEMENTS AND PERFORMANCE

The year 2020/21 was dominated by the COVID-19 pandemic. Older people bore the brunt of the terrible death toll, with more than 90% of the deaths occurring in people over the age of 65. Care homes were particularly badly hit, with significant numbers of excess deaths. In addition to the shocking death toll, many of the older people recovering from COVID continue to suffer from its after-effects. Many of those who were shielding or isolated at home became less mobile, had worsening frailty and experienced mental ill-health. The lasting effects of this terrible global pandemic will be felt for years to come.

BGS members were at the frontline, managing those with the infection, whether admitted to hospital or cared for elsewhere, and also responding to older people's ongoing health issues associated with frailty and multi-morbidity. This has involved end-of-life care on an unprecedented scale, and some very challenging clinical decision-making. Towards the end of 2020 vaccinations started to provide some positive signs that there might be a way out of the pandemic. Older people were prioritised to receive two doses of the vaccination, and a major effort was made across community and primary care to deliver a nation-wide programme. By the end of March 2021, very high take-up was reported among those aged over 65 and the government began to set out its programme for relaxing the substantial restrictions that had been in place. It is however likely that new Covid variants will continue to emerge and that the UK will have to manage Covid as endemic.

The BGS is immensely proud of the commitment, diligence and courage of its multidisciplinary members working in acute, primary and community care. Showing both professionalism and compassion, they cared tirelessly for large numbers of older people with COVID. Many were redeployed from their usual roles and had training and education programmes disrupted. The stress on the workforce was considerable. This is captured in a BGS report, 'Through the visor' which underlines the pressure experienced by our members, and the toll on their wellbeing. The Society acknowledges the unstinting efforts of our members to provide high-quality care throughout the pandemic, and to support older people and their families at such a time of crisis.

The COVID pandemic has served to bring our community closer together. The BGS's role in providing practical support and resources, spaces for peer support, and an authoritative voice providing expert information to professionals and the public or speaking out against ageist policies has grown over the last year, and the Society's profile is higher than ever before. Membership numbers have risen – this year for the first time we topped 4500 members. We have seen diversification with more people joining from the care home sector, physician associates and pharmacists, as well as growth from our more traditional member sectors, including trainee doctors and GPs, nurses and AHPs.

BGS members, and in particular honorary office bearers, namely, the trustees, deputies, Vice Presidents, Council and committee members, and the officers of our Special Interest Groups, continue to contribute a huge amount to our mission. We are very grateful for their voluntary efforts, particularly given the other demands on them during the pandemic. Much of the detailed work carried out by the Society is led and delivered by them, and we are deeply indebted to them for finding the time and energy to contribute their expertise to improving healthcare services for older people across the four countries of the UK. While this is a huge asset to our Society and our work, and to UK society in general, it can also be a constraining factor since, almost without exception, they are working long and stressful hours at the NHS 'coal face'. The BGS also has a strong and committed staff team of twelve, which supports the membership and coordinates the activities set out below.

In the rest of this section, under the Society's strategic objectives, the Trustees describe the achievements and outcomes achieved during 2020/21, as demonstrated by results and feedback.

Objective 1: 'To promote high standards of clinical quality in the healthcare of older people by developing and promoting knowledge and improved practice'

One of the crucial roles played by the Society is to enable those working with older people to have access to information, resources, and expertise on good practice across the span of older people's healthcare needs. The Vice President for Clinical Quality oversees the Clinical Quality Committee and the Society's work in promoting high standards of clinical quality.

The BGS has 17 Special Interest Groups (SIGs) serving as the Society's source of clinical innovation, deriving, and maintaining high standards of clinical care, and disseminating specialist knowledge. The SIGs range in size from 264 to over 2000 members. This year two SIGs, Bladder and Bowel Health, and Falls and Bone health, held one-day conferences. The Community Geriatrics, Oncology, and Sarcopenia and Frailty Research SIGs contributed to sessions at the BGS Autumn conference in 2020 by developing the programme for the first day. The End of Life Care SIG produced a guideline on End of life Care and Frailty. The SIGs also respond to consultations sent to the BGS for comment by institutions such as NICE, RCP and others and they contributed to 12 out of 18 consultations received last year (see below).

New and popular online resources supporting high quality care for older people that were developed this year include the Frailty Hub, which was designed to help clinicians and carers navigate and contextualise guidance and best practice in the management of frailty, including research and commissioning. Since its launch in late June 2020, it has been accessed more than 27,000 times. The BGS has also helped to produce the Silver Book II, which is hosted on the BGS website in a usable and navigable format to help healthcare professionals design and provide excellent evidence-based urgent care for older people with frailty in a range of settings. In the first three months alone, it attracted more than 40,000 visits. Other widely accessed resources include the Coronavirus and Older People resource series, which includes guidance on Managing the COVID-19 Pandemic in Care Homes, with close to 185,000 visits, making it the most popular page on the BGS website of all time. Other popular pages include a resource on Keeping Older People Safe and Well at Home, and a useful guide to Remote Consultations, During COVID-19 and Beyond.

Objective 2: 'To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education'

The Vice President for Education and Training oversees the BGS's education and professional development work. This includes ensuring geriatric medicine training for doctors is delivered through the appropriate curriculum and supported by accessible learning opportunities in the form of meetings, e-learning and other resources. While promoting the recruitment, retention and development of trainee doctors, the Education and Training Committee's remit also involves professional development for the wider multidisciplinary team. 2020 has seen growth in Advanced Clinical Practitioner roles, physician associates, and a recognition that older people's care cannot rely on specialists alone.

The BGS has a reputation for delivering high-quality educational meetings. Owing to the Covid pandemic, these have taken place during 2020/21 by live-streaming to online participants. Aiming for relevant, attractive content and excellent speakers, the meetings provide clinical education, research updates and service delivery based upon a rolling Continuing Professional Development (CPD) calendar and curricula for those specialising in older people's healthcare. We have adapted the traditional meeting format given COVID-19 restrictions and study leave constraints.

In 2020/21, we delivered a virtual Autumn meeting, two Special Interest Group meetings, a conference for foundation year and internal medicine trainees and six regional meetings. The programme for the BGS Autumn, which included sessions and content from the cancelled Spring Meeting 2020, received positive feedback and was successfully delivered. Over 1,100 attendees

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attended, and the content continues to be available to view online until November 2021. In addition, the BGS ran sixteen webinars, providing information about COVID-19 in older people, service adaptation and remote delivery, and responding to local issues. These were free to attend for all healthcare professionals, regardless of membership status.

The BGS continues to offer two e-learning modules, on Frailty identification and intervention, and on Perioperative Care of Older People undergoing Surgery. These e-learning modules have been accessed by over 750 people to date. We will be adding to these e-learning resources and exploring collaborative opportunities to promote them to a wider audience.

Across the webinars, e-learning modules, and online events, the BGS supported educational activities for 6400+ healthcare professionals. We aim to ensure the substantial BGS events offer continues to deliver an excellent delegate experience, with a hybrid format as standard for the main meetings and virtual delivery of webinars and other learning opportunities. However, we anticipate there will continue to be knock-on effects from the Covid pandemic to delegates' study leave and study budgets in 2021/22.

The BGS worked with the Royal College of Physicians to broaden out the audience for the Diploma in Geriatric Medicine (DGM), and will be promoting this to nurses, allied health professionals, physician associates and other healthcare professionals. We continue to collaborate with the Federation of Royal Colleges in the delivery of the Specialty Certificate Examination (SCE) in geriatric medicine. In February 2021 202 candidates sat the SCE exam (in 2020, there were 251 candidates), with modifications made to the administration of the exam owing to the pandemic.

Objective 3: 'To promote research into older people's health and healthcare, and its application to clinical settings'

The Vice President for Academic Affairs oversees the Society's work to promote, enable, support, and communicate research which can ultimately improve the care of older people. Many BGS researchers put their research on hold to help out with clinical work during the pandemic. But we also saw a growth in submissions to the BGS journal, *Age and Ageing*, and rapid approval for some important new research studies, particularly those focussed on care homes.

The research and clinical quality committees adjudicate the abstract submissions for the BGS bi-annual meetings. In autumn 2020, we had 21 platform presentations and 138 posters, owing in part to the cancellation of the Spring 2020 conference. The top ten abstracts are normally presented in the President's Round and at Autumn 2020 there were 18 presentations. The Research and Academic Committee (RADC) maintain a presence at the bi-annual conferences with sessions to help promote research and offer advice on subjects such as how to get started, how to write a research paper, where to look for funding etc.

The BGS Research Strategy developed by the RADC focuses on increasing opportunities to generate research, to access research findings and to build research capacity. The BGS has strengthened its collaborations with research councils and networks and awarded the second Clinical Fellowship in partnership with the Dunhill Medical Trust.

Age and Ageing experienced a period of significant growth and development. Volume 50 (2021) is set to have twice as much content as volume 49 (2020). The Trustees approved the decision to move the journal fully online; and the transition to online-only monthly issues by the end of 2021 is well underway. New digital features and functionality are being deployed on the BGS and *Age and Ageing* websites to improve the reader experience and modernise the journal's offering to authors. In the period 1 April 2020 to 31 March 21 we received 1,949 submissions and accepted 288 articles for publication. This represents a 59% and 47% increase respectively on last year. We have met the challenge of this rapid growth in volume with an expansion of the membership of the Editorial Board, including Deputy Editors who are sharing higher-level editorial decision making. The impact, circulation and usage of our published material are also

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growing. The Impact Factor for the period to 31 March 2021 was 4.902 (up from 4.511) though this has again increased significantly from the end of June 2021 to 10.668, the usage rate in this period was 2.3 million downloads (up from 2.1 million) and the subscriptions at 31 March 2021 were 6,851 (up from 6,119).

Objective 4: 'To influence policymakers, commissioners and healthcare professionals by being an informed advocate and authority on older people's healthcare'

This has been an extraordinary year in terms of health policy and older people's healthcare. The COVID-19 pandemic has been devastating for older people and BGS members have been at the centre of the response to the crisis. BGS has become more influential in the policy environment this year, having regular meetings with the National Clinical Director for Older People and other decision-makers. We successfully lobbied to have geriatricians included in the care home subgroup of SAGE. In November 2020, we launched our first ever campaign, #BGSFairCare, calling for older people to be prioritised in the second wave of the pandemic. We wrote to the Health Ministers for all four nations and asked BGS members to write to their elected representatives. As a result of this campaign, we met with Robin Swann MLA, Health Minister for Northern Ireland. In response to a call from NHS England, we collected examples of beneficial innovations during the COVID pandemic and published them for others to learn from. We produced a similar document for Northern Ireland and sent a copy to the Health Minister who then disseminated it to all Health Boards in Northern Ireland.

The pandemic has had a significant impact on the workforce and in March 2021 we published 'Through The Visor', a report from a survey of our members detailing their experiences during the pandemic. Also on the workforce theme, we published a position statement on 'Flexible and Less Than Full-Time Working' which aims to give guidance to people working flexibly and those who support them. We have continued to work on the Ageing Well programme in England, including the involvement of BGS members in the development of the Anticipatory Care Service Specification and the implementation of Urgent Community Response and Enhanced Health in Care Homes. We have been responsive to Government announcements including writing to the Chancellor of the Exchequer to make the case for extended discharge funding.

BGS spokespeople have appeared on a number of high-profile media outlets including 5 News Tonight, Channel 4 News, the BBC Today Programme, BBC 'You and Yours' programme, BBC Radio 4 'Inside Health', the Telegraph, the Guardian, the Independent and the Sunday Times. The BGS was mentioned 942 times in the media between 1 April 2019/20 and 31 March 2021. During this period @gerisoc saw a 21.3% increase in its number of followers on Twitter from 22k to 27.6k. The top @gerisoc tweet was promoting the Silver Book II and generated 138,976 global impressions, 432 retweets and 601 likes. The traffic to the BGS blog saw an increase of 111% on the previous year, from 73,993 to 156,650 unique page views. The top performing BGS Blog during this period was 'Atypical Covid-19 presentations in older people – the need for continued vigilance' with a record-breaking 52,270 page views.

The BGS website has become ever more central to the way the Society delivers its core message, with traffic increasing substantially as healthcare professionals seek the latest up-to-date information on conditions such as frailty and delirium, particularly during the pandemic. During this period, visits to the website have surpassed 1.5 million. The popular resource series on Coronavirus and Older People, made up of 16 separate pages offering guidance, evidence-based information, and practitioner support, has become one of the most accessed areas of the website. The Silver Book II, a multi-disciplinary and international collaborative publication focusing on urgent care in older people with frailty, was published in an interactive format via the BGS website. The BGS Frailty Hub has become a go-to resource for practitioners involved in the care of older people and helps to link up evidence, guidance, health services and learning.

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The BGS Newsletter is a valued member benefit which is published in hard copy print format every second month and mailed to all members, offering a space to reflect, connect and unwind. It helps members to keep abreast of developments within the BGS, as well as more widely in the field of geriatric medicine. The newsletter provides an opportunity for Officers, SIGs, Councils and other BGS groups to highlight their areas of work and promote engagement with BGS activities including policy influencing, events and resources available via the website. It has been an important means of celebrating our members' work and acknowledging the extraordinary challenges they faced during the pandemic.

Some of the Society's key publications during this period have included:

Publications

- Silver Book II
- Frailty Hub
- Through the Visor – Reflecting on member experiences of the COVID-19 first wave
- Flexible working in geriatric medicine – a workforce statement
- Beneficial innovations from COVID – England
- Beneficial innovations from COVID – Northern Ireland
- Coronavirus and older people resource series
- Managing the COVID-19 pandemic in care homes

BGS Consultation Responses

- British Society of Gastroenterology guideline proposal on sedation
- CQC Strategy Consultation
- CSP Commissioning and providing rehabilitation in the context of COVID-19
- GIRFT national report – Clinical practice Guide on Improving the Management of Adult Covid-19 Patients in Secondary Care
- Gold Standards Framework Proactive Identification Guidance
- NHSE access Standards
- PRSB Consultation: MDT guidance on risk feeding and shared decision-making in dysphagia
- Royal College of Nursing -Commitment to the care of people in prison with dementia
- Welsh Government – consultation on the Welsh Government's national vision for an age-friendly Wales
- NHS England – consultation on Beneficial Changes from COVID
- Getting It Right First Time (GIRFT) - Consultation on the National Speciality Report for Geriatric Medicine
- House of Commons Health and Social Care Select Committee and Science and Technology Select Committee Joint Inquiry – Lessons Learned from COVID-19
- House of Commons Health and Social Care Select Committee – Delivering Core NHS and Care Services During the Pandemic and Beyond
- House of Lords Science and Technology Select Committee – Ageing: Science, Technology and Healthy Living
- Scottish Government – consultation on the role of COVID testing in tackling the pandemic
- Welsh Government – Consultation on the Welsh Government's plans for the reform of social care

NICE consultations

- NICE / NHSE COVID-19 guideline on Arranging planned care
- NICE draft guideline consultation – End of life care – service delivery
- NICE Venous thromboembolic diseases quality standard
- NICE draft guideline consultation – Safeguarding adults in care homes
- NICE draft guideline consultation – Atrial fibrillation: management
- NICE Venous thromboembolic diseases quality standard - consultation
- NICE consultation - end of life care (QS update)
- NICE draft scope consultation -advocacy services for adults with health care social needs
- NICE guideline - safeguarding adults in care homes
- NICE draft scope consultation - Hypertension in adults: diagnosis and management (update)

List of BGS Press Releases between 1 April 2020 and 31 March 2021:

BGS Obituary: BGS Statement on the death of Dr Alfa Sa'adu (2 April 2020)

BGS Obituary: BGS statement on the death of Dr Anton Sebastianpillai (8 April 2020)

BGS Press release: Doctoral Training Fellowship extends criteria in response to COVID-19 pandemic (8 April 2020)

BGS Statement: BGS responds to tool published in the Financial Times on Sunday 12th April (13 April 2020)

BGS News Release: BGS announces new Digital Media Editor and Deputy Digital Media Editor (24 April 2020)

BGS Obituary: Remembering Dr Medhat Atalla (27 April 2020)

BGS Press Release: High-quality end of life care will enable older people with frailty to live well and die well, according to new guidelines (15 May 2020)

BGS Press Release: 'Protecting older people from COVID-19 must not come at the expense of their health and wellbeing', warns the British Geriatrics Society (15 May 2020)

BGS Press Release: BGS statement on BAME health workers (8 June 2020)

BGS Obituary: Professor Tom Arie, 1933-2020 (18 June 2020)

BGS Obituary: Remembering Professor Archibald Young (22 June 2020)

BGS News Release: Beneficial innovations from COVID-19 (3 July 2020)

BGS Press Release: BGS statement responding to Prime Minister's comments on care homes (8 July 2020)

BGS Press Release: New 'One-Stop Shop' for Frailty (17 July 2020)

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BGS Press Release: Consultant Nurse wins prestigious Marjory Warren Lifetime Achievement Award (20 July 2020)

Joint Press Release: 'Sit Up, Get Dressed and Keep Moving!' (29 July 2020)

BGS Press Release: Professor Adam Gordon wins election for BGS President Elect with largest voter turnout in the Society's history (30 July 2020)

BGS Press Release: BGS responds to reports of a withdrawal of funding for COVID-19 rehabilitation (5 August 2020)

BGS Press Release: BGS statement on care home testing for COVID-19 (6 August 2020)

BGS Press Release: BGS responds to RCP survey about geriatricians' levels of interest in research (27 August 2020)

BGS Press Release: BGS responds to Adult Social Care Winter Plan (23 September 2020)

BGS Press Release: BGS urges the Chancellor to fund ongoing discharge care (24 September 2020)

BGS Press Release: BGS President responds to Sunday Times articles addressing older people's healthcare during the first wave of the COVID-19 pandemic (29 October 2020)

BGS Press Release: #BGSFairCare: BGS launches campaign to urge the Government to protect older people during the second wave of the COVID-19 pandemic (2 November 2020)

BGS Press Release: BGS responds to care home visiting guidance (2 November 2020)

BGS Press Release: New advance care planning interventions to be developed by BGS/Dunhill Doctoral Training Fellow (24 November 2020)

BGS Statement: BGS responds to announcement at-risk groups will receive free winter supply of vitamin D (1 December 2020)

BGS News Release: BGS member Professor Deborah Sturdy OBE appointed Chief Nurse for Adult Social Care (8 December 2020)

BGS Statement: BGS response to COVID-19 vaccine approval (11 December 2020)

BGS Statement: BGS statement on COVID-19 vaccines (6 January 2021)

BGS Statement: BGS statement on vaccination prioritisation for healthcare professionals working with older people (12 January 2021)

BGS Press Release: Prestigious Dhole-Eddlestone Memorial Prize awarded to 'Probable delirium is a presenting symptom of COVID-19 in frail, older adults: a cohort study of 322 hospitalised and 535 community-based older adults' (13 January 2021)

BGS Statement: BGS responds to RCP's report 'Double or quits: a blueprint for expanding medical school places' (27 January 2021)

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BGS Statement: BGS update on the interval between the first and second doses of the COVID-19 vaccine (2 February 2021)

BGS Statement: BGS statement in response to NHS White Paper (11 February 2021)

BGS Statement: BGS statement on the end of discharge funding (18 February 2021)

BGS Press Release: Leading experts in frailty launch the Silver Book II in collaboration with the British Geriatrics Society (22 February 2021)

BGS Press Release: 'Through the visor' – new report reflecting on multidisciplinary experiences of the COVID-19 first wave (28 February 2021)

BGS Statement: BGS responds to CQC report on approaches to DNACPR decisions during the COVID-19 pandemic (18 March 2021)

BGS Statement: BGS position statement on flexible working in geriatric medicine (24 March 2021)

BGS News: Announcing 'Emergence' Volume 2 (26 March 2021)

BGS Statement: BGS comments on creation of new Office for Health Promotion (30 March 2021)

Objective 5: 'To ensure the BGS is a robust, dynamic, sustainable organisation'

Adjusting to almost entirely remote working, the BGS supported its members throughout the pandemic, aiming to provide a supportive community, practical information on COVID and ongoing healthcare issues for older people, and a strong voice to protect the interests of older people. The financial section of this report demonstrates that the BGS weathered the pandemic remarkably well; while events income was much reduced owing to fewer events and less sponsorship income, delegate numbers were high, thanks to the virtual format, and costs were much reduced. Journal income increased and membership income grew in line with a rise in new members. The Trustees are pleased to report such a confident picture, which demonstrates the value of the Society to its members and the sustainability of its business model.

During 20/21, we continued the programme of modernising the BGS. Terms of reference for committees and officer job descriptions were updated. Internal processes were streamlined, and the transition was made to Office 365, delivering efficiency benefits. While some projects, such as the marketing of Marjory Warren House for charities to use as a meeting room, were necessarily put on hold, other projects were brought forward. These include changes to the website structure and navigation, and work with external providers to enable the BGS to livestream its events from the website, rather than through the commercial platform we successfully used for events during 2020/21. Good progress was made both in delivering the first year of the Strategic Plan and in adjusting to the new demands of the COVID pandemic.

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FINANCIAL REVIEW

Results for the year

Total income was £1,163,965 (2019/20: £1,596,438) and expenditure was £1,133,141, (2019/20: £1,502,086). The Society achieved an overall surplus before net gains (losses) on investments of £30,794, (2019/20: £94,352 deficit). The Society has three main income streams accounting for 93% (2019/20: 86%) of income:

- Membership Subscriptions, which increased by £43,409 (9%) to £518,231 (2019/20: £474,822) and represented 45% of BGS income (2019/20: 29%);
- Professional Development and Events which decreased by £374,094 (64%) to £208,087 (2019/20: £ 582,181) and represented 18% of BGS income (2019/20: 36%);
- Age and Ageing Journal which increased by £20,113 (6%) to £357,825 (2019/20: £337,712) and represented 31% of BGS income (2019/20: 21%).

Income from Professional Development and Events was significantly impacted by the COVID-19 pandemic. Events in the early part of the year including the major Spring conference were cancelled and events are now being held virtually until at least December 2021. Additionally, virtual events planned for January to March 2021 had to be postponed until the next financial year (2021/22) due to NHS work pressures. This has been partly compensated for by increased income from other activities, particularly membership subscriptions and Age and Ageing Journal.

The Society's, investment income increased very slightly to £53,966, (2019/20: £53,228) and represented 5% (2019/20: 3%) of BGS income. Included as restricted other income is £2,788 regional funds (2019/20: £112,137 combined nation funds), consolidated into BGS financial statements for the first time,

BGS has built on previous investment in the delivery of the BGS strategy 2017/20 and continued to seek efficiency savings on costs where possible without compromising delivery of strategic objectives. The COVID-19 pandemic reduced planned spend across many areas especially Professional Development and Events, office and premise expenses and committee member travel reimbursement.

The combination of income growth in Membership Subscriptions and Age and Ageing Journal profit share together with rigorous cost control meant the Society was able to end the year with a small surplus of £30,794 before net gains (losses) on investments.

Book gains on investments were £712,838, (2019/20: £129,683 loss).

Balance sheet and reserves

The Society continues to have a strong balance sheet with net assets of £4,911,996 at 31 March 2021, (2020: £4,168,363). The net book value of the Society's fixed assets which include Marjory Warren House is £773,194, (2020: £804,598), the market value of the Society's investment portfolio is £3,792,363 (2020: £3,079,525) and cash at bank is £608,246, (2020: £495,566). Debtors are £236,882 (2020: £248,339) and creditors are £498,689 (2020: £459,665).

Total funds are £4,911,996 at 31 March 2021 (2020: £4,168,363). £301,698 is an endowment (2020: £250,030) and £906,749 are restricted funds (2020: £858,215). Total unrestricted funds are £3,703,549, (2020: £3,060,118).

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Future financial plans

Trustees have agreed that over a three-year period starting in 2021/22 £300,000 should be designated from that part of the unrestricted reserves which is available to further the Society's strategic objectives (£418,000 at 31 March 2021), to spend on a project based on one of the themes already identified as a priority area for the Society.

The Society is currently developing its business model to allow delivery of events via a hybrid format of face to face and virtual meetings. In view of this and continuing Covid-19 pandemic related uncertainty, a contingency of £100,000 has been included in the 2021/22 budget. Allowing for this the Society expects to have an operational deficit of around £60,000 at 31 March 2022. Trustees have agreed that the Society is able to cover this potential additional cost out of reserves without impacting on delivery of the Strategic Plan. The Society expects to return to a break-even position on operational income and expenditure in 2022/23.

Fundraising

The Society does not currently undertake public fundraising activities, but occasionally receives donations.

Investment Policy

The Memorandum and Articles of Association give the trustees the power to invest any surplus funds not immediately required by the Society in such investments, securities, or property as they think fit. The Trustees' policy has been to balance the requirement for capital growth of the endowment investments with maximising income for the Society. Investments are reviewed annually. The Society's investment policy including social, environmental, and ethical considerations was updated and approved by Trustees in October 2020.

The Society does not invest directly in any one individual company. All its investments are held in specialist multi-asset charity funds at CCLA and M&G investments. Both funds have ethical investment policies which seek to meet the needs of charities investing in them. On 1 July 2021, the Society will further strengthen the environmental and ethical objectives of its holdings at CCLA by transferring all its holdings from the COIF Charities Investment Fund to the COIF Charities Ethical Investment Fund. This fund has the same long-term investment objective as the main fund but benefits from tighter ethical objectives.

The Society held listed investments of £3,792,363 at 31 March 2021 (2020: £3,079,525). The total unrealised gain was £712,838 (2020: £129,683 loss).

Reserves Policy

The reserves policy of the Society is to continue to hold unrestricted reserves (excluding designated funds), to a level representing at least one year's unrestricted expenditure budgeted for the following year to ensure that it has an adequate buffer to protect against future uncertainties. Unrestricted reserves above this level, including the revaluation reserve, are available to further the Society's strategic objectives.

The Trustees review the reserves of the Society as part of the budget-setting process to ensure they still meet the needs of the organisation and are sufficient to manage risks. The review involves an assessment of the income and expenditure streams, the Society's strategic objectives and the uncertainties it faces and the level of reserves.

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The Society finished 2020/21 with unrestricted reserves excluding designated funds of £2,825,860, (2019/20: £2,104,434) as analysed below.

Analysis of unrestricted reserves

	31 March 2021	31 March 2020	Increase	
	£	£	£	%
To cover budgeted unrestricted expenditure for the following year	1,290,000	1,264,926	25,074	2
Available to further the Society's strategic objectives	1,535,860	839,508	696,352	83
Total unrestricted reserves	<u>2,825,860</u>	<u>2,104,434</u>	<u>721,426</u>	<u>34</u>

The Trustees have designated funds to identify those unrestricted funds which are earmarked for specific purposes and hence not freely available. The value of designated funds at 31 March 2021 was £877,689 (2019/20: £955,684). Included in designated funds is £773,195 (2019/20: £804,598) which is equal to the value of fixed assets.

Arrangements for reviewing staff salaries

All staff are paid above the minimum living wage. Staff receive a cost-of-living increase related to a range of inflation measures each financial year.

The Society operates a spine point system which provides for automatic salary progression for each staff member until she or he reaches the top of the scale for the corresponding grade. Pay for all staff is benchmarked using external specialists every four years. The next review is due in 2021/22.

Volunteers

The Society is reliant on a considerable number of its members to achieve its objectives. These volunteers serve in many capacities (for example, as trustees, as officers of our regional committees, nation committees and Special Interest Groups; on internal committees and external working parties; as expert spokespeople, and as advisers on policy matters). They provide countless hours of work in furthering the charitable objectives of the Society without remuneration, and we are grateful and indebted for their tireless work.

Risk management

The Trustees are aware of their responsibility to ensure that the major risks to which the charity is exposed are identified and to establish systems to manage those risks. The Trustees have a policy on risk management and have procedures in place to mitigate risks. The task of identifying and monitoring the mitigation of the risks faced by the Society is delegated to the Finance and General Purposes Committee (Finance Committee). Trustees consider the minutes of each Finance Committee meeting, and review the full risk register once a year.

A risk register was established in 2014 to identify and assess both internal and external business risks and has been continually refined since then. Forty risks have been identified, clustered under the following headings:

- Governance and management
- Income
- Services and impact
- Resource management

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- Financial strategy and management
- Reputational risk
- Regulatory and legal obligations

Under a rolling review process, the Finance Committee considered key sections of the risk register at every other meeting during the year. Internal control risks are mitigated by planning, systems of authorisation, budgeting, employment of suitably qualified staff, and established processes to support and manage the performance of staff members. External risks are identified by staff, officers and trustees, and assessed at staff, Finance Committee and Trustee Board meetings as appropriate, and major risks are also addressed in the Society's periodic Strategic Reviews. The Trustees are satisfied that the major risks identified have been adequately mitigated where necessary and that the Society has systems and procedures in place that are appropriate to the Society's size and nature of operations.

The most significant risk during 2020/21 was caused by the global COVID pandemic, which had a particularly severe effect on older people. BGS members were at the forefront of the response. In terms of risk for the Society, the Trustees were mindful of the need for the Society to stay relevant and valuable to its members at this time of crisis; to manage any financial risks from a loss of income; and to ensure the BGS was able to use the expertise of officers and its authoritative voice to ensure older people were not being marginalised as NHS and social care priorities adapted to meet the challenges of the pandemic. The indications are that the Society has weathered the pandemic well and mitigated the unexpected risks that it posed. The Trustees will use their next awayday to explore how far these are ongoing risks and whether some of the mitigations put in place should be adopted for the long term.

PLANS FOR FUTURE PERIODS

Our strategic planning cycle

BGS has adopted a fixed, three-year planning cycle. For each year of each strategic plan, strategic objectives are flowed through into annual operational plans, and from there to individual staff members' workplans so that everyone in the staff team is aware of their specific contribution to achieving the organisation's vision for its future. The annual operational plan and accompanying annual budget are presented to the Trustees Board for approval before the start of each year and reported against at quarterly Trustee Board meetings by means of key performance indicators.

20-23 Strategy

The current BGS Strategic Plan runs for three years from 1 April 2020. Input from BGS members informed the Plan and it was duly approved by the membership at the AGM in November 2019. The Strategy sets out five objectives in pursuit of the Society's mission to improve healthcare for older people.

These are:

1. To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improved practice.

Intended outcome: By 2023, we will have contributed to better healthcare for older people by developing and promoting tools, guidance and standards which are widely used and shared by clinicians and other healthcare professionals in their practice.

2. To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education.

Intended outcome: By 2023, we will have contributed to relevant curricula, and developed new courses and learning opportunities to enhance the uptake, quality and relevance of education and training in geriatric medicine and healthcare for older people.

3. To promote research into older people's health and healthcare, and its application to clinical settings.

Intended outcome: By 2023, we will be a recognised convener for research opportunities, research skills and dissemination of research evidence into practice, and will be publishing our high-impact journal, *Age and Ageing*, via a sustainable model.

4. To influence policymakers, commissioners, and health professionals by being an informed advocate and authority on older people's healthcare.

Intended outcome: By 2023, we will be known for our authoritative policy voice which will have influenced the development of older people's healthcare policy at national and regional level across the NHS in the UK.

5. To ensure the BGS is a robust, dynamic, sustainable organisation.

Intended outcome: By 2023, we will be a strong, collaborative charity and medical society of more than 4,500 members with a financially sound business model and a thriving multi-disciplinary ethos.

The Strategic Plan also includes three cross-cutting themes: a) stronger regions; b) stronger digital; c) stronger community. These three themes are applied across the different objectives.

The Trustees plan to review the Strategic Plan at their awayday in July 2021, using the opportunity at roughly the midpoint of the three-year Strategy to see if there needs to be any rebalancing of priorities, particularly in light of the COVID pandemic.

BGS geographical remit

Geographically, BGS's principal focus is the UK, and maintaining genuine UK-wide reach remains one of our core concerns, particularly as health is a devolved responsibility and health and social care services therefore vary between England, Scotland, Wales, and Northern Ireland. We value the different perspectives of our members from across the UK and work hard to share learning, foster connections, and benefit from cross-country comparisons.

The BGS has overseas members and its website resources are accessed by health professionals from across the globe. We play an active role within the International Association of Gerontology and Geriatrics (IAGG), the European Union of Medical Specialists (UEMS), and the European Union Geriatric Medicine Society (EUGMS). During 2018/19, we developed a bid to host the EUGMS conference in September 2021 and were successful in securing the opportunity to be the local host. This is a prestigious opportunity, and the Trustees have been keen to ensure that risks and benefits are well-managed, and that the partnership arrangements are appropriate for the capacity of the BGS. Planning is already underway to develop programme content. However, in light of the Covid pandemic, the decision was made by the EuGMS to delay the EuGMS Congress in London by one year. The BGS will therefore be the local host in September 2022.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2021

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

The Society is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association were adopted on 7 November 1974, and the Articles were last amended on 24 November 2017.

Governing Body

The Trustees are the governing body of the Society and the directors of the limited company. They comprise the President, President-Elect, Honorary Secretary, Honorary Treasurer, Chairs of the national Councils for England, Northern Ireland, Scotland and Wales, Chair of the Trainees Council, Chair of the Nurses and Allied Health Professionals Council, and two lay trustees who bring broader business planning expertise. The Trustees meet four times per annum, including a full day facilitated workshop to explore long-term planning issues.

Trustee Attendance 2020-21

The Society's sub-committees include Finance and General Purposes Committee; Policy and Communications Committee; Education and Training Committee, and its sub-committee, Meetings and Events; Clinical Quality Committee; Research and Academic Development Committee, and the *Age and Ageing* Editorial Board and its Executive Committee.

The current trustees are shown on page 2 above. The directors of the wholly-owned subsidiary company, BGS (Trading) Limited, who served during the year were Dr David Attwood, Dr Owen David (resigned 20 November 2020), Dr Sarah Goldberg and Dr Elizabeth Lawn (appointed 20 November 2020).

Trustee recruitment and appointment

The President, Honorary Secretary and Honorary Treasurer are Society members who succeed automatically to their roles having previously been nominated and elected by the membership as President-Elect, Deputy Honorary Secretary and Deputy Honorary Treasurer respectively. They each serve a 2-year term with the exception of the Honorary Treasurer who serves for 3 years in order to ensure continuity. Chairs of National Councils are ex officio members of the Trustee Board appointed by the relevant nation. The Chairs of the Trainees Council and the Nurses and Allied Health Professionals Council are also ex officio and appointed by their Councils for a 2-year term. The two lay trustees are recruited externally through an open process and serve for up to two 2-year terms.

Our Trustee Induction and Training policy guides the orientation process for new trustees. New trustees receive a comprehensive induction pack and meet with key officers and staff to acquaint them with the Society's policies and practice, its aims and activities, management and governance, and also what is expected of them under charity law and company law. All trustees give their time voluntarily and receive no benefits from the Society. Any expenses reclaimed from the Society are disclosed in note 8.

A register of directors' interests is maintained and updated annually, and declarations of any potential conflicts of interest are required at the commencement of each Trustee Board meeting. Any trustee/director with a potential conflict of interest with a particular topic within a meeting declares it and takes no further part in the discussion or vote on that topic.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2021

Group Structure

The Society has a wholly owned, non-charitable trading subsidiary, BGS (Trading) Limited, a company incorporated in England and Wales (No 2013195). BGS (Trading) Limited accounts for the income and expenditure from scientific conferences and exhibitions. The subsidiary covenants its taxable profit at each year-end to the Society. Further details of BGS (Trading) Limited's financial results for the year ended 31 March 2021 can be found in note 14.

REFERENCE AND ADMINISTRATIVE DETAILS

The name of the charity is the British Geriatrics Society, and it is frequently abbreviated as the BGS. The Society is a registered charity (No 268762) and is constituted as a company (No 1189776) limited by guarantee. The trustees/directors, professional advisers and principal and registered office are set out on pages 2 - 3 above.

RESPONSIBILITIES OF THE TRUSTEES

The Trustees are required by law to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Society and of its results for that period. In preparing those financial statements, the Trustees have undertaken, and will continue to undertake the following:

- selected suitable accounting policies and then applied them consistently.
- made judgements and estimates that are reasonable and prudent.
- prepared the financial statements on a going concern basis unless it is inappropriate to assume that the Society will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Society and to enable them to ensure that the financial statements comply with the Companies Act 2006 and Charities Act 2011. The Trustees are satisfied that they have met, and they will continue to meet their responsibilities for safeguarding the assets of the Society and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. They can provide assurance that:

- the Society is operating efficiently and effectively.
- its assets are safeguarded against unauthorised use or disposition.
- proper records are maintained, and financial information used within the Society or for publication is reliable.
- the Society complies with its Memorandum and Articles of Association.
- the Society has actively pursued all of its objectives and policies throughout the year.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2021

STATEMENT OF DISCLOSURE OF INFORMATION TO AUDITORS

The Trustees, who are the directors of the Society, who held office at the date of approval of this Annual Report, confirm that:

- so far as they are aware, there is no relevant audit information, information needed by the Society's auditors in connection with preparing their report, of which the Society's auditors are unaware; and
- they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Society's auditors are aware of that information.

AUDITOR

The auditor Sayer Vincent will be proposed for re-appointment in accordance with Section 485 of the Companies Act 2006.

SMALL COMPANY RULES

This report has been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006.

It was approved by the Board of Directors and Trustees on 28 October 2021 and signed on its behalf:

Dr Jennifer Burns

President of the Society, Chair of the Directors and the Trustee Board

Independent Auditor's Report

to the members of

The British Geriatrics Society

Opinion

We have audited the financial statements of The British Geriatrics Society (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2021 and of the group's 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 and 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 group financial statements section of our report. We are independent of the group and parent 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 The British Geriatrics Society 's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the group financial statements and our auditor's report thereon. Our opinion on the group 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.

Independent Auditor's Report

to the members of

The British Geriatrics Society

In connection with our audit of the group financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group 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 group financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- 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 group and the parent charitable company and their 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 and Charities Act 2011 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' 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 parent 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 group's and the parent 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 group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Independent Auditor's Report

to the members of

The British Geriatrics Society

Auditor's responsibilities for the audit of the financial statements

We have been appointed auditor under the Companies Act 2006 and section 151 of the Charities Act 2011 and report in accordance with those Acts.

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 audit and risk committee, which included obtaining and reviewing supporting documentation, concerning the group'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 group 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 group 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

The British Geriatrics Society

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. 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 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. 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)

15 November 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor

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

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2021

	Note	Unrestricted £	Restricted £	Endowment £	2021 Total £	Unrestricted £	Restricted £	Endowment £	2020 Total £
Income from:									
Donations and legacies	2	6,225	-	-	6,225	1,432	-	-	1,432
Charitable activities									
Membership Subscriptions	3	518,231	-	-	518,231	474,822	-	-	474,822
Professional Development & Events	3	155,605	52,482	-	208,087	430,233	151,948	-	582,181
Age & Ageing Journal	3	357,825	-	-	357,825	337,712	-	-	337,712
Education & Research	3	6,191	-	-	6,191	12,000	13,064	-	25,064
Other		10,622	2,788	-	13,410	9,862	112,137	-	121,999
Investments	4	38,718	15,248	-	53,966	38,278	14,950	-	53,228
		1,093,417	70,518	-	1,163,935	1,304,339	292,099	-	1,596,438
Expenditure on:									
Charitable activities									
Membership Services	5a	131,445	-	-	131,445	128,178	-	-	128,178
Professional Development & Events	5a	406,381	21,178	-	427,559	687,970	163,485	-	851,455
Digital & Print Publications	5a	155,692	-	-	155,692	146,836	-	-	146,836
Education & Research	5a	155,539	22,436	-	177,975	196,823	14,964	-	211,787
Policy Influencing & Communications	5a	240,470	-	-	240,470	163,830	-	-	163,830
Total expenditure		1,089,527	43,614	-	1,133,141	1,323,637	178,449	-	1,502,086
Net income / (expenditure) before net gains / (losses) on investments		3,890	26,904	-	30,794	(19,298)	113,650	-	94,352
Net gains / (losses) on investments		579,695	81,475	51,668	712,838	(113,726)	(7,781)	(8,176)	(129,683)
Net income / (expenditure) for the year	7	583,585	108,379	51,668	743,632	(133,024)	105,869	(8,176)	(35,331)
Transfers between funds		59,845	(59,845)	-	-	2,292	(2,292)	-	-
Net income / (expenditure) before other recognised gains and losses		643,430	48,534	51,668	743,632	(130,732)	103,577	(8,176)	(35,331)
Net movement in funds		643,430	48,534	51,668	743,632	(130,732)	103,577	(8,176)	(35,331)
Reconciliation of funds:									
Total funds brought forward		3,060,118	858,215	250,030	4,168,363	3,190,850	754,638	258,206	4,203,694
Total funds carried forward		3,703,549	906,749	301,698	4,911,996	3,060,118	858,215	250,030	4,168,363

The notes on pages 30 onwards form part of these financial statements.

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 19a to the financial statements.

As at 31 March 2021

	Note	The group		Society	
		2021	2020	2021	2020
		£	£	£	£
Fixed assets:					
Tangible assets	12	773,194	804,598	773,194	804,598
Investments	13	3,792,363	3,079,525	3,792,463	3,079,625
		4,565,557	3,884,123	4,565,657	3,884,223
Current assets:					
Debtors	16	236,882	248,339	235,808	276,173
Cash at bank and in hand		608,246	495,566	562,022	407,468
		845,128	743,905	797,830	683,641
Creditors: amounts falling due within one year	17	(498,689)	(459,665)	(451,593)	(399,604)
Net current assets / (liabilities)		346,439	284,240	346,237	284,037
Total net assets / (liabilities)		4,911,996	4,168,363	4,911,893	4,168,260
Funds:					
Permanent Endowment	19a	301,698	250,030	301,698	250,030
Restricted funds	19a	906,749	858,215	906,749	858,215
Unrestricted income funds:					
Designated funds	19a	877,689	955,684	877,689	955,684
Revaluation reserve	19a	1,117,537	537,842	1,117,537	537,842
General funds	19a	1,708,323	1,566,592	1,708,220	1,566,489
Total unrestricted funds		3,703,549	3,060,118	3,703,446	3,060,015
Total Charity Funds		4,911,996	4,168,363	4,911,893	4,168,260

The financial statements which have been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006, were approved and authorised for issue by the Board on 28 October 2021.

Signed on behalf of the board of trustees by

Dr Jennifer Burns
President of the Society, Chair of the Directors and the Trustee Board

28 October 2021

The notes on pages 30 onwards form part of these financial statements

Consolidated statement of cash flows

For the year ended 31 March 2021

	Note	2021 £	£	2020 £	£
Cash flows from operating activities					
Net (expenditure)/ income for the reporting period (as per the statement of financial activities)		743,632		(35,331)	
Depreciation charges		49,089		102,622	
(Gains)/losses on investments		(712,838)		129,683	
Dividends, interest and rent from investments		(53,966)		(53,228)	
Decrease/(increase) in debtors		11,457		356,002	
Increase/(decrease) in creditors		39,024		(421,622)	
Net cash provided by / (used in) operating activities			76,398		78,126
Cash flows from investing activities:					
Dividends, interest and rents from investments		53,966		53,228	
Proceeds from the sale of fixed assets		-		6,747	
Purchase of fixed assets		(17,684)		(112,017)	
Net cash (used in) /provided by investing activities			36,282		(52,042)
Change in cash and cash equivalents in the year			112,680		26,084
Cash and cash equivalents at the beginning of the year			495,566		469,482
Change in cash and cash equivalents due to exchange rate movements			-		-
Cash and cash equivalents at the end of the year	a		608,246		495,566

Analysis of cash and cash equivalents and of net debt

	At 1 April 2020 £	Cash flows £	Other non- cash changes £	At 31 March 2021 £
Cash at bank and in hand	495,566	112,680	-	608,246
a Total cash and cash equivalents	495,566	112,680	-	608,246

Notes to the financial statements

For the year ended 31 March 2021

1 Accounting policies

a) Statutory information

The British Geriatrics Society is a charitable company limited by guarantee and is incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given in the charity information on page 3 of these financial statements. The nature of the charity's operations and principal activities are detailed in the Trustees Report on page 5.

The registered office address and principal place of business is Marjory Warren House 31 St John's Square, London, EC1M 4DN.

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. The presentation currency is GBP rounded to the nearest pound.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary BGS (Trading) Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

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 only work stream to have been significantly affected by Covid 19 was professional development and events, the surplus from which is covenanted to the charitable company, from its trading subsidiary. Following a comprehensive risk assessment in consultation with the Society's Trustees, all BGS events will be delivered via a virtual format until at least the end of 2021 and it is expected that income will at least cover expenditure.

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.

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

e) Income

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

Income 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.

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:

Expenditure on charitable activities includes the costs of delivering services, exhibitions and other educational activities 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.

1 Accounting policies (continued)

i) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

j) Allocation of support costs

Support costs are costs related to those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the Society's programmes and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The basis on which support costs have been allocated are set out in note 5.

k) Operating leases

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

l) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. 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.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

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:

▪ Fixtures and Fittings	10 years
▪ Office Equipment	5 years
▪ Computer Equipment	3 years

Depreciation is not charged on the freehold property since it has an indefinitely long useful life and is maintained to a high standard.

m) 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 and any excess of fair value over the historic cost of the investments will be shown as a fair value reserve in the balance sheet. 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.

n) Investments in subsidiaries

Investments in subsidiaries are at cost.

o) 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.

p) Short term deposits

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

q) 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.

r) 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.

s) 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.

t) Pensions

The Society operates a scheme to contribute a defined amount to individual employees' pension schemes and the pension charge represents the amount payable by the Society to the various schemes in respect of the year.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Donations	6,225	-	6,225	1,432	-	1,432
	<u>6,225</u>	<u>-</u>	<u>6,225</u>	<u>1,432</u>	<u>-</u>	<u>1,432</u>

3 Income from charitable activities

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Membership Subscriptions	518,231	-	518,231	474,822	-	474,822
Professional Development & Events	155,605	52,482	208,087	430,233	151,948	582,181
Age & Ageing Journal	357,825	-	357,825	337,712	-	337,712
Research & Education	6,191	-	6,191	12,000	13,064	25,064
Total income from charitable activities	<u>1,037,852</u>	<u>52,482</u>	<u>1,090,334</u>	<u>1,254,767</u>	<u>165,012</u>	<u>1,419,779</u>

4 Income from investments

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Income from listed investments	38,370	15,248	53,618	37,615	14,949	52,564
Interest receivable on cash deposits	348	-	348	663	1	664
	<u>38,718</u>	<u>15,248</u>	<u>53,966</u>	<u>38,278</u>	<u>14,950</u>	<u>53,228</u>

5a Analysis of expenditure (current year)

	Charitable activities						2021 Total £	2020 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Policy Influencing & Communications £	Operational Support £		
Staff costs (Note 8)	92,480	208,394	112,547	69,074	111,175	142,268	735,938	648,223
Membership costs	2,539	-	-	-	-	-	2,539	4,965
Event costs	-	97,603	-	-	-	-	97,603	414,216
E Learning	-	3,078	-	-	-	-	3,078	22,143
Grants, Fellowships, Awards & Prizes	-	-	-	-	51,673	-	51,673	40,490
Newsletters & Publications	-	-	-	33,706	-	-	33,706	45,989
Age & Ageing	-	-	-	25,875	-	-	25,875	23,538
Communications	-	-	-	-	7,195	-	7,195	8,339
Conference attendance and external memberships	-	-	-	-	3,789	-	3,789	8,983
Website development & support	-	-	-	-	-	6,995	6,995	7,580
Trustee and other committee meeting costs	-	-	-	-	-	998	998	32,339
Premises costs	-	-	-	-	-	13,526	13,526	26,572
Office costs	-	-	-	-	-	51,638	51,638	70,275
ICT costs	-	-	-	-	-	49,499	49,499	45,812
Depreciation	-	-	-	-	-	49,089	49,089	102,622
	95,019	309,075	112,547	128,655	173,832	314,013	1,133,141	1,502,086
Governance & Support costs	36,426	118,484	43,145	49,320	66,638	(314,013)	-	-
Total expenditure 2021	131,445	427,559	155,692	177,975	240,470	-	1,133,141	
Total expenditure 2020	128,178	851,455	146,836	211,787	163,830	-	1,502,086	

Of the total expenditure, £1,089,527 was unrestricted (2020: £1,323,637) and £43,614 was restricted (2020: £178,449).

5b Analysis of expenditure (prior year)

	Charitable activities						2020 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Policy Influencing & Communications £	Operational Support £	
Staff costs (Note 8)	86,740	172,815	105,054	41,506	99,891	142,217	648,223
Membership costs	4,965	-	-	-	-	-	4,965
Event costs	-	414,216	-	-	-	-	414,216
E Learning	-	22,143	-	-	-	-	22,143
Grants, Fellowships, Awards & Prizes	-	-	-	40,490	-	-	40,490
Newsletters & Publications	-	-	-	45,989	-	-	45,989
Age & Ageing	-	-	-	23,538	-	-	23,538
Communications	-	-	-	-	8,339	-	8,339
Conference attendance and external memberships	-	-	-	-	8,983	-	8,983
Website development & support	-	-	-	-	-	7,580	7,580
Trustee and other committee meeting costs	-	-	-	-	-	32,339	32,339
Premises costs	-	-	-	-	-	26,572	26,572
Office costs	-	-	-	-	-	70,275	70,275
ICT costs	-	-	-	-	-	45,812	45,812
Depreciation	-	-	-	-	-	102,622	102,622
	91,705	609,174	105,054	151,523	117,213	427,417	1,502,086
Governance & Support costs	36,473	242,281	41,782	60,264	46,617	(427,417)	-
Total expenditure 2020	128,178	851,455	146,836	211,787	163,830	-	1,502,086

Notes to the financial statements

For the year ended 31 March 2021

6 Analysis of grants and prizes

	Grants to individuals £	Grants to individuals – restricted £	2021 £	Grants to individuals £	Grants to individuals – restricted £	2020 £
Cost						
Doctoral Fellowship Scholarship	-	20406	20,406	-	-	-
Medical Student Elective Grants, Nurses Study Grants & Therapists Study Grants, MD travel Grants	-	-	-	17,064	1,071	18,135
Young Doctors Educational Grants	-	-	-	4,605	-	4,605
Specialist Registrar Research Start Up Grants	22,284	-	22,284	10,000	-	10,000
Multi Year Masters Scholarship	1,703	-	1,703	-	1,000	1,000
Grant in support of "Later Life" Awards and prizes	3,000	-	3,000	-	-	-
	2,250	2,030	4,280	2,850	3,900	6,750
	<u>29,237</u>	<u>22,436</u>	<u>51,673</u>	<u>34,519</u>	<u>5,971</u>	<u>40,490</u>

7 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2021 £	2020 £
Depreciation of tangible fixed assets	49,089	102,622
Operating lease rentals	-	-
Auditor's remuneration (excluding VAT):		
Audit	9,900	9,800
Tax advisory costs	6,105	1,230
Prior year costs incurred in current year	-	1,082
	<u>65,094</u>	<u>114,734</u>

8 Analysis of staff costs, trustees' and key management personnel remuneration and expenses

Staff costs were as follows:

	2021 £	2020 £
Salaries and wages	609,822	514,020
Social security costs	64,381	55,849
Employer's contribution to defined contribution pension schemes	65,246	59,080
Other staff costs	(3,511)	19,274
	<u>735,938</u>	<u>648,223</u>

One employee earned more than £70,000 during the year (2020: one) and one employee between £60,000 and £70,000 ((2020: none).

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £249,383 (2020: £229,543).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £143 (2020: £9,900) incurred by one (2020: 12) members relating to attendance at meetings of the trustees.

Notes to the financial statements

For the year ended 31 March 2021

9 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 12 (2020: 12). One staff member was employed on a part time basis for eight months.

Staff are split across the activities of the charitable company as follows (full time equivalent basis):

	2021 No.	2020 No.
Membership Services	2	3
Professional Development & Events	4	3
Digital & Print Publications	2	2
Education & Research	1	1
Policy Influencing & Communications	1	1
Operational Support	2	2
	12	12

10 Related party transactions

There are no related party transactions other than those which took place with the trading subsidiary (BGS Trading Limited), these have been fully disclosed in Note 14. The balance outstanding due from BGS Trading at the year end was £116,455 (2020:£164,439).

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

11 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary BGS Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was: nil.

12 Tangible fixed assets

The Group/ Charity	Freehold property £	Fixtures and fittings £	Computer equipment £	Total £
Cost				
At 1 April 2020	700,000	72,523	310,796	1,083,319
Additions in year	-	1,564	16,120	17,684
At 31st March 2021	700,000	74,087	326,916	1,101,003
Depreciation				
At 1 April 2020	-	28,876	249,844	278,720
Charge for the year	-	5,214	43,875	49,089
At 31st March 2021	-	34,090	293,719	327,809
Net book value				
At 31st March 2021	700,000	39,997	33,197	773,194
At 1 April 2020	700,000	43,647	60,952	804,598

All of the above assets are used for charitable purposes.

13 Listed investments

	The group		Society	
	2021	2020	2021	2020
	£	£	£	£
Fair value at the start of the year	3,079,525	3,209,208	3,079,525	3,209,208
Additions at cost	-	-	-	-
Disposal proceeds	-	-	-	-
Net gain / (loss) on change in fair value	712,838	(129,683)	712,838	(129,683)
	3,792,363	3,079,525	3,792,363	3,079,525
Investment in Subsidiary	-	-	100	100
Fair value at the end of the year	3,792,363	3,079,525	3,792,463	3,079,625
Historic cost at the end of the year	1,395,571	1,395,571	1,395,571	1,395,571
Investments comprise:				
	The group		Society	
	2021	2020	2021	2020
	£	£	£	£
UK Common investment funds	3,792,363	3,079,525	3,792,363	3,079,525
Investment in Subsidiary	-	-	100	100
	3,792,363	3,079,525	3,792,463	3,079,625

Notes to the financial statements

For the year ended 31 March 2021

14 Subsidiary undertaking

The charity owns the whole of the issued ordinary share capital of BGS (Trading) Limited, a company registered in England. The company number is 02013195. The registered office address is Marjory Warren House, 31 St John's Square, London EC1M 4DN.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustees Dr David Attwood and Dr Sarah Goldberg together with the deputy treasurer Dr Elizabeth Lawn are also directors of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2021 £	2020 £
Turnover	215,146	581,724
Turnover from sales to parent undertaking	-	-
Cost of sales	(97,297)	(407,783)
Cost of sales related to purchases from parent undertaking	-	-
Gross profit/(loss)	117,849	173,941
Administrative expenses	(1,521)	(7,117)
Management charge payable to parent undertaking	(115,601)	(165,907)
Profit/(loss) on ordinary activities before interest and taxation	727	917
Interest receivable and similar income	127	80
Profit / (loss) on ordinary activities before taxation	854	997
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	854	997
Retained earnings		
Total retained earnings brought forward	-	-
Profit / (loss) for the financial year	854	997
Distribution under Gift Aid to parent charity	(854)	(997)
Total retained earnings carried forward	-	-
The aggregate of the assets, liabilities and reserves was:		
Assets	203	203
Liabilities	-	-
Reserves	203	203

Amounts owed to/from the parent undertaking are shown in note 16.

15 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2021 £	2020 £
Gross income	1,065,117	1,181,538
Result for the year	30,833	94,348

16 Debtors

	The group		Society	
	2021 £	2020 £	2021 £	2020 £
Trade debtors	11,250	40,594	-	40
Other debtors	7,498	12,760	7,498	12,750
Prepayments and accrued income	218,134	194,985	111,855	98,944
Amount due from subsidiary	-	-	116,455	164,439
	236,882	248,339	235,808	276,173

All debtors are due within the year.

Notes to the financial statements

For the year ended 31 March 2021

17 Creditors: amounts falling due within one year

	The group		Society	
	2021 £	2020 £	2021 £	2020 £
Trade creditors	9,359	5,651	9,484	5,567
Taxation and social security	19,696	20,558	25,212	15,494
Other creditors	4,818	4,233	4,818	4,233
Accruals	24,974	30,760	22,929	29,487
Deferred income	439,842	398,463	389,150	344,823
	498,689	459,665	451,593	399,604

18 Deferred income

Deferred income comprises subscription and event income relating to 2020/21 received in advance.

	The group		The charity	
	2021 £	2020 £	2021 £	2020 £
Balance at the beginning of the year	398,463	516,448	344,823	323,130
Amount released to income in the year	(398,463)	(516,448)	(344,823)	(323,130)
Amount deferred in the year	439,842	398,463	389,150	344,823
Balance at the end of the year	439,842	398,463	389,150	344,823

19a Fund reconciliation (current year)

	At 1 April 2020 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2021 £
(a) Permanent Endowment						
MK Dhole Bequest	250,030	-	-	-	51,668	301,698
Restricted funds:						
(b) MK Dhole Income	419,776	13,506	(21,406)	-	71,261	483,137
(c) Bulpitt	51,572	1,742	-	-	10,214	63,528
(d) BUPA	29,296	-	-	-	-	29,296
(e) Jim George Memorial Fund	1,250	-	(500)	-	-	750
(f) Research into Ageing	27,241	-	-	-	-	27,241
(g) Frailty in Acute Settings Restricted	16,709	-	-	-	-	16,709
Total research funds	545,844	15,248	(21,906)	-	81,475	620,661
(h) Special Interest Groups (SIGs):						
Cardiovascular	7,579	-	(93)	(500)	-	6,986
Falls and Bone Health	21,337	31,638	(4,893)	(16,000)	-	32,082
Movement Disorders	42,779	140	(3,922)	(11,233)	-	27,764
Frailty in Urgent Care Settings	3,309	-	-	-	-	3,309
Drugs and Prescribing	6,585	-	-	(6,585)	-	-
Care Home	9,997	-	-	(9,997)	-	-
Gastroenterology/Nutrition	708	-	-	(708)	-	-
Diabetes	640	-	-	(640)	-	-
Respiratory	374	-	-	(374)	-	-
Bladder & Bowel Health	9,889	11,709	(3,155)	(7,000)	-	11,443
Ethics and Law	2,896	-	-	(2,896)	-	-
Proactive care of older people	4,883	-	(384)	-	-	4,499
Dementia and Related Mental	1,337	-	-	-	-	1,337
Oncology	7,541	-	(42)	-	-	7,499
Total SIGs	119,854	43,487	(12,489)	(55,933)	-	94,919
(i) Devolved nations						
Scotland	59,546	-	(469)	-	-	59,077
Northern Ireland	16,082	92	(2,457)	(1,304)	-	12,413
Wales	57,111	8,510	(6,132)	(2,608)	-	56,881
Total devolved nations	132,739	8,602	(9,058)	(3,912)	-	128,371
(j) English regions						
NE Thames	4,836	-	-	-	-	4,836
SE Thames	8,790	-	-	-	-	8,790
NW Thames	3,606	2,788	-	-	-	6,394
Northern	9,883	393	-	-	-	10,276
Trent	5,642	-	(53)	-	-	5,589
SW Thames	7,740	-	-	-	-	7,740
Yorkshire	8,074	-	-	-	-	8,074
W Midlands	2,671	-	-	-	-	2,671
South West	1,478	-	-	-	-	1,478
North West	1,825	-	-	-	-	1,825
East Anglia	1,395	-	-	-	-	1,395
Mersey	4,973	-	(66)	-	-	4,907
Oxford	(1,105)	-	-	-	-	(1,105)
Wessex	(30)	-	(42)	-	-	(72)
Total English regions	59,778	3,181	(161)	-	-	62,798
Total restricted funds	858,215	70,518	(43,614)	(59,845)	81,475	906,749

19a Fund reconciliation (current year continued)

	At 1 April 2020 £	Income £	Expenditure £	Transfers £	Investment gains £	At 31 March 2021 £
Unrestricted funds:						
Designated funds:						
(k) Fixed Asset fund	804,598	-	-	(31,403)	-	773,195
(l) M A Kuck research fund	38,742	-	(29,237)	-	-	9,505
(m) Designated grants fund Member services and communications development fund	26,884	-	-	21,200	-	48,084
(n) ICT upgrade capital fund	38,513	-	(13,778)	(24,735)	-	-
(o) BGS Development fund	15,691	-	(24,777)	9,086	-	-
(p) BGS Development fund	31,256	-	-	15,649	-	46,905
Total designated funds	955,684	-	(67,792)	(10,203)	-	877,689
(q) Revaluation reserve	537,842	-	-	-	579,695	1,117,537
General funds	1,566,489	1,093,417	(1,021,735)	70,048	-	1,708,220
Non-charitable trading funds						
(r) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	3,060,118	1,093,417	(1,089,527)	59,845	579,695	3,703,549
Total funds	4,168,363	1,163,935	(1,133,141)	-	712,838	4,911,996

The narrative to explain the purpose of each fund is given below.

(a) The Dhole Permanent Endowment Fund

The Permanent Endowment Fund relates to the Dr MK Dhole bequest which was provided to enable any investment income arising on the bequest to be applied for the provision of a biannual award for the most deserving published work of medical research appertaining to the needs of aged people. Any remainder income is to be used for the provision, endowment and financing of scholarships, fellowships and lectureships of all kinds connected with research in the field of geriatric medicine.

Purposes of restricted funds

- (b) The M K Dhole Income Fund is a restricted fund that receives the income from the Dhole Permanent Endowment Fund. It is used to fund the annual Dhole-Eddlestone Memorial Prize of £1,000 for a paper published in Age and Ageing during the previous calendar year. From 2020/21 it has been used to fund the Joint Dunhill Medical Trust BGS Doctoral Training Fellowship Scholarship. (Note 22). The total awarded by 31 March 2021 but not paid was £151,540.
- (c) The Bulpitt Fund is used to fund up to two essay prizes of £400 each awarded every year by the Cardiovascular Section.
- (d) The BUPA Fund is used to: (a) produce and publish clinical guidance on the assessment and management of pain in older people, and (b) other clinical guidance relating to the healthcare of older people with frailty, and (c) remaining funds to be spent on BGS research grants.
- (e) The Jim George Memorial Fund was established using a donation in memoriam received during the year. It is to be used to fund the two annual winners of the BGS Rising Star Awards, initially for five years. £500 was awarded in 2020/21 (2019/20: £500).
- (f) Research into Ageing Fund – we are currently reviewing the remaining balance of this fund as the purpose for which it may be used is not clear.
- (g) The Frailty in Acute Settings Fund was established using money donated by a member who wishes to be consulted before significant spending is made. It was used to support the Frailsafe project, now complete. There was no movement on this fund in 2020/21 (2019/20: Surplus funds from the Frailsafe project of £13,064 were used to support the development of an E Learning module on Frailty (£12,064) and the publication of the SCoOP Acute Hospitals Outcomes Report (£1,000)).
- (h) The Special Interest Groups (SIG's) are restricted in so far as they are to be used by the relevant SIG for charitable purposes in the particular special interest field. Funds from SIGs which are no longer active have been transferred into the designated grants fund.

Purposes of restricted funds (continued)

- (i) The devolved nation funds are restricted in so far as they are to be used by the relevant devolved nation for charitable purposes.
- (j) The English regions funds are restricted in so far as they are to be used by the relevant BGS English region for charitable purposes.

Purposes of designated funds

- (k) The Fixed Asset Fund, was designated to assist in identifying those funds that are not free funds. It represents the net book value of tangible assets and includes Marjory Warren House, the Society's registered office.
- (l) The M A Kuck Research Fund, was designated to recognise the monies received from the estate of the late Dr M A Kuck, a former member, for research fellowships. It is currently used to fund Specialist Registrar Research Start Up Grants and also Young Doctors Educational Grants which help young doctors attend a meeting, possibly a BGS meeting, to present research.
- (m) The designated grants fund was established in order to retain flexibility over the mix of grants awarded. Nurses study grants, therapists study grants and young doctors elective grants are currently awarded out of this fund.
- (n) The member services and communications development fund was established for developing the Society's communications.
- (o) The ICT upgrade capital fund was established to cover various IT upgrades to improve the Society's efficiency. These include video-conferencing facilities; improving internet quality and speed, and additional 'cloud' resources for data management.
- (p) The BGS development fund was established for future projects, such as exploring sources of sponsorship to aid the Society's financial sustainability, further development of the BGS website, eLearning and other "cloud" resources to support members.

The member services and communications development fund, the ICT upgrade capital fund and the BGS development fund were combined into one fund during the year– the BGS development fund.

- (q) The revaluation reserve fund represents the accumulated unrealised gain net of losses on the Society's listed general investments.
- (r) The charitable trading fund is the general fund of the trading company.

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19b Fund reconciliation (prior year)

	At 1 April 2019 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2020 £
(a) Permanent Endowment						
MK Dhole Bequest	258,206	-	-	-	(8,176)	250,030
Restricted funds:						
(b) MK Dhole Income	411,991	13,242	(1,000)	1,708	(6,165)	419,776
(c) Bulpitt	51,880	1,708	(400)	-	(1,616)	51,572
(d) BUPA	29,296	-	-	-	-	29,296
(e) Jim George Memorial Fund	1,750	-	(500)	-	-	1,250
(f) Research into Ageing	27,241	17,064	(13,064)	(4,000)	-	27,241
(g) Frailty in Acute Settings Restricted	16,709	-	-	-	-	16,709
Total Research Funds	538,867	32,014	(14,964)	(2,292)	(7,781)	545,844
(h) Special Interest Groups (SIGs):						
Cardiovascular (Section)	34,242	16,801	(43,464)	-	-	7,579
Falls and Bone Health (Section)	23,235	26,467	(28,365)	-	-	21,337
Movement Disorders (Section)	27,344	32,490	(17,055)	-	-	42,779
Frailty in Urgent Care Settings	3,407	-	(98)	-	-	3,309
Drugs and Prescribing (Section)	6,585	-	-	-	-	6,585
Care Home (SIG)	9,997	-	-	-	-	9,997
Gastroenterology/Nutrition (IG)	708	-	-	-	-	708
Diabetes (SIG)	640	-	-	-	-	640
Respiratory (SIG)	374	-	-	-	-	374
Bladder & Bowel Health (SIG)	10,519	11,261	(11,891)	-	-	9,889
Ethics and Law (SIG)	2,896	-	-	-	-	2,896
Proactive care of older people	7,268	875	(3,260)	-	-	4,883
Dementia and Related Mental	1,681	-	(344)	-	-	1,337
Oncology (SIG)	7,407	150	(16)	-	-	7,541
Total Sigs & Sections	136,303	88,044	(104,493)	-	-	119,854
(i) Nations						
Scotland	4,014	64,785	(9,253)	-	-	59,546
Northern Ireland	4,155	22,558	(10,631)	-	-	16,082
Wales	15,209	50,216	(8,314)	-	-	57,111
Total Nations	23,378	137,559	(28,198)	-	-	132,739
(j) English Regions						
NE Thames	3,478	2,779	(1,421)	-	-	4,836
SE Thames	7,685	4,388	(3,283)	-	-	8,790
NW Thames	2,805	1,203	(402)	-	-	3,606
Northern	9,368	1,808	(1,293)	-	-	9,883
Trent	6,975	954	(2,287)	-	-	5,642
SW Thames	5,056	2,722	(38)	-	-	7,740
Yorkshire	5,658	3,167	(751)	-	-	8,074
W Midlands	6,760	2,350	(6,439)	-	-	2,671
South West	(648)	6,588	(4,462)	-	-	1,478
North West	3,475	875	(2,525)	-	-	1,825
East Anglia	1,199	3,919	(3,723)	-	-	1,395
Mersey	5,217	3,729	(3,973)	-	-	4,973
Oxford	(938)	-	(167)	-	-	(1,105)
Wessex	-	-	(30)	-	-	(30)
Total English Regions	56,090	34,482	(30,794)	-	-	59,778
Total restricted funds	754,638	292,099	(178,449)	(2,292)	(7,781)	858,215

19a Fund reconciliation (current year continued)

	At 1 April 2019 £	Income £	Expenditure £	Transfers £	Investment gains £	At 31 March 2020 £
Unrestricted funds:						
Designated funds:						
(k) Fixed Asset Fund	801,950	-	-	2,648	-	804,598
(l) M A Kuck research fund	52,177	-	(13,435)	-	-	38,742
(m) Designated Grants fund	55,332	-	(28,448)	-	-	26,884
(n) Member services and	86,419	-	(38,574)	(9,332)	-	38,513
(o) ICT upgrade capital fund	72,046	-	(61,817)	5,462	-	15,691
(p) BGS Development fund	44,186	-	(6,571)	(6,359)	-	31,256
Total designated funds	1,112,110	-	(148,845)	(7,581)	-	955,684
(q) Revaluation reserve	651,568	-	-	-	(113,726)	537,842
General funds	1,427,069	1,304,339	(1,174,792)	9,873	-	1,566,489
Non-charitable trading funds	-	-	-	-	-	-
(r) Charitable Trading Fund	103	-	-	-	-	103
Total unrestricted funds	3,190,850	1,304,339	(1,323,637)	2,292	(113,726)	3,060,118
Total funds	4,203,694	1,596,438	(1,502,086)	-	(129,683)	4,168,363

20a Analysis of net assets between Funds (current year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	–	773,194	–	–	773,194
Investments	3,046,743	–	443,922	301,698	3,792,363
Cash	40,924	104,495	462,827	–	608,246
Other current assets / liabilities	(261,807)	–	–	–	(261,807)
Total	2,825,860	877,689	906,749	301,698	4,911,996

20b Analysis of net assets between Funds (prior year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	–	804,598	–	–	804,598
Investments	2,467,048	–	362,447	250,030	3,079,525
Cash	(151,288)	151,086	495,768	–	495,566
Other current assets / liabilities	(211,326)	–	–	–	(211,326)
Total	2,104,434	955,684	858,215	250,030	4,168,363

21 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.

22 Doctoral Fellowship Scholarship

BGS and Dunhill Medical Trust have agreed to share equally the costs of one Doctoral Fellowship Scholarship annually for a period up to three years starting in 2019. Each fellowship will be held at an appropriate UK research institution. The total cost of each grant will not exceed £210,000. Two fellowships have now been awarded with a total commitment to BGS of £171,946. The maximum liability of BGS will be £273,830 (2020/21: £20,406; 2021/22 £22,860; 2022/23, £79,827; 2023/24 £55,544; 2024/25 £55,869; 2025/26 £21,316, 2026/27 21,125).