

ROYAL OSTEOPOROSIS SOCIETY
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

Company Number: 4995013
England and Wales Charity Number: 1102712
Scotland Charity Number: SC039755
Isle of Man Foreign Company number 006188F and Charity number: 1284

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Reference and Administrative Details:

President	HRH The Duchess of Cornwall	
Ambassadors	Sean Bean Deborah Bull, CBE Wendy Craig Peter Cruddas Liz Earle Susan Hampshire, CBE Craig Revel Horwood Nerys Hughes Trisha Goddard	Ross Kemp Felicity Ann Kendal, CBE Cath Kidston Miriam Margolyes, OBE Diana Moran Maggie Philbin OBE Helen Sharman, OBE Dr Miriam Stoppard Lizzie Webb

Honorary Officers

Chairman: Prof Neil Gittoes

Vice Chairman: Mrs Carole Walker (retired 20 May 2021)
Mrs Frances Grigg (From 21 May 2021)

Treasurer: Mrs Frances Grigg (to 20 May 2021)
Mr Peter Gotham (from 21 May 2021)

Trustees: Mr Richard Darch
Prof Nicholas Harvey
Mrs Claire Hook
Dr Rosemary Leonard
(resigned 16 May 2021)
Dr Nicky Peel
Ms Caroline Trewhitt
Dr Lynne Wiggins

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Senior Leadership Team:

Chief Executive:	Craig Jones	Appointed March 2020
Finance & Resources Director:	Thom Harvey	Appointed May 2021
Governance, People and Culture Advisor	Helen Kingman	Appointed June 1989
Director of Clinical Services	Lauren Wiggins	Appointed January 2021
Director of Development	Jamie Grier	Appointed March 2021

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REFERENCE AND ADMINISTRATIVE DETAILS (continued)

Registered office:	St James House Lower Bristol Road Bath BA2 3NH
Auditors:	Crowe U.K. LLP St James House Cheltenham GL50 3PR
Bankers:	National Westminster Bank plc 3 High Street Midsomer Norton Bath BA3 2ZY
Investment Advisors:	HSBC Private Bank (UK) Limited 8 Cork Street London W1S 3LJ
Solicitors:	DAC Beachcroft LLP Portwall Place Bristol BS99 7UD Bates Wells 10 Queen Street Place London EC4R 1BE Stone King Upper Borough Court Bath BA1 1RG
Company number:	4995013
Charity number England and Wales:	1102712
Charity number Scotland:	SC039755
Charity number Isle of Man:	1284
Foreign Company number Isle of Man:	006188F

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1.0 Introduction

The trustees present their annual report, including the audited financial statements, summarising the performance and impact of the Royal Osteoporosis Society for the year ended 31 December 2021.

The financial statements have been prepared under the historical cost convention, as modified by the revaluation of investments and 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 (FRS102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) and the Companies Act 2006.

2.0 Objectives and Activities

The trustees have referred to the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives. The Memorandum of Association states that the principal objects for which the charity exists are as follows:

- To relieve sickness and to promote and advance medical knowledge, with particular reference to all aspects of osteoporosis and all similar and related conditions;
- To undertake research in relation thereto, and to publish the useful results of such research.

The activities undertaken to meet these objectives are set out in our corporate strategy.

3.0 Public Benefit Statement

The trustees have complied with the duty under section 17 of the Charities Act 2011 to have due regard to the Charity Commission's public benefit guidance when reviewing the organisation's aims, objectives, plans and performance. The public benefits from the ROS's work through:

- Our information and educational resources, including our Helpline and website;
- Our campaigning work to improve awareness and understanding of osteoporosis;
- Our investment in research to improve treatment.

4.0 Vision, Mission and Values

Our vision: Strong and healthy bones for life

Our purpose: We transform lives and society by leading the effort to improve bone health and defeat osteoporosis.

- Improve the bone health of our nation and prevent osteoporosis;
- Influence healthcare providers and professionals to deliver high quality healthcare so that people are assessed and treated for osteoporosis earlier;
- Provide the best information, support and services to help people with osteoporosis live well;
- Drive the research and development of new treatments and therapies that will ultimately beat osteoporosis.

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Our goals

- To drive fraction prevention amongst people who are at high risk
- Quicker diagnosis and better ongoing care, wherever people live.
- To support more people to live well with osteoporosis.

Our values

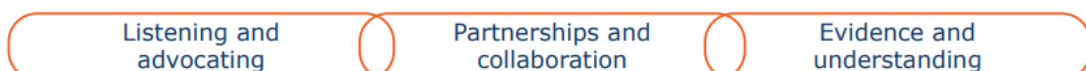
- We're Bold – We fearlessly stand up for and give a voice to people who need us.;
- We're Focused – We concentrate on where we can make the biggest difference;
- We're Collaborative – We work as one team and embrace partners to change society together;
- We have integrity - You can trust us to do what we say we will

Our **corporate strategy for 2021** identified four aims, **Prevention, Care, Support and Cure**, through which we strive to deliver our vision of a future without osteoporosis. The activities summarised in this report are aligned with those aims.

Our vision:
A future without osteoporosis

OUR AIMS				
	Prevention	Care	Support	Cure
Aim	Everyone has the best possible bone health throughout their life	Everyone who breaks a bone or is at risk of osteoporosis is assessed and managed appropriately	Everyone with osteoporosis is able to live well and manage their condition in ways that best meet their needs	People have fewer fractures and live well as a result of new interventions
Activity	Promoting bone health, encouraging behaviour change	Working with service providers and healthcare professionals to improve access to quality services	Providing support and information directly to people living with osteoporosis	Influence and partner with organisations to develop more effective interventions and ultimately a cure
Cross-cutting aim: Sustainability A high-performing, financially-resilient charity, best placed to serve the public for as long as we are needed				

To achieve our aims, our work is underpinned by our principles:



5.0 Managing the impact of the Covid-19 pandemic:

The impact of COVID-19 was mainly felt in the areas of income generation and peer-to-peer support services. On the income side, our face-to-face fundraising events have been a significant part of our portfolio for many years. Some of these events were cancelled, while others were downsized due to concern about social distancing. On the peer education side, our support groups continued to meet digitally during the pandemic, but this meant that a small minority of people who were less comfortable online were unable to participate. The Specialist Nurse Helpline was an alternative to serve their needs over that period.

The savings we found in 2020 through our strategic restructure ensured that our overall financial position remained strong throughout the year.

Organisational Performance

This section provides an overview of the significant activities undertaken by the charity in order to achieve the charity's strategic aims and objectives for the public benefit. How these activities are financed is outlined in the Financial Statements.

The charity recognises that our achievements are only made possible thanks to the amazing generosity of our members and donors, and the invaluable contribution made by our volunteers, support groups, committee members, scientific advisors and employees.

Support Services

Demand for our support services reached record levels as the NHS continued through the COVID-19 pandemic. We delivered support to members of the public over 347,000 times over the course of the year, beating our target by 16%.

Calls to our Helpline, already at record levels, increased by a further 28%, resulting in over 14,200 enquiries answered over the course of 2021. The most common enquiries were about treatment adherence and medication. The Helpline maintained a 96% user satisfaction rating. We also developed an in-depth survey to track the impact of calls on the health and wellbeing of users, eight weeks on from the engagement, which offers richer and more sophisticated monitoring model that we'll deepen further in 2022.

We continued to modernise our support services through extending our digital offer. A notable addition was the release of our video series for people who are newly diagnosed, which received over 15,000 views. Fronted by ROS members and volunteers, as well as Specialist Nurses, the videos are a template for further digital resources.

With NHS services continuing to operate at severely reduced capacity due to the pandemic we ensured our local support groups were able to come together virtually to facilitate peer-to-peer support. Over 70% of support groups took advantage of the opportunity to have digital meetings during the pandemic, with almost 2,400 virtual event attendances during the year.

We deepened our volunteering offer through the launch of a new programme of Lead Volunteer Advocates and Community Advice Network members. The new model was framed as an extension of the Patient Advocacy role that has been successful in our Academy. By the end of the year, over 70 advocates had been recruited, with several high-profile examples of putting lived experience at

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the heart of our work, including in the media, Parliament, our digital support and in the design of our new corporate strategy.

Campaigning

We launched our new public affairs programme, which became one of our most successful initiatives of recent years. We provided in-person or written briefings for 119 legislators and NHS leaders over the course of the year, beating our target. This included three meetings with the key Minister in the Department of Health and Social Care (DHSC). Using our relaunched All Party Parliamentary Group (APPG) as a platform for debate, we delivered an ambitious Inquiry into how to end the postcode lottery for a quality-assured Fracture Liaison Service (FLS). The call for evidence received over 80 responses, with three insight-rich oral evidence sessions attended by NHS leaders, clinicians and Lead Volunteer Advocates. Our *Life with Osteoporosis 2021* report gave us a contemporary snapshot of the realities of delayed diagnosis and inadequate follow-up, thanks to the participation of 3,300 members in the 45-minute survey. A comprehensive Freedom of Information request captured up-to-date evidence on the coverage and quality of FLS across the country, culminating in a detailed policy report and set of recommendations that was received by Gillian Keegan MP, Minister for Care, on behalf of the Government.

Several other Parliamentary interventions included two sets of questions for short debate in the House of Lords, participation in a menopause debate in Westminster Hall, and also our Mass Virtual Lobby of Parliament on World Osteoporosis Day. On the same day, we were pleased to present our new policy manifesto, *Breaking the Silence*, to the Prime Minister's Health Advisers in a meeting inside Number 10.

As a prelude to further influencing across the devolved nations in 2022, we lobbied Scottish politicians on the need for an FLS Database north of the border, as well as challenges within the local health service in Glasgow.

2021 was our strongest year for media coverage in recent memory, with over 1,000 pieces generated over the course of the year, with an advertising value of £2.9m (beating our revised target of £2.5m). Several policy-focused news reports in the Mail, Telegraph and Scotsman articulated the emerging evidence from our APPG Inquiry. In an interview with the BBC's *Morning Live* programme, HRH The Duchess of Cornwall spoke movingly about the need to raise awareness of bone health amongst young people. This high-profile intervention secured an extraordinary amount of coverage on World Osteoporosis Day, both at home and abroad. Gloria Hunniford offered to become an ROS Ambassador following the interview, joining Trisha Goddard, Val Stones and Helen Sharman as new celebrity advocates for ROS.

We raised ROS's profile in the charity sector through published opinion pieces in Third Sector Magazine and Civil Society Magazine on our management of the pandemic and office move, respectively.

We invested in the improvement of our website, both in terms of content and look and feel. Alongside this, we built our social media following by 17%, reaching a high for the organisation on Facebook, Twitter and Instagram.

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Clinical engagement

Over the course of the year we delivered education, training and development opportunities for healthcare professionals over 2,800 times. Topics included: Vertebral (spinal) fracture identification, DXA quality, secondary fracture prevention, managing complex cases and lifelong bone health. We completed work on our State of the Nation Report into Vertebral (spinal) Fractures and publicised the findings in the Daily Mail. Key insights included the finding that 2.2m people are estimated to have undiagnosed spinal fractures, with 70% of these fractures never coming to medical attention. We launched our new eLearning for clinical identification of spinal fractures and our guidance for HCPs on the same subject is being finalised for launch in early 2022. We delayed our set-piece conference for HCPs owing to the COVID-19 pandemic, pivoting instead towards planning a shorter conference in 2023. We phased out our direct administration of clinical networks across the UK, moving to a collaborative, hands-off model where we work in partnership with HCPs across the four nations on public affairs advocacy and service improvement.

Driving improvement to NHS services

ROS has been a major contributor to both NHS England's *Best MSK Health* pathway redesign programme and the Welsh Governments MSK framework. Our aim has been to ensure that the Fracture Liaison Service (FLS) model is a key component in both policy documents, which we can then use for leverage in local influencing.

We've supported seven NHS Trusts that are looking at establishing an FLS with benefits calculation data and pathway costings. We've supported a further 14 NHS Trusts with FLS data for service improvement business cases.

We've supported the team at an Integrated Care System (ICS) to improve their three FLSs and standardise provision across the locality to ensure services are resourced and are delivering to KPIs for the population. We'll use the insights from this pilot to inform our work with further ICSs in 2022.

Investment in research

We published our Research Roadmap through our Academy in January, setting out the academic community's priorities for research. Later in the year we delivered the biggest investment in research grants in our history, with £400k of investment in projects aligned with the Research Roadmap. This grants round generated the greatest number of applications ROS has ever received. We put the patient voice at the heart of the selection process for the winners, thanks to our first-rate Patient Advocates and lay assessors.

The five project grants we're now funding are these:

Creating an infrastructure to improve understanding and outcome of Pregnancy Associated Osteoporosis (Professor Ralston, University of Edinburgh, £100,000).

Pregnancy Associated Osteoporosis is a rare but devastating condition which typically presents with the occurrence of multiple spinal fractures during the late stages of pregnancy. This large-

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scale UK wide study aims to provide new insights into risk factors and genetic factors associated with Pregnancy Associated Osteoporosis and provide an infrastructure which will form the basis of improved diagnosis and new approaches to treatment.

Implementing improved fracture risk assessment in primary care: enhancing capture and quality of self-reported risk factors in electronic health records in primary care (Professor McCloskey, University of Sheffield, £92,178).

We can identify patients at increased risk of fractures using simple questionnaire-based tools and have safe treatments that work well. However, unfortunately three out of four people at increased risk of fracture don't receive treatment, largely because this risk goes unidentified. The study aims to address opportunities and barriers to easy assessment of fracture risk and explore patient centred interactive approaches to efficiently bring this to the attention of GPs.

Using real world audit data to identify the high-risk fracture patients and determinants of effective and efficient secondary fracture prevention (Dr Javaid, University of Oxford, £70,093).

The NHS funds Fracture Liaison Services (FLSs) to provide osteoporosis checks for patients after a broken bone. However, there are significant differences between FLSs with only 1:10 patients receiving the highest standards of care. This study aims to improve how well FLSs work by identifying key organisational factors and also focus on patients at very high risk to update patient pathways to better manage this group.

Applicability of Vfrac in Men: An Osteoporotic Vertebral Fracture Screening Tool for Use in Older People with Back Pain (Professor Clark, University of Bristol, £32,597).

A spinal fracture increases the chance of more fractures, but only one in three patients are diagnosed. The study aims to address an important gap in our understanding of the experiences of men with osteoporotic spinal fractures. This will lead to modification of an existing effective spinal fracture screening tool to be relevant for both men and women, thereby promoting equity and fairness in delivery of the best quality healthcare for older people with osteoporosis.

How can understanding of DXA scans among primary care practitioners & patients be optimised to potentially increase treatment uptake? (Dr Bullock and Dr Paskins, Keele University, £62,627).

Osteoporosis is diagnosed by a bone density (DXA) scan, which calculates how dense your bones are. Understanding your own DXA result is of critical importance in understanding your own risk of fracture and to inform decision-making about medicines. This study aims to create new resources for GPs and healthcare professionals aimed at increasing patient understanding of a DXA scan result to improve initiation and adherence to osteoporosis medication.

The Early Career Grant recipient will lead the following study:

Are advanced glycation end products (AGEs) biomarkers of long- term low bone remodelling? (Dr Tatiane Vilaca, University of Sheffield, £23,372).

Advanced glycation end products (AGEs) are formed when sugars bind to the collagen in bone, and this modification is known to negatively affect the ageing skeleton. This study will investigate if AGEs can give us information about bone quality and long-term bone renewal in people receiving osteoporosis treatment, which will help to personalise osteoporosis treatments in the future.

The Innovative Grant recipient will lead the following study:

Assessing the validity and acceptability of using smartphones to monitor bone-specific activity (BSA) (Dr Victoria Stiles, University of Exeter, £10,000).

Previous research has shown women who accumulated more than 2 mins of moderate-impact bone-specific activity (BSA) per day had 6% better bone mineral density (BMD) compared to those who did less, and a 6% BMD increase almost halves the risk of spinal and hip fractures.

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Smartphones (owned by >75% UK adults) contain similar technology to the monitors used in this research, however no app currently monitors characteristics of activity most relevant to bone health. This study will assess the validity and acceptability of using smartphones to monitor bone-specific activity to inform future app interventions to help prevent osteoporosis.

Running an effective organisation

Recognising the amount of change in the external environment since our last strategy was launched in 2019, the Board of Trustees commissioned a refresh of the corporate strategy. Over a six-month process, the senior team commissioned extensive research into the views of members, volunteers, healthcare professionals and members of other customer groups. Structured interviews were conducted with funders, Parliamentarians and NHS leaders to learn more of external impressions of ROS's impact and performance. The findings of our *Life with Osteoporosis 2021* survey provided a contemporary snapshot into the needs of our service users. A new corporate strategy was designed based on the insights gathered. The new strategy, which was adopted by the Board of Trustees for commencement in January 2022, includes a greater focus on public policy influencing, public awareness campaigning, digital support, and equality and diversity.

We surveyed our workforce on their office accommodation needs following the pandemic, finding a strong preference for hybrid working. New policies were drafted and consulted on to enable our employees to enjoy the best of both worlds between office and home working. This enabled us to successfully market our Camerton office, with a completion date of March 2022. We'll move to a smaller floorplate in a leased office in Bath City Centre from April 2022.

A combination of spending restraint following our 2020 restructure and a strong legacy year enabled us to rebuild our reserves. The higher threshold set by Trustees was met by the end of the year. The expectation of further legacy income and the proceeds of our building sale have enabled us to embark on a £1.7m investment programme in four areas of growth between 2022-4: digital support, public affairs, annual research grants rounds, and public advertising linked to the Prevention strand of our new strategy.

Our efforts to diversify our income in 2021 fell short of our short-term ambitions due to the difficult funding environment for charities and some capacity gaps in our fundraising teams. A three-year funding plan to remedy these issues was approved by the Board of Trustees, ready for roll-out in 2022, backed by the recruitment of strong candidates into key roles. We spent an average of £1,000 per head in the professional development of our people, which is a high watermark of training investment at ROS. We conducted another annual employee survey, establishing an engagement score of 76%, which is 4pt ahead of the charity sector average, but a small decline on our 82% score from 2021. We'll be carrying out an engagement exercise to identify where we can improve, with a view to raising this score in our January 2023 survey.

Looking ahead

In 2021 the organisation completed a strategic review engaging in depth with a broad range of stakeholders including service users, clinicians, volunteers, staff and policy makers. This has produced a strategy which will reorientate ROS to meet the needs of society following the COVID-19 pandemic.

Even before the pandemic, the treatment gap for osteoporosis was startlingly wide, with around two-thirds of people missing out on the treatment they need. NHS backlogs have widened that treatment gap still further.

Action is now beyond the point of urgency.

For the lifetime of this strategy, we'll focus on closing the treatment gap through our advocacy, while reducing demand on the NHS through prevention and support.

Demand for our support services has reached record levels as we've filled in for NHS services. We know the NHS's recovery will take time, so we'll continue to step up for everyone who needs help. This puts a premium on the need to invest in, widen access to, and improve our direct support services.

On a local and national level, we'll influence the NHS to change, holding decision makers to account to ensure fairer and more equitable care across all parts of the UK.

This strategy is also about inspiring a revolution in prevention. We want greater awareness amongst people in high-risk groups, and a 'nudge' to action to prevent avoidable fractures. Early intervention is the golden ticket to beating osteoporosis and fractures, while safeguarding our NHS.



1 Awareness

Our Awareness strand aims to raise the profile and understanding of osteoporosis across civil society, challenging the unhelpful myths and stereotypes that often get in the way of a quick diagnosis. This programme will influence partner organisations, opinion-formers and commentators to take bone health more seriously and empower people to look after their bones. In 2022, we'll start by raising the value of our media coverage – already at a record level – by a further 15%. We'll also use advice, accreditation and publicity to

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drive up standards in organisations that provide services for people living with osteoporosis, focusing in 2022 on increasing participation in our Bone Health Accreditation Scheme.

2 Prevention

Our Prevention strand is about warning people who may be at higher risk, so we can get them into the system faster and ensure early intervention. We'll focus our work on the people who are at the greatest likelihood of needing us in future. This will include people who have already had their first fracture and people who are over 45 – the age that five-yearly health checks begin and the time when the perimenopause begins for women. We'll launch a national advertising campaign to direct these groups towards an online osteoporosis risk-checker tool. People found to be low risk will be given lifestyle advice to maintain that position. People found to be at higher risk will be given advice on how to have a good conversation with their GP.

Another priority group is people whose pre-existing health conditions or medication puts them at higher risk of osteoporosis. In 2022, we'll reach a further 50,000 people in this category through platform speeches, articles, podcasts and joint webinars with the health charities who represent them.

3 Influencing care

The Influencing Care strand aims to put osteoporosis at the top of the public health agenda and keep it there, driving up standards of care. In 2022, we'll continue momentum behind our All Party Parliamentary Group (APPG) by carrying out another solution-focused Inquiry, this time into under-diagnosis of osteoporosis in primary care. We'll launch a branded campaign to lobby local decision-makers to implement the findings of last year's APPG report into ending the postcode lottery for Fracture Liaison Services. Learning from our impact in Westminster, we'll extend our campaigning work across the devolved nations, lobbying for change in the Welsh Senedd, Holyrood and Stormont. To ensure to build the evidence base underpinning our advocacy campaign, we'll continue our record investment in research, spending at least £250k on research studies which can help close the treatment gap.

4 Support

The Support strand is about helping more people than ever to live well with osteoporosis, widening our channels for support. A priority will be to use digital, one-to-many channels to reach more people and do it in a way that's more cost-effective. We'll put a particular emphasis on helping people become more confident with their treatment regime, which is at the top of the list of people's concerns. In 2022, we'll deliver support at least 400,000 times and show that at least 70% of service users felt the intervention made them better able to manage the impact of the condition in their lives.

5 Equity

We know there are people whose experience of osteoporosis is even harder, including people from lower-income households. Our cross-cutting Equity strand is putting areas where there is the greatest need at the front of the queue. It's also about engaging the people and communities we've found hard-to-reach in the past. In 2022, we'll make sure at least three of our priority programmes are designed to serve the needs of people from lower-income households. This will include media buying for our Prevention campaign, the emphasis of our service improvement work to improve care in the NHS, and the refresh of the content and tone of our online clinical information.

6 Sustainability

We'll only succeed in our mission if we run an effective, high-performing organisation. Our cross-cutting Sustainability strand is about transforming and modernising the charity so we can achieve excellence in all we do. We'll prize financial responsibility by growing and diversifying our income, while keeping value for money front of mind at all times. In 2022, we'll focus on growing our target income lines (all funding lines, bar legacies) by 30% and engaging 400 new supporters. We'll also raise our employee engagement rating and continue our record investment in training and development of employees to make sure they're the best at what they do.

Financial Review

1. Financial Performance

The financial performance of the charity is set out in the financial statements. The Consolidated Statement of Financial Activities separates out unrestricted funds into Designated and General as it is important to differentiate between planned expenditure relating to previous designated funds and amounts spent on regular core activities.

Total income of £4,288,882 reduced by £786,786 compared to 2020 (restated). Of this decrease £572,900 related to a Government DHSC grant to support services in response to the pandemic and receipts from the Coronavirus Job Retention Scheme. Excluding these items income decreased by £213,886.

Legacies continue to be the main source of income for the charity. In 2021 legacy income was £2,720,061 which equates to 63% of total income, an increase compared to 2020. Diversifying our income to reduce dependency on this income stream is at the heart of our income growth strategy. Around half of the legacies received are left by people who have been members of the charity and who understand the difference their support can make.

Expenditure increased by £191,228 compared to 2020. Staff costs reduced by £507,722 as a result of the restructuring activity that took place in 2020.

2021 concluded with an overall net income of £524,320.

2. Principal Risks and Uncertainties

The Trustees have a risk management strategy in place. The risks the charity may face are identified and reviewed; systems and procedures to mitigate risks identified; and procedures are designed to minimise any potential impact on the charity should those risks materialise. Through this risk management process, the Trustees are satisfied that reasonable steps are being taken to mitigate exposure to the identified major risks. It is recognised that systems can only provide reasonable, but not absolute, assurance that major risks have been adequately managed.

a. Attracting and retaining key individuals

The charity benefits from the support of a broad range of volunteers from those bring their professional experience to support our clinical work to those of give up their time to support local people in their areas. We are also dependent on our staff team to deliver our work. The pandemic has introduced a range of challenges to recruiting, engaging and retaining both groups and the charity has adopted a range actions to mitigate these risks in its 2022 plan.

b. Fundraising Environment

Pressures in the fundraising environment will continue through 2022 as the country faces into a period of higher inflation. This is anticipated to create a headwind for growth in the short to medium term.

With this backdrop the charity has completed an income generation review and put in place a 5 year plan to reduce our dependency on legacy income. We will continue to implement the recommendations income generation review with the objective of reducing our dependency income and develop a balanced portfolio of funding streams and increasing sustainability.

c. Digital Development

In a cost pressured environment, the charity is highly dependent upon stable, fully functioning, integrated digital systems including our Customer Relationship Management (CRM) and website to operate to drive impact growth.

It remains an organisational priority to continue development of our digital capability and systems to support our strategic direction. We will continue to invest in relevant expertise and resources to enhance this capability in 2022.

d. Damage to our Reputation

The charity ensures it is well run by maintaining good governance and management practices. In addition, there is a rigorous recruitment process and ongoing training for staff and trustees to ensure that people do the right thing at the right times. If things go wrong, we have a clear Crisis Management/Business Continuity Plan in place and insurance to mitigate the financial risk to the charity.

e. Coronavirus

As 2021 came to an end the emergence of the Omicron variant demonstrated that we are still operating in a highly uncertain environment. Having restructured the charity and reduced our headcount significantly in 2020, the organisation has seen ensuring the remaining resources were aligned with the charity strategy and operating plans for 2021.

The restructured organisation is braced for a more challenging post-COVID-19 fundraising environment. In 2021 the charity produced a revised strategy which will reorientate to the needs of society following the pandemic.

3. Investment Policy

The Trustees have delegated investment decisions to the Finance, General Purposes and Audit Committee (FGP&A) and have appointed HSBC Private Bank (UK) Ltd to manage professionally the investment portfolio. The charity seeks to produce the best financial return within an acceptable level of risk. The performance of the investment portfolio is benchmarked against the ARC Peer Group (Balanced) benchmark and HSBC's own in-house UK Balanced benchmark.

Reflecting a reduction in uncertainty and a cash surplus in the prior year, we have invested a further £0.6m in our portfolio in 2021. The fund was valued at £2.7m at 31 December 2021.

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4. Grant Making Policy

It is the policy of the charity to fund research that is in line with the charity's mission statement and which follows the recommendations of the Charity Commission and the Association of Medical Research Charities (AMRC) of which the Royal Osteoporosis Society is a member. Our Research Grants Committee (RGC) reports to the Trustees on matters regarding the award and monitoring of grants through the Clinical and Scientific Committee (CSC). The availability of funding is advertised through our regular publications and website.

In 2021, the charity continued to support a total of five new research projects, with a total value of £384k.

5. Reserves Policy

The Royal Osteoporosis Society has no endowment funding, and is largely dependent for income on donor funding, including a significant reliance on legacies. These income streams are subject to large fluctuation from year to year. As a result, the trustees believe our charity should hold reserves to provide protection against such fluctuations and enable us to continue operating in all circumstances and following all eventualities including any significant unexpected fall in income. In addition, we face external risks such as an economic recession, or the continued risks associated with the Covid-19 public health emergency and internal risks relating to our people and technology. We need reserves to ensure that we can respond to unforeseen events, without jeopardising our ability to continue to support people to maintain their bone health and meet our obligations as they fall due.

The trustees reviewed the existing reserves policy in November 2021 and concluded that a risk-based reserves policy was the most appropriate way of managing reserves. The policy states that the Royal Osteoporosis Society should keep sufficient reserves to cover:

- Restricted reserves.
- Any major designated funds to support the future development of the organisation or delivery of key programmes.
- Fixed assets reserves.
- Free reserves to cover:

a) Working capital needs	£0.5m
b) Risk response.	£1.5m
c) The orderly wind up of the charity	<u>£1.1m</u>
	£3.1m

The risk response reserve requirement is based upon the expected cost of responding to our two largest risk materialising at the same time. These risks are considered as part of our corporate risk register, as explained in our annual report under Principal Risks and Uncertainties.

ROYAL OSTEOPOROSIS SOCIETY
TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2021

At December 2021, the charity had free reserves of £1.8m which is below the target amount. The charity intends to dispose of the Camerton property in 2022. On completion proceeds will be transferred, the free reserves target will be met.

6. Going Concern

The Board of Trustees have reviewed Royal Osteoporosis Society activities, financial position and risk management policies together with factors likely to affect future development, including the impact of economic uncertainty on voluntary income, and the impact of the Coronavirus. They have concluded that as a result of the actions taken, it is reasonable to expect Royal Osteoporosis Society to have adequate resources to continue in operation for the foreseeable future. Accordingly, the going concern basis of accounting continues to be adopted in preparing the financial statements.

The charity has provided our Auditors with financial projections out to the end of 2023. These have been constructed with three scenarios demonstrating the worst to best case projections, all of which demonstrate going concern.

Our approach to fundraising

The Royal Osteoporosis Society seeks to transform lives and society by leading the effort to improve bone health and defeat osteoporosis. We are entirely dependent on the commitment of our supporters and take our responsibilities to supporters very seriously.

We fundraise in a wide range of ways in order to maximise our investment in our mission. Our current fundraising activities include our membership programme, direct mail and email marketing, sponsored challenge and community events and host fundraising events. We also welcome legacy and in-memoriam donations, work with grant giving trusts and foundations and corporate partners. We are registered with the regulatory body for fundraising in the UK, the Fundraising Regulator, and pay an annual levy to support its work. We adhere to the standard outlined in the regulator's Code of Fundraising Practice (the code).

We review all our fundraising campaigns to ensure they fully comply with the code, do not place an unreasonable intrusion on anyone's privacy or put undue pressure on them to donate. These activities are overseen by our Finance and General Purposes Committee and the Board of Trustees. We work with a small number of partners to deliver some fundraising activities. As part of our careful selection process we ensure that they are compliant with the code and all applicable laws. We monitor their work carefully to ensure it meets our own high standards.

We operate a fundraising lottery, licensed by the Gambling Commission currently managed externally for us by Unity Lottery, with signposting for responsible gambling advice provided on our website. Each of our corporate partnerships has an associated contract or commercial participant agreement as appropriate.

We work in full compliance with the General Data Protection Regulation (GDPR) guidelines. We contact people by telephone and email only if they specifically agree to it and we are pleased that our supporters respond warmly to our communications.

We welcome feedback from our supporters and have a complaints handling process for when things go wrong, and make sure we learn lessons when they do. In 2021 we received no complaints relating to our fundraising activity.

ROYAL OSTEOPOROSIS SOCIETY
TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2021

Structure, Governance and Management

1. Overview

The Royal Osteoporosis Society was established in 1986 (as the National Osteoporosis Society). The organisation is a charitable company limited by guarantee, incorporated on 15 December 2003 and registered as a charity on 18 March 2004. On 31 July 2008, the charity registered with the Scottish Charity Register to further the development of its activities in Scotland. The charity was registered with the Foreign Company Registry in the Isle of Man on 4 April 2019 and the Isle of Man Charities Registry on 20 June 2019. The organisation was established under a memorandum of association which established the objects and powers of the organisation and is governed under its articles of association. The charity is governed by a Board of Trustees. Those in office during the year, and at the date of signing these financial statements are set out on page 3. Trustees have delegated authority for the day-to-day management of the charity to the Chief Executive.

Following a period of engagement with Members, a Special Resolution was passed in 2014 removing company law responsibility from our standard and professional membership. At the end of 2020, the main Board has 6 committees that enable the effective delivery of organisational objectives and strategic advice to the Board. These committees meet up to 4 times per year and are listed below:

- Clinical & Scientific Committee
- Members & Volunteers Committee
- Finance, General Purposes & Audit Committee
- Appointments & Governance Committee
- Remuneration Committee
- Osteoporosis and Bone Research Academy Committee

In addition, the charity has one wholly owned, subsidiary company, The ROS Trading Company Limited, which was incorporated on 29 September 2009.

The leadership and delivery of the organisation's objectives is undertaken by a Senior Leadership Team based at the charity's registered office in Camerton, near Bath.

2. Trustee Recruitment, Appointment, Induction and Training

The Royal Osteoporosis Society has a robust approach to governance. We strive to meet the highest of standards to ensure our beneficiaries, supporters and the general public can have trust and confidence in us. The charity adheres to a governance handbook which sets out our approach to governance, including how we recruit and select Trustees. This handbook is reviewed and refreshed regularly.

The Appointments & Governance Committee has established a process of Trustee succession planning and is responsible for the recruitment, appointment and induction of new Trustees, and meets regularly throughout the year. Trustee vacancies are advertised externally to support equality of opportunity. One Trustee stepped down in 2021.

We have a skills-based approach to recruitment. We undertake a regular 'skills audit' of our Board of Trustees to ensure we have a broad mix of skills and experience. Our Board composition is reflective of our current beneficiary demographic.

Trustees participate in a comprehensive induction programme to ensure they fully understand their duties, the charity sector and the charity. Training of Trustees is addressed by offering internal and external courses as part of their induction. Records of training attended are maintained by the Governance, People and Culture Advisor. Additionally, the Chair/Vice Chair

ROYAL OSTEOPOROSIS SOCIETY
TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2021

hold annual 'check-ins'. These are an opportunity for Trustees to meet individually and discuss performance and development. This process is enabling the charity to respond more effectively to the needs of Trustees and ensure they feel supported and fully equipped to discharge their duties.

Our Equality, Diversity and Inclusion Policy was updated in 2018 to reflect updated guidance and compliance with equalities legislation. This policy applies to trustees, employees and volunteers.

3. Charity Governance Code

The Charity Governance Code has given a renewed focus to governance activity at the ROS. Following a workshop in 2018 and using the NVCO's governance wheel assessment tool trustees awarded an '8' which is **'Moving beyond competence: starting to think beyond compliance and good practice to best practice.'**

Since conducting this workshop, the board have undertaken some internal and externally facilitated board development focusing on the areas requiring improvement. This has resulted in a board development action plan. The action plan is monitored by the Appointments and Governance Committee and reported to the Board. There are planned workshops taking place in 2022.

4. Serious Incidents

No serious incidents occurred in 2021. The Charity has a Serious Incident Policy which is updated regularly.

5. Remuneration

The pay and remuneration of the key management is set out in note 8b to the accounts. The principles are set out in the *Setting Chief Executive and Executive Director Remuneration* policy, approved by the Remuneration Committee. This committee is chaired by the Chair of the Board of Trustees.

The principles used when determining the pay and remuneration are:

- To pay a fair salary, sufficient to attract and retain skilled, expert senior leaders of the charity.
- Salaries and benefits should be competitive, proportionate to the complexity of each role and reflect the range of responsibilities.
- The Chief Executive and Senior Leadership Directors will have an annual appraisal. Whilst maintaining confidentiality any noteworthy considerations that would impact on pay should be brought to the Remuneration Committee's attention by either the CEO (Senior Leadership Directors) or Chair (Chief Executive).
- Research will be made available to inform the Remuneration Committee on market rates, trends and comparative data from a variety of sources to ensure relevance to each role.

When determining pay a number of considerations are necessary, for example, but not exhaustive:

- Charity Sector Comparisons
- Health Sector comparisons – both private and NHS
- National organisations and companies
- Profession comparisons (e.g. Finance, IT)
- Location and ability to recruit and retain
- Value placed on skills, knowledge and experience

All Trustees gave their time voluntarily and they received no benefit from the charity. Any expenses reclaimed from the charity are set out in Note 8c to the accounts.

ROYAL OSTEOPOROSIS SOCIETY
TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2021

Statement of Responsibilities of the Trustees

The trustees are responsible for preparing the annual report and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and group, and of the result of the charitable company and group for that year.

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

- select suitable accounting policies and then apply them consistently;
- observe the principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity and Subsidiary's transactions and disclose with reasonable accuracy at any time the financial position of the charity and subsidiary and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

So far as each of the trustees is aware at the time the report is approved:

- there is no relevant audit information of which the group's auditors are unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Auditors

A resolution to reappoint Crowe U.K. LLP as auditors will was agreed at the annual accounts meeting.

Signed for and on behalf of the trustees on 8 June 2022



Neil Gittoes
Chair of the Board of Trustees

ROYAL OSTEOPOROSIS SOCIETY
INDEPENDENT AUDITORS' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2021

Independent Auditor's Report to the Members and Trustees of Royal Osteoporosis Society

Opinion

We have audited the financial statements of Royal Osteoporosis Society ('the charitable company') and its subsidiaries ('the group') for the year ended 31 December 2021 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Charity Balance Sheets, the Consolidated Statement of Cash Flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including 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 the charitable company's affairs as at 31 December 2021 and of the group's income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the group 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 charitable company's or the group'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 contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

ROYAL OSTEOPOROSIS SOCIETY
INDEPENDENT AUDITORS' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2021

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within the trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 requires us to report to you if, in our opinion:

- adequate and proper accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

ROYAL OSTEOPOROSIS SOCIETY
INDEPENDENT AUDITORS' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2021

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.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

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

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company and group operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 and The Charities and Trustee Investment (Scotland) Act 2005 together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's and the group's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company and the group for fraud.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be with the completeness and timing of legacies, donations and grant income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Finance, and the General-Purpose Audit & Risk Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission, Scottish Charity Regulator, designing audit procedures over the completeness and timing of legacies, donations and grant income, and reading minutes of meetings of those charged with governance.

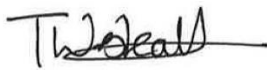
Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery,

ROYAL OSTEOPOROSIS SOCIETY
INDEPENDENT AUDITORS' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2021

intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

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 to the charitable company's trustees, as a body, in accordance with Regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body and the charitable company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



Tara Westcott
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor

4th Floor
St James House
St James' Square
Cheltenham
GL50 3PR

Date: 4 July 2022

ROYAL OSTEOPOROSIS SOCIETY
CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 DECEMBER 2021
Consolidated Statement of Financial Activities:

	Note	Restricted £	Designated £	Unrestricted General £	Total 2021 £	Total 2020 (Restated) £
Income and endowments from:						
Donations and legacies	2	102,593	-	3,853,451	3,956,044	4,611,788
Other trading activities	3	67	-	202,063	202,130	343,827
Investments		-	-	46,016	46,016	30,933
<i>Charitable activities:</i>						
Education and awareness	4	-	-	84,692	84,692	89,120
Total		<u>102,660</u>	<u>-</u>	<u>4,186,222</u>	<u>4,288,882</u>	<u>5,075,668</u>
Expenditure on:						
<i>Raising funds</i>						
Costs of generating voluntary funds		10,739	69,297	718,004	798,040	590,855
Fundraising Trading: costs of goods sold and other costs		264	1,277	57,027	58,568	85,147
<i>Charitable activities</i>						
Services to members, support Groups and the general public		13,891	58,294	619,563	691,748	1,027,950
Communications & Policy		40,486	42,097	505,436	588,019	614,245
Education and Information Provision		118,650	103,757	929,127	1,151,534	1,223,680
Osteoporosis & Bone Research Academy	5	557,344	31,853	49,903	639,100	193,905
Total	6a	<u>741,374</u>	<u>306,575</u>	<u>2,879,060</u>	<u>3,927,009</u>	<u>3,735,782</u>
Net expenditure before other recognised gains/(losses)	7	(638,714)	(306,575)	1,307,162	361,873	1,339,886
Net gains/(losses) on investments	10	-	-	162,437	162,437	(11,469)
Net income/(expenditure)		<u>(638,714)</u>	<u>(306,575)</u>	<u>1,469,599</u>	<u>524,310</u>	<u>1,328,417</u>
Total funds brought forward		718,099	2,534,644	1,851,513	5,104,256	3,775,839
Funds Transfer in year		-	1,488,208	(1,488,208)	-	-
Total funds carried forward		<u><u>79,385</u></u>	<u><u>3,716,277</u></u>	<u><u>1,832,904</u></u>	<u><u>5,628,566</u></u>	<u><u>5,104,256</u></u>

There were no other recognised gains or losses other than those stated above.

The notes on pages 28 to 45 form part of these financial statements. Details of the restatement as result of a change in accounting policy are set out in note 22.

ROYAL OSTEOPOROSIS SOCIETY
CONSOLIDATED BALANCE SHEET
FOR THE YEAR ENDED 31 DECEMBER 2021

Consolidated Balance Sheet:

	Notes	Group 2021 £	Charity 2021 £	Group 2020 (Restated) £	Charity 2020 (Restated) £
INTANGIBLES & FIXED ASSETS					
Intangibles	9	135,793	135,793	244,427	244,427
Fixed Assets	9	1,613,174	1,613,174	1,669,563	1,669,563
Investments	10	2,771,370	2,771,371	1,981,664	1,981,665
		4,520,337	4,520,338	3,895,654	3,895,655
CURRENT ASSETS					
Merchandise Stock		1,246	-	2,395	116
Debtors	12	357,814	374,963	472,043	621,763
Bank	13	1,494,797	1,472,159	1,263,483	972,810
		1,853,857	1,847,122	1,737,921	1,594,689
CURRENT LIABILITIES					
Creditors: amounts due within 1 year	14	(558,625)	(551,889)	(515,349)	(372,117)
NET CURRENT ASSETS		1,295,232	1,295,232	1,222,572	1,222,572
TOTAL ASSETS LESS CURRENT LIABILITIES					
		5,815,569	5,815,570	5,118,226	5,118,227
Creditors: Amounts due within 1 year		187,003	187,003	13,970	13,970
NET ASSETS	18	5,628,566	5,628,567	5,104,256	5,104,257
FUNDS					
Restricted funds	17	79,385	79,385	718,099	718,099
Unrestricted funds					
- Designated	17	3,716,277	3,716,277	2,534,644	2,534,644
- General	17	1,832,904	1,832,905	1,851,513	1,851,514
TOTAL FUNDS		5,628,566	5,628,567	5,104,256	5,104,257

The notes on pages 28 to 45 form part of these financial statements. Details of the restatement as result of a change in accounting policy are set out in note 24.

The surplus for the Charity dealt with in the financial statements was £524,310 (2020: surplus of £1,328,417).

The financial statements were approved and authorised for issue by the Board the Trustees on 8 June 2022 and were signed below on its behalf by:



Neil Gittoes
Chair of Trustees



Peter Gotham
Treasurer

Company number: 4995013

ROYAL OSTEOPOROSIS SOCIETY
CONSOLIDATED STATEMENT OF CASH FLOW
FOR THE YEAR ENDED 31 DECEMBER 2021

Consolidated Statement of Cash Flows:

	Notes	2021 £	2020 £
Cash flows from operating activities	a	812,567	1,368,564
Cash flows from investing activities			
Dividends and interest		46,016	30,933
Purchase of property, plant and equipment		-	(76,424)
Purchase of investments		(2,956,630)	(1,373,340)
Proceeds from the sale of investments		2,329,360	835,104
Net cash(used in) / provided by investing activities		(581,405)	(583,727)
Change in cash and cash equivalents in the reporting period		231,313	784,837
Cash and cash equivalents at the beginning of the reporting period		1,263,483	478,646
Cash and cash equivalents at the end of the reporting period	b	1,494,797	1,263,483

NOTES TO THE CASH FLOW STATEMENT

a. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES	2021 £	2020 £
Net Income for the year	524,310	1,654,457
Loss on fixed asset disposal	4,414	954
Depreciation charges	160,609	136,593
Increase in stock	1,149	951
Decrease / (increase) in debtors	114,229	(304,469)
Increase / (decrease) in creditors	216,308	(100,458)
Interest and Dividends	(47,016)	(30,933)
(Gains) / losses on investments	(162,236)	11,469
Net cash provided by operating activities	811,567	1,368,564

b. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2021 £	2020 £
Cash at bank and in hand	1,494,797	1,263,483

ROYAL OSTEOPOROSIS SOCIETY
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

Notes to the Financial Statements:

1. ACCOUNTING POLICIES

a) Basis of Accounting

The financial statements have been prepared under the historical cost convention, as modified by the revaluation of investments and 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 (FRS102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) and the Companies Act 2006.

The Royal Osteoporosis Society meets the definition of a public benefit entity under FRS102.

These financial statements consolidate the results of the charitable company including the regional support groups and the ROS Trading Company Limited on a line-by-line basis.

Preparation of Accounts on a Going Concern Basis

The Trustees have undertaken detailed planning and forecasting and continue to closely monitor the developing situation with regards to COVID-19. In 2020 the Trustees initiated a programme of restructuring the Charity's cost base, including significantly reducing the staff headcount. This has increased the organisations financial resilience and the Trustees believe that the Charity's financial resources and contingency planning is sufficient to ensure the ability of the Charity to continue as a going concern for the foreseeable future, being at least twelve months from the date of approval of these financial statements and therefore have prepared the financial statements on a going concern basis.

The Charity has taken advantage of the exemption allowed under section 408 of the Companies Act 2006 and has not presented its own Statement of Financial Activities in these financial statements.

The principle accounting policies and estimation techniques are as follows.

b) Income

Income is received from both traditional fundraising activities and through supply of goods or services and treated according to the income stream.

Voluntary income received by way of subscriptions, donations and gifts to the Charity is included in full in the statement of financial activities when receivable. Volunteer time is not included in the financial statements.

Legacies are recognised when evidence of entitlement exists and ROS is able to measure reliably. As a result, accrued legacy income is recognised at times, in advance of receiving the cash.

Legacies are accounted for based on settlement of the estate or receipt of payment, whichever is the earlier. Where pecuniary legacies are of a size that is apparent they will be paid, these are recognised at the point of probate.

This represents a change in accounting policy where previously legacy income was recognised once probate had been granted and where sufficient information has been received on an estimated basis with regard to the cash. The 2020 prior period comparative figures shown in these accounts have been restated to reflect the change. The effects of which are shown in note 24.

Income generated from the supply of goods or services, including conferences, is included in the

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statement of financial activities in the period in which the supply is made.

Government grants receivable are credited to income as these become receivable, except in situations where they are related to performance, in which case these are accrued as the charity earns the right through performance.

c) Deferred Income

Income has been deferred where the supply of service will be delivered in a future financial year.

d) Expenditure

Expenditure is recognised in the period in which the liability is incurred. Expenditure includes attributable VAT which cannot be recovered.

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function (support costs), is apportioned to each activity using an estimate based on staff numbers. Details of the support cost allocation is highlighted in note 6. Redundancy and termination costs only occur where absolutely necessary and are accounted for on an accruals basis when the commitment to terminate a post on the grounds of redundancy has been made.

e) Grants

Grants payable are included in the statement of financial activities in the year in which they are committed.

f) Governance

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

g) Costs of Generating Voluntary Funds

The costs of generating voluntary funds relate to the costs incurred by the group and charity in raising funds for the charitable work.

Fundraising and publicity costs represent staff costs, legal costs and associated office and administrative costs in connection with fundraising events and publications aimed at donors and the general public. Costs associated with publications aimed at beneficiaries, which further the objects of the charity, are included as part of the costs of the activity to which they relate.

h) Tangible Fixed Assets

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

Freehold buildings	2% straight line
Office furniture and equipment	25% straight line
No depreciation is provided on land.	

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.

i) Intangible Fixed Assets

Amortisation is provided at rates calculated to write down the cost of each asset to its estimated

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residual value over its expected useful life. The amortisation period is estimated at 3 years, straight line.

j) Restricted Funds

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

k) Unrestricted Funds

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

l) Designated Funds

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

m) Operating Leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the statement of financial activities in the year in which they fall due.

n) Investments

Investments held as fixed assets are revalued at mid-market value at the balance sheet date. The gain or loss for the period is taken to the statement of financial activities.

o) 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.

p) 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.

q) Debtors

Short term debtors are measured at transaction price, less any impairment. Loans receivable are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method, less any impairment.

r) Creditors

Short term creditors are measured at the transaction price. Other financial liabilities, including bank loans, are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

s) Pension Scheme

The charity operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the Charity to the fund. The charity has no liability under the scheme other than for the payment of those contributions. For defined contribution schemes the amount charged to the SOFA in respect of pension costs and other post-retirement benefits is the contributions payable in the year; allocated between activities and to unrestricted and restricted funds on the same basis as other employee-related costs. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

t) Critical Judgements and Estimates

In the application of the accounting policies, the Trustees are required to make judgements,

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estimates, and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. These judgements, estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. In accordance with accounting standards, revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects current and future periods.

Items in the financial statements where significant judgements and estimates have been made include:

Useful economic lives of intangible and tangible assets

The annual amortisation and depreciation charges for the intangible and tangible assets are sensitive to changes in the estimated useful economic lives and residual values of the assets. The useful economic lives and residual values are amended when necessary to reflect current estimates, based on the economic utilisation and the physical condition of the assets. See note 9 for the carrying amount of the intangible and tangible assets and notes 1h) and 1i) for the useful lives for each class of asset.

2.	DONATIONS AND LEGACIES - CONSOLIDATED	Restricted £	Unrestricted £	Total 2021 £	<i>Restated Total 2020 £</i>
	Donations Received at Head Office	85,468	479,978	565,446	1,148,125
	Donations Received by Support Groups	-	7,473	7,473	8,653
	Legacies	-	2,720,061	2,720,061	2,267,522
	Fundraising Events	17,125	93,666	110,791	48,060
	Membership Subscriptions and donations	-	551,115	551,115	466,528
	Government Grants		1,158	1,158	572,900
		<u>102,593</u>	<u>3,853,451</u>	<u>3,956,044</u>	<u>4,611,788</u>

The value of legacies notified to the charity but which do not meet the income recognition criteria (and so are not accounted for within the financial statements) is approximately £3.0m.

3.	OTHER TRADING ACTIVITIES - CONSOLIDATED	Restricted £	Unrestricted £	Total 2021 £	<i>Total 2020 £</i>
	Advertising	-	17,124	17,124	17,293
	Corporate Trading Income	-	174,749	174,749	315,845
	Merchandise Sales	67	10,190	10,257	10,689
		<u>67</u>	<u>202,063</u>	<u>202,130</u>	<u>343,827</u>

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4. EDUCATION AND AWARENESS - CONSOLIDATED	Restricted £	Unrestricted £	Total 2021 £	Total 2020 £
Conference	-	364	364	78,978
Training	-	84,328	84,328	10,142
	<u>-</u>	<u>84,692</u>	<u>84,692</u>	<u>89,120</u>
	<u>-</u>	<u>84,692</u>	<u>84,692</u>	<u>89,120</u>
5. OSTEOPOROSIS & BONE RESEARCH ACADEMY			2021 £	2020 £
Osteoporosis and Bone Research Academy Staff costs			131,088	95,509
Direct and allocated expenditure from Restricted Funds			60,706	57,852
Direct and allocated expenditure from Designated Funds			13,428	8,540
Direct and allocated expenditure from Unrestricted Funds			49,905	32,471
Research grants in year			383,974	-
Research accrual overstated from previous years			-	(467)
			<u>639,101</u>	<u>193,905</u>
			<u>639,101</u>	<u>193,905</u>

ROYAL OSTEOPOROSIS SOCIETY
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**6a. TOTAL EXPENDITURE -
CONSOLIDATED**

	Costs of Generating Voluntary Income £	Fundraising Trading Costs £	Services to Members & General Public £	Communications & Policy £	Information Health Professional Training Helpline Services £	Osteoporosis & Bone Research Academy £	Support Costs £	Total 2021 £	Total 2020 £
Staff costs (note 8)	463,425	8,180	352,141	343,640	667,002	131,087	167,356	2,132,831	2,640,553
Fundraising costs	115,806	-	137,777	-	-	-	-	253,583	172,357
Grants payable	-	-	-	-	-	383,974	-	383,974	(467)
Conference costs	-	-	-	-	-	-	82	82	41,396
Equipment	-	44,100	-	-	-	-	-	44,100	655
Charitable support activities	49,844	1,425	46,774	110,346	202,818	72,914	17,544	501,665	295,491
Irrecoverable VAT	20,625	594	18,927	16,361	34,388	6,241	7,307	104,443	103,996
Digital development	-	-	-	-	-	-	-	-	21,002
Other IT costs	50,144	1,443	46,016	39,777	83,604	15,172	17,764	253,920	236,823
Depreciation	31,717	913	29,106	25,160	52,881	9,597	11,236	160,610	136,593
Audit and accountancy	3,491	100	3,204	2,770	5,821	1,056	1,237	17,679	21,581
Trustees' meetings and expenses	773	22	709	613	1,288	234	274	3,913	1,523
Finance fees and similar charges	7,961	229	7,306	6,315	13,274	2,409	2,820	40,314	26,961
Legal & professional	3,504	101	3,215	2,779	5,842	1,060	1,241	17,742	23,617
Other	2,400	69	2,202	1,904	4,001	727	850	12,153	13,701
	<u>749,690</u>	<u>57,176</u>	<u>647,377</u>	<u>549,665</u>	<u>1,070,919</u>	<u>624,471</u>	<u>227,711</u>	<u>3,927,009</u>	<u>3,735,782</u>
Support costs	48,351	1,392	44,370	38,354	80,615	14,630	(227,711)	-	-
	<u>798,041</u>	<u>58,568</u>	<u>691,747</u>	<u>588,019</u>	<u>1,151,534</u>	<u>639,101</u>	<u>-</u>	<u>3,927,009</u>	<u>3,735,782</u>

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6b. TOTAL EXPENDITURE - CONSOLIDATED

Total support costs were £227,711 (5.7% of total expenditure) compared to £230,605 in 2020 (6.2% of total expenditure). These costs have been allocated to each activity based on estimated staff numbers as follows:

	2021	2020
Costs of generating funds	21.8%	16.4%
Services to members, support groups and the general public	19.5%	26.5%
Communications and Policy	16.9%	17.3%
Education and Information provision	35.4%	35.0%
Research	6.4%	4.8%

7. NET MOVEMENT IN FUNDS – CONSOLIDATED

	2021 £	2020 £
This is stated after charging:		
Interest and bank charges payable	40,314	26,961
Depreciation	160,609	136,593
Trustees' reimbursed expenses	-	1,671
Auditors remuneration:		
- Audit – charity excluding VAT	15,400	19,904
Audit – trading company excluding VAT	2,280	1,677
Non Audit Services – trading company excluding VAT	1,020	1,000
Operating lease rentals:		
- Equipment	31,256	31,256
	<u>31,256</u>	<u>31,256</u>

8. STAFF COSTS & NUMBERS - CONSOLIDATED

	2021 £	2020 £
Staff costs were as follows:		
Salaries and wages	1,655,072	1,996,002
Social security costs	172,584	176,362
Pension contributions	204,832	239,317
Redundancy costs	25,604	149,935
Contractors and Agency Staff	74,739	78,937
Total staff costs	<u>2,132,831</u>	<u>2,640,553</u>

The key management personnel comprise the senior leadership team and is made up of the following positions within the organisation.

- Chief Executive
- Director of Clinical Services
- Director of Development
- Director of Finance & IT
- Governance, People and Culture Advisor

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The total remuneration, benefits and pensions paid to them in the year was:

	2021	2020
	£	£
Salaries	424,825	394,536
Employers National Insurance	49,740	44,657
Pension	78,971	64,338
Total	553,586	503,531

The average estimated number of employees during the year was:

	2021	2020
	No.	No.
Fundraising	7	8
Services to members and general public	7	12
Communications and Policy	6	8
Education and Information Provision	13	16
Research	2	2
Support and governance	3	2
	38	48

The emoluments of higher paid employees fell within the following ranges	2021	2020
	No.	No.
£60,001 - £70,000	1	2
£70,001 - £80,000	1	1
£80,001 - £90,000	1	1
£90,001 - £100,000	1	-

The average total number of staff employed in the period was 38.3 (2020: 47.6) including average full-time staff of 23.8 (2020: 28.5) and part time staff of 14.5 (2020: 19.1).

All staff numbers are the same for both the Charity and Consolidated accounts.

During the year no (2020: £1,671) Travel expenses were reimbursed Trustees to any Trustees (2020: 5). There were no new Trustees replaced/recruited in 2021.

Total donations of £1,180 were received from Trustees in the year (2020: £324).

All Trustees of the Charity give their time voluntarily and contribute towards all aspects of the Charity's operations.

The Charity is also reliant on the support provided by its volunteer base. In accordance with the Charities SORP (FRS 102) the economic value of this support is not included in these financial statements.

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9. INTANGIBLE AND TANGIBLE FIXED ASSETS

GROUP & CHARITY	Building Improvements £	Land & Buildings £	Equipment £	Intangibles £	Total £
Cost					
At beginning of the year	1,662,609	725,198	75,949	325,903	2,789,659
Additions	-	-	-	-	-
Disposals	-	-	(60,892)	-	(60,892)
As at 31 December 2021	1,662,609	725,198	15,057	325,903	2,728,767
Depreciation					
At beginning of the year	431,584	298,989	63,620	81,476	875,669
Depreciation	33,253	11,504	7,218	108,634	160,609
Disposals	-	-	(56,478)	-	(56,478)
As at 31 December 2021	464,837	310,493	14,360	190,110	979,800
Net Book Value					
As at 31 December 2021	1,197,772	414,705	697	135,793	1,748,967
As at 31 December 2020	1,231,025	426,209	12,329	244,427	1,913,990

Intangibles comprise the development costs of the Web and CRM systems.

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10. INVESTMENTS

	Group 2021	Charity 2021	Group 2020	Charity 2020
	£	£	£	£
Listed investments				
Market value at the start of the year	2,000,351	2,000,351	1,417,955	1,417,955
Additions at historic cost	2,842,097	2,842,097	1,428,969	1,428,969
Disposals	(2,329,360)	(2,329,360)	(835,104)	(835,104)
Gain/(loss) on investments	162,436	162,436	(11,469)	(11,469)
	<u>2,675,524</u>	<u>2,675,524</u>	<u>2,000,351</u>	<u>2,000,351</u>
Other investments				
Capital & Income Account HSBC Global Asset Management Ltd	95,846	95,846	(18,687)	(18,687)
Equity investment in group undertaking				
ROS Trading Company Limited	-	1	-	1
	<u>-</u>	<u>1</u>	<u>-</u>	<u>1</u>
Total Investments	<u><u>2,771,370</u></u>	<u><u>2,771,371</u></u>	<u><u>1,981,664</u></u>	<u><u>1,981,665</u></u>

	Group 2021	Group 2020
	£	£
Historic cost at the year end	<u>2,434,632</u>	<u>1,824,936</u>
Investments comprise:		
Equities & Funds	1,358,463	1,054,870
Fixed Income	1,060,399	789,784
Alternative Investments	166,436	65,346
	<u>2,585,298</u>	<u>1,910,000</u>
Capital & Income Account HSBC Global Asset Management Ltd	90,187	(24,401)
	<u>2,675,485</u>	<u>1,885,599</u>
Total Investments – Group	2,675,485	1,885,599
Short Term investments held for future activities	95,885	96,065
	<u>2,771,370</u>	<u>1,981,664</u>

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11. SUBSIDIARY UNDERTAKINGS

The Royal Osteoporosis Society has one, wholly owned, subsidiary company (Registration number 07033698)

The ROS Trading Company Limited's principal activity is to organise conferences, arrange sponsorship and sell sundry items to procure profits and gains for the purposes of paying them to the Royal Osteoporosis Society.

A summary of its results for the year ended 31 December 2021 is shown below:

	2021 £	2020 £
Turnover	79,317	114,857
Cost of sales	(69,080)	(100,061)
Gross profit	10,237	14,796
Administrative expenses	(3,680)	(3,170)
Operating profit / (loss)	6,557	11,626
Interest receivable	18	148
Profit /(Loss) on ordinary activities	6,575	11,774
Gift aid to parent undertaking	6,575	(11,774)
Retained profit / (loss) carried forward	-	-

The aggregate of the assets, liabilities and funds was:

Assets	29,953	323,381
Liabilities	(29,952)	(323,380)
Funds	1	1

12. DEBTORS

	Group 2021 £	Charity 2021 £	<i>Group</i> <i>2020</i> <i>(Restated)</i> £	<i>Charity</i> <i>2020</i> <i>(Restated)</i> £
Trade debtors	30,347	30,347	31,141	22,887
Other debtors	222,676	216,778	336,615	334,811
Prepayments	104,791	104,621	104,286	93,091
Due from trading subsidiary	-	23,217	-	170,974
Total	357,814	374,963	472,042	621,763

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13. CASH AT BANK AND IN HAND	Group 2021 £	Charity 2021 £	Group 2020 £	Charity 2020 £
Head office	1,434,201	1,411,563	1,201,387	910,714
Support groups	60,596	60,596	62,096	62,096
Total	<u>1,494,797</u>	<u>1,472,159</u>	<u>1,263,483</u>	<u>972,810</u>

14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR	Group 2021 £	Charity 2021 £	Group 2020 £	Charity 2020 £
Trade creditors	102,960	102,466	206,313	91,210
Taxation & social security	51,213	51,213	80,689	89,862
Other creditors	25,969	23,108	18,348	18,348
Accruals	118,354	114,975	222,469	185,167
Grants authorised by not yet paid*	249,452	249,452	97,084	97,084
Deferred Income	10,677	10,677	1,500	1,500
Total	<u>558,625</u>	<u>551,889</u>	<u>515,349</u>	<u>372,117</u>

*See note 20

Deferred Income relates to income invoiced in the period relating to work to be completed for a partner in the next period.

15. CREDITORS: AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR	Group 2021 £	Charity 2021 £	Group 2020 £	Charity 2020 £
Grants authorised but not yet paid (see note 20)	187,003	187,003	13,970	13,970
Total	<u>187,003</u>	<u>187,003</u>	<u>13,970</u>	<u>13,970</u>

16. FINANCIAL INSTRUMENTS	Group 2021 £	Charity 2021 £	Group 2020 £	Charity 2020 £
Financial assets measured at amortised cost	1,747,819	1,719,284	2,553,414	2,252,683
Financial liabilities measured at amortised cost	<u>(694,412)</u>	<u>(687,678)</u>	<u>(448,629)</u>	<u>(296,225)</u>

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17. MOVEMENT IN FUNDS – CONSOLIDATED

	At 1 January 2021 £	Transfers £	Income £	Expenditure £	At 31 December 2021 £
Restricted funds					
Care	7,434	-	-	(7,434)	-
Support	146,084	-	54,011	(120,710)	79,385
Cure	564,581	-	48,649	(613,230)	-
Total restricted funds	718,099	-	102,660	(741,374)	79,385
Unrestricted funds					
<i>Designated funds</i>					
Fixed & Intangible Assets	1,913,990	-	-	(165,023)	1,748,967
Care	46,075	(46,075)	-	-	-
Cure	54,965	-	-	(28,037)	26,928
Future activities	519,614	(519,614)	-	-	-
Sustainability & growth	-	329,002	-	(113,515)	215,485
Prevention campaign	-	950,615	-	-	950,615
Modernising digital support	-	354,880	-	-	354,880
Public affairs and advocacy	-	121,712	-	-	121,712
Research	-	297,688	-	-	297,688
<i>Total designated funds</i>	2,534,644	1,488,208	-	(306,575)	3,716,275
General funds	1,851,513	(1,488,208)	4,348,659	(2,879,061)	1,832,903
Total unrestricted funds	4,386,157	-	4,348,659	(3,185,635)	5,549,180
Total funds	5,104,256	-	4,451,319	(3,927,009)	5,628,566

The Corporate Strategy as described in the Trustees report page 7, identifies six aims, **Awareness, Prevention, Influencing Care, Support, Equity and Sustainability.**, which together strive to deliver our vision of **strong and healthy bones for life.** The restricted and designated funds reflect the charity's six aims.

Designated funds includes a fund for the Camerton building within Fixed & Intangible Assets, reflecting the net book value of the building and a designated fund created for future activities.

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17. MOVEMENT IN FUNDS – CONSOLIDATED (PRIOR YEAR)

	<i>At</i> <i>1 January</i> <i>2020</i>	<i>Transfers</i>	<i>Income</i> <i>(Restated)</i>	<i>Expenditure</i>	<i>At</i> <i>31 December</i> <i>2020</i>
	£	£	£	£	£
Restricted funds					
Care	48,071	-	-	(40,637)	7,434
Support	85,366	-	540,136	(479,418)	146,084
Cure	452,718	-	328,026	(216,163)	564,581
Total restricted funds	<u>586,155</u>	<u>-</u>	<u>868,162</u>	<u>(736,218)</u>	<u>718,099</u>
Unrestricted funds					
<i>Designated funds</i>					
Camerton Building	1,708,285	343,252	-	(137,547)	1,913,990
Prevention	97,508	(87,649)	-	(9,859)	-
Care	143,583	(87,649)	-	(9,859)	46,075
Support	102,877	(93,018)	-	(9,859)	-
Cure	252,472	(187,648)	-	(9,859)	54,965
Future activities	107,786	411,828	-	-	519,614
<i>Total designated funds</i>	<u>2,412,511</u>	<u>299,116</u>	<u>-</u>	<u>(176,983)</u>	<u>2,534,644</u>
General funds	1,373,308	(299,116)	3,599,902	(2,822,581)	1,851,513
Total unrestricted funds	<u>3,785,819</u>	<u>-</u>	<u>3,599,902</u>	<u>(2,999,564)</u>	<u>4,386,157</u>
Total funds	<u>4,371,974</u>	<u>-</u>	<u>4,468,064</u>	<u>(3,735,782)</u>	<u>5,104,256</u>

**18. ANALYSIS OF GROUP NET ASSETS
BETWEEN FUNDS – CONSOLIDATED
2021**

	Restricted Funds	Designated Funds	General Funds	Total Funds
	£	£	£	£
Intangible fixed assets	-	135,793	-	135,793
Tangible fixed assets	-	1,613,169	-	1,613,174
Investments	-	1,967,315	804,060	2,771,270
Current assets	79,385	-	1,774,472	1,853,857
Current liabilities	-	-	(558,625)	(558,625)
Long term liabilities	-	-	(187,003)	(187,003)
Net assets at the end of the year	<u>79,385</u>	<u>3,716,277</u>	<u>1,832,904</u>	<u>5,628,566</u>

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**18. ANALYSIS OF GROUP NET ASSETS
 BETWEEN FUNDS – CONSOLIDATED
 2020**

	Restricted Funds £	Designated Funds £	General Funds £	Total Funds £
Intangible fixed assets	-	244,427	-	244,427
Tangible fixed assets	-	1,669,563	-	1,669,563
Investments	-	620,654	1,361,010	1,981,664
Current assets	718,099	-	907,665	1,625,764
Current liabilities	-	-	(417,162)	(417,162)
Net assets at the end of the year	718,099	2,534,644	1,853,513	5,104,256

19. RELATED PARTY TRANSACTIONS

There were no related party transactions with Trustees in the period.

As stated in note 11 to the financial statements, the charity has a wholly-owned subsidiary company – ROS Trading Company Limited.

During the year a management charge was made by Royal Osteoporosis Society to ROS Trading Company Limited of £17,628 (2020: £52,363). At the end of year, gift aid of £6,575 (2020: £11,774) was payable to Royal Osteoporosis Society by ROS Trading Company Limited. The total year-end balance owed to Royal Osteoporosis Society was £23,217 (2020: £170,974).

20. OPERATING LEASE COMMITMENTS

The Charity had commitments at the year-end under operating leases as follows:

	Equipment 2021 £	2020 £
Due within 1 year	31,256	31,256
Due within 2 – 5 years	7,952	39,208
	39,208	70,464

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21. GRANTS RECONCILIATION

	Grants outstanding at 1 January 2021 £	Grants authorised in the period £	Grants paid in the period £	Grants outstanding at 31 December 2021 £
Dr. Hampson - Guy' & St Thomas' Hospital	18,190	-	-	18,190
Dr Carolyn Greig - University of Birmingham	15,667	(6,514)	(9,153)	-
Prof Lanham - New University of Surrey	13,970	-	-	13,970
Dr Mavroeidi - University of Strathclyde	654	(654)	-	-
Dr Paskins - Keele University	35,826	-	(34,701)	1,125
Dr Ireland - Manchester Metropolitan University	12,729	-	(426)	12,303
Dr Abel - Imperial College	48	(48)	-	-
Prof Clark - University of Bristol	-	32,597	-	32,597
Dr Bullock / Paskins - Keele University	-	62,627	-	62,627
Dr Javaid - University of Oxford	-	70,093	-	70,093
Prof Ralston - University of Edinburgh	-	100,000	-	100,000
Prof McCloskey - University of Sheffield	-	92,178	-	92,178
Dr Vilaca - University of Sheffield	-	23,372	-	23,372
Dr Stiles - University of Exeter	-	10,000	-	10,000
Total	97,084	383,651	(44,280)	436,455

22. SUPPORT GROUPS

	2021 £	2020 £
Income from:		
Donations	7,473	8,653
Membership/fundraising events	2,545	9,834
Other income	338	312
Total income	10,357	18,799
Expenditure on:		
Fundraising and publicity	173	322
<i>Charitable expenditure</i>		
Costs in furtherance of charitable objects	3,112	8,140
Support costs	18,558	6,882
Total expenditure	21,843	15,344
Net (deficit) / surplus	(11,487)	3,455
Total funds brought forward	126,650	123,195
Total funds carried forward	115,163	126,650

Support Groups follow the 'Support Group Policy' of the Royal Osteoporosis Society. The objectives of the Groups are the same as those of the Royal Osteoporosis Society, and they operate under the same Charity number and charitable status as the Royal Osteoporosis Society.

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Costs in furtherance of charitable objects includes £17,158 (2020: £3,924) donations made to head office. These amounts are adjusted against head office income on consolidation so that income for the Charity as a whole is not overstated.

On consolidation the funds at the end of the year are shown as unrestricted as they cover the Charity's core operations and objectives. However, within the Groups there are some restrictions and designations, for example for geographical locations. The breakdown of the restrictions within groups is shown as follows:

	2021	<i>2020</i>
	£	£
Restricted funds	12,423	12,423
Unrestricted funds	102,740	114,227
Total funds	<u>115,163</u>	<u>126,650</u>

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23. CAPITAL COMMITMENTS

At 31 December 2021, there were no commitments for capital expenditure (2020: £nil).

24. CHANGE IN ACCOUNTING POLICIES

In 2021 the charity has changed its accounting policy for the recognition of legacies. Previously the charity accounted for all legacies once probate had been granted and where sufficient information had been received, on an estimated basis as follows: cash elements are recognised at a monetary value, valued at probate or estimated market value. Values were reviewed and adjusted up to the point of the accounts approval.

Legacies are now accounted for based on settlement of the estate or receipt of payment, whichever is the earlier. Where pecuniary legacies are of a size that is apparent they will be paid, these are recognised at the point of probate.

The 2020 comparatives have been restated to take account of a prior year adjustment and a change to the legacy accounting policy. The impact of this adjustment means that free reserves at 1 January 2020 and 31 December 2020, have decreased by £596,135 and £922,175 respectively.

	At 1 Jan 2020 £	At 31 Dec 2020 £
Reconciliation of reserves:		
Reserves (as previously stated)	4,371,974	6,026,431
Legacy accrual – change in basis	(596,135)	(922,175)
Reserves (as restated)	<u>3,775,839</u>	<u>5,104,256</u>
		2020 £
Reconciliation of 2020 surplus for the period:		
2020 surplus (as previously stated)		1,654,457
Legacy accrual movement – change in basis		(326,040)
2020 surplus (as restated)		<u>1,328,417</u>