

**The British Association of  
Urological Surgeons  
Limited**

**Annual Report and Financial  
Statements**

31 December 2017

Charity Registration Number 1127044

Company Limited by Guarantee

Registration Number 06054614 (England & Wales)

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## Reference and administrative details of the Society, its trustees and advisers

<b>President</b>	K J O'Flynn
<b>Vice President</b>	D Summerton
<b>Honorary Treasurer</b>	K Anson (until 28 June 2017) I Pearce (from 28 June 2017)
<b>Honorary Treasurer Elect</b>	I Pearce (until 28 June 2017) O Wiseman (from 28 June 2017)
<b>Honorary Secretary</b>	D Summerton (until 28 June 2017) P A Jones (from 28 June 2017)
<b>Honorary Secretary Elect</b>	P A Jones (until 28 June 2017) A Muneer (from 28 June 2017)
<b>Co-opted Trustees</b>	D Hanbury (until 14 September 2017) S Venn (until 28 November 2017) O J Wiseman (until 28 June 2017) K Anson (from 28 June 2017) N Watkin S Agrawal (from 9 February 2018) D Thomas (from 9 February 2018)
<b>Registered/Principal office</b>	The Royal College of Surgeons England 35- 43 Lincolns Inn Fields London WC2A 3PE
<b>Charity registration number</b>	1127044
<b>Company registration number</b>	06054614
<b>Auditor</b>	Buzzacott LLP 130 Wood Street London EC2V 6DL

## Reference and administrative details of the Society, its trustees and advisers

**Bankers**            National Westminster Bank Plc  
Corporate Central Banking  
5 -10 Great Tower Street  
London  
EC3P 3HX

**Investment managers**    Quilter Cheviot Limited  
One Kingsway  
Longacre  
London  
WC2B 6AN

Sarasin and Partners  
Juxton House  
100 St Paul's Churchyard  
London  
EC4M 8BU

## **Trustees' report 31 December 2017**

The Trustees, who are also the directors of the charitable company for the purposes of company law, are pleased to present their annual report with the financial statements of the The British Association of Urological Surgeons Limited (BAUS or The Association) for the year ended 31 December 2017.

This report has been prepared in accordance with Part 8 of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

The financial statements have been prepared in accordance with the accounting policies set out on pages 30 to 34 therein and comply with the charitable company's Memorandum and Articles of Association, applicable laws, Companies Act 2006 and 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 United Kingdom and Republic of Ireland (FRS 102), effective from accounting periods commencing 1 January 2015 or later and Update Bulletin 1.

### **Objectives and activities**

#### ***Charitable objectives***

The charitable objective for which the charity was established is:

To promote the highest standard in the practice of urology for the benefit of patients by fostering education, research and clinical excellence.

Urology deals with specific diseases and disorders of the male genitourinary and female urinary tract and urologists are medical and surgical specialists who treat men, women and children with kidney, bladder, prostate and urinary problems. Urologists also care for men's sexual and reproductive health.

In order to meet the charitable objective, the Trustees of the Association have set an overall goal for BAUS to do everything in its powers to support education, research and clinical excellence in urology. In pursuance of this overall goal, the principal activity of the charity is the dissemination of information as it relates to the specialty.

In practice, the Association promotes and arranges scientific meetings covering every aspect of the practice of urology. These include an Annual Scientific Meeting and various other meetings organised by the sub-specialty sections. The Association supports the education of urologists through activities co-ordinated through the Education Committee. The charity also produces patient information leaflets relating to urological conditions and operations and publishes unit outcomes for a number of surgical procedures. Both activities are intended to provide patients with accurate information about their condition and treatment options and outcomes.

**Objectives and activities** (continued)

**Charitable objectives** (continued)

The Association's primary objectives in 2017 were to:

- ♦ Complete the review of the patient information leaflets and publish updated leaflets on the BAUS website;
- ♦ Consider broadening membership out to all those involved in treating urological patients (including nurses and other healthcare professionals) and review membership benefits;
- ♦ Initiate work to implement a new membership system;
- ♦ Review the income generation model to ensure BAUS has long-term sustainability;
- ♦ Confirm any necessary changes arising from the Section's review and begin implementation;
- ♦ Undertake a strategic review of the data and audit work; and
- ♦ Conduct a workforce survey so that BAUS can highlight where shortages in service provision may occur in the future and help to inform choices about training.

**Public benefit**

The Trustees have taken the Charity Commission's general guidance on public benefit into consideration in preparing their statements on public benefit contained within this Trustees' Report.

*Benefits and beneficiaries*

As stated above, in accordance with its charitable objectives, the Association strives to support education, research and clinical excellence in the specialty of urology. In so doing it seeks to improve the quality of medical care for the benefit of patients. The charity's ultimate beneficiaries are therefore patients, and benefits to patients are provided through advancing knowledge of, practice in and standards for the specialty.

Urologists treat a broad spectrum of disease across all age groups but, particularly with an ageing population, demand for care has been steadily increasing with almost 700,000 episodes of care a year. Urologists and their teams treat three of the ten commonest cancers, prostate, kidney and bladder, as well as a wide range of benign conditions such as lower urinary tract symptoms (which affects 35-40% of men over 55 years of age), kidney stones and incontinence. It is important that BAUS continues to provide the appropriate professional and educational support to urologists to ensure they are able to deliver the highest standard of care to their patients in what is increasingly a very challenging environment.

### **Achievements and performance**

In 2017, BAUS maintained its role as the key provider of education and professional development for all doctors working in the field of urological surgery.

Association membership in 2017 was 1,926 (1,885 in 2016). At the present time, 95% (967 out of 1,019) of the substantive consultant urologists in the British Isles are BAUS members.

### **Events and activities**

#### *Annual Scientific Meeting*

The Association's Annual Scientific Meeting was held on 26-28 June 2017 at the SEC in Glasgow. The 2017 meeting attracted 836 delegates which represented a 26% decline in the number of delegates attending (1,123 in 2016). In 2017 the European Association of Urology (EAU) was held in London and BAUS had anticipated that this would impact on delegate numbers as a number of UK urologists inevitably took the opportunity to attend this international meeting when it was held in the UK and professional leave for attendance at conferences is limited. Partly in response to the pressure on study leave, the BAUS conference was reduced from four days to three. The meeting is open to healthcare professionals who provide care to urological patients and those working with them in clinical or research settings. In 2017 64% of delegates were BAUS members, 36% were non-members and included nurse practitioners and scientists. Delegates were drawn from urology departments throughout the British Isles as well from overseas.

The topics covered the full spectrum of urological practice but with a particular emphasis on UK practice and included the BAUS Guest Lecture "*Communication with Men about Prostate Surgery: Are numbers useful?*" delivered by Professor Sir David Spiegelhalter, Winton Professor of the Public Understanding of Risk at the University of Cambridge. For the first time the meeting included a session entitled "*When things aren't going right*" which focused on the impact of adverse events and burnout on urologists, reflecting a growing concern for medical practitioners. The meeting benefited from an outstanding faculty including national and international experts. There was much lively debate among delegates and the meeting App helped to facilitate audience participation as it featured in-session voting and opportunities to pose questions to the chairs and speakers via both the App as well as from the floor. There were 2,254 Tweets about the meeting involving 549 participants (2,703 with 501 participants in 2016).

In 2017, 533 abstracts were submitted for consideration for inclusion in the Annual Scientific Meeting (540 in 2016), of which 157 were accepted (29%).

All delegates were sent an online review form after the meeting and 504 or 60% of the delegates (531/47% in 2016) returned comments. Almost 80% of respondents favoured the three-day format which will be adopted for future years. 88% indicated they were planning to attend the 2018 Scientific Meeting in Liverpool and 92% of delegates reported that attendance at BAUS helped them to keep up to date in their practice and maintain and improve care to their patients. This feedback is carefully considered by the Education Committee when planning future meetings.

## **Achievements and performance (continued)**

### ***Events and activities (continued)***

#### ***Annual Scientific Meeting (continued)***

Given the three-day format of the meeting, the programme of teaching courses was revised for 2017 and there were no skills courses as it was felt there is generally a good provision of skills courses regionally. Seven teaching courses were run (as opposed to 20 teaching and skills courses in 2016) with the potential to accommodate 215 delegates. In total 131 delegates attended courses, 61% occupancy of course places, compared to 49% occupancy of course places in 2016.

Pharmaceutical and medical equipment companies attend the Medical and Trade Exhibition which runs in parallel with the Annual Scientific Meeting. In 2017 there were 68 exhibiting companies (74 in 2016). There was a decrease in net space sold (966 square metres in 2017; 1,233 sq m in 2016). Whilst this decrease reflects an overall downward trend in the last nine years for companies to take smaller stands this was undoubtedly exacerbated by the EAU being held in the UK in 2017 as this impacted the marketing budgets of many of the exhibiting companies. At the Annual Scientific Meeting, the President, Honorary Secretary, Chief Executive and Events Manager meet with representatives from exhibiting companies to review the exhibition and to identify ways in which it can be improved for the following year.

#### ***Other meetings and courses***

The Core Urology course (formerly known as the Introduction to Urology course) is run annually and is targeted at surgical trainees who have just started, or are thinking about pursuing, higher specialist training in urology. The course was held at the University of Birmingham in January 2017 and attracted 41 trainees (59 in 2016).

The FRCS Urology examination is run by the Surgical Royal Colleges and success is a mandatory requirement for completion of specialist training. The examination is held twice each year and the BAUS FRCS Urology Revision Courses are held 4-6 weeks before each sitting. The Revision Course held in Leicester in March 2017 had 38 participants (39 in 2016) and the course in London in September had 37 participants (41 in 2016). In practice the majority of trainees taking the FRCS Urology examination choose to attend the BAUS Revision Course.

In 2017 the Section of Endourology ran their annual residential operative course, the 2016 course having been cancelled due to industrial action by junior doctors. This intensive three-day course is limited to four delegates and was organised by Mr Rob Calvert at Broadgreen Hospital in Liverpool. Feedback from the delegates included the following:

*"A fantastic course during which every possible need was attended to brilliantly, particularly by the course director Mr Calvert who really went the extra mile.... His careful preparations meant that we were at ease and prepared to enable us to get the most out of this course. It was a fantastic opportunity like no other I have been on previously."*

*"Thank you to the whole faculty and allied team members who made this possible."*



## **Achievements and performance (continued)**

### ***Events and activities (continued)***

#### *Annual Scientific Meeting (continued)*

In September 2017 the Section of Endourology annual meeting was held over two days at the Carriageworks in Leeds and attended by 113 delegates (110 in 2016). The annual Coptcoat lecture was delivered by Professor Hans Goran Tisellius from Sweden, commenting on this lecture one of the delegates wrote *"Fantastic speaker. Great learning. Learnt most of this for the first time!"*

Over 90% of delegates responding indicated they planned to attend the 2018 meeting.

*"The BAUS endourology meetings are very helpful because of the honesty with which people disclose their clinical actions and discuss how we all could improve our patient management."*

*"Great programme and it's a fabulous and friendly meeting."*

In November the Section of Oncology annual meeting was held over two days at the University of Edinburgh. The focus of the meeting was on renal and rare cancers and included diagnosis and treatment of renal cell carcinoma and penile, testicular and adrenal tumours. The meeting finished with an afternoon teaching course on applied anatomy for urologists. 200 delegates registered (172 in 2016). 87% of respondents plan to attend the Section's 2018 meeting and comments included the following:

*"Interesting topics especially focus on renal cancer and rare aspects not commonly covered. Good to shift away from prostate cancer and have a broader appeal."*

*"I find the BAUS Onc meeting very educational."*

#### *BAUS Data and Audit Project & Publication of Consultant Outcomes Data*

Since 2013 BAUS has published individual surgeon and unit data in line with the Department of Health (England) Clinical Outcomes Publication (COP) programme. The Association supports the publication of surgical outcomes believing the release of accurate data on outcomes will drive forward the standards of surgery, help patients to make informed decisions about their care and support the requirements of professional revalidation.

#### Nephrectomy

BAUS has been publishing data on nephrectomies (removal of a kidney) since 2013 and, in 2017, combined 2014-2016 data were published. Return rates, checked against Hospital Episode Statistics (HES) data for England, remained high at 93%.

This national database of almost 40,000 nephrectomies is unique in the world and provides a rich source for further research and analysis. In 2016, there were two publications in peer reviewed journals and numerous presentations at national and international meetings.

**Achievements and performance** (continued)

**Events and activities** (continued)

*BAUS Data and Audit Project & Publication of Consultant Outcomes Data* (continued)

Stress Urinary Incontinence

In May, data for 2014-2016 on female stress urinary incontinence (SUI) surgery were published. Data were collected on 2,917 procedures, recorded from 109 consultants at 95 centres. Comparison with HES indicates that participation rates in England were 72% (69% in 2016).

PCNL

Also in May, data for 2014-2016 on Percutaneous Nephrolithotomy (PCNL) (surgery for removal of stones in the kidney or ureter) were published. 6,769 procedures were recorded from 215 consultants at 124 centres. HES actually recorded fewer procedures than BAUS collected and it is assumed this is a coding error. It is estimated that data were collected on more than 90% of the procedures undertaken.

Prostatectomy

In September, 2014-2016 data on radical prostatectomy (removal of the whole prostate gland for cancer of the prostate) were published. 21,796 cases were submitted in total, of which 20,572 were from England; these 20,572 cases came from 181 consultants at 74 sites. Comparison with HES indicates that participation rates in England were 98%, up from 95% in 2016 and 87% in 2015. Overall the median number of cases per consultant has risen from 33.5 in 2014 to 44 in 2016 and the median number of cases per unit has risen from 85 in 2014 to 108.5 in 2016. Almost 80% of procedures are now done robotically.

Data on all the above audits were made available to the NHS for display on the NHS Choices website with links back to the more detailed source information on the BAUS website.

Cystectomy

In September BAUS published cystectomy (removal of the bladder for cancer) data for 2014-2016. 5,763 procedures were submitted in total, of which 5,236 were from England; these 5,763 cases came from 177 consultants at 87 sites. Comparison with HES indicates that participation rates in England were 90%. The percentage of robotic procedures has increased from 14.5% in 2014 to 32% in 2016.

## **Achievements and performance (continued)**

### ***Events and activities (continued)***

#### ***BAUS Data and Audit Project & Publication of Consultant Outcomes Data (continued)***

##### Urethroplasty

In November, 2014-2016 data were published on urethroplasty (surgery to repair urethral strictures). Urethroplasty is only undertaken by a small group of surgeons with a sub-specialist interest in reconstructive surgery. 2,441 procedures were submitted in total, of which 2,309 were from England; these 2,309 cases came from 38 consultants at 30 sites. Comparison with HES indicates that participation rates in England were about 88% (75.6% in 2013/15).

All the clinical outcomes data were published on the BAUS website together with supporting patient information. Patients, carers and members of the public can search for information by region, hospital trust and consultant.

In parallel with the clinical outcomes programme the Association continued to run the following national audits and registries:

- ◆ Ureteroscopic ureteric stone surgery
- ◆ RPLND (Retro-peritoneal Lymph Node Dissection)

##### Data and audit review

The BAUS Trustees are very aware that there are operational and reputational risks to BAUS in delivering the data and audit programme in its current scope and format, and the Association does not have the financial capacity to continually increase investment or respond to new requirements on an ongoing basis. During 2017 BAUS commissioned a strategic review of data collection and audit activity. The review has indicated there may be an opportunity for BAUS to reposition itself in relation to audit as a clinical expert providing strategic clinical leadership while working with a partner (or partners) on the actual data collection process. The key principles moving forward (which have been agreed by Trustees) are:

- ◆ That BAUS should aim to utilise existing data wherever possible (specifically HES)
- ◆ That BAUS should establish partnerships with data experts and develop a more targeted, bespoke approach to audits rather than 'one size fits all'
- ◆ That BAUS will establish an audit steering group to provide strategic oversight across all data and audit activity, ensuring that all audits are undertaken to answer particular questions or to achieve specific outcomes within a clearly defined time period, thereby ensuring appropriateness and relevance

BAUS is keen to build on the excellent work that has been done to date while recognizing that new and more sustainable models for audit will take some time to establish. The current BAUS audits will continue to run as they are for the foreseeable future, while the new models and structures are worked up. The new approach is not likely to lead to any immediate cost reductions but it will enable BAUS to ensure a larger impact for its time and financial investment.

## **Achievements and performance (continued)**

### ***Events and activities (continued)***

#### ***BAUS Website***

The award winning BAUS site was launched in June 2015 and the Association has continued to work closely with its website developer, Lightmedia Communications Limited, and the Surgical Web Editor (N Bullock) to maintain and enhance the site.

The site gives prominence to the patients' area, which includes a "Find a Surgeon" section which allows the public to search for and view member profiles. These, in turn, link to the surgeon's outcome data.

In 2017 494,013 (557,962 in 2016) users visited the site of which 88% were new visitors. The most popular area of the site is the patients' area, with 55% (908,813) of the page views in 2017. 9 of the top 10 landing pages on the site are in the patient's area. The surgical outcomes area of the site had 147,459 page views, up from 125,302 in 2016. Page views in the professionals' area increased from 238,231 in 2016 to 249,602 in 2017.

In 2016 BAUS commenced an update of all the patient information on the website; this amounted to about 160 patient information leaflets and other pages of information. The update was completed early in 2017 and the revised leaflets were published on the website in April 2017. Page views for the patient information leaflets increased from 102,451 in 2016 to 130,459 in 2017. Going forward reviews will need to be undertaken on a three-yearly basis, starting in 2019.

#### ***Other activities***

#### **Workforce**

In conjunction with the Specialist Advisory Committee in Urology (SAC), the Association produces an annual report on workforce and service provision. The UK has fewer designated urologists (1:64,000) population than any other country in Europe, with the exception of Ireland. Approximately 50 new consultant urologists start each year and nationally there are a large number of unfilled posts due to an under supply of trainees. In addition to the annual report, published in November, during 2017 the Association also conducted a more detailed workforce survey which was sent to all full members (consultants). A total of 536 responses were gathered from across the UK which equates to approximately 50% of the UK consultant urological workforce. It is hoped to use this survey as a baseline and to repeat it in future years with a view to building up a more detailed picture of the urological workload to support the planning and provision of services.

## **Achievements and performance (continued)**

### ***Events and activities (continued)***

#### ***Other activities (continued)***

Key amongst BAUS's strategic aims is to raise recognition of urological problems amongst medical students, encourage junior doctors to consider a career in urology and to inspire the next generation of urologists to engage with the Association. To this end BAUS ran an essay competition for medical students and an audit competition for Foundation Year and Core Trainees. In 2017 34 submissions were received for the essay competition (53 in 2016), 15 submissions were received for the audit competition (only one in 2016 and 13 in 2015). The national winners were invited to attend the Annual Scientific Meeting to receive their prizes and all candidates for the audit competition were invited to either present their audit or submit a poster for display at the meeting. At the Annual Scientific Meeting a half day meeting for Core Trainees in Urology was inaugurated. The meeting was well attended and attracted very positive feedback.

#### **Standards of Care**

The Association provides advice and support to its members and other healthcare professionals and produces guidelines of good practice in urology. During 2017 the Section of Endourology developed "Standards for the Management of Acute Ureteric Colic", which was accepted for publication in the Journal of Clinical Urology in September 2017.

The Section of Andrology and Genito-Urethral Surgery prepared four consensus documents on the management of genital emergencies covering traumatic penile amputation, priapism, testicular trauma and penile fracture. All have been accepted for publication in the British Journal of Urology International (BJUI). The Section has also published a paper in the BJUI on "Surgical management of azoospermia: Can the NHS England Clinical Commissioning Policy reduce geographical inequality of services?" Importantly this paper defines standards for surgical sperm retrieval to support specialist commissioning of this service. The Association is also working with the Care Quality Commission (independent regulator of health and social care in England) to develop standards around the provision of urological care in England and define baseline standards for inspection of urological units.

#### **'Getting it Right First Time' (GIRFT)**

The Association and its members have actively engaged with and supported the 'Getting it Right First Time' (GIRFT) initiative, part of the Department of Health (England)'s Clinically-Led Quality & Efficiency Programme, which has looked at the provision of urological services. The review has demonstrated significant variation in the provision of services for various aspects of urological care. Formal publication of the report is scheduled for Spring 2018, with recommendations for how practical improvements in care might be developed.

**Achievements and performance (continued)**

***Events and activities (continued)***

*Other activities (continued)*

With regard to the work of NICE there were no new clinical guidelines or updates published in 2017 or scheduled for publication in 2018. The Association contributed to numerous technology appraisals and evaluations of interventional procedures.

The President and Vice President attended a number of regional meetings during the course of the year at which Members had the opportunity to ask questions about any issue relating to the Association.

During 2017, BAUS continued to make use of electronic communication to inform and update the membership. Regular E-Updates were circulated to members in addition to email updates to Section Members and Regional Members. BAUS also continued to make use of Twitter principally as a signpost to information on the website.

Broadening membership

In line with the Strategic Plan, the Trustees have considered options for offering BAUS membership to healthcare professionals involved in treating urological patients. This builds on the work being done by the two Education Leads for Medical Students and Foundation Years / Core Trainees. In parallel, the Association is also keen to offer membership to Physician Associates (PAs) who are also members of the wider urology team.

New membership system

Integral to BAUS's current operations and future plans is the implementation of a new CRM/Membership system which will improve efficiency and enable delivery of a quality service. The current CRM system has been fully operational for 10-12 years and had provided excellent service and value for money. Working with a firm of consultants BAUS staff prepared a detailed statement of requirements and invited tenders from five firms in December 2017.

## **Financial review**

### ***Financial results of activities and events***

In general, the Association's finances are stable and the Trustees are satisfied with the charity's overall financial health. In both 2016 and 2017 there were planned deficits whereby the Association's expenditure exceeded its income, before taking account of investment gains. BAUS has benefited from strong investment performances in the last two years. Reviewing the Association's income generation model to ensure long-term sustainability remains a strategic objective.

The direct surplus from the 2017 Annual Scientific Meeting was £181,990 (£275,952 - 2016). There has been a steady decline in the surpluses generated from the Annual Scientific Meeting over an eight year period but the drop in 2017 was more marked due to the reduction in the meeting duration, from four days to three, and the impact of the EAU meeting being held in London in 2017.

### ***Reserves policy and financial position***

The "free reserves" of BAUS at 31 December 2017, calculated as the total general funds of the Association less the value of tangible fixed assets, amounted to £2,696,134 (2016 - £2,668,025).

The majority of BAUS's incomes comes from the Annual Scientific Meeting, membership subscriptions, and, to a lesser extent, the Section meetings and other educational courses. The success of these activities is dependent on delegate/participant numbers and trade exhibitors and, as a result, BAUS is exposed to a significant level of financial risk in organising these events. In recent years, BAUS has been fortunate in continuing to attract delegates and exhibitors, the Trustees regard it as prudent to retain sufficient reserves to cover the costs of an Annual Scientific Meeting, as contractual commitments exist, and in addition to cover about six months of operational expenditure. On this basis, free reserves of at least £1,250,000 should be maintained.

The Trustees acknowledge the Association is holding additional reserves and there are a number of reasons for this as outlined below.

BAUS currently leases offices within the Royal College of Surgeons of England. The College is redeveloping its site although it has been confirmed that BAUS will be able to stay in its current offices until 2020. Beyond 2020 all options will be considered including potentially taking space in the redeveloped College building or possibly moving out to alternative premises. There will be cost implications arising from the office re-location and therefore the Trustees feel it is prudent to have additional monies held in reserve.

There is increasing pressure on BAUS to reimburse Trusts for time surgeons spend on BAUS business. The Trustees made provision in 2015 to reimburse the employing trust of the BAUS President for two sessions per week and in 2016 began reimbursing the employing trust of the Vice President for one session per week. The employing trusts of the Educational Leads are reimbursed for time they spend away from their Trusts running BAUS courses. The climate in the NHS is such that members are finding it increasingly difficult to secure time away from their employing hospitals to undertake work on behalf of the Association. It is anticipated that, in the future, further reimbursement to employing trusts will be necessary.

The Strategic Plan 2016-2020 sets out the Association's goals for the next five years. The Plan will inform future business plans and budgets and the Trustees will further review the current reserves policy in the context of the planned review of the Association's income generation model.

***Investments policy***

The Trustees are empowered to invest any money that the Association does not immediately need in such a manner as they may determine.

At 31 December 2017, the Trustees held £2,474,837 (£2,315,295 in 2016) of the Association's free reserves in two investment portfolios managed by Quilter Cheviot Limited and Sarasin and Partners. Of this £1,963,878 (£2,312,475 in 2016) was invested and £510,959 (£2,819 in 2016) was held as cash by the investment managers. The balance of free reserves, £221,297 (£378,670 in 2016) was held as current assets, principally cash in interest bearing bank accounts.

The Trustees take professional advice from, and are responsible for managing the relationship with, the Association's investment managers. The Association's current investment strategy is to obtain a balance of capital growth and income at a low to medium level of investment risk exposure overall. The Trustees have delegated certain discretionary powers of investment to the investment managers but can approve changes to the overall investment strategy (for example where an emphasis may be put on capital growth) meaning a slight increase in the relative risk exposure. The Trustees have reviewed the performance of the investment managers and have confirmed they are content with the current investment strategy. The investment strategy will be further considered in the context of the review of income generation and the reserves policy referred to above.

Performance of the Quilter Cheviot fund is assessed against the APCIMS Balanced Index and of the Sarasin fund against the bespoke benchmark used by the Alpha Common Investment Fund for Endowments and over the longer term, compared to the range of returns of the WM Charity Survey.



**Financial review** (continued)

***Investments policy*** (continued)

During the year, investment values rose by 6.67% compared to the market value at the end of the previous year (11.13% in 2016) and generated investment income at an average rate of 3.17% (3.83% in 2016). During the year the Association's cash balances generated income at an average rate of 0.1% (0.2% in 2016). This reflected the prevailing economic climate.

**Governance, structure and management**

***Status and History***

The British Association of Urological Surgeons Limited is a registered charity, and a company limited by guarantee, not having a share capital. Every member undertakes to contribute an amount not exceeding £1 to the assets of the charity in the event of the charity being wound-up during the period of membership, or within one year thereafter.

BAUS originally came into existence as an unincorporated association that was founded in 1945 and has always functioned as a charity. The current corporate entity was incorporated on 16 January 2007 and became a registered charity on 4 December 2010.

The Association is governed by the rules and regulations set down in its company Memorandum and Articles of Association, originally dated 16 January 2007.

***Organisational structure***

The Trustees of BAUS have legal and fiduciary responsibility for the Association.

The Trustees are the Officers of the Association (the President, Vice President, Honorary Secretary, Honorary Secretary Elect, Honorary Treasurer and Honorary Treasurer Elect) and up to four co-opted Trustees.

The following key senior members of staff are responsible for the day-to-day management of the charity:

E A Bishop	Chief Executive and Company Secretary
P Hagan	Deputy Chief Executive

The Association currently employs two part-time and six full time members of staff.

The Council of the Association plays a pivotal role advising the Trustees and in determining the strategic and professional direction of BAUS, ensuring it is responsive to the needs and views of its membership. Council members include the Officers, 16 regionally elected Council members, 11 ex-officio members (including the Chairmen of the five sub-specialty sections) and one invited (non-voting) member.

The Officers are elected nationally by voting BAUS members and regional Council members are elected by BAUS members within the designated regions. Regional Council members serve for three years with the possibility of re-election for a further two years.

**Governance, structure and management** (continued)

**Organisational structure** (continued)

Council meets three times a year and is chaired by the President. The Chief Executive or Deputy Chief Executive are always in attendance. Council is advised by its ex-officio members and sub-committees across the full range of the Association's activities. Each sub-committee submits formal reports for consideration, discussion and, where appropriate, ratification by Council at each of its meetings. Each sub-committee has a representative at Council, so that Council members can ask questions.

The following members have served on the Council since 1 January 2017:

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*Elected Regional Representatives*

M Brown	(2017-2020)	(from 28 June 2017)
T Browning	(2013-2018)	
N Fenn	(2016-2019)	
M Foster	(2014-2017)	(until 28 June 2017)
M Hayes	(2016-2019)	
G Hellawell	(2014-2017)	
T Lynch	(2016-2019)	
H Ojha	(2017-2020)	(from 28 June 2017)
J McKnight	(2013-2017)	
R Meddings	(2012-2017)	(until 28 June 2017)
M Mokete	(2013-2018)	
S Sriprasad	(2015-2018)	
M Stott	(2014-2019)	
B Thomas	(2013-2018)	
D Thomas	(2015-2018)	
W Turner	(2016-2019)	
N Watkin	(2013-2018)	
S Williams	(2016-2019)	

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## Governance, structure and management (continued)

### Organisational structure (continued)

#### Ex-officio Council Members

J McGrath	(2017-2018)	Chairman, Section of Academic Urology
A Muneer	(2016-2017)	Chairman, Section of Andrology and Genito-Urethral Surgery
P Rimington	(2016-2017)	Chairman of Section of Endourology
T Greenwell	(2016-2017)	Chairman of Section of Female, Neurological and Urodynamic Urology
J Cresswell	(2016-2018)	Chairman, Section of Oncology
J Noel	(2016-)	SURG Representative
R Kirby	(2007-)	The Urology Foundation (TUF) Representative
K Sethia	(2015-)	Chairman, Executive Committee BJU International
A Dickinson	(2016-)	Chairman, BAUS Education Committee
R Morley	(2016-2018)	Chairman of the Specialist Advisory Committee in Urology
D Jones	(2016-)	RCS England Council

#### Invited member (non-voting)

J Taylor	(2016-)	President, British Association of Urological Nurses Representative
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### Key management

The Trustees consider that they, together with the Chief Executive and Deputy Chief Executive, comprise the key management of the charity in charge of directing and controlling, running and operating the charity on a day to day basis.

None of the Trustees receive remuneration in connection with their duties as trustees. The employing trusts of the BAUS President and the Vice President are reimbursed for two sessions and one session respectively per week to ensure they have sufficient protected time to undertake the role. Remuneration for all BAUS staff (including the Chief Executive and Deputy Chief Executive) is agreed by the Trustees who receive an annual confidential salary review report from an independent HR Consultant. The report contains salary review statistics and benchmarking of all job descriptions.

### Method of recruitment, appointment, election, induction and training of Trustees

#### Recruitment

Details of vacancies for Officer posts are circulated to voting members of the Association. Candidates, who must be voting members in good standing, are proposed and seconded by appropriate sponsors, also voting members in good standing, and nomination forms are submitted to the Honorary Secretary by a given date. Candidates are required to provide a written statement in support of their application, the details of which are circulated to the members who are the electorate. The election process is conducted in accordance with the Rules of the Association.

**Governance, structure and management** (continued)

***Method of recruitment, appointment, election, induction and training of Trustees***  
(continued)

*Appointment and election*

The following procedural details apply to the Officers:

The Officers of the Council comprise the President, Vice President, Honorary Treasurer, Honorary Treasurer Elect, Honorary Secretary and the Honorary Secretary Elect, all of whom have their elections confirmed at the Annual General Meeting.

The President holds office for two years from the time of the Annual General Meeting. The Vice President holds office for two years thereafter becoming President.

The Honorary Secretary holds office for two years from the time of the Annual General Meeting. The Honorary Secretary Elect holds office for two years thereafter becoming Secretary.

The Honorary Treasurer holds office for two years from the time of the Annual General Meeting. The Honorary Treasurer Elect holds office for two years thereafter becoming Treasurer.

All Officers are elected by the voting members of BAUS.

One of the co-opted Trustees is elected by the Regional Council members from among their number. In 2017, for the first time, two of the co-opted Trustee roles were advertised to the membership. 11 applications were received and after shortlisting five candidates were interviewed and two appointments were made.

*Induction and training*

To be eligible for election as a Trustee an individual must be a voting member of the Association, and therefore all of those elected will have a degree of familiarity with the workings of the Association which are set out in full on the BAUS website. However, mindful of the importance of Trustee induction and training, the Association has developed an induction pack for new Trustees and this is given to all Trustees on election and appointment.

The induction pack includes 'The Essential Trustee – what you need to know' published by the Charity Commission, the Trustees' Report and financial statements for the previous year, minutes of Trustee and Council meetings for the 12 month period before the newly elected/appointed Trustees formally begin their period of office, the Association's risk register and other general information – including the dates and times of future Trustees' meetings.

Additional training is provided by the charity for Trustees on an on-going basis as the need arises.

**Governance, structure and management (continued)**

***Risk and corporate governance matters***

The Trustees of the Association have been tasked with risk management and corporate governance matters, with the Honorary Treasurer as the lead. The Trustees and the Council generally take a low risk approach to the management of the Association and they seek to minimise all risk exposure through good governance by maintaining adequate and appropriate systems and procedures throughout the operations of the Association.

The key risk for the Association relates to attendance at the Annual Scientific Meeting and the associated Trade/Medical Exhibition, which is normally expected to generate around 50% of the Association's annual income as well as being the principal forum each year for the dissemination of information. Significant effort has gone into developing the meeting to ensure the programme is attractive and relevant to BAUS members and others practicing in the field of urology.

Other key risks include:

- ◆ The charity lacking direction, strategy and forward planning. A strategic planning process was undertaken in 2015 and a new Strategic Plan was published at the end of 2015 which articulated the vision and mission of the Association and three key goals for delivery by 2020.
- ◆ Contract risks. These are mitigated by clear authorisation procedures which include countersigning contracts for payment of over £25,000 by an authorised Trustee and competitive tendering for contracts worth over £50,000.
- ◆ IT risks. Hardware and / or software may fail to meet operational needs and there may be a failure to innovate or update systems leading to loss or corruption of data. There may also be lack of appropriate technical support. BAUS is highly reliant on IT to support all its activities. In recognition of this the Association has a contract with an external IT support company (Doherty Associates). This contract includes support from a dedicated client manager, an IT Helpdesk (accessible 24 hours a day 7 days a week) which means problems can be resolved quickly, and proactive visits by consultants to advise on the strategic deployment of IT to ensure BAUS makes effective and efficient use of hardware and software.

The Association maintains a comprehensive risk register which is reviewed regularly by the Trustees. The Trustees are satisfied that appropriate processes and policies are in place to manage the major risks identified to an acceptable level.

***Sub-Committees***

Under the Association's Rules the Trustees may establish (and disestablish) such committees as they think fit and delegate any of their functions to committees of BAUS. One member of every committee must be a Trustee. The main committees of BAUS are as follows:

**Governance, structure and management** (continued)

***Sub-Committees*** (continued)

*The UROLINK Committee*

The UROLINK Committee meets twice a year, and is responsible for the organisation, financial administration and running of UROLINK. UROLINK aims to encourage and support the establishment of links with individual departments and organisations in low income countries and to facilitate professional visits to work with colleagues in the developing world.

Priorities for UROLINK currently are to maintain the long-established link with Kilimanjaro Christian Medical College (KCMC) in Tanzania and develop the links with Hawassa University Referral Hospital in Ethiopia and University Teaching Hospital Lusaka, Zambia. In 2015 funding proposals were submitted to the BJU International and The Urology Foundation (TUF) to support activities at designated centres in Lusaka (Zambia) and Hawassa (Ethiopia) respectively and funds donated are held in a reserve account. Progress reports are submitted to BJU International and TUF on an annual basis.

*Education Committee*

The Education Committee was set up in 2011 and aims to provide a clear and comprehensive strategy to support the educational requirements of clinicians in the practice of urology, medical students with an interest in developing a career in urology and other healthcare professionals involved in the treatment of urological patients. The committee brings together the various elements of educational provision under one umbrella as it is essential BAUS has a clear strategy in relation to the provision and quality assurance of education in urology. The Chair (A Dickinson) is appointed (following open advertisement among members) and the committee includes representatives of the sub-specialty sections.

The Education Committee meets three times a year and the meeting in July incorporates a review of the Annual Scientific Meeting which informs the planning for the next meeting. The review of each Meeting includes examination of attendance by day and by category of registration as well as feedback from delegates and exhibitors. The purpose of the review is to enhance the quality of the Meeting and the educational opportunities it provides therefore ensuring it remains relevant to delegates.

***Sub-Specialty Sections***

BAUS has five sub-specialty sections:

- ◆ BAUS Section of Oncology formed in 1998;
- ◆ BAUS Section of Endourology formed in 2002;
- ◆ BAUS Section of Female, Neurological and Urodynamic Urology formed in 2002;
- ◆ BAUS Section of Andrology and Genito-Urethral Surgery formed in 2003; and
- ◆ BAUS Section of Academic Urology formed in 2007.

**Governance, structure and management** (continued)

***Sub-Specialty Sections*** (continued)

The sections aim to improve standards and quality of practice, within their sub-specialties, by promoting training, research and development. Members of the Association can join up to three sections which are relevant to their particular areas of practice. Each section is administered by its own Executive Committee which is elected from within the sections' membership. Each of the sections organises conferences and training opportunities throughout the year and section representatives sit on the Education Committee to report on these educational activities.

The surgeons who make up the Executive Committees of each of the sections give their time voluntarily to these activities. The section chairmen are ex-officio members of BAUS Council.

In 2016 a review of the sections was set up. The final report of the review was submitted to BAUS Trustees and Council in November 2017. The objectives of the review were to establish whether the Sections were fit for purpose in the context of modern urology, how well they were functioning and whether improvements could be made to the current structure to ensure BAUS members were supported across the whole range of clinical practice in urology.

The report identified areas of urological practice which were not being supported by the existing Section structure and identified options for addressing the current situation. The review took cognisance of both the support from some members for the establishment of a Section of General Urology but also the strong opposition to such a proposal from others. Therefore, it recommended an evolutionary approach and discussions are ongoing, via both Council and meetings of Executive Committee Officers, to ensure more focused support for members who undertake general urology is put in place. The Executive Committee of the Section of Oncology took the initiative to co-opt a general urologist to help it address some of the issues identified in the review.

The report also highlighted how BAUS could improve support for urological trainees (see SURG amalgamation below), issues regarding the areas of responsibility and overlap between the existing Sections and how BAUS could ensure research, and research practice, was supported in all areas of urology in the future.

**Plans for future periods**

***Future strategy***

BAUS will celebrate its 75<sup>th</sup> anniversary in 2020. The medical and political landscapes in which it operates are almost unrecognisable from those in 1945 and the Association must continue to ensure it remains relevant to patients, members and healthcare practitioners working in urology. BAUS will continue to strive to maintain and improve standards in the practice of urology and the Strategic Plan 2016-2020 sets out the objectives and specific goals it wishes to achieve over this five year period. The Plan remains true to the visions of the Association's founders.

**Plans for future periods** (continued)

***Future Activities and Events***

In 2018, it is anticipated that the Association will:

- ◆ Open membership to medical students and physician associates as well as other members of the wider urological team.
- ◆ Further strengthen the Association's commitment to training and urological trainees by incorporating the current trainee organisation, SURG, into BAUS.
- ◆ Continue to discuss the most effective structures to ensure support for members undertaking general urology as well as other issues highlighted in the review of the Section structure.
- ◆ Actively address the question raised by the Executive Committee of the Section of Academic Urology about the Association's expectations in respect of the research agenda and to define what BAUS is uniquely placed to deliver in relation to "fostering research".
- ◆ Establish an audit steering committee and explore options for partnership working with a view to data alignment with HES, GIRFT and the National Clinical Improvement Programme.
- ◆ Confirm the appointment of a supplier and implement the new CRM/Membership system
- ◆ Review all areas of activity and take the necessary steps to ensure compliance with the General Data Protection Regulations.
- ◆ Initiate a wide-ranging review of its current income generation model to ensure the Association has long-term financial sustainability.

**Statement of Trustees' responsibilities**

The Trustees (who are also directors of The British Association of Urological Surgeons Limited for the purposes of company law) are responsible for preparing the Trustees' report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the income and expenditure of the charitable company for that period.

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

- ◆ select suitable accounting policies and then apply them consistently;



**Statement of Trustees' responsibilities** (continued)

- ♦ observe the methods and principles in Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable to the United Kingdom and Republic of Ireland (FRS 102);
- ♦ make judgements and estimates that are reasonable and prudent;
- ♦ state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- ♦ prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

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

Each of the Trustees confirms that:

- ♦ so far as the Trustee is aware, there is no relevant audit information of which the charitable company's auditor is unaware; and
- ♦ the Trustee has taken all the steps that he/she ought to have taken as a Trustee in order to make himself/herself aware of any relevant audit information and to establish that the charitable company's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

Approved by the Trustees and signed on their behalf by:



Honorary Secretary

Approved by the Trustees on: 26.4.8

**Independent auditor's report to the members of The British Association of Urological Surgeons Limited**

**Opinion**

We have audited the financial statements of The British Association of Urological Surgeons Limited (the 'charitable company') for the year ended 31 December 2017 which comprise the statement of financial activities, the balance sheet, and statement of cash flows, the principal accounting policies and the notes to the financial statements. 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).

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

In our opinion, the financial statements:

- ◆ give a true and fair view of the state of the charitable company's affairs as at 31 December 2017 and of its 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.

**Basis for opinion**

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

**Conclusions relating to going concern**

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

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

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

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

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

### **Responsibilities of trustees**

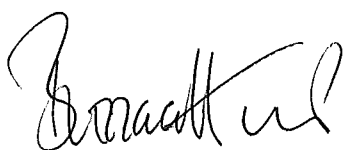
As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the 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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.



Edward Finch (Senior Statutory Auditor)  
For and on behalf of Buzzacott LLP, Statutory Auditor  
130 Wood Street  
London  
EC2V 6DL

1 June 2018

## Statement of financial activities Year to 31 December 2017

	Notes	Unrestricted funds £	Restricted funds £	2017 £	2016 £
<b>Income and expenditure</b>					
<b>Income:</b>					
Investment income	1	76,093	—	76,093	68,602
Income from charitable activities					
. Dissemination of information	2	1,362,625	18,747	1,381,372	1,497,460
<b>Total income</b>		<b>1,438,718</b>	<b>18,747</b>	<b>1,457,465</b>	<b>1,566,062</b>
<b>Expenditure</b>					
Cost of generating funds					
. Investment management costs		6,058	—	6,058	2,909
Expenditure on charitable activities					
. Dissemination of information	3	1,562,283	16,384	1,578,667	1,643,631
<b>Total expenditure</b>		<b>1,568,341</b>	<b>16,384</b>	<b>1,584,725</b>	<b>1,646,540</b>
<b>Net (expenditure) income before gains on investments</b>		<b>(129,623)</b>	<b>2,363</b>	<b>(127,260)</b>	<b>(80,478)</b>
Net gains on investments	10	165,246	—	165,246	171,440
<b>Net income and net movement in funds for the year</b>		<b>35,623</b>	<b>2,363</b>	<b>37,986</b>	<b>90,962</b>
<b>Reconciliation of funds:</b>					
Fund balances brought forward at 1 January 2017		2,978,619	19,342	2,997,961	2,906,999
<b>Fund balances carried forward at 31 December 2017</b>		<b>3,014,242</b>	<b>21,705</b>	<b>3,035,947</b>	<b>2,997,961</b>

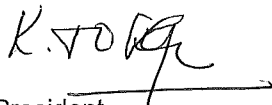
All of the charity's activities derived from continuing operations during the current financial period.

All recognised gains or losses are included in the above statement of financial activities.

# **Balance sheet** 31 December 2017

	Notes	2017 £	2017 £	2016 £	2016 £
<b>Fixed assets</b>					
Tangible fixed assets	9		9,377		11,560
Investments	10		1,963,878		2,312,475
			<u>1,973,255</u>		<u>2,324,035</u>
<b>Current assets</b>					
Stocks		3,733		4,937	
Debtors	11	171,443		379,499	
Cash at bank and in hand		<u>1,075,325</u>		<u>694,892</u>	
		<u>1,250,501</u>		<u>1,079,328</u>	
<b>Liabilities:</b>					
Creditors: amounts falling due within one year	12	<u>(187,809)</u>		<u>(405,402)</u>	
<b>Net current assets</b>			<u>1,062,692</u>		<u>673,926</u>
<b>Total net assets</b>			<u>3,035,947</u>		<u>2,997,961</u>
<b>The funds of the charity:</b>					
Restricted funds					
. UROLINK funds	13		21,705		19,342
Designated funds					
. Endourology funds	13		308,732		299,034
Unrestricted funds:					
. General funds	13		<u>2,705,510</u>		<u>2,679,585</u>
			<u>3,035,947</u>		<u>2,997,961</u>

Approved by the Trustees  
and signed on their behalf by:

  
President

  
Honorary Treasurer

Approved on:

26.4.18

The British Association of Urological Surgeons Limited  
Registered Company Number: 06054614 (England and Wales)

## Statement of cash flows 31 December 2017

	Notes	2017 £	2016 £
<b>Cash outflow from operating activities:</b>			
Net cash used in operating activities	A	(208,020)	(319,005)
<b>Cash (outflow) inflow from investing activities:</b>			
Dividends and interest from investments		76,093	64,305
Purchase of tangible fixed assets		(1,483)	(5,919)
Proceeds from the disposal of investments		581,497	163,539
Purchase of investments		(67,654)	(493,808)
<b>Net cash provided by (used in) investing activities</b>		<b>588,453</b>	<b>(271,883)</b>
<b>Change in cash and cash equivalents in the year</b>		<b>380,433</b>	<b>(590,888)</b>
<b>Cash and cash equivalents at 1 January 2017</b>	B	<b>694,892</b>	<b>1,285,780</b>
<b>Cash and cash equivalents at 31 December 2017</b>	B	<b>1,075,325</b>	<b>694,892</b>

Notes to the cash flow statement for the year to 31 December 2017.

### A Reconciliation of net movement in funds to net cash flow from operating activities

	2017 £	2016 £
<b>Net movement in funds (as per the statement of financial activities)</b>	<b>37,986</b>	<b>90,962</b>
<b>Adjustments for:</b>		
Depreciation charge	3,666	4,511
Gains on investments	(165,246)	(171,440)
Dividends and interest from investments	(76,093)	(68,602)
Decrease in stocks	1,204	1,393
Decrease (increase) in debtors	208,056	(46,302)
Decrease in creditors	(217,593)	(129,527)
<b>Net cash used in operating activities</b>	<b>(208,020)</b>	<b>(319,005)</b>

### B Analysis of cash and cash equivalents

	2017 £	2016 £
Cash at bank and in hand	564,366	692,073
Cash held by investment managers	510,959	2,819
<b>Total cash and cash equivalents</b>	<b>1,075,325</b>	<b>694,892</b>

## **Principal accounting policies 31 December 2017**

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

### **Basis of preparation**

These accounts have been prepared for the year to 31 December 2017.

The accounts have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to these accounts.

The accounts 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 United Kingdom and Republic of Ireland (FRS 102) (Charities SORP FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

The accounts are presented in sterling and are rounded to the nearest pound.

### **Critical accounting estimates and areas of judgement**

Preparation of the accounts requires the trustees and management to make significant judgements and estimates.

The items in the accounts where these judgements and estimates have been made include estimating the useful economic life of tangible fixed assets for the purposes of determining the annual depreciation charge.

### **Assessment of going concern**

The trustees have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The trustees have made this assessment in respect to a period of one year from the date of approval of these accounts.

The trustees of the charity have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due. The most significant areas of judgement that affect items in the accounts are detailed above. With regard to the next accounting period, the year ending 31 December 2018, the most significant areas that affect the carrying value of the assets held by the charity are the level of investment return and the performance of the investment markets.



### **Income recognition**

Income is recognised in the period in which the charity has entitlement to the income, the amount of income can be measured reliably and it is probable that the income will be received.

Income comprises subscriptions, income from scientific meetings and journals, investment income, donations and other income.

General donations and other similar types of voluntary income are recognised when the charity has confirmation of both the amount and settlement date. In the event of amounts pledged but not received, the amount is accrued for where the receipt is considered probable. Donated income is included gross of any attributable tax recoverable, where relevant. Donations given for specific purposes are treated as restricted income.

Dividends are recognised once the dividend has been declared and notification has been received of the dividend due. 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.

Income is recognised in the statement of financial activities for the proportion of subscriptions, which are receivable in the financial period. Amounts received but not recognised in the statement of financial activities are carried forward in the balance sheet as deferred income.

Income from scientific meetings and journals is recognised in the statement of financial activities when the service is delivered. Amounts received but not recognised are carried forward in the balance sheet as deferred income.

### **Resources expended**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- ◆ Expenditure on raising funds includes all expenditure associated with raising funds for the charity. This includes investment management fees.
- ◆ Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants and donations, direct and support costs in respect to the dissemination of information including governance costs.

**Resources expended (continued)**

Grants payable are included in the statement of financial activities when approved and when the intended recipient has either received the funds or been informed of the decision to make the grant and has satisfied all performance conditions. Grants approved but not paid at the end of the financial year are accrued. Grants where the beneficiary has not been informed or has to fulfil performance conditions before the grant is released are not accrued for but are disclosed as financial commitments in the notes to the accounts. Grants comprise single year payments rather than multi-year grants.

All expenditure is stated inclusive of irrecoverable VAT.

**Allocation of support and governance costs**

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect to its compliance with regulation and good practice.

Support costs and governance costs are allocated in full to the charitable activity of dissemination of information.

**Tangible fixed assets**

All tangible assets purchased that have a cost of more than £500 and an expected useful economic life that exceeds one year are capitalised and classified as fixed assets. Tangible fixed assets are stated at historical cost less depreciation. Depreciation is provided on all tangible fixed assets at rates calculated to write each asset down to its estimated residual value evenly over its expected useful life, as follows:

- ◆ Improvements to leasehold premises – over the life of the lease
- ◆ Fixtures and fittings – over 5 years
- ◆ Office equipment – over 5 years

**Fixed asset investments**

Listed 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.

The charity does not acquire put options, derivatives or other complex financial instruments.

**Fixed asset investments** (continued)

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value if acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

**Stocks**

Stocks are valued at the lower cost or net realisable value.

**Debtors**

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid. They have been discounted to the present value of the future cash receipt where such discounting is material.

**Cash at bank and in hand**

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition.

**Creditors and provisions**

Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

**Leased assets**

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged on a straight line basis over the term of the lease.

**Pension contributions**

The charity participates in a multi-employer defined benefit pension scheme known as the Superannuation Arrangements of the University of London ("SAUL"). The scheme is contracted out of the State Earnings-Related Pension Scheme, and is a centralised scheme for certain employees with the assets held in separate trustee-administered funds. The charity is unable to identify its share of the underlying assets and liabilities of the scheme, therefore the financial statements include pension costs payable in respect of the plan on a defined contribution basis.

**Fund accounting**

The general fund comprises the accumulated surpluses of unrestricted incoming resources not yet expended, which are available for use in furtherance of the general objective of the charity.

Designated funds are set aside out of unrestricted funds and consist of amounts which have been allocated or designated for specific purposes by the trustees. The use of designated funds remains at the discretion of the trustees.

Restricted funds are funds subject to specific conditions imposed by donors. The purpose and use of the restricted funds are set out in the notes to the accounts. Amounts unspent at the year end are carried forward in the balance sheet.

**1 Investment income**

	Unrestricted funds £	Restricted funds £	2017 £	2016 £
Bank interest receivable on short term cash deposits	271	—	271	3,043
Income from investments listed on a recognised stock exchange	75,822	—	75,822	65,559
<b>2017 Total funds</b>	<b>76,093</b>	<b>—</b>	<b>76,093</b>	<b>68,602</b>
2016 Total funds	68,602	—	68,602	

**2 Income from dissemination of information**

	Unrestricted funds £	Restricted funds £	2017 £	2016 £
Subscriptions	447,632	—	447,632	446,020
Annual Scientific Meeting	621,555	—	621,555	722,244
Journal of Clinical Urology	53,504	—	53,504	47,404
Journal of Medical & Surgical Urology	9,815	—	9,815	—
Office of Education	105,066	—	105,066	105,725
Section of Oncology	50,804	—	50,804	42,487
Section of Endourology	47,018	—	47,018	46,368
Section of Female, Neurological and Urodynamic Urology	—	—	—	10,000
Section of Academic Urology	1,250	—	1,250	—
Section of Andrology and Genito-Urethral Surgery	—	—	—	5,161
Urolink	50	18,747	18,797	32,084
Data and audit	25,000	—	25,000	27,000
Other income	931	—	931	12,967
<b>2017 Total funds</b>	<b>1,362,625</b>	<b>18,747</b>	<b>1,381,372</b>	<b>1,497,460</b>
2016 Total funds	1,465,830	31,630	1,497,460	

### 3 Costs of dissemination of information

	Unrestricted funds £	Restricted funds £	2017 £	2016 £
Direct costs:				
Annual Scientific Meeting	439,565	—	439,565	446,292
World Congress of Endourology	—	—	-	258
Journal of Clinical Urology	65,353	—	65,353	58,627
Office of Education	99,688	—	99,688	122,998
Section of Oncology	35,757	—	35,757	35,993
Section of Endourology	25,964	—	25,964	33,356
Section of Female, Neurological and Urodynamic Urology	1,671	—	1,671	3,447
Section of Andrology and Genito-Urethral Surgery	2,020	—	2,020	850
Section of Academic Urology	13,267	—	13,267	2,506
Data and audit	34,352	—	34,352	81,042
British Journal of Urology International	87,612	—	87,612	86,716
BJUI Knowledge	—	—	-	100,000
Grants, donations and awards (see note 4)	14,316	—	14,316	6,421
Urolink	3,680	16,384	20,064	20,175
Subscriptions	7,579	—	7,579	9,363
Website Costs	5,950	—	5,950	6,350
	<u>836,774</u>	<u>16,384</u>	<u>853,158</u>	<u>1,014,394</u>
Support costs (see note 5)	618,393	—	618,393	565,419
Governance costs (see note 5)	107,116	—	107,116	63,818
<b>2017 Total funds</b>	<u>1,562,283</u>	<u>16,384</u>	<u>1,578,667</u>	<u>1,643,631</u>
2016 Total funds	<u>1,625,732</u>	<u>17,899</u>	<u>1,643,631</u>	

Included within website costs is an ex gratia payment of £5,000 (2016 - £5,000).

### 4 Prizes, donations and awards

	Unrestricted funds £	Restricted funds £	2017 £	2016 £
Other Grants	13,112	—	13,112	5,028
Medals awarded to five (2016: five) individuals	1,204	—	1,204	1,393
<b>2017 Total funds</b>	<u>14,316</u>	<u>—</u>	<u>14,316</u>	<u>6,421</u>
2016 Total funds	<u>6,421</u>	<u>—</u>	<u>6,421</u>	

## 5 Support and governance costs

	Support costs £	Governance £	2017 £	2016 £
Staff costs (see note 7)	427,214	—	427,214	373,843
Staff recruitment, training, travel and welfare	6,661	—	6,661	10,417
Council and committee expenses	—	36,735	36,735	30,594
President's expenses and sessional time	—	62,296	62,296	23,984
Accommodation costs	82,073	—	82,073	80,175
Repairs, maintenance, and computer software expenses	36,790	—	36,790	46,022
Telephone	1,810	—	1,810	2,799
Postage, mailings, printing and stationery	13,297	—	13,297	17,190
Legal and professional fees	15,599	—	15,599	9,472
Auditors' remuneration:				
. Audit – current year	—	7,500	7,500	7,325
. Audit – prior year under / (over) accrual	—	25	25	(800)
. Other services	—	—	—	525
Accountancy and advisory	—	560	560	960
Bank and credit card charges	10,798	—	10,798	13,852
Sundry office expenses	20,485	—	20,485	8,368
Depreciation	3,666	—	3,666	4,511
	618,393	107,116	725,509	629,237

## 6 Net (expenditure) income before gains on investments

This is stated after charging:

	2017 £	2016 £
Staff costs (see note 7)	427,214	373,843
Depreciation	3,666	4,511
Operating lease charges	75,250	75,250
Auditors' remuneration		
. Audit – current year	7,500	7,325
. Audit – prior year	25	(800)
. Other services	—	525

## 7 Staff costs and remuneration of key management personnel

The average number of persons employed by the charity (excluding council members), during the year was as follows:

	2017 No	2016 No
Office and administration	8	8

Staff costs for the above persons:

	2017 £	2016 £
Wages and salaries	338,496	298,176
Social security costs	34,936	29,690
Other pension costs	53,782	45,588
Temporary Staff	—	389
	<b>427,214</b>	<b>373,843</b>

No trustee received any remuneration for services to the charity as a member of Council during the current or previous year. During the year, ten (2016 - ten) trustees incurred travel and meetings expenses totalling £26,451 (2016 - £32,475). BAUS reimbursed the employing trust of the BAUS President for two sessions per week and the employing trust of the Vice President for one session per week, amounting to £47,176 (2016 - £29,142).

During the year the number of employees earning £60,000 or more (including taxable benefits but excluding employer pension contributions) was as follows:

	2017 No	2016 No
£60,001 - £70,000	1	1
£70,001 - £80,000	1	1

The pension contributions payable for these employees amounted to £22,624 (2016 - £21,089).

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprise the trustees, the Chief Executive and Deputy Chief Executive. The total remuneration (including taxable benefits and employer's pension contributions) of the key management personnel for the year was £164,025 (2016 - £157,181).

## 8 Taxation

The charity is not liable to corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.



## 9 Tangible fixed assets

	Improvements to leasehold premises £	Fixtures & fittings £	Computer equipment £	Total £
<b>Cost</b>				
At 1 January 2017	450,214	34,401	25,283	509,898
Additions	—	—	1,483	1,483
Disposals	—	—	(2,316)	(2,316)
At 31 December 2017	450,214	34,401	24,450	509,065
<b>Depreciation</b>				
At 1 January 2017	450,214	30,864	17,260	498,338
Charge for the year	—	979	2,687	3,666
Disposals	—	—	(2,316)	(2,316)
At 31 December 2017	450,214	31,843	17,631	499,688
<b>Net book values</b>				
At 31 December 2017	—	2,558	6,819	9,377
At 31 December 2016	—	3,537	8,023	11,560

## 10 Investments

	2017 £	2016 £
Investments listed on a recognised stock exchange at market value		
1 January 2017	2,312,475	1,810,766
Additions at cost	67,654	493,808
Disposal proceeds	(581,497)	(163,539)
Realised gains	22,488	9,553
Unrealised gains	142,758	161,887
<b>At 31 December 2017</b>	<b>1,963,878</b>	<b>2,312,475</b>

At the balance sheet date, the historical cost of the investments was £1,405,259 (2016 - £1,771,679).

At the balance sheet date, the market value of the portfolio comprised:

	2017 £	2016 £
Fixed interest	192,938	250,500
UK equities	634,446	780,131
Global equities	845,930	934,576
Property	106,075	134,232
Other assets	184,489	213,036
	<b>1,963,878</b>	<b>2,312,475</b>

**10 Investments (continued)**

Individual holdings representing more than 5% of the market value of the portfolio at the balance sheet date are as follows:

	2017 £	2016 £
Sarasin Alpha CIF for endowments	1,035,992	1,440,519

**11 Debtors**

	2017 £	2016 £
Amounts falling due within one year:		
Trade debtors	73,474	222,626
Other debtors	6,070	7,362
Prepayments and accrued income	91,899	149,511
	171,443	379,499

**12 Creditors: amounts falling due within one year**

	2017 £	2016 £
Amounts falling due within one year:		
Trade creditors	52,753	110,369
Other taxes and social security costs	10,543	35,745
Accruals	60,438	14,925
Annual meeting income received in advance	11,760	217,673
Office of Education income received in advance	47,675	25,592
Section of Academic Urology income received in advance	—	763
Subscription income received in advance	4,640	335
	187,809	405,402

Income has been deferred because the charity has not yet met the conditions for recognising the income. The movements on deferred income are analysed below:

	2017 £
Brought forward	244,363
Released in year	(244,363)
Additions in year	64,075
	64,075

### 13 Funds

	1 January 2017 £	Income £	Expenditure £	Transfers & gains on investments £	31 December 2017 £
Restricted income funds:					
. UROLINK fund	19,342	18,747	(16,384)	—	21,705
Designated fund					
. Endourology fund	299,034	—	(13,112)	22,810	308,732
Unrestricted income funds					
. General fund	2,679,585	1,438,718	(1,555,229)	142,436	2,705,510
	<u>2,997,961</u>	<u>1,457,465</u>	<u>(1,584,725)</u>	<u>165,246</u>	<u>3,035,947</u>

The UROLINK Fund was set up in 2008 by the unincorporated Association with a donation received from BJU international. The money is being utilised to support UROLINK activities.

The Endourology designated fund represents the net surplus generated from the World Congress of Endourology, which will be used to support fellowships in endourology. It is anticipated this fund will be spent over a maximum of ten years.

The restricted funds are held as cash balances, all other assets and liabilities are attributable to the unrestricted funds.

### 14 Analysis of net assets between funds

	Fixed assets £	Investments £	Net current assets £	Total £
Restricted income funds:				
. UROLINK fund	—	—	21,705	21,705
Designated income funds	—	308,732	—	308,732
Unrestricted income funds				
. General fund	9,377	1,655,147	1,040,987	2,705,511
	<u>9,377</u>	<u>1,963,879</u>	<u>1,062,692</u>	<u>3,035,948</u>

The total unrealised gains as at 31 December 2017 constitutes movements on fair value and are as follows:

	2017 £	2016 £
<b>Unrealised gains included above:</b>		
On investments	558,621	540,796
<b>Total unrealised gains at 31 December 2017</b>	<u>558,621</u>	<u>540,796</u>
<b>Reconciliation of movements in unrealised gains</b>		
Unrealised gains at 1 January 2017	540,796	387,023
Less: in respect to disposals in the year	(124,933)	(8,114)
	<u>415,863</u>	<u>378,909</u>
Add: net gains rising on fair value movements arising in the year	142,758	161,887
<b>Total unrealised gains at 31 December 2017</b>	<u>558,621</u>	<u>540,796</u>

## 15 Commitments under operating leases

At 31 December 2017, the charitable company had the following future minimum commitments under non-cancellable operating leases as follows:

	2017 £	2016 £
In respect to land and building leases		
Payments which fall due:		
. Within one year	75,250	75,250
. Within two to five years	37,625	112,010
	<b>112,875</b>	<b>187,260</b>

## 16 Pension commitments

The charitable company participates in a centralised defined benefit scheme known as Superannuation Arrangements of the University of London (SAUL) for all qualified employees with the assets held in trustee administered funds. It is not possible to identify the charitable company's share of the underlying assets and liabilities of SAUL. Therefore contributions are accounted for as if SAUL were a defined contribution scheme and pension costs are based on the amounts actually payable (cash amounts) in accordance with FRS 102. The amount charged to the statement of financial activities in respect of pension costs (as shown in note 7) is the total contributions payable for the year. Any contributions payable at the balance sheet date are treated as creditors (as shown in note 12).

SAUL is subject to triennial valuation by professionally qualified and independent actuaries. The last available valuation was carried out as at 31 March 2014 using the projected unit credit method in which the actuarial liability makes allowance for projected earnings. The main assumptions used to assess the technical provisions were:

Pre-retirement discount rate	5.96% per annum
Post-retirement discount rate	3.86% per annum
General salary increases	3.72% per annum
Price inflation – RPI	3.57% per annum
Price inflation – CPI	2.72% per annum
Pension increases in payment	2.72% per annum

The actuarial valuation applies to SAUL as a whole and does not identify surpluses or deficits applicable to individual employers. As a whole, the market value of SAUL's assets was £1,927 million representing 97% of the liability for benefits after allowing for expected future increases in salaries.

Based on the results of the triennial valuation, the trustee and the employers agreed to increase employer contributions to 16% with effect from 1 April 2016. Member contributions will be maintained at 6% of salaries.

**16 Pension commitments** (continued)

A comparison of SAUL's assets and liabilities calculated using assumptions consistent with FRS 102 revealed SAUL to be in deficit at the last formal valuation date (31 March 2014).

The trustee and employers have set out a plan to eliminate the deficit. Closing the Final Salary Plan and changes to the benefit structure of SAUL and increased employer contributions from 1 April 2016 form part of this plan. The actuary estimates the changes will help eliminate the deficit in a reasonable time.

**17 Related party transactions**

There were no transactions with related parties requiring disclosure during the period (2016 - none).