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Better lung health for all

The British Thoracic Society
Annual Report and financial statements
for the year ended 30 June 2020

TABLE OF CONTENTS

Foreword from the Chair of the Board of Trustees	1
Trustees' Annual Report:-	
Our strategy and purpose	2
Audiences, beneficiaries and public benefit	4
Achievements and performance	6
Outcomes and impact measures	12
Financial review	13
Structure, governance and management	17
Statement of responsibilities of Trustees	21
Reference and administrative details	22
Independent auditor's report	24
Statement of financial activities (incorporating an income and expenditure account)	27
Balance sheet	28
Statement of cash flows	29
Notes to the financial statements	30
Appendix A : BTS members actively involved in Society activities during the year	42
Appendix B: external funding/support received in respect of annual conferences and courses	47

The Trustees of the British Thoracic Society (BTS) present our report and the audited financial statements for the year ended 30 June 2020. The reference and administrative information set out on page 22 forms part of this report.

Much of the Report this year will focus on how much the Society's work was challenged and changed by our response to the COVID-19 pandemic from March 2020, and the demands it placed on our members who were very much in the front line of service delivery and re-configuration. The Board is determined that the Society's response to change will be as rigorous and vigorous as members and others have come to expect from us, achieving our customary high standards and carrying the BTS stamp of authenticity and authority. The Annual Report for 2020-2021 will demonstrate more clearly the longer-term impact on our strategy, activities and outputs.

The financial statements comply with the Charities Act 2011; the Companies Act 2006; the Memorandum and Articles of Association; and the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

CHAIR'S FOREWORD

Welcome to all and thank you for reading the 2020 BTS Annual Report.

A former Labour Prime Minister said “a week is a long time in politics” and it is fair to say that for much of 2020, with the advent of this unique phenomenon known as COVID-19, a week has been a long time in respiratory medicine. To say that It has been an interesting and, for many of us, a stressful year with challenges and changes to practice occurring so rapidly and the threat of illness potentially affecting any one of us, would be an understatement.

Thus I would like to start with expressing my thanks to all of you, my colleagues, for all the support and hard work that you have delivered to all patients, to colleagues and to delivering the research to determine how to treat our “usual” respiratory patients and to those with COVID-19. Once again, respiratory medicine has led the way with service redesign, clinical trials and sheer hard work. Whilst it would not be the method by which any of us would envisage raising the profile of respiratory medicine and our patients, the pandemic has certainly done this for us in the UK.

During most of 2020, much of the resource of the Society has been dedicated to supporting our members to access the most up to date and clinically relevant information related to the treatment and follow up of patients with COVID-19. The dedicated BTS webpages were accessed and documents downloaded 187,973 times between mid-March and the end of June 2020. Again I would like to thank BTS members who have contributed to these clinical statements which became the de facto UK documents of choice. I would also like to especially thank the staff and Board members of the BTS for all of their hard work and support during this difficult past year.

The success of our response was due to BTS remaining the largest, most authoritative and most inclusive professional respiratory organisation in the UK, encompassing all of the four devolved nations. The Society's leadership and broad-based multi-professional membership provides the means by which our vision and ambition can be realised. As a professional body, we are nothing without our members, 11% of whom played an active role in the Society's work during the year.

We are now restarting our NHSE Long Term Plans and Scottish and Welsh Respiratory Care programmes. BTS' strategic vision remains aligned with maximising these opportunities to improve lung health for all. This Annual Report encompasses the work that we have been doing to facilitate better lung health care as well as detailing our strategy, governance and financial activities.

The Society strives continuously to become stronger and more effective in pursuit of our objectives for patient benefit, by:-

- making the professional and patient voice more unified within our structures
- producing world-class guidelines, clinical quality standards and related quality improvement tools
- promoting awareness at all national organisational and political levels of the respiratory workforce and how it contributes to patient care and innovation in delivery across the patient care pathway;
- seeking more effective synergies with other allied professional and patient organisations;
- developing effective communication and engagement systems.

We remain a democratic and open professional Society and continue to welcome contributions from all, especially, at this time of such great potential for respiratory health care in the UK.

Carpe diem

Professor Jon Bennett

Chair of the Board of Trustees

OUR STRATEGY AND PURPOSE

The Board of Trustees (“the Board”) undertook a review of strategy in early June 2020, after the first wave of the COVID-19 pandemic had been experienced. While the NHS England Long Term Plan and similar initiatives in other parts of the UK has been put on hold temporarily, the contribution of respiratory professionals across the whole pathway of care for people with COVID-19 has highlighted the importance of the speciality and the leadership and nimble response shown by respiratory health professionals which bodes well for future re-setting and delivery of services. Our strategy reflects this leadership role.

Our Vision

Better lung health for all

Our Mission

- We champion excellence in the diagnosis, treatment and care of people with lung disease and support those delivering it
- We seek to influence national & local policy and services to help reduce the health & economic burden of lung disease
- We strive to work in effective partnership with individuals and organisations across the NHS and beyond who share our vision.

Our Objectives

- To bring together more effectively the patient and professional voice at the centre of our structures and activities
- To increase the development and improve the dissemination of effective educational, clinical guidance and improvement resources to deliver world-class patient care by current and future respiratory healthcare professionals and others
- Working in partnership with others, to ensure that there are sufficient numbers of well-equipped and supported professionals across the respiratory workforce to deliver safe, effective and integrated care
- To seek to increase the investment of national and local NHS resources to deliver better outcomes for patients with respiratory disease
- To continue work to ensure that a comprehensive tobacco strategy is funded and delivered across UK to reduce the multiple harms caused by tobacco, including strong measures to deliver a truly smoke-free NHS that actively promotes smoking cessation
- To continue to work towards the co-creation and delivery with all national governments in the UK of a unified voice and a long term ‘strategy for change’ for the public and patients, respiratory health professionals, and other stakeholders

The following areas will receive priority in the coming year:

- **Workforce** – it is now even more important than ever to ensure there are sufficient numbers of well-trained staff to provide respiratory services across the entire service. This will include the non-medical workforce and ensuring capacity exists for respiratory research, as well as continuing to provide acknowledged leadership in service development and delivery in a rapidly evolving NHS environment. We see our role very clearly in facilitating respiratory care delivery in a COVID-19 world.
- **Integrated care** is undoubtedly the future of provision of care in the future. BTS was in the forefront of developing models of integrated care stretching back as far as the IMPRESS project 10 years ago, and we will continue to forge partnerships to develop effective models of care further.
- **Improving Quality by Practical Example**– making sure that the Society’s focus on “improving the care of people with respiratory disease” is underpinned by development of BTS Quality Improvement (QI) tools, effective and integrated work across all Committees and activities, in liaison with other stakeholders and, crucially, patients and the public.
- Improved communications and partnership working will help BTS to achieve a higher profile for our work and our campaigns, and to influence policy.

Several over-arching themes will continue to influence the thinking of Trustees.

- **Reducing Tobacco dependency**
- **Sustainability**
- **Public and Patient involvement.**
- **Reflecting diversity**
- **Health Inequalities**
- **Digital Respiratory**
- **A continuing UK focus**

Annual review

The Board reviews progress against objectives every year and presents the outcome in this Report. This review helps the Trustees to make sure that the Society's aims, objectives and activities remain focussed on its stated purposes.

AUDIENCES, BENEFICIARIES AND PUBLIC BENEFIT

The principle underpinning our development plans remains that the vast majority of our information, publications, and clinical standards related tools and activities are **widely and freely available via the website**. These are of benefit to health care professionals (not just BTS members) who, in turn, will use our work to improve practice locally, which will in turn benefit patients. Information contained on the website is also freely accessible to members of the public.

Our Respiratory Futures programme and linked website continues to attract increasing numbers of visitors who are **health service managers** in Sustainability and Transformation Partnerships (STPs) and Primary Care Networks (PCNs) in England; entrepreneurs, innovators and policy makers; clinicians and the public.

The Integrated Futures “Hub” was developed in 2019 in close collaboration with NHS England and colleagues in Scotland, Wales and Northern Ireland. Following a break caused by the initial pandemic phase, it now stands ready to support developments post-COVID to ensure that what is offered is relevant for these audiences as well as for clinicians. The Hub includes an interactive searchable map of integrated services and good practice and has become, with financial assistance from NHS England, our main communications tool with which to support the ambitions of the Long Term Plan in England. We have included all of the UK in the Respiratory Futures programme, we hope that the site will become an invaluable resource

We have involved patients and carers in the work of our clinical Guideline groups for many years. We established a Public Liaison Committee in 2009 that supported our work until 2016. Since 2016 we have benefitted from the advice of a lay Trustee and lay members serve on various main Committees. Patients and carers have contributed to development of our Guidelines for many years, providing invaluable insight and feedback. Alice Joy, our lay Trustee, came to the end of her period of service mid-way through the year and it is proving quite challenging to find a replacement. Renewed efforts are underway and we are confident we will appoint a successor before the end of the year. The Board and Council, and the Standards of Care Committee, on which Alice served, benefitted a great deal from her insight and ability to ensure we maintained a patient focus.

COVID-19

The onset of the COVID-19 pandemic forced the work of the Society to take a dramatic turn.

Within the space of days we had responded to the threat posed by COVID-19 by:

- Closing the head office and facilitating home working prior to UK Government recommendations for this.
- Instant move to remote officers working and meetings
- Education and Training Activities were reviewed with activities being postponed, cancelled and the team exploring alternative methods of delivering education and training whilst the same staff were dealing with the first COVID-19 surge. These efforts are coming to fruition and are discussed in greater detail subsequently in the Report.
- Trying to respond to the clinical concerns being expressed at grass roots level by the unique patterns of illness posed by COVID-19. We rapidly changed our clinical priorities and staff dedicated their activities to producing a series of web based resources offering pragmatic and authoritative “expert statements” about respiratory care for patients during the pandemic. These statements were based upon the best available evidence and were regularly reviewed to ensure optimal accuracy in a rapidly changing COVID-19 evidence based world. Staff worked tirelessly with a small group of clinical experts, including the Society’s senior officers, to develop the materials and disseminate widely. Whilst not being a priority in December 2019 it has shown the responsiveness of the Society to deal with current issues in a timely manner.

Table 1, below, illustrates the demand and urgency among the respiratory community for these pivotal guidance documents and there is little doubt about the benefits that have derived from this work.

TABLE 1: BTS COVID-19 GUIDANCE PAGE DOWNLOADS

	MARCH	APRIL	MAY	JUNE	TOTAL
Spaces Information And Poster	2457	4759	1260	654	9130
	1745	3135	604	287	5771
Guidance On Respiratory Support Of Patients	-	1584	1757	1157	4498
Guidance On Respiratory Follow Up Of Patients With A Clinico-Radiological Diagnosis Of COVID-19 Pneumonia	-	-	8229	4493	12722
	-	-	1082	509	1591
	-	-	625	305	930
	-	-	622	270	892
Asthma	18275	23195	6920	3344	51734
COPD	2216	6723	2588	1171	12698
Long Term Ventilation	-	1207	831	420	2458
Information On Respiratory Inhalers	-	6068	1102	567	7737
Bronchoscopy	1040	1741	2050	964	5795
Lung Cancer And Mesothelioma	843	1135	858	488	3324
ILD	147	4774	1379	458	6758
	718	1696	627	287	3328
Obstructive Sleep Apnoea	694	1397	612	240	2943
Community Settings	7627	4664	2011	1036	15338
Pulmonary Rehabilitation Resources	497	2826	1461	927	5711
	-	422	873	584	1879
TB	-	263	148	105	516
VTE	-	4718	9760	3684	18162
Pleural Services	-	3268	2721	1547	7536
Shielding Information	-	-	-	2151	2151
Resumption Of Services – Part 1	-	-	1137	921	2058
Resumption Of Services - Part 2	-	-	464	736	1200
BTS/ARTP Restoring Lung Function Testing For ILD	-	-	-	320	320
BPRS Guidance On Shielding Children	-	231	338	224	793

Feedback regarding the COVID-19 guidance documents was overwhelmingly positive, with many respiratory professionals taking to social media to thank BTS publicly or emailing us privately to express their thanks. Social media engagement also increased dramatically, with BTS' twitter presence more than tripling in terms of impressions, clicks, retweets, likes, visits and mentions in the period March to June 2020.

However, following the first surge of COVID-19 we are aware that we need to maintain our core values and renew our strategies to improve lung health for all in the UK. To that end, we are once again continuing to move, at pace, with many of our medium and long term work-streams.

ACHIEVEMENTS & PERFORMANCE

We include our three main areas of activity in the Statement of Financial Activities (the SOFA) as follows.

Standards, workforce and education

These activities are undertaken under the direction of the Society's Standards of Care Committee; the Quality Improvement Committee; the Education and Training Committee; and the Workforce and Service Development Committee, together with the input of the Society's Specialist Advisory Groups (SAGs), the Specialty Trainees Advisory Group (STAG) and the Nurse SAG.

Research and innovation

The Society achieves objectives in this area by:-

- Publishing the journals *Thorax* and *BMJ Open Respiratory Research*;
- Organising the annual Winter Scientific Meeting, which is the main function of our Science & Research Committee;
- Through our participation in the National Institute for Health Research and other national initiatives. In June 2020 we agreed to work with researchers who will be undertaking research into COVID recovery (PHOS-COVID) to help support a planned element of that research which seeks to promote information in e-learning, for example.

Profile

We are committed to working to promote and advance knowledge and awareness of lung health to the public, to healthcare professionals and to policy makers and government bodies. This is done pro-actively and reactively in partnership with other professional societies and lung charities, and via internal and external communications. Our continued membership of the Taskforce for Lung Health is one way of achieving this, as well as continuing to develop our Respiratory Futures project and investment in a new communications strategy post-COVID.

STANDARDS, WORKFORCE AND EDUCATION

STANDARDS

Despite the disruption in the last third of the financial year, we published a number of new standards and Quality Improvement related documents. We have started to pick up the pace on work that was in progress during the year, and have commissioned some new work. The summary below in Table 2 demonstrates how much the Society relies on our members' participation, and the debt that the Board owes to all concerned.

TABLE 2: PUBLISHED STANDARDS AND QUALITY IMPROVEMENT DOCUMENTS

PUBLICATION	STATUS
Guidelines	
BTS Guideline For Long Term Macrolide Use In Adults With Respiratory Disease	Published April 2020
BTS/SIGN Guideline For The Management Of Asthma	Published July 2019
<i>Work On Three Further Guidelines Continued During The Year</i>	Publication expected 2021
Quality Standards	
<i>We intend that all Guidelines are complemented by a Quality Standards document produced soon after/ in parallel with publication of a Guideline.</i>	
Quality Standards For The Initial Outpatient Management Of Pulmonary Embolism	Publication due in late 2020
Clinical Statements	
<i>These provide a "snapshot in time" of knowledge and best practice in a particular clinical area together with a series of clinical practice points.</i>	
Diagnosis And Management Of Pulmonary Sarcoidosis	Due in 2020
Updated Guidance On Air Travel For Patients With Lung Disease	Due in 2021
Guidance On Occupational Asthma	Due in 2021
Advice On Diagnosis And Treatment Of Ocular TB	Due in 2021
A further Clinical Statement was commissioned during the year: <i>Assessment and Management of Respiratory Problems in Athletes</i>	
Audits	
2 nd (2019) BTS Smoking Cessation Audit -	Published June 2020

The audit found modest improvement in most areas since 2016, with slow progress in referrals, adopting and enforcing smoke free grounds and a decrease in hospitals-funded smoking cessation practitioners	
The national audit report for the 2019 Non-invasive ventilation audit was prepared during the year. This highlighted an improvement in the treatment provided to patients - most notably a decrease in mortality	Published July 2020
Quality Improvement Tools	
<i>These provide material to help services put in place a programme of improvement for the management of patients and their conditions following BTS national audits.</i>	
Quality Improvement Tool for Paediatric Community Acquired Pneumonia	Published August 2019
BTS Lung Disease Registry Programme	
<i>This was established in 2013 and aims to provide an easily accessed system for prospective data collection in a large number of patients so that the public health and epidemiological status of conditions in the UK can be established, and the Registry will serve as an important resource for clinical and basic research.</i>	
The BTS ILD Annual Report for 2019 provided a report on data collected from 64 hospitals across the UK.	Published November 2019
Training Standards	
BTS Training Standards for Thoracic Ultrasound. Read more below	Published May 2020

- The **BTS Training Standards for Thoracic Ultrasound** which were published in May 2020, provide guidance on the standards required for 4 levels of operator appropriate for respiratory physicians, respiratory specialty trainees, respiratory (pleural) specialist nurses and physician associates. The guidance addresses the provision of acute or emergency pleural ultrasound and is relevant to providers of acute and out of hours medical care (acute medical and intensive care consultants, advanced nurse practitioners and specialty trainees in general and acute medicine). The document was published in BMJ Open Respiratory Research and has been endorsed by the Royal College of Physicians, London. It will also be incorporated in the new respiratory curriculum which will be set in place in August 2022. This was a significant achievement for the Society.
- NICE (the National Institute for Health and Care Excellence) published a Guideline on the diagnosis and management of chronic asthma for England in the autumn of 2017, which differed in several significant respects from the BTS/SIGN Guideline and caused dismay among patient, health care professionals and others. Discussions continued with NICE during 2019 in order to reach agreement on how the three organisations could work together in future to produce a joint Guideline as well as an agreed range of materials and resources across the whole asthma pathway. It is expected that work on the **new joint Asthma Guideline** will start in early 2021 (having been delayed due to the COVID-10 pandemic).
- The **BTS Multi- Drug Resistant Tuberculosis (MDR-TB) Clinical Advice** continues to support clinicians who wish to obtain expert information in relation to the management of patients with multi-drug resistant or complex TB.
- The **BTS Clinical Data Policy** and the **BTS Data Access Policy** in August 2019 now mean that applications can be made for access to elements of the Society's clinical datasets (audit, Registry, MDR-TB Clinical Advice Service) subject to the appropriate approvals being granted.

WORKFORCE

- Medical **Workforce and training data collection and reporting** continued during the year, and we have continued to work closely with the Respiratory Specialty Advisory Committee (SAC)/ Joint Royal College Physicians Training Board (JRCPTB), the Royal Colleges of Physicians, and Regional Training Programme Directors. The range of case studies from respiratory health care professionals continues to be developed including new information provided by Physician Associate colleagues working in respiratory teams.

- A meeting took place in October 2019 between the Chair of the Board and Chief Executive with the then Director of the NHS People Plan, Baroness Dido Harding. BTS emphasised the need for the speciality to have more representation in planning arrangements for Winter Pressures nationally and locally, and for the recruitment of more competent staff/redeployment from other specialties if necessary. The forthcoming crisis in specialist nurse numbers, and the subsequent impact on patient care was demonstrated.
- To continue this case, and at the request of Health Education England and NHSE the Society liaised with other professional bodies and associations (including the Primary Care Respiratory Society, the Association of Respiratory Technical Professions, our own Nurse Advisory Group and the Association of Chartered Physiotherapists in Respiratory Care) to produce an updated workforce statement about the state of the respiratory workforce, primarily in England. The information, projections and links to anticipated service delivery challenges has proved vital at national level now that planning for re-setting services in the endemic COVID phase is underway.
- The Society provides representation on the JRCPTB **Respiratory Specialty Advisory Committee (SAC)**. This is currently concerned with the development of the new Internal Medicine Curriculum and the changes that will bring to the respiratory specialty curriculum in future.
- The new **Workforce and Service Development Committee** met for the first time in 2019, bringing together members of the previous Specialty Workforce Committee and Models of Care Committee. This new and effective body provides a focus for the Society's work to raise the profile of respiratory medicine and to support all those who care for patients with lung disease.
- The range of case studies from respiratory health care professionals continues to be developed including new information provided by **Physician Associate** colleagues working in respiratory teams. With members of our **Specialist Trainees Advisory Group** we reviewed and updated the training section of the website, adding significant video content and case studies have been added to support and encourage trainees.
- The Workforce and Service Development Committee commissioned a **Professional Development Framework for Respiratory Nursing** which was published in May 2020. This provides a vital structure to support the necessary training and development needs of the respiratory nurse workforce of the future.
- The Workforce and Service Development Committee updated the **BTS Position Statement on working in integrated care** in December 2019. It also produced a popular and well-attended programme of sessions at the 2019 Winter Meeting including: **Preparing for a move to a consultant post: tips, tactics and potential opportunities**; and an open session run by the BTS Workforce and Service Development Committee, the Education and Training Committee and the respiratory SAC titled **Working in respiratory: a focus on workforce, service development, education and training in the respiratory specialty**.
- **Patient safety** is a significant driver for improvements in respiratory care and the BTS representative on the RCP London's Patient Safety Committee reports annually to Council. He also provides specialty specific advice to the NHS Improvement Patient Safety Team as required as well as representing the Society on the NHSI Home Oxygen National Patient Safety Group. BTS has working links with the NHSE/I patient safety team and is regularly contacted to provide advice on patient safety issues.

EDUCATION

- The Board took steps in March to cancel the **Summer Meeting**, due to take place in Manchester in June 2020. It had attracted 671 delegates in 2019 (569 in 2018) and had returned a small surplus. The venue issued a credit note against our planned return in June 2021. There was insufficient time to organise

any alternative remote access to the planned programme and we were concerned that members would still be under considerable clinical pressures.

- Our **Short Course programme** was also cut short during the year. Last year it provided 582 places on 12 courses. Refunds were made to delegates and some deposits were not refunded by venues. Between July 2019 and February 2020 we were able to run 6 courses which attracted 245 delegates. These are listed in Table 3 below. We cancelled a further 6 courses between March and June 2020.
- With the active support of the Chair of the Education & Training Committee a great deal of work took place between April and June, involving members of the operations team and the short courses and conferences managers. Options were investigated and tested for providing remote interactive courses to the same high standards of functionality that delegates have become accustomed to experiencing from BTS, including sourcing professional technical support for some of the specialised features. BTS staff are very grateful to other specialist Societies, notably the Society of Acute Medicine, for the advice offered so willingly and generously by their staff, including about fees and delegate expectations. Thanks are due also to all course organisers and speakers who have participated in the courses this year, embracing the need for change and demonstrating yet again their commitment to the education needs of colleagues.
- The first of our re-engineered virtual courses will run at the end of July 2020 with twice the normal number of delegates. Costing models will be closely monitored and a more detailed business plan drawn up in September with the Education and Training Committee. It is likely that a lasting effect of the pandemic will be that the majority of our courses offered in future will be run in this way.
- **eLearning.** Our suite of eLearning materials is one aspect of the educational support we provide. The Specialty Certificate exam preparation modules continue to be very popular. Work to update and expand the MDRTB module, began last year, was temporarily halted but is now near completion. It is likely that the portfolio will be reviewed and incorporated into the new virtual learning programme in the coming year. A clear ambition for the Society is to ensure respiratory healthcare professionals are aware of, and can implement recommendations from Guidelines and good practice from Clinical Statements and Quality Standards.

TABLE 3: SHORT COURSE PROGRAMME 2019/2020

Short courses July 2019-February 2020.	Delegates
Liverpool Ultrasound Course-9th July 2019	23
Oxford Radiology Course 23-24 September 2019	36
Newcastle Ultrasound Course 11th November 2019	24
Pulmonary Vascular Disease- 3rd December 2019	39
Advanced Pulmonary Rehab- 3rd December 2019	77
Fundamentals of Pulmonary Rehab-3rd December 2019	46

RESEARCH AND INNOVATION

- The Society publishes the journal Thorax in partnership with the British Medical Journal (BMJ). Its Impact Factor (IF) at the end of June 2020 was 8.834 – a drop from the June 2019 figure of 9.640 at the time the comparison was reported (although the IF was subsequently adjusted to 10.307 and may be again for this year). The journal maintained its 5th highest ranking in the world, however.
- Our co-owned open access journal, **BMJ Open Respiratory Research (BORR)**, was accepted towards the end of last year for indexing in the Emerging Sources Citation Index, beginning with 2017 content, which was a significant milestone. Its growth in 2019-2020 has continued in terms of output and financial performance. Strategic discussions within the BMJ and the editors of both journals have

continued during the year to look at how the requirements of “Plan S” will impact the development of both. ¹

- The **BTS Winter Meeting** remains the premier inclusive respiratory conference in the UK, and undoubtedly one of the most influential conferences of its type globally, attracting a multi-disciplinary audience from the UK and several hundred delegates annually from Europe. The 2019 Winter Meeting attracted 2,457 delegates (2,460 in 2018). The programme encompasses dissemination of research findings and emerging science and translational research, as well as clinical updates and keynote presentations from world experts. While the strong focus of the Meeting continues to be on presenting the best in clinical science and research, we also take the opportunity to showcase best practice and service delivery-related activities.
- In June 2020 the Board had to make a difficult decision about the 2020 Winter Meeting. COVID-19 has had a significant impact on conference activity as well as on delivery of smaller events, and we have responded well to the challenges involved in providing educational activities for members and other as described earlier in our report. However, for large gatherings it is still not clear even at the time of writing, what the position will be in respect of large gatherings of this nature. It is, however, predictable that physical distancing requirements will still be in place and that numbers attending will have to shrink significantly. It is also highly likely that in December 2020 there will be second or third wave of COVID-19 affecting at least some areas, and also that there will be very challenging “Winter Pressures”, making even a remote December conference very challenging to arrange. After considering various options, it was agreed by the Board that the Winter Meeting would be moved to February 2021, and will be a mixture of – we hope- face to face and remote access. Every conceivable step will be taken to mitigate the risk of financial severe losses, but, as the financial review that follows, show, the Meeting is now a highly important source of income for the Society and Trustees will continue to be vigilant and nimble in our response to the possible need for further change.

PROFILE

- The work undertaken by respiratory teams during the COVID-19 pandemic, supported by the BTS website containing pragmatic advice, as outlined in Table 1, together with our continued advocacy for investments in the respiratory workforce has meant that the “respiratory voice” is being heard more frequently, and we hope with greater impact than in previous years. BTS members are involved in national planning and pandemic observatory bodies also.
- The publication by NHS England/NHS Improvement of its Long Term Plan in January 2019 resulted in a review by the Board of strategy, work-plans, activities, communications and public affairs work. This had an energising effect on a large range of activities last year, and meant that Trustees and Committees will be able to be nimble in their response to the need for more flexibility when the strategy was reviewed again in June 2020 in the light of the disruption caused by the pandemic. We have been able to nominate a number of doctors, nurses, physiotherapists and clinical scientists to serve on LTP working Groups and we have an effective intelligence sharing system in place. Our representative on the LTP Board is a BTS Trustee, ex-officio.
- Work on the LTP was put on hold by NHSE while the first wave of the pandemic was being dealt with. Some work has now started again, or continued in areas that have moved on (most notably in the area of post-COVID rehabilitation), and Board was pleased to be able to support some of the work involved.

¹ **Plan S** is an initiative for open access science publishing that was launched in September 2018 by a consortium launched by major national research agencies and funders from twelve European countries. The plan requires scientists and researchers who benefit from state-funded research organisations and institutions to publish their work in open repositories or in journals that are available to all by 2021.

We were also pleased to support the Asthma UK/British Lung Foundation Partnership Post-COVID project, and this has led to improved working relationships with this newly formed body.

- **Working in partnership to influence policies and outcomes.** Between July 2019 and March 2020 two meetings of BTS senior officers took place during the year with the President of the Royal College of Physicians of London and his senior team. Since March, these meetings have increased to every fortnight. Virtua meetings with the National Respiratory Clinical Director (NCD) at NHSE have taken place weekly with BTS senior Officers and staff. The respiratory lead for Getting It Right First Time (GIRFT) is a BTS Trustee, ex-officio. The Society is represented on the Board of the national COPD, Asthma and Pulmonary Rehabilitation Audit programme (NACAP); and on the Advisory Board and three of the four work programmes of the Taskforce for Lung Health, which is a loose confederation of around 30 national bodies seeking to provide ongoing influencing work around the Long Term Plan and, more generally, improving the respiratory health of the nations. We are also working closely with the NHSEI Clinical Lead Lead for Tobacco Control.
- We again had support during the year from **Audience Social Marketing** to develop the strategy and deliver a communications strategy which supports our objectives.
- **Respiratory Futures (RF).** NHSE has again supported the RF programme during the year, as evidenced by the inclusion of its logo on the website, and the Advisory Committee of managers and commissioners which was established to advise about suitable content and functionality is chaired by the NCD for Respiratory. Since the pandemic the project has been developing content that shows how respiratory teams have reacted, sharing stories and good practice tips. We have also delivered, or planned and subsequently re-engineered, a programme of events as illustrated below in Table 4.

Table 4: RESPIRATORY FUTURES PROGRAMME OF EVENTS

WHAT WE DID	WHEN
RF hosted an Integrated Care networking event at the Primary Care Respiratory Society conference	September 2019
RF produced a day's programme about provision of Integrated Respiratory Care at the Respiratory Show in Birmingham, and exhibited during the two day event	October 2019
Working with ITN the Society produced a short film about integrated respiratory care which is being used in future exhibitions and on the website	October 2019
RF debate: Health Inequalities in the Provision of Respiratory Care. Including presentations by Professor Sir Michael Marmot and from two members undertaking innovative work in Liverpool and Bradford	During BTS Winter Meeting in December 2019
Integrated Care Networking event during the Winter Meeting 2019	December 2019
Planned a short course about Integrated Care which had to be postponed, but is now taking place remotely, and being supported by a wide range of respiratory professional organisations	Meant to take place face to face in May 2019; now remotely in October 2020
Planned an event with the Health Service Journal at which the Integrated Care model would be promoted and challenges of care provision highlighted	Was to have taken place earlier, but now being presented as a remote event in November 2020.

OUTCOMES AND IMPACT MEASURES

Quantitative and qualitative measures are obtained and reviewed regularly. During the year each of our activities is evaluated by participants (for example, delegate feedback from conferences and short courses) and the results are fed back to the organising Committees and relevant support staff for consideration and planning of subsequent activities. Weekly data about visits to the Society's website and our presence via social media are considered by the communications team at BTS Head office as a measure of potential impact.

Further details can be found below in Table 5, which illustrate the combined social media impact data of BTS and Respiratory Futures on Twitter.

TABLE 5: BTS AND RESPIRATORY FUTURES TWITTER DATA

BTS & RF	TWEETS	IMPRESSIONS	ENGAGEMENT RATE (PC)	LINK CLICKS	RETWEETS	LIKES	REPLIES	PROFILE VISITS	MENTIONS	FOLLOWERS
JUNE 2019	54	102100	2.2	239	162	297	11	1784	393	375 new
JULY 2019	12	51400	2.2	510	145	158	1	1231	201	274 new
AUG 2019	4	34200	1.7	131	30	51	2	603	184	252 new
SEPT 2019	27	56700	2.8	251	118	201	1	957	377	239 new
OCT 2019	43	78500	2.6	230	113	243	5	902	202	387 new
NOV 2019	54	98900	2.5	409	142	292	4	1056	230	365 new
DEC 2019	86	190300	2.7	1121	397	982	23	2533	850	378 new
JAN 2020	37	122700	3.4	1315	302	447	8	1078	140	381 new
FEB 2020	47	120400	4	1342	327	512	14	916	187	336 new
MAR 2020	50	313000	5.6	9198	1317	1627	58	5099	886	1078 new
APRIL 2020	73	399527	4.8	6368	1018	1325	58	5630	795	999 new
MAY 2020	58	276800	4.1	4151	707	1113	20	2988	597	603 new
JUNE 2020	49	173200	5.9	2201	402	698	15	1998	450	390 new

19,100 total followers 21 July 2020 (5682 gained July 2019-June 2020)

For those activities that aim to improve standards of care, outcome measures such as these are less easy to demonstrate. The BTS clinical audit programme has built up a longitudinal body of data on performance and trends against benchmarks as outlined in our Guidelines and Quality Standards. BTS national clinical audit reports include a short set of National Improvement Objectives for Trusts to address before the next national audit period. We also produce Quality Improvement tools on a number of topics aimed specifically at providing assistance for Trusts to improve performance against the stated objectives.

Impact assessments are also quite difficult to achieve at national level. One indicator of the quality and potential impact on patient care in this area is the inclusion of national BTS audits in NHS England's list of approved Quality Accounts which require that Trusts account for participation in the audits listed in their annual written report to the Secretary of State for Health.

We can also see some more practical and policy outcomes, which reinforce the practical aspects of BTS audits and raise them above the perceived “drudgery” of some audit activities, providing much added value. The last BTS Smoking Cessation audit is known to have influenced the national policy document published by Public Health England in 2017 and it has also informed the Stop Smoking policy ambitions in the NHSE Long Term Plan. We are therefore currently in discussions about working closely with NHSE to effect lasting change in health outcomes by offering to assist with rolling out tobacco dependency advice to patients while they are in hospital. The Society has a long tradition of Champions who have pioneered some very effective work in this area and we will build on this experience.

The most recent BTS audit of the use of non-invasive ventilation in adults (2019) has shown an improvement in the standard of care of patients provided with NIV. Most notably the audit has shown that inpatient mortality in those patients treated with NIV has reduced to 26% in 2019 from 34% in 2013 and represents the first time that mortality has improved since the first BTS audit in 2010. While it is difficult to relate the improvements in care, and the reduction in mortality, to any one or more specific activities, BTS has been instrumental in providing leadership and support for those working to improve the quality of care in this area over a number of years, through the proposal of a NCEPOD project on NIV, to the development of quality standards and QI tools and resources and the dissemination of good practice.

Similarly, the most recent BTS national audit of community acquired pneumonia in adults which reported in 2019, has shown improvements in the standard of care: mortality has decreased further to 10.4%, the lowest level for the last 10 years. In addition the delivery of BTS CAP care bundle elements is improving, especially time to first antibiotics – a known indicator of high quality care. BTS has again shown leadership and support for those who provide care for patients who are admitted with community acquired pneumonia and work on this priority area will continue, especially in the light of the COVID-19 pandemic.

We have also seen success during the year by using our networks and projects to bring about change in other areas. For example the MDRTB Clinical Advice Service was able to facilitate the prescription of drugs such as bedaquiline for treatment of patients with Multi Drug Resistance Tuberculosis.

FINANCIAL REVIEW

As expected the impact of the COVID-19 pandemic on the Society's financial performance as well as its activities can be seen in the annual accounts, although the full impact of our responses to the associated challenges will not be seen until the 2020-21 annual report and accounts are published. This is because:-

- The Winter Meeting took place as planned in December 2019, and exceeded expectations in terms of financial performance. The impact of holding a Meeting in February 2021 instead of December 2020, including the impact of physical distancing requirements and remote access, will not be seen until then;
- Not holding a Summer Meeting this year is less impactful, although we might have expected a small surplus again this year as it would have been held in the same venue that had seen the Society make a small surplus after 20 years of small losses;
- We will not be able to assess the impact of re-engineering the majority of the short courses programme from face-to face into remote and interactive events, and to validate and/or change the revised costing model until the first few courses have taken place in July- end of October 2020. It may be that this re-engineering will result in more opportunities, and certainly wider access for colleagues who might otherwise find it difficult to attend events in future, and for whom remote working and interactions have quickly become the norm during recent events;
- While the Society's investments have continued to perform reasonably well, the double impact of the recession caused by the pandemic and the exit from the European Union, very possibly without any firm agreements (a so-called "hard Brexit"), mean that there is certainly no room for complacency and staff and officers are determined that improved budgeting and monitoring of income streams and expenditure are given top priority in the years to come.

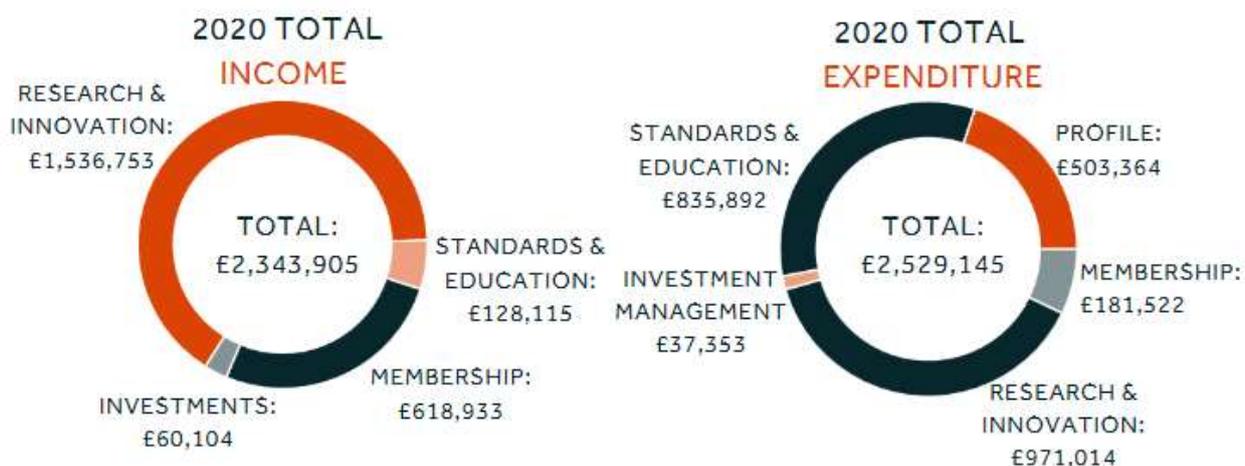
Core costs

The need for prudence has already been agreed in relation to the Society's staffing budget. Our Annual Report last year explained that Trustees had budgeted for a deficit in 2018/19 as a result of considered decisions taken since 2016 to support efforts to raise profile. This included the appointment of more members of staff to deliver a programme of strategic work and related communications. The small operating surplus last year, caused in the main by an increase in income from the Winter Meeting, was therefore most pleasing, but risked diverting attention from the underlying rise in staffing expenditure to some extent.

Trustees still have no doubt that the Society remains a going concern but the impact on our ability to maintain income streams at least in the short term led to the Board taking some steps towards the end of the financial year to make some savings. One post was not confirmed in early May after the probationary period was ended (because its main functions- receptionist and general office support- no longer existed. One post was furloughed between May and the beginning of August; and one post was made redundant in June 2020. The post of Operations Director was taken out of the establishment and the post-holder made redundant in November 2019. The post of CRM Manger was created instead following an external review, and was filled in May 2020.

The pandemic had the expected effect on financial results in 2019-2020. There was an operating loss of £211,039 (compared to a small surplus of £64,620 in 2019 and a deficit of £19,925 at the end of June 2018). There was a net investment loss of £6,026 compared to an investment gain of £569,833 in the previous year (2018- £152,183). The overall result before transfers between funds was a net loss of £217,065 on unrestricted funds (in 2019 it was £634,453). There was a surplus of £25,799 on restricted funds before transfers (in 2019 the surplus was £37,333) giving a net expenditure on total funds of £191,266 (£671,786 in 2019).

We are fortunate to have robust income streams that support our core work. These are membership subscriptions, which rose to £618,933 compared to £611,584 in 2019. At the end of June 2020 we had 3,778 members (3,624 in June 2019 and 3049 in June 2018). The partner’s share of the profit from the journal Thorax and BMJ Open Respiratory Research is the other core income stream. Income from the journals rose to £646,788 in 2020 compared to £639,780 in 2019 and £659,597 in 2018. This stalled an expected continuation of a downward trend but the Management Committee for the journals will continue to pay close attention to mitigating the effects of Plan S on journals income.



Investment Policy and Performance

Management of the BTS investment portfolio moved to Tilney Asset Management in April 2016. The Society’s Investment Policy is reviewed annually by the Board each December and currently sets out a “Growth Strategy”, which is defined as follows:

“... appropriate for an investor with a five-year time horizon, who is comfortable with significant volatility of returns and having up to 80% of their portfolio in equities, and who is able to tolerate a loss of up to 20% of the value of the portfolio in any one year”.

Quarterly reports are received from the Investment Managers and bi-annual meetings are held between the investment managers and the Honorary Treasurer and Chief Executive to review progress and assess the approach to management of the funds. The Honorary Treasurer speaks to the Society’s dedicated Investment Manager before each meeting of the Board of Trustees in order to report on progress.

The Investment Policy. The instruction not to invest in the tobacco industry or tobacco-related products remains strictly in place. To coincide with the publication in 2016 of the Society’s Position Statement on the Environment and Lung Health we amended our Investment Policy in December 2016. This now includes the requirement that investments are not made in industries involved in the extraction of fossil fuels or in industries that make weapons. In June 2017 Trustees decided to amend the requirement that the annual income from investment gain should be used in pursuit of objectives, and not rolled-up as it has been in previous years. Annual review since then has confirmed both positions.

“Between June 2019 and June 2020, in the context of COVID-19 and Brexit, BTS investments fell by 0.15% compared with a 15-20% fall in all major share indices. The BTS investments have outperformed the market to a significant degree”

There was a net investment loss of £6,026 at the end of June 2020. The income from investments was £51,104 (£66,430 in the previous year and £61,154 in 2018). The Society purchased its headquarters building in 2001, thus spreading the financial risk to which we are exposed.

Note 17 to the accounts explain the sources and applications of restricted and designated funds as appropriate.

Reserves

Total funds at 30 June 2020 were £6,354,111 (£6,545,377 in 2019 and £5,873,591 in 2018) comprising restricted funds of £107,388 (£75,956 in 2019) and unrestricted funds of £6,246,723 (£6,469,421 in 2019)

The Society holds reserves for two purposes. The first is to generate income for its operational needs (the investment reserve). This is held as a designated fund and stands at £4,074,385 (compared to £4,118,049 in 2019 and £3,575,017 in 2018). The second purpose is to ensure that the Society can meet its operational needs and working capital requirements (the free reserve). The free reserve is represented by the general fund. This stands now at £449,488 (it was £565,871 in 2019 and £533,097 in 2018). At the June 2017 meeting of the Board, it was agreed that the reserve policy should be amended, and maintained in future at a level equivalent to three months' running costs and contingencies (a minimum of £300,000).

Funds

Interest & Investment income earned has been attributed to individual funds in the ratio of the fund balance to total funds.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The British Thoracic Society (“the Society”/ “BTS”) is a charitable company limited by guarantee which has no share capital. It was incorporated on 21 June 1982 and registered as a charity on 21 June 1982. The Office of the Scottish Charity Regulator (OSCR) approved the Society’s application to be registered as a charity in Scotland in early 2010.

As a registered charity, the Society is governed by its Memorandum and Articles of Association. Trustees review these regularly. The most recent revisions were approved by the Charity Commission in December 2016. The document can be viewed at <https://www.brit-thoracic.org.uk/about-bts/governance/>

Board of Trustees

The Board comprises five honorary officer positions; the Chairs of the Society’s main (Standing) Committees; and up to three others, chosen by the Board for their particular expertise in relevant areas according to the requirements of the Society’s Strategic Plan. A list of all Trustees who served during the year and up to the date this Report was approved appears on page 22.

The Board provides strategic decision-making and direction for those who are responsible for delivering the Society’s operations and activities. The normal term in office for Trustees is three years, as it is for all who serve on BTS Committees and Advisory Groups. All Trustees are made aware of relevant Charity Commission and Companies House Guidance on appointment and are required to undertake induction training provided by the Society’s lawyers and senior staff. Any Trustee may attend refresher training annually if they wish. In accordance with the Society’s constitution the Chair, Honorary Secretary and Honorary Treasurer are selected a year in advance of taking up their posts, to allow some shadowing to take place. A day long induction programme is provided to the three Honorary Officers in the months before they take up post, and they usually start to attend meetings of the Board of Trustees and Council in the autumn of the year they assume office.

BTS Council

The Society’s Council has a significant role. It comprises 18 elected members plus the President (who attends meetings of the Council), the Chair of the Board of Trustees and several ex-officio appointments including the Chairs of the BTS Specialty Trainees Advisory Group and the BTS Nurse Advisory Group, the British Paediatric Respiratory Society, British Association of Lung Research and the British Lung Foundation. Elections take place annually for 6 new Council members. The constitution requires that one member under the age of 35 should be elected each year.

Council acts as a sounding board for Society policies and a guide for Trustees about general membership opinion. Bi-annual meetings of Council are timed to take place in the mornings before Trustees meet, so that related operational decisions can be made quickly and effectively. Topics covered during the year included the increasing challenges placed on those working in the speciality in the face of continued workforce shortages and the 2019-20 Winter Pressures; the Society’s position relating to e-cigarettes (in the context of revising the BTS Tobacco Position Statement which has been put on hold until later in 2020-21); the review of the Society’s Environmental and Lung Health Policy (which will also happen later in 2020-21, although the section on inhalers and the environment was updated and published in April 2020. The President chairs Council meetings.

Standing Committees and Specialist Advisory Groups (SAGs)

These enable the Society to organise and deliver core work programmes (the Standing Committees) and communicate quickly and efficiently with expert opinion when required (the Committees and Advisory Groups). Senior staff ensure that the agendas of the Board and Standing Committees are tightly aligned with a focus on how the work of the latter contribute to the Society’s overall strategy, and allowing sufficient space for discussion and approval by Trustees of annual work plans of the main Committees. A standard constitution for Committees and SAGs ensures that there is regular and planned turnover of members and consistent methods of operation. The SAG Chairs meet Trustees once a year to discuss strategic and operational matters; and each provides a written report which is published on the BTS

website for general information. Each Advisory Group also holds an Open Meeting during the Society's Winter Meeting to report to BTS members and others about their activities and seek feedback.

At the meeting of the Board in June 2020 it was agreed that each elected member serving on the Council, all standing Committees, and the Chairs and members of Committees and SAGS should be given the opportunity to serve for a further year because of disruption to the work of Committees caused by the pandemic (so that each term of service will last 4 instead of 3 years). This has been taken up enthusiastically. A few casual vacancies will be advertised over the summer of 2020, as well be the Chair of Board position, the President-elect and the Chair of the Workforce and Service Development Committee, thus maintaining the three year rule and the staggered succession within Officers' Group.

Involving the public

Since 2007 one of the Society's Trustees has been a lay person, initially the Chair of the Public Liaison Committee (PLC) which was established that year. The Society also benefits from patient and carer representation on many of its Guideline and Quality Standards Groups and a system is in place to achieve this. The PLC was stood down in July 2016 following a review and a replacement lay Trustee was recruited. Recommendations about developing a revised model for public and patient involvement were discussed with Council and the Board in meetings during the year and plans put in place to accommodate an agreed list of activities. We have been seeking a replacement for Alice Joy who stood down in December 2019, but first attempts were not successful and efforts since March have been thwarted since the pandemic. Renewed efforts are being made over the summer of 2020 to recruit a new lay Trustee as soon as possible.

Member Engagement and Involvement

The Society's Strategic Plan mentions that one of the ways by which the Society expects to achieve its objectives is by harnessing the expertise and commitment of its members. The Society had 3,778 members at the end of June 2020 (3,349 in 2019 and 3049 in 2018). 414 members, around 11 % of UK-based members, were engaged in and/or working on BTS projects or in BTS Committees and Advisory and Guideline Groups during the year. They are listed in Appendix A< and we wish to record our thanks and gratitude to all of them. We are very proud of this level of engagement, which is supported by a robust and democratic framework of access to membership of Committees and Specialist Advisory Groups (SAGs). A full member survey takes place every 4-5 years (the next was planned for the Spring of 2020, but will now take place in early 2021) and the upgrading of the Society's website and associated developments such as the conference App is expected to facilitate more engagement in the coming year.

In June 2016, the Board agreed a process by which access to vacancies by under-represented groups is actively promoted and encouraged and selection procedures were put in place to facilitate wider engagement. At a time when local work pressures are becoming increasingly challenging, the Society is very grateful to all those involved for their contributions.

Operational Framework

The Trustees are responsible for all strategic and some of the operational decisions taken by the Society. These include allocation of resources in pursuit of the objectives within the Strategic Plan, although the majority of the latter decisions are devolved to the Officers' Group and most operational decisions are delegated to the Chief Executive and her team.

Standing Financial Instructions exist in relation to decision-making about ordering of goods and services, for authorising expenditure and for authorised signatories on the Society's accounts. These instructions are reviewed annually by the Chief Executive and Honorary Treasurer, at the time of the annual audit. There are three authorised signatories on the BTS accounts (Chief Executive, Honorary Treasurer and Chair of the Board). There is also clear separation of duties in respect of staff roles and responsibilities for financial activities. The "Items of Reserved Business" statement within the Standing Financial Instructions gives details about what decisions must always be discussed in full by all Trustees, and what can be deferred to the Officers' Group and/or senior staff. From 2020, the Officers Group will also perform the role of Internal Audit Committee, and receive and consider the annual report from the auditors.

Accounting

The Board considers quarterly management accounts and reports at each of its four meetings during the year, with narrative provided by the Honorary Treasurer and Chief Executive. The narrative focuses on reasons for variation against budget. Operational decisions that might be needed in the meantime are discussed by the five Honorary Officers and Chief Executive, who meet four times a year (before each Board meeting) and by teleconference in the intervening months. Annual budgeting is the responsibility of the Chief Executive and the Society's accountants, with bi-annual review (at the half-year and end of each financial year). Indicative budgets are prepared for the following two years and the Chief Executive and Honorary Treasurer will review closely at least once a year prior to the year end.

Remuneration

The Society established a Remuneration Committee in 2007, which reports to the Board. Its remit is to advise the Trustees about the Society's pay policy. It meets annually to agree the remuneration of the staff employed by the Society, by considering the recommendations of the Society's Chief Executive following annual performance development reviews, and considers the remuneration of the Chief Executive. In 2011 the Society commissioned the development of a BTS pay scale, with associated grading criteria referenced to appropriate comparable sectors. This has provided a valuable framework for recruitment and staff satisfaction and is a central feature of the Society's endeavours to become an exemplary employer. The Committee also reviews the BTS Staff Handbook and annual amendments and updates.

The pandemic was one of two reasons why annual appraisals did not take place as normal in May, and will be undertaken instead in August 2020. The outcome of appraisals inform the recommendations to the Remuneration Committee about pay awards and annual progression of individuals. The second reason was that a review of staffing was underway and would not be fully completed by June. The review has now been completed and the Remuneration Committee will meet in September 2020. However, in view of the financial situation, the Board reluctantly agreed that no inflation-linked pay increase would be made for the 2020-2021 financial year

Risk Assessment and Management

Senior staff review the Risk Map every quarter, taking actions to mitigate or remove risk as appropriate and where possible, and prepare an update for the Board's review in June each year. The annual risk review and management plan was undertaken in the final quarter of the year, focussing again on operational and financial recover matters, and the report was approved by the Board in June 2020.

The nimble response to the threats posed to the Society's business, finance and operations by the pandemic and national measures to try to contain it tested our resilience in a number of areas. A detailed review of the impact on income and expenditure of the changes to the way we offer activities such as short courses and the way the structure is supporting our work while the headquarters office is not fully operational will be made at the end of each quarter of the new financial year. Trustees stand ready to act on advice received and to take steps to maintain the future health of the Society.

Fundraising Practice

The Society does not engage in public fundraising and does not use professional fundraisers or commercial participants. It has not received any complaints relating to fundraising practice.

Related Party Transactions

There were no related party transactions during the year (2019: none). Trustees have added into the Standing Instructions for conduct of business the need to treat any further transactions with related parties as an Item of Reserved Business. This means that in future, the Officers' Group will consider any further situations that might arise, and will make a recommendation to the full Board if they wish to enter into any similar arrangement(s). The Board will be required to give final approval, or otherwise.

Relationship with Biomedical Industries

Since 1999, the Society has had a policy to support its relationship with the biomedical industry, and in all subsequent years has sought related Declarations of Interest from all members who have undertaken work on its behalf. Since June 2013, the Declarations of Interest have been published on the open access area of its website. These come from all who are involved in BTS Committees, Guidelines groups, SAGs and ad-hoc Working Parties. During the year Trustees and Council reviewed and amended this policy, and confirmed the Society's policy on endorsement which states that, wherever possible, support from a single commercial source for BTS activities should not be sought or accepted. In general, the Society does not endorse any activity – including that which originates from non-commercial organisations - unless it has been involved as a partner from the start. Appendix B gives details of all companies from which the Society received support during the year.

STATEMENT OF RESPONSIBILITIES OF TRUSTEES

Members of the Board of Trustees (who are also directors of The British Thoracic Society for the purposes of company law) are responsible for preparing the Board's report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Board to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Board is required to:

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

The Board is responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006 (as amended). The Board is also responsible for safeguarding the assets of the charitable and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as Board members are aware:

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

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

Members of the charity guarantee to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up. The total number of such guarantees at 30 June 2020 was 3,778 (2019 -3,357). Each of the Board members are members of the charity but this entitles them only to voting rights. No members of the Board have any beneficial interest in the charity.

Auditor

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

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

Approved by the Board of Trustees on 8 October 2020 and signed on its behalf by



Professor Jonathan Bennett

Company number 1645201 - Incorporated in the United Kingdom

Charity numbers 285174 – Registered in England and Wales
SC041209 – Registered in Scotland

Registered office and operational address 17 Doughty Street
London
WC1N 2PL

Trustees Trustees, who are also Directors under company law, who served during the year and up to the date of this report were as follows:

Trustees	Roles
Dr Martin Allen	Trustee - Getting it Right First Time Lead
Professor Jonathan Bennett	Chair of the Board (from December 2018)
Dr Graham Burns	President-elect (from December 2019)
Dr Mark Elliott	President (to December 2019)
Dr Justine Hadcroft	Co-Chair, Workforce and Service Development Committee
Dr Alanna Hare	Chair, Education & Training Committee (from December 2019)
Dr Simon Hart	Chair, Standards of Care Committee (from December 2019)
Dr Luke Howard	Chair, Standards of Care Committee (to December 2019)
Alice Vawter Joy	Lay Trustee (to December 2019)
Dr Mohammed Munavvar	President (from December 2019)
Dr John Park	Chair, Education & Training Committee (to December 2019)
Dr Justin Pepperell	Company Secretary (to December 2019)
Dr Jenni Quint	Chair, Information Governance Committee
Dr Elizabeth Sapey	Chair, Science & Research Committee
Dr Lisa Spencer	Company Secretary (from December 2019)
Professor Michael Steiner	Chair, Quality Improvement Committee
Dr Paul Walker	Honorary Treasurer
Dr Graeme Wilson	Co-Chair, Workforce and Service Development Committee
Dr Helen Ward	Trustee -NHSE Long term Plan

Staff

Staff	Post
Angela Barnes	Membership Manager
Deborah Broughton	Executive Assistant
Bernice Bruce-Vanderpuije	Co-ordinator, Operations
Sheila Edwards	Chief Executive
Ruth Ellenby	Head of Policy & Communications (to June 2020)

Giorgio de Faveri	Communications Manager (from October 2019)
Rajeev Lakhar	CRM Manager (from May 2020)
Maria Loughenbury	Manager, Lung Diseases Registry
Christina Moll	Audit Programmes Manager (maternity leave cover from May 2018; substantive appointment confirmed in March 2019)
Kirstie Opstad	Manager, Guidelines and Clinical Standards
Louise Preston	Head of Strategic Programmes
Ranjit Nandra	IT support
Laura Searle	Audit Manager (maternity leave April 2019 onwards; left in March 2020)
Joan Thompson	Head of Finance & Events
Sally Welham	Deputy Chief Executive
Kathryn Wilson	Head of Operations (since March 2020)
Kerrie McPeake	Reception and general administration (February to May 2020)
Richard Allsop	Operations Director (to October 2019)

Bankers

Co-operative Bank
60 Kingsway
London
WC2B 6DS

Solicitors

Taylor Vinters
Merlin Place
Merlin Road
Cambridge
CB4 0DP

Investment Managers

Tilney Asset Management Limited
6 Chesterfield Gardens
London
W1J 5BQ

Accountants

JS2 Limited
One Crown Square
Church Street East
Woking
Surrey
GU21 6HR

Auditor

Haysmacintyre LLP
10 Queen Street Place
London

OPINION

Independent auditor's report to the members and trustees of The British Thoracic Society

Opinion

We have audited the financial statements of The British Thoracic Society ('the charitable company') for the year ended 30 June 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 June 2020 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for opinion

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

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 21, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report and the Foreword from the Chair of the Board of Trustees. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the Trustees' Annual Report (which includes the strategic report and the directors' report prepared for the purposes of company law) and the Foreword from the Chair of the Board of Trustees 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' Annual Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

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

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, section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charity 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, for our audit work, for this report, or for the opinions we have formed.

.....
Thomas Wilson (Senior Statutory Auditor)
For and on behalf of Haysmacintyre LLP, Statutory Auditors

10 Queen Street Place
London
EC4R 1AG

Date: 8th October 2020

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

For the year ended 30 June 2020

	Note	Unrestricted £	Restricted £	2020 Total £	Unrestricted £	Restricted £	2019 Total £
Income from:							
Charitable activities							
Membership	2	618,933	-	618,933	611,584	-	611,584
Standards and Education	2	77,683	50,432	128,115	316,425	75,000	391,425
Research and Innovation	2	1,536,753	-	1,536,753	1,503,829	-	1,503,829
Profile	2	-	-	-	-	25,000	25,000
Investments	3	60,104	-	60,104	66,430	-	66,430
Total income		2,293,473	50,432	2,343,905	2,498,268	100,000	2,598,268
Expenditure on:							
Investment Management costs							
	4	37,353	-	37,353	34,718	-	34,718
Charitable activities							
Membership	4	181,522	-	181,522	170,492	-	170,492
Standards and Education	4	810,867	25,025	835,892	913,580	-	913,580
Research and Innovation	4	971,014	-	971,014	934,887	-	934,887
Profile	4	497,731	5,633	503,364	379,971	62,667	442,638
Total expenditure		2,498,487	30,658	2,529,145	2,433,648	62,667	2,496,315
Net income / (expenditure) before net gains on investments		(205,014)	19,774	(185,240)	64,620	37,333	101,953
Net gains on investments		(6,026)	-	(6,026)	569,833	-	569,833
Net income / (expenditure) for the year	5	(211,040)	19,774	(191,266)	634,453	37,333	671,786
Transfers between funds		(5,633)	5,633	-	(37,667)	37,667	-
Net income / (expenditure) and net movement in funds		(216,673)	25,407	(191,266)	596,786	75,000	671,786
Net income / (expenditure) for the year and net movement in funds		(216,673)	25,407	(191,266)	596,786	75,000	671,786
Reconciliation of funds:							
Total funds brought forward	17	6,469,421	75,956	6,545,377	5,872,635	956	5,873,591
Total funds carried forward	17	6,252,748	101,363	6,354,111	6,469,421	75,956	6,545,377

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

As at 30 June 2020

	Note	£	2020 £	£	2019 £
Fixed assets:					
Tangible assets	11		1,697,850		1,760,501
Investments	12		4,074,385		4,118,049
			5,772,235		5,878,550
Current assets:					
Debtors	13	567,880		617,775	
Cash at bank and in hand		904,214		982,630	
		1,472,094		1,600,405	
Liabilities:					
Creditors: amounts falling due within one year	14	(890,218)		(933,578)	
Net current assets			581,876		666,827
Total net assets			6,354,111		6,545,377
The funds of the charity:	17				
Restricted income funds			107,389		75,956
Unrestricted income funds:					
Designated funds		5,797,233		5,903,550	
General funds		449,489		565,871	
Total unrestricted funds			6,246,722		6,469,421
Total charity funds			6,354,111		6,545,377

The financial statements have been prepared in accordance with the special provisions applicable to companies subject to the

Approved by the Board of Trustees on 8th October 2020 and signed on its behalf by


Dr. Paul Walker
Honorary Treasurer

Statement of cash flows

For the year ended 30 June 2020

	Note	2020		2019	
		£	£	£	£
Cash flows from operating activities	19				
Net cash used in operating activities		(158,329)		(11,456)	
Cash flows from investing activities:					
Dividends, interest and rents from investments		60,104		66,430	
Purchase of fixed assets		(17,829)		(82,240)	
Proceeds from investments		1,048,025		500,802	
Purchase of investments		(1,013,669)		(475,824)	
Movement in cash held by investment managers		3,282		1,823	
Net cash provided by investing activities		79,913		10,991	
Net cash provided by / (used in) financing activities		-		-	
Change in cash and cash equivalents in the year		(78,416)		(465)	
Cash and cash equivalents at the beginning of the year		982,630		983,095	
Cash and cash equivalents at the end of the year		904,214		982,630	

1 Accounting policies

a) Statutory Information

The British Thoracic Society is a charitable company limited by guarantee and is incorporated in England and Wales (company registration number 01645201). The registered office address is 17 Doughty Street, London, WC1N 2PL.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (second edition effective 2019) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

c) Public benefit entity

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

d) Going concern

The trustees have assessed whether the use of the going concern assumption is appropriate in preparing these financial statements. The trustees have made this assessment in respect of a period of one year from the date of approval of these financial statements and have considered the impact of the coronavirus pandemic on the charity's operations. In particular the trustees have considered the charities forecasts and projections and have taken account of pressures on short course and meetings income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial

statements

Principal risks and uncertainties

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

e) Income

The key income streams are from Journals, Meetings and Membership.

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

Membership income is accounted for in the period to which it relates. Membership receipts in advance are recorded as deferred income.

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

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

Investment Income & Interest receivable

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

f) Fund accounting

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

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

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

For the year ended 30 June 2020

1 Accounting policies (continued)

g) Expenditure (including grants) and irrecoverable VAT

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

Raising funds (investment manager fees)

Expenditure on charitable activities includes the costs of delivering services, Meetings and other educational activities undertaken to further the purposes of the charity and their associated support costs

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

Grants payable are charged in the year when the offer is conveyed to the recipient except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year-end are noted as a commitment, but not accrued as expenditure.

h) Allocation of support costs

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

Standards and Education	33%
Research	7%
Profile	20%
Membership	9%
Support costs	24%
Governance costs	7%

Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity

Standards and Education	49%
Research	10%
Profile	29%
Membership	13%

Governance costs, included within total support costs, are the costs associated with the governance arrangements of the charity, namely the costs of constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

i) Operating leases

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

For the year ended 30 June 2020

1 Accounting policies (continued)

j) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

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

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

Fixtures & Fittings	10 years
Computer Equipment & Website	3 years
CRM Software	10 years
Freehold buildings	50 years
Land	Not Depreciated

k) Listed investments

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

l) Debtors

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

m) Cash at bank and in hand

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

n) Creditors and provisions

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

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

Notes to the financial statements

For the year ended 30 June 2020

1 Accounting policies (continued)

o) Pensions

BTS established an auto-enrolment defined contribution scheme with Legal & General with effect from 1 January 2016 (12 months earlier than required by statute) and makes employer contributions into this scheme. For employees who had their own schemes in place before this date BTS continues to make contributions into their individual schemes. Employer contributions are the same for all employees, on a sliding scale depending on employee contributions as specified in contracts of employment, and those in the auto-enrolment scheme increased their contributions during the year in line with statutory minima.

2 Income from charitable activities

	Unrestricted £	Restricted £	2020 Total £	2019 Total £
Membership				
Membership	618,933	-	618,933	611,584
Sub-total for Membership	618,933	-	618,933	611,584
Standards and Education				
Short courses	42,423	-	42,423	123,899
Summer Meeting	4,667	-	4,667	150,275
Speciality Certificate Examination	30,593	-	30,593	11,500
MDRTB project	-	-	-	30,750
Best Practice Fellowships	-	50,432	50,432	75,000
Sub-total for Education and Standards	77,683	50,432	128,115	391,425
Research and Innovation				
<i>Thorax</i>	646,788	-	646,788	639,780
Winter Meeting	889,965	-	889,965	864,049
Sub-total for Research and Innovation	1,536,753	-	1,536,753	1,503,829
Profile				
Respiratory Futures Programme	-	-	-	25,000
Sub-total for Profile	-	-	-	25,000
Total income from charitable activities	2,233,369	50,432	2,283,801	2,531,838

Notes to the financial statements

For the year ended 30 June 2020

2 Income from charitable activities (continued)

Prior Year	Unrestricted £	Restricted £	2019 Total £
Membership			
Membership	611,584	-	611,584
Sub-total for Membership	611,584	-	611,584
Standards and Education			
Short courses	123,899	-	123,899
Summer Meeting	150,275	-	150,275
Speciality Certificate Examination	11,500	-	11,500
MDRTB project	30,750	-	30,750
Best Practice Fellowships	-	75,000	75,000
Sub-total for Education and Standards	316,424	75,000	391,424
Research and Innovation			
Thorax	639,780	-	639,780
Winter Meeting	864,049	-	864,049
Sub-total for Research and Innovation	1,503,829	-	1,503,829
Profile			
Respiratory Futures Programme	-	25,000	25,000
Sub-total for Profile	-	25,000	25,000
Total income from charitable activities	2,431,837	100,000	2,531,837

3 Income from investments

	Unrestricted £	Restricted £	2020 Total £	2019 Total £
Income from listed investments	60,104	-	60,104	66,430
	60,104	-	60,104	66,430

4 Analysis of expenditure

	Investment Management	Charitable activities						2020 Total £	2019 Total £
		Costs £	Membership £	Standards & Education £	Research £	Profile £	Governance £		
Staff costs (Note 6)	-	75,756	291,207	58,948	174,422	63,136	209,140	872,609	771,177
Conferences	-	-	12,989	552,187	-	-	-	565,176	673,254
Committees & guidelines	-	-	60,762	-	-	-	208	60,970	134,500
Courses	-	-	87,278	-	-	-	45	87,323	88,905
Publications	-	-	-	283,025	-	-	-	283,025	258,489
Awards (Note 9)	-	-	-	-	-	-	-	-	-
Public relations	-	-	-	-	83,512	-	35	83,547	119,412
Project & consortia costs	-	-	3,984	-	-	-	-	3,984	1,639
Investment management	37,353	-	-	-	-	-	-	37,353	34,718
Other	-	6,996	-	-	-	-	-	6,996	207
	37,353	82,752	456,220	894,160	257,934	63,136	209,428	2,000,983	2,082,301
Support costs									
Property	-	-	-	-	-	-	97,751	97,751	53,462
IT costs	-	-	-	-	18,021	-	65,704	83,725	119,434
Office running costs	-	-	-	-	-	-	57,354	57,354	39,638
Depreciation	-	-	-	-	-	-	80,479	80,479	61,260
Audit	-	-	-	-	-	12,950	-	12,950	12,451
Accountancy	-	-	-	-	-	-	18,684	18,684	18,397
Legal fees	-	-	-	-	-	-	-	-	35
Council, AGM & Board	-	-	-	-	-	9,670	-	9,670	13,330
Irrecoverable VAT	-	-	-	-	-	-	150,573	150,573	74,513
Other	-	-	-	-	-	-	16,976	16,976	21,494
Support Costs	-	87,949	338,073	68,434	202,493	-	(696,949)	-	
Governance Costs	-	10,821	41,599	8,420	24,916	(85,756)	-	-	
Total expenditure 2020	37,353	181,522	835,892	971,014	503,364	-	-	2,529,145	
Total expenditure 2019	34,718	170,492	913,580	934,887	442,638	-	-		2,496,315

Of the total expenditure, £2,498,487 was unrestricted (2019: £2,433,648) and £30,658 was restricted (2019: £62,667).

For the year ended 30 June 2020

5 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2020	2019
	£	£
Depreciation	80,480	61,260
Operating lease rentals:		
Equipment	5,018	5,285
Auditors' remuneration (excluding VAT):		
Audit	13,400	12,950
	108,898	80,495

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

Staff costs were as follows:

	2020	2019
	£	£
Salaries and wages	687,165	602,641
Social security costs	64,844	65,793
Employer's contribution to defined contribution pension schemes	81,135	82,701
Recruitment	28,917	10,520
Other forms of employee benefits	4,243	1,921
Staff Development & HR	6,305	7,601
	872,609	771,177

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

	2020	2019
	No.	No.
£70,000 - £79,999	-	1
£80,000 - £89,999	1	-
£90,000 - £99,999	-	1
£100,000 - £109,999	1	-

The total employee benefits including employer's national insurance and pension contributions of the key management personnel (Chief Executive) were £127,443 (2019: £123,856).

Two termination payments were made during the year of £23,176 (2019: £nil).

The charity Trustees were not paid or received any other benefits from employment with the charity in the year (2019: £nil). No charity trustee received payment for professional or other services supplied to the charity (2019: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £12,460 (2019: £18,404) incurred by 19 (2019: 18) members relating to attendance at meetings of the Trustees.

7 Staff numbers

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

	2020	2019
	No.	No.
Membership	1.4	1.6
Standards & Education	5.1	5.7
Research & Innovation	1.1	1.0
Profile	3.1	2.5
Governance	1.1	0.8
Support	3.7	3.4
	<u>15.5</u>	<u>15.0</u>

8. Grants Awarded

	2020	2020	2019	2019
	Attendees	£	Attendees	£
Best Practice Fellowship				
BTS Winter Meeting	20	20,000	-	-
	<u>20</u>	<u>20,000</u>	<u>-</u>	<u>-</u>
	<u>20</u>	<u>20,000</u>	<u>-</u>	<u>-</u>

Best Practice Fellowship

25 grants were made in September 2019 for the 2019 European Respiratory Society Congress in Madrid.

9 Related party transactions

There were no related party transactions this year, or donations from related parties.

10 Taxation

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

11 Tangible fixed assets

	Freehold property £	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation				
At the start of the year	1,925,346	114,737	344,601	2,384,684
Additions in year	3,114	-	14,715	17,829
Disposals in year	-	-	-	-
	<u>1,928,460</u>	<u>114,737</u>	<u>359,316</u>	<u>2,402,513</u>
Depreciation				
At the start of the year	355,071	73,296	195,816	624,183
Charge for the year	30,764	6,689	43,027	80,480
Eliminated on disposal	-	-	-	-
	<u>385,835</u>	<u>79,985</u>	<u>238,843</u>	<u>704,663</u>
Net book value				
At the end of the year	<u>1,542,625</u>	<u>34,752</u>	<u>120,473</u>	<u>1,697,850</u>
At the start of the year	<u>1,570,275</u>	<u>41,441</u>	<u>148,785</u>	<u>1,760,501</u>

Land with a value of £390,000 (2019: £390,000) is included within freehold property and not depreciated.

All of the above assets are used for charitable purposes.

Notes to the financial statements

For the year ended 30 June 2020

12 Listed investments	2020 £	2019 £
Fair value at the start of the year	4,101,202	3,556,347
Additions at cost	1,013,669	475,824
Disposal proceeds	(1,048,025)	(500,802)
Net gain on change in fair value	(6,026)	569,833
	<u>4,060,820</u>	<u>4,101,202</u>
Cash held by investment broker pending reinvestment	13,565	16,847
Fair value at the end of the year	<u>4,074,385</u>	<u>4,118,049</u>
Historic cost at the end of the year	<u>2,589,711</u>	<u>2,447,742</u>
Investments comprise:		
	2020 £	2019 £
UK quoted investments	151,770	381,551
Overseas quoted investments	3,909,050	3,719,651
Cash	13,565	16,847
	<u>4,074,385</u>	<u>4,118,049</u>
13 Debtors	2020 £	2019 £
Trade debtors	925	87,327
Other debtors	24,249	18,349
Prepayments	218,554	214,544
Accrued income	317,813	297,555
Taxation and social security	6,339	
	<u>567,880</u>	<u>617,775</u>
	2020 £	2019 £
Prepayments includes deposits for future Winter Meetings as follows:		
Due in 1-2 years	24,565	23,612
Due in 2-5 years	82,525	99,260
Due in 5+ years	-	26,068
	<u>107,090</u>	<u>148,940</u>
14 Creditors: amounts falling due within one year	2020 £	2019 £
Trade creditors	20,988	19,100
Other creditors	98,694	77,394
Accruals	181,764	215,236
Deferred income (Note 15)	588,772	605,497
	<u>890,218</u>	<u>933,578</u>

For the year ended 30 June 2020

15 Deferred income

Deferred income comprises of membership subscriptions received for the period 1 July 2020 to 30 June 2021, to income received for short courses in advance of the course taking place.

	2020 £	2019 £
Balance at the beginning of the year	605,497	694,169
Amount released to income in the year	(605,497)	(694,169)
Summer Meeting 2019	-	8,070
Short Courses	19,965	27,419
Membership	568,808	567,008
MDRTB	-	-
Other	-	3,000
Balance at the end of the year	588,773	605,497

16 Analysis of net assets between funds 2020

	General unrestricted £	Designated Funds £	Restricted £	Total funds 2020 £
Tangible fixed assets	-	1,697,850	-	1,697,850
Investments	-	4,074,385	-	4,074,385
Net current assets	449,489	24,998	107,389	581,876
Net assets at the end of the year	449,489	5,797,233	107,389	6,354,111

Analysis of net assets between funds 2019

	General unrestricted £	Designated Funds £	Restricted £	Total funds 2019 £
Tangible fixed assets	-	1,760,501	-	1,760,501
Investments	-	4,118,049	-	4,118,049
Net current assets	565,871	25,000	75,956	666,827
Net assets at the end of the year	565,871	5,903,550	75,956	6,545,377

17 Movements in funds 2020

	At the start of the year £	Income & Gains £	Expenditure & losses £	Transfers £	At the end of the year £
Restricted funds:					
Respiratory Futures	-	-	(5,633)	5,633	-
Travel Grants	75,956	56,458	(25,025)	-	107,389
Total restricted funds	75,956	56,458	(30,658)	5,633	107,389
Unrestricted funds:					
Designated funds:					
Property Fund	1,570,275	-	(30,765)	3,115	1,542,625
Property Maintenance Fund	25,000	-	(13,150)	13,149	24,999
Investment Fund	4,118,049	54,078	(37,352)	(60,390)	4,074,385
Fixed Assets Fund	190,226	-	(49,716)	14,715	155,225
Total designated funds	5,903,550	54,078	(130,983)	(29,411)	5,797,233
General funds	565,871	2,233,369	(2,373,529)	23,778	449,489
Total unrestricted funds	6,469,421	2,287,447	(2,504,512)	(5,633)	6,246,722
Total funds	6,545,377	2,343,905	(2,535,170)	-	6,354,111

For the year ended 30 June 2020

17 Movements in funds (continued)

Movement of funds for prior year	At the start of the year £	Incoming resources & gains £	Outgoing resources & losses £	Transfers £	At the end of the year £
Restricted funds:					
Douglas Bequest	-	-	-	-	-
Respiratory Futures	-	25,000	(62,667)	37,667	-
Travel Grants	956	75,000	-	-	75,956
MDRTB	-	-	-	-	-
Total restricted funds	956	100,000	(62,667)	37,667	75,956
Unrestricted funds:					
Designated funds:					
Property Fund	1,551,801	-	(30,707)	49,181	1,570,275
Property Maintenance Fund	25,000	-	(11,432)	11,432	25,000
Investment Fund	3,575,017	636,264	(34,718)	(58,514)	4,118,049
Fixed Assets Fund	187,720	-	(30,553)	33,059	190,226
Total designated funds	5,339,538	636,264	(107,410)	35,156	5,903,550
General funds	533,097	2,431,836	(2,326,239)	72,823	565,871
Total unrestricted funds	5,872,635	3,068,100	(2,433,649)	37,667	6,469,421
Total funds	5,873,591	3,168,100	(2,496,316)	-	6,545,377

Purposes of restricted funds**Respiratory Futures**

When plans to establish a Respiratory Alliance failed in 2014, BTS Trustees approved a proposal from the Chief Executive to provide some seed funding to establish a virtual organisation (Respiratory Futures). This was intended to build on the spirit of collaboration and desire for joined-up action which was so clearly expressed in Alliance stakeholder meetings. Funding was provided on an annual basis from NHSE until 2018, and from a small number of other organisations in the early years. The programme is now embedded in the Society's mainstream work as described in the Trustees' Report and will develop its content and functionality even more to become an important element of the support for emerging respiratory networks in the NHSE Long Term Plan and provision of integrated respiratory care.

Travel Grants

Financial support for this scheme came originally from GSK and Vertex in 2017-2018. GSK provided an additional grant of £50,000 in January 2020. The grants are offered in open competition to all respiratory healthcare professionals, and are intended to support the costs of attending respiratory conferences in the UK and the abroad. The applicants are asked to demonstrate how their abstracts submitted for these conferences will help improve patient care, and are required to submit a statement of reflective learning after the event. 20 grants were made to support attendances at the European Respiratory Society Congress in Madrid in September 2020. The funders have no input into the criteria for the grants, or the selection of the recipients.

For the year ended 30 June 2020

Purposes of restricted funds (continued)**MDRTB (Multi Drug Resistant Tuberculosis) Clinical Advice Scheme**

The Society received a grant of £40,000 during 2015-16 from Public Health England to enable the development of the BTS MDRTB (Multi-Drug Resistant TB) clinical advice service, and to integrate its activities within the framework that is being developed by PHE as part of the new national TB Strategy. The funding has met the costs of the development the on-line support function, and improved governance arrangements, and some of the costs of the programme manager. NHS England committed funding (£84,000) to the MDRTB service for a two year period from April 2017, in support of the continued development of the scheme. A further £40,000 for the period April 2020-March 2021 has been allocated to BTS by NHSE although has not yet been received.

Purposes of designated funds**Property Fund**

The freehold of 17 Doughty Street was purchased in 2001. The fund balance represents the book value of the property including refurbishment costs. The building was valued in July 2017 - £2,800,000.

Property Maintenance Fund

The Society designates funds in order to maintain the building and meet contingencies, and has a five-year property maintenance schedule.

Investment Fund

In accordance with the reserves policy outlined in the Trustees Report, this Fund represents the value of the investment portfolio less amounts accrued and committed for refurbishments.

Fixed Asset Fund

The fixed assets fund is equivalent to the net book value of the fixtures and fittings and computer equipment. This fund has been set aside to cover the future depreciation of these fixed assets.

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

	2020 £	2019 £
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	(191,266)	671,786
Depreciation charges	80,480	61,260
Loss/(Gains) on investments	6,026	(569,833)
Dividends, interest and rent from investments	(60,104)	(66,430)
Decrease/(Increase) in debtors	49,895	(24,324)
(Decrease) in creditors	(43,360)	(83,915)
Net cash provided by / (used in) operating activities	(158,329)	(11,456)

19 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the

	2020 £	2019 £
Equipment		
Less than one year	-	2,769
One to five years	-	-
	-	2,769

20 Legal Status

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

21 Post Balance Sheet Event

The accounts are approved during a period where there is much uncertainty as a result of the emergence and international spread of a coronavirus (COVID-19), however there is no material financial impact on the charity. The trustees do not consider there to be any adjusting post balance sheet events.

APPENDIX A : BTS MEMBERS ACTIVELY INVOLVED IN SOCIETY ACTIVITIES DURING THE YEAR

Aadamali, Huzaifa

Addy, Charlotte

Agnew, Sarah

Agrawal, Sanjay

Ahmed, Rizwan

Akram, Ahsan

Albert, Paul

Alikhan, Raza

Allen, Martin

Babin-Cooper, Isabelle

Baker, Lucy

Baker, Michelle

Barber, Christopher

Barratt, Shaney

Basheer, Hussain

Baudouin, Simon

Baxter, Caroline

Bedawi, Eihab

Bellamy, David

Bendall, Amy

Bennett, Joanna

Bennett, Jonathan

Bewick, Thomas

Bhatt, Jayesh

Bhowmik, Angshu

Campbell, Colin

Cant, Beatrice

Capstick, Toby

Carre, Jane

Chadwick, Andrew

Chalmers, James

Chan, Samantha

Chaudhuri, Nazia

Chavasse, Richard

Chavda, Aneeka

Siu Pan Cho, Peter

Chodhari, Rahul

Church, Colin

Daines, Luke

Daly, Rachel

Dancer, Rachel

D'ancona, Grainne

Dave, Kavita

Davies, Alice

Davies, Gerry

Davies, Jane

Almond, Howard

Anderson, Alan

Anderson, Sarah

Anderson, William

Annandale, Joseph

Antoine-Pitterson, Pearlene

Armstrong, Alison

Arnold, Amber

Atkins, Christopher

Bibby, Anna

Bindra, Renu

Birring, Surinder

Bloch, Susannah

Blyth, Kevin

Bolton, Charlotte

Bothamley, Graham

Bourke, Stephen

Boyter, Anne

Brodlie, Malcolm

Buggy, Laura

Bunclark, Katherine

Burke, Hannah

Burns, Graham

Burns, Paul

Bush, Andrew

Clive, Amelia

Clive, Amelia

Coker, Robina

Collyns, Tim

Condliffe, Robin

Connell, David

Corcoran, John

Craig, Sonya

Crawshaw, Anjali

Creamer, Andrew

Crocker, Catherine

Cropley, Ian

Cullinan, Paul

De Soya, Anthony

Deacon, Andrew

Dedicoat, Martin

Desai, Maya

Devaney, Rebecca

Devani, Nikesh

Dheda, Keertan

D'oliveiro, Rachel

Davies, Michael
Davies, Rachel
De Fonseka, Duneesha

Eccles, Sinan Robert
Edenborough, Frank
Edey, Anthony
Elliott, Mark

Fahim, Ahmed
Felton, Timothy
Fishwick, David
Fisher, Andrew

Gaillard, Erol
Gates, Jessica
Gavlak, Johanna
Gee, Emma
George, Peter
Gibbons, Michael
Gibson, Karen
Gibson, Neil
Gilchrist, Mark

Hadcroft, Justine
Haines, Jemma
Haldar, Pranabashis
Hallifax, Robert
Haney, Sarah
Harden, Susan
Hare, Alanna
Harman, Katharine
Harrison, Tim
Hart, Simon
Heaton, Joanne
Hepworth, Claire
Heslop-Marshall, Karen
Hett, Kirsty
Hicks, Alexander
Hill, Adam
Hippolyte, Sabine
Iftikhar, Hina
Jabbal, Sunny
Jackson, Abigail
Jacobs, Phillip
James, Roberta
Jayadev, Anita
Jayasooriya, Shamanthij
Jha, Akhilesh

Douglas, Graham
Drobniewski, Francis
Du Rand-Darwood, Ingrid
Duffy, Nicholas

Elsey, Lynn
Evans, Hazel
Evison, Matthew

Flight, William
Floto, Andres
Forrest, Ian
Funston, Wendy

Goodwin, Amanda
Gorsuch, Thomas
Grandjean, Louis
Grecian, Robert
Griffiths, Christopher
Griffiths, Mark
Grillo, Lizzie
Grudzinska, Frances

Ho, Ling-Pei
Jo Holmes, Leanne
Holmes, Stephen
Holmes, Stephen
Hooper, Clare
Hope, Susan
Hopkinson, Nick
Horner, Daniel
Houghton, Catherine
Howard, Luke
Hubbard, Richard
Hughes, Gareth
Hull, James
Hull, Jeremy
Hunter, Laura
Hurst, John
Hutchinson, John
Ismail-Koch, Hasnaa
Jones, Gareth
Jones, Nigel
Jones, Ricky
Jones, Steve
Jose, Ricardo
Joy, Alice
Juniper, Mark

Kaminski, Rachel

Kastelik, Jack

Kaur, Hanna

Kelly, Carol

Khan, Fasihul

Kingshott, Ruth

Langley, Ross

Langman, Hannah

Lanning, Eleanor

Latham, Jennifer

Laurenson, Ian

Lawrie, Iain

Lawson, Malcolm

Lawson, Rod

Lee, Richard

Peter Legg, Julian

Lillie, Patrick

Macfarlane, Jim

Mackenzie, Alison

Mackenzie Ross, Robert

Macleod, Kenneth

Madzikanda, Ingrid

Mahadeva, Ravi

Mainman, Hayley

Makki, Sophia

Man, William

Mangera, Zaheer

Manuel, Ari

Manzie, Joan

Masani, Vidan

Maskell, Nick

Mathioudakis, Alexandros

Mccracken, David

Medveczky, Thomas

Menzies, Daniel

Menzies-Gow, Andrew

Nagarajan, Thapas

Navaratnam, Vidya

Naylor, Jonathan

Newnham, Michael

Nicholson, Andrew

O'Dowd, Emma

Panchal, Rakesh

Park, John

Parker, Sean

Parsonage, Maria

Parthasarathy, Padmavathi

Kliner, Merav

Min Kon, Onn

Kouranos, Vasileios

Kumar, Kartik

Kumar, Neelam

Kunst, Heinke

Lim, Eric

Shen Lim, Wei

Limbrey, Rachel

Lines, Sarah

Lipman, Marc

Littlewood, Nicola

Livingston, Eric

Lo, David

Loewenthal, Lola

Lynch, Cassandra

Mercer, Rachel

Messer, Ben

Mishra, Eleanor

Mitchelmore, Philip

Molyneaux, Philip

Molyneux, Andrew

Moore, Abigail

Moore, Irene

Morley, Andrew

Morris, Helen

Morris-Jones, Stephen

Morrison, Hazel

Mortimer, Kevin

Mouchilli, Yannick

Mukherjee, Rahul

Mummery, Victoria

Munavvar, Mohammed

Mungall, Sarah

Murphy, Anna

Nicol, Lisa

Nimmo, Camus

Niven, Rob

Noorzad, Farinaz

Normansell, Rebecca

O'Driscoll, Ronan

Paul, Suman

Pepperell, Justin

Perrin, Felicity

Pike, Katy

Pinnock, Hilary

Patel, Irem
Patel, Pujan
Patel, Sheena
Paton, James
Patterson, Karen

Quint, Jennifer

Raghuram, Ananthakrishnan

Rahman, Najib
Ramjug, Sheila
Rampton, Charlotte
Ramsay, Crichton
Redden-Rowley, Kelly
Richardson, Jack
Ricketts, William
Roberts, Graham
Roberts, Mark

Safavi, Shahideh

Saggu, Ravijyot
Samuels, Martin
Sapey, Elizabeth
Sathyamurthy, Ramamurthy
Saunders, Peter
Schwab, Uli
Scott, Stephen
Scotton, Chris
Screaton, Nicholas
Seddon, James
Shah, Anand
Mukesh Shah, Neeraj
Sharp, Charles
Sheikh OBE, Aziz
Sheinman, Bryan
Shingadia, Delane
Shovlin, Claire
Shyamsundar, Murali
Sibley, Sarah
Simonds, Anita
Singh, Sally

Tan, Hui-Leng

Teagle, Alexandra
Tharoo, Fatimazahra
Thillai, Muhunthan
Thomas, Matthew
Thuraisingam, Helen

Unstead, Mark

Valerio, Christopher James

Pirzada, Omar
Pittman, Marcus
Pooler, Alison
Preston, Wendy
Price, Laura
Prigmore, Samantha

Roberts, Nicola

Robertson, Alan
Robinson, Douglas
Robinson, Grace
Robinson, Nicola
Robinson, Ryan
Rodgers, Helen
Roy, Kay
Rupani, Hitasha
Russo, Kylie

Slim, Diana

Sloan, Derek
Smallwood, Nicholas
Smith, Daniel
Smith, David
Smith, Grace
Smith, Jaclyn
Smith, Laura-Jane
Soon, Elaine
Spencer, Lisa
Spinks, Katherine
Spinou, Arietta
Spurling, Kristofer
Stanton, Andrew
Steiner, Michael
Stevenson, Margaret
Steyn, Richard
Stone, Helen
Succony, Laura
Sudhir, Rajini
Suntharalingam, Jay
Swingwood, Ema

Thursfield, Rebecca

Trafford, Rosemary
Tufail, Muhammad
Turner, Alice
Turner, Steve
Tweedie, Daniel

Vyas, Aashish

Vaughn, Pamela

Waddell, Deborah

Walker, Naomi

Walker, Paul

Walker, Paul

Walker, Steven

Warburton, Chris

Ward, Emily

Ward, Helen

Ward, Thomas

Warley, Anthony

Wat, Dennis

Watson, John

Welch, Steven

Wells, Athol

Whight, Joanna

White, John

Whitney, Andrea

Yanney, Michael

Whittaker, Elizabeth

Whittle, Adam

Wickremasinghe, Melissa

Wiggans, Ruth

Wilkinson, Mark

Wilkinson, Tom

Wilson, Andrew

Wilson, Duncan

Wilson, Graeme

Wilson, Stephen

Winfield, Sarah

Woodhead, Felix

Woodhead, Mark

Woodhouse, Arran

Woods, Penny

Woodward, Alex

Wozniak, Dariusz

We would also like to thank all those involved in producing the guidance related to the COVID-19 pandemic.

APPENDIX B: EXTERNAL FUNDING/SUPPORT RECEIVED FOR ANNUAL CONFERENCES AND COURSES

WINTER MEETING 2019- PHARMACEUTICAL AND MEDICAL EQUIPMENT COMPANY EXHIBITORS

Aquilant Endoscopy
AstraZeneca
Avalyn Pharma
Avanos Medical
Bard (BD)
Biocompatibles UK
Biomerieux UK
BOC
Broncus Medical
Chiesi
Circassia
Exhalation Technology Ltd
Fisher & Paykel
Gilead
Glenmark Pharmaceuticals -M for Media
GSK
Hitachi Medical
Insmad
Janssen
Novartis
Olympus Keymed
Orion Pharma
Pari Medical
Pfizer
Pulmonx
Roche
Rocket Medical
Sandoz
Sanofi Genzyme
Teva
Trudell
Vertex
Vygon (UK) Ltd
Wisepress

WINTER MEETING 2019- CHARITY AND OTHER NON-COMMERCIAL EXHIBITORS

ACPRC - Association of Chartered Physiotherapists in Respiratory Care
Action for Pulmonary Fibrosis
ARNS - Association of Respiratory Nurse Specialists
ARTP - Association for Respiratory Technology & Physiology
BALR- British Association for Lung Research
BLF- British Lung Foundation
BMJ - British Medical Journal (*Thorax* and BMJ Open Respiratory Research)
BTOG - British Thoracic Oncology Group
ERS - European Respiratory Society
ILD-INN - Interstitial Lung Diseases Interdisciplinary Network
NACAP- National Asthma and COPD Audit Programme at the Royal College of Physicians of London
NIHR - National Institute for Health Research
NLCA-RCP – National Lung Cancer Audit at the Royal College of Physicians of London
Primary Ciliary Dyskinesia (PCD) Family Support Group
PCRS-UK- Primary Care Respiratory Society UK
Sarcoidosis UK

COMPANIES THAT PROVIDED EQUIPMENT TO BTS- BTS SHORT COURSES JULY 2019-JUNE 2020

FujiFilm
SonoSite
Philips