

Company Number: 06054614
Charity Number: 1127044

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED
TRUSTEES' ANNUAL REPORT & FINANCIAL STATEMENTS
31 DECEMBER 2012

Baker Tilly Tax and Accounting Limited
25 Farringdon Street
London EC4A 4AB

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

TRUSTEES' ANNUAL REPORT for the year ended 31 December 2012

The trustees present their report and the financial statements of The British Association of Urological Surgeons Limited (known as "BAUS" or the "Association") for the year ended 31 December 2012.

REFERENCE AND ADMINISTRATIVE DETAILS

The trustees of the charity, who are also the directors of the company, are the Officers of the Association, who have held office since 1 January 2012 as follows:

A D Joyce	(2010-2014)	President
M J Speakman	(2012-2014)	Vice President (appointed 26 June 2012)
S R Payne	(2011-2013)	Honorary Treasurer
K J O'Flynn	(2011-2013)	Honorary Treasurer Elect
A C Thorpe	(2011-2013)	Honorary Secretary
F X Keeley	(2011-2013)	Honorary Secretary Elect
J B Anderson		Co-opted Trustee (from 26 June 2012)
	(2010-2012)	Vice President (until 26 June 2012)
R S Kirby	(2011-2013)	Co-opted Trustee & Ex-Officio Council Member
S Minhas	(2011-2013)	Co-opted Trustee & Elected Regional Representative

The principal address of the charity and the registered office of the company is the offices of The British Association of Urological Surgeons Limited at The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE.

The charity is registered under the charity number 1127044, and the company is incorporated with the company registration number 06054614.

The trustees have made the following professional appointments:

Accountant:	Baker Tilly Tax and Accounting Limited, 25 Farringdon Street, London EC4A 4AB
Auditor:	Baker Tilly UK Audit LLP, 3 rd Floor, One London Square, Cross Lanes, Guildford, Surrey GU1 1UN
Banker:	National Westminster Bank plc, PO Box 2021, 10 Marylebone High Street, London W1A 1FH
Investment Managers:	Cheviot Asset Management Limited, 90 Longacre, London WC2E 9RA
	Sarasin & Partners, Juxon House, 100 St Paul's Churchyard, London EC4M 8BU

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

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

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STRUCTURE, GOVERNANCE AND MANAGEMENT**Status & History**

The British Association of Urological Surgeons Limited is a registered charity, and a company limited by guarantee, not having 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 existed to promote the highest standard in the practice of urology for the benefit of patients by fostering education, research and clinical excellence. BAUS is a membership based charity, and qualified medical practitioners practising in the field of urological surgery are eligible to apply for membership.

The new corporate entity was incorporated on 16 January 2007, and became a registered charity on 4 December 2008. With effect from 1 January 2010, all the trading activities, assets and liabilities of the unincorporated charity that is The British Association of Urological Surgeons (charity number 210505) were transferred to The British Association of Urological Surgeons Limited.

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 and directors of BAUS have legal and fiduciary responsibility for the Association.

The trustees and directors 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 Council of the Association plays a pivotal role 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.

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.

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In addition to the Officers of the Association, listed above, the following members have served on the Council since 1 January 2012:

Elected Regional Representatives

S P Bramwell	(2009-2013)	(re-elected from June 2012)
I G Conn	(2007-2012)	(until June 2012)
P Dasgupta	(2008-2013)	
M Fordham	(2007-2012)	(until June 2012)
D Greene	(2012-2015)	(from June 2012)
D J Jones	(2009-2014)	(re-elected from June 2012)
P Keane	(2010-2013)	
J Kelleher	(2008-2013)	
H Kynaston	(2008-2013)	
S Liu	(2008-2013)	
R Meddings	(2012-2014)	(from June 2012)
S Minhas	(2011-2014)	
M Mokete	(2012-2013)	Co-opted (from June 2012)
J Parry	(2008-2013)	
A Rane	(2010-2013)	
N Soomro	(2009-2012)	(until June 2012)
D Summerton	(2008-2013)	
G H Urwin	(2009-2013)	
K Walsh	(2011-2014)	

Elected Associate Urological Specialist Member Representative

A K Sood	(2007-2012)	(until June 2012)
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Ex-Officio Council Members

K Anson	(2012-2013)	Chairman, Section of Endourology (from June 2012)
N Burgess	(2011-2012)	Chairman, Section of Endourology (until June 2012)
C Chapple	(2011-2012)	Chairman, Section of Female, Neurological & Urodynamic Urology (until December 2012)
M Garthwaite	(2010-2012)	Junior Member Representative (until June 2012)
T Greenwell	(2010-2013)	Director, BAUS Office of Education
B Grey	(2012-)	Junior Member Representative (from June 2012)
R Kirby	(2007-)	Representative of The Urology Foundation
R Morley	(2013-2014)	Chairman, Section of Female, Neurological & Urodynamic Urology (from January 2013)
T O'Brien	(2011-2014)	Chairman, Section of Oncology (re-appointed January 2013)
K J O'Flynn	(2010-2013)	Chairman of the Specialist Advisory Committee in Urology
R Pickard	(2012-2013)	Chairman, Section of Academic Urology (from January 2012)
D Quinlan	(2010-)	Chairman, Executive Committee BJU International
D Summerton	(2012-2013)	Chairman, Section of Andrology & Genito-Urethral Surgery (from January 2012)
J Vale	(2008-2012)	Editor, British Journal of Medical & Surgical Urology (until June 2012)

Invited Member (Non-Voting)

P Aslet	(2012-)	British Association of Urological Nurses Representative (from June 2012)
L Poulton	(2008-2012)	British Association of Urological Nurses Representative (until June 2012)

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Sub-Committees

St. Peter's, St. Paul's and BAUS Gold Medals Committee

The St Peter's, St Paul's and BAUS Gold Medals are awarded to individuals who have made outstanding contributions to the advancement of the Association and to urology in general. The committee meets annually, under the chairmanship of the President of the Association, to consider nominations and to make recommendations for the awards to BAUS Council.

The UROLINK Committee

The UROLINK Committee meets twice a year, and is responsible for the organisation, financial administration and running of UROLINK. The aims of UROLINK are:

- to promote the provision of appropriate urological expertise and education worldwide;
- to encourage the development of training opportunities and provide advice to overseas trainees;
- to advise Council on issues relating to the developing world;
- to help co-ordinate the development of links with national and international urological associations; and
- to maintain the high standing of British urology within the world arena as well as providing professional links of benefit to the developed and developing world.

At present, there are 12 committee members who represent a broad range of interests in the developing world, but principally in Africa. Other faculty members or representatives of other groups, associations or from industry may be asked to attend committee meetings to help achieve the aims of UROLINK.

Data & Audit Committee

The Data & Audit Committee was established in 2007 to oversee the Data and Audit Project which is a web-based application for data collection, retrieval and analysis of all BAUS audits across urology and its sub-specialties. The application was developed by Nuvola and allows on-line immediate data entry and access to data for analysis, annual appraisals and recertification. The Nuvola system was formally launched to BAUS Members at the Annual Meeting in June 2009. The Data and Audit Committee is chaired by one of the elected members of Council and its members include the Vice President, audit leads for each of the Sub-Specialty Sections and the BAUS Audits and Cancer Registry Manager.

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 (up to June 2009 – Section of Female and Reconstructive Urology) formed in 2002
- BAUS Section of Andrology and Genito-Urethral Surgery (up to June 2009 – Section of Andrology) formed in 2003
- BAUS Section of Academic Urology formed in 2007

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 courses throughout the year.

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.

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Office of Education

The Office of Education was established by BAUS in January 1997 in response to increasing demand by trainees and urologists to have structured educational material delivered to them on a regular basis. It exists to provide high quality educational activities to trainees, established urologists and all professionals involved in the specialty of Urology in the UK. It is the Specialist Advisory Committee in Urology, in association with the General Medical Council that sets the necessary standards to become a qualified urologist in the UK and the Intercollegiate Board in Urology that tests the standards of knowledge acquisition through the FRCS(Urol) examination. The aim of the Office of Education is to ensure that adequate teaching is delivered to maintain these standards.

The Director of the Office of Education is a practising urologist appointed for a three year term. The position is renewable for a further two years to a total of five years. The Director's employing trust is reimbursed by BAUS for three sessions per week, so the Director has sufficient protected time to undertake the role. The Director sits on Council as an ex-officio member.

The Secretariat of BAUS

The day-to-day management of BAUS is entrusted to the Chief Executive, E A Bishop. The Association currently employs six full time members of staff.

Method of Recruitment, Appointment, Election, Induction & Training of Trustees

The trustees of the charity are the Officers and currently three co-opted Council Members.

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.

Appointment & 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 are elected 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.

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Induction & 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 available for all trustees.

The induction pack includes 'The Essential Trustee – what you need to know' published by the Charity Commission, the trustees' annual report and financial statements for the previous financial year, minutes of Trustee and Council meetings for the 12 month period before the newly elected trustees formally begin their period of office and general information on the dates and times of trustees meetings.

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

Risk & Corporate Governance Matters

The Officers of the Association have been tasked with risk management and corporate governance matters, with the Honorary Treasurer as the lead. The Officers and the Council generally take a low risk approach to the management of the Association, and they seek to minimise all risk exposures 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 practising in the field of urology.

The Association maintains a comprehensive risks register which is reviewed regularly by the Officers.

Trustees' Responsibilities in the Preparation of Financial Statements

The trustees (who are also the directors of The British Association of Urological Surgeons Limited for the purposes of company law) are responsible for preparing the trustees' annual 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 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 as at the balance sheet date, and of the incoming resources and application of resources, including income and expenditure, for that period. In preparing those financial statements, the trustees are required to:

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

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The trustees are responsible for keeping proper accounting records, which 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 Companies Acts 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 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 the legislation in other jurisdictions.

Auditor

Baker Tilly UK Audit LLP has indicated its willingness to continue in office.

Statement as to Disclosure of Information to the Auditor

The trustees at the date of approval of this trustees' annual report confirm that so far as each of them is aware, there is no relevant audit information of which the charity's auditor is unaware, and the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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.

Charitable Activities

Urology deals with specific diseases and disorders of the male genitourinary and female urinary tract and urologists are combined 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 its charitable objective, the trustees have set an overall goal for the Association to do everything within its powers to support education, research and clinical excellence in the specialty of urology for the benefit of patients. 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-speciality sections. The Association supports the education of urologists through the activities of the Office of Education.

The Association provides advice and representation to a number of other bodies concerned with the practice of surgery, and urology in particular. These include the surgical Royal Colleges, the Federation of Surgical Specialist Associations, the Specialist Advisory Committee in Urology, the Intercollegiate Board in Urology, the Department of Health, the National Institute for Health and Care Excellence and Urological Associations in the developed and developing world.

The Association provides advice and support to its members and produces guidelines of good practice in urology.

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Indicators, Milestones & Benchmarks

In accordance with the primary objective of BAUS, to date the key measures of performance for the Association have been:

- the level of engagement with the membership as demonstrated by membership numbers and participation in elections;
- participation in the meetings and educational programmes organised by the Association and delegate feedback;
- income generated by these meetings; and
- website usage.

The Officers and Council review the Annual Scientific Meeting, which generates more than half the Association's annual income, including attendance rates by day and by category of registration and invite feedback from delegates and exhibitors. At the Annual Scientific Meeting, the President, the Honorary Secretary and the Chief Executive meet with representatives from exhibiting companies to review the exhibition and to identify ways in which it can be improved upon for the following year.

Public Benefit

The trustees have taken The Charity Commission's general guidance on public benefit (contained within the guidance publication "Charities and Public Benefit") into consideration in preparing their statements on public benefit contained within this trustees' annual report.

Benefits & Beneficiaries

In accordance with its charitable objectives, the Association strives to support education, research and clinical excellence in the specialty of urology. In doing so, the Association 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.

Trustees' Assessment of Public Benefit

The main charitable objective of the Association is to promote a high standard in the practice of urology for the benefit of patients. In pursuance of this overall goal the principal activity of the Association is the dissemination of information as it relates to the specialty. In practice the Association promotes and arranges scientific meetings covering every aspect of urology. Charitable funds are also used to support delegates attending other meetings in the field of urology. The Association works closely with the surgical Royal Colleges with regard to setting the standards for urologists in respect of the requirements for revalidation. The trustees monitor other measures such as the number of members and non-members who have indicated attendance at the Association's meetings have helped them keep up to date in their practice and consequently supported them in maintaining and improving the standard of care for their patients.

Grant Making Policy

BAUS is not primarily a grant making charity, however specific requests for funding and assistance are considered on a case-by-case basis and in the light of the Association's charitable objectives and the availability of appropriate funds. In the first instance, the Officers of the Association would consider any request and prepare a report with recommendations for the Council. No grant would be awarded or monies committed without the approval of the trustees and Council.

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Representation on Other Bodies

The Association provides advice and representation to a number of other bodies concerned with the practice of surgery, and urology in particular. BAUS is represented by Trustees, Council Members and Association Members as follows:

Council of the Royal College of Surgeons of England
A D Joyce

Invited Review Mechanism Standing Committee of the Royal College of Surgeons of England
D Jones

Specialty Advisory Board of the Royal College of Surgeons of Edinburgh
A C Thorpe

Surgical Forum and Federation of Surgical Specialist Associations
A D Joyce

BJU International Executive Committee
R MacDonagh

BMA Central Consultants and Specialists Committee Specialty Sub-Committee
P Miller

Intercollegiate Board in Urology
S McClinton

Specialist Advisory Committee in Urology
J Hall,, D Jones, A D Joyce, R C Beard, K J O'Flynn, T Philp, G Singh, J Noble

The Urology Foundation
A D Joyce

UEMS / EBU
J Nawrocki, M Aitchison

ACHIEVEMENTS AND PERFORMANCE**Activities & Events**

During 2012, the Association organised the following meetings and other similar events:

Annual Scientific Meeting at the Scottish Exhibition & Conference Centre, Glasgow.

Section of Oncology

Annual Meeting, incorporating the annual meeting of the British Association of Uro-Pathologists, held at the Assembly Buildings Conference Centre, Belfast in November with 275 participants (256 in 2011).

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Section of Endourology

- Annual Meeting was held in Birmingham in April with 178 participants (101 in 2011).
- Two practical skills courses (dry labs) were held at Cushi Centre, Dundee in April and WIMAT in Cardiff in October with 20 and 17 participants respectively.
- Annual Operative Endourology Course (a residential course for up to four senior trainees) was held at Stepping Hill Hospital, Stockport - 4 participants.

Section of Female, Neurological and Urodynamic Urology

The Section Annual Meeting was held as part of the BAUS Annual Meeting in Glasgow in June.

Section of Andrology and Genito-Urethral Surgery

The Section Annual Meeting was held as part of the BAUS Annual Meeting in Glasgow in June.

Section of Academic Urology

- A basic science meeting was held, as part of the Society of Academic and Research Surgeons (SARS) Annual meeting, at University of Nottingham Medical School on 10 January 2012 with 37 urological participants.
- Annual Meeting was held as part of the BAUS Annual Meeting in Liverpool in June.

BAUS Data and Audit Project

The BAUS Data and Audit Project is a web-based application (developed by Nuvola) for data collection, retrieval and analysis of all BAUS audits across all sub-specialties. This represents a major investment by the Association to facilitate national audit in the interests of improving good patient care, good governance and as a facilitator for revalidation (for example it allows members to retrieve data as part of their annual appraisal process).

During 2012, the Section of Oncology analysed the data returned on the STUKA audit – Snapshot of Transurethral resection UK Audit and this was presented at the BAUS annual meeting in June. The Section launched two further snapshot audits in 2012 on radical prostatectomy and partial nephrectomy.

Both these topics were covered by the existing complex operations audits but one of the aims had been to see if the snapshot approach, requiring the surgeon to return details of only one case for each audit, might elicit a better response. In general the response rate was not improved but the overall completion of the data fields was better, interim analyses of both these audits was presented at the Section meeting in November.

The Section continued to collect data on the STORM audit (Surveillance and Treatment Of Renal Masses). This study aims to define the role of surveillance as an initial policy for the management of renal masses of any size, and their subsequent treatment if any, data collection closed in 2012 and the data will now be analysed. A national audit for RPLND (Retro-peritoneal Lymph Node Dissection) was launched and will run for one year. The aim is to capture every RPLND performed for germ cell tumour in a one-year period.

The Section of Endourology established an online stent registry which is available for use by any member. Key features of the system are:

- It allows easy input of patient data relating to the insertion and lifespan of ureteric stents
- It generates automatic email reminders both when stents are nearing, and have reached, a user defined 'end of life'
- Clinicians are able to track all of their ureteric stents electronically and the "forgotten or lost" stent should be prevented.

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The Section of Endourology undertook a two-week snapshot audit of ureteroscopic ureteric stone surgery, run between 23 April & 6 May 2012, which will inform the establishment of a registry for this type of surgery.

The Section of Female, Neurological and Urodynamic Urology launched an audit of mid-urethral tapes for the treatment of stress urinary incontinence (SUI) in women in June 2012. The overall aim of this audit is to establish the safety and efficacy of mid-urethral tapes for the treatment of stress urinary incontinence in women.

In addition the following audits or registries continued to collect data:

- Complex operations – nephrectomy, prostatectomy and cystectomy
- PCNL registry
- Urethroplasty

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.

In the first half of the year, the Association undertook a survey of all members looking at the organisation of urological services and the deployment of the urological surgical workforce. The preliminary results of the survey were presented to the members at the annual conference in June and will be used to inform a publication on planning the urology service of the future.

An updated report on the urological workforce was published in September 2012. The Association continues to monitor the urological workforce in the UK under the direction of the Workforce Lead for the Association and the Specialist Advisory Committee in Urology, Mr Neil Burgess.

The current BAUS website (www.baus.org.uk) was launched at the Association's annual meeting in June 2010. It is intended the website should be the home of UK urology and the site contains information and resources for use by members, non-member professionals involved in the specialty of urology, patients and the public. A surgical web editor, Mr Nigel Bullock was appointed early in 2010 and he has worked closely with BAUS staff to populate the site. A large amount of patient information has been added including a frequently asked questions section for stones patients which has been developed in consultation with the Section of Endourology's Patient Advisory Group.

During 2012, BAUS continued to make increasing use of electronic communication to inform and update the membership. Regular email briefings from the President were circulated to all Members in addition to email updates to Section Members and Regional Members.

In 2008 the Association started the British Journal of Medical & Surgical Urology as an official bi-monthly publication of BAUS. During 2012 the association tendered for publication of the journal from 2013-2015. The contract for the publication of the journal was awarded to Sage who officially took over publication of the re-titled Journal of Clinical Urology from 1 January 2013.

Impact of Activities & Events

In 2012, 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 2012 was 1,786 (1,765 in 2011). At the present time, 97% (852 out of 875) of the consultant urologists in the UK are BAUS members.

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Nationally, there are sixteen Regions including Ireland, Northern Ireland, Scotland East and West and Wales. In 2012 there were vacancies in six regions. In three regions, existing representatives stood for re-election and were unopposed, in the North East the existing member was defeated by an opposing candidate. In Scotland West two candidates stood and an election was held and in the North West there were no nominations received and one of the consultants was co-opted as regional representative for 12 months.

Three nominations were invited for the role of Vice President, 293 completed ballot forms were returned (25%).

The 2012 Annual Meeting of the British Association of Urological Surgeons was held at the Scottish Exhibition & Conference Centre in Glasgow, attracting just over 1150 delegates over the four days (1150 in 2011) and 79 exhibitors.

In 2012, 641 abstracts were submitted for consideration for inclusion in the Annual Scientific Meeting (585 in 2011), of which 169 papers were accepted (26%). Once again, the meeting attracted delegates from all units in the country as well as a number of overseas delegates. Participant feedback on the 2012 meeting remained positive and showed that changes to the meeting continued to be well received. In 2012 the Annual Meetings for the Sections of Academic Urology, Andrology and Genito-Urethral Surgery and Female, Neurological and Urodynamic Urology were once again held at the start of the Annual Scientific Meeting.

The following positive comments from delegates were made:

“A fine chance to connect to UK urology and to confirm that we still do it well.”

“A delightful mix of professional, educative and social interaction.”

“An excellent educational opportunity to keep up to date with current evidence based practice, learn from national and international experts, network and bring the urology community together to plan for a safe and efficient future for our patients in times of change and austerity.”

“BAUS - committed to better urology for patients and clinicians.”

Twenty-one courses were run by the Office of Education at the Annual Scientific Meeting with the potential to accommodate 545 delegates. In total, 514 delegates attended (94%) and this compares to 511 places on courses in 2011 with a total uptake of 441 (86%). The provision of courses for the Annual Meeting in 2012 was carefully reviewed by the Programme Committee.

The FRCS revision course held in Oxford in April 2012 had 36 participants as opposed to 35 in 2011, and the course in Manchester in September had 42 participants as opposed to 31 participants in 2011.

The following positive comments were made about the revision course:

“A very well organised course and definitely worth attending.”

“Great course, very useful and good fun.”

The introduction to urology course, which was held in Manchester in February, attracted 48 trainees (47 in 2011). The Association will continue to monitor attendance at all courses.

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It is essential for BAUS to maintain the support of pharmaceutical and urological equipment companies. The Association continued to make improvements to the Medical and Trade Exhibition at the Annual Scientific Meeting. 2012 saw a similar number of exhibitors when compared to the previous five years (79 in 2012, 83 in 2011). Fourteen exhibitors who participated in 2011 did not re-book for 2012, however thirteen companies were new exhibitors at BAUS exhibitions. There was a continuing decrease in net space sold and there has been a year on year decrease over the last five years. Individually larger companies occupied smaller stands than in previous years. This reflects the general economic situation, companies are reducing their advertising budgets and some are taking smaller stands. BAUS continues to monitor the overall trend and adjust plans accordingly. In addition to meeting with all companies at the meeting in Glasgow the Association officers and staff held two meetings with industry partners in the course of the year to discuss matters of mutual interest.

UROLINK continued to run a clinical workshop programme. In March 2012 Mr Shekhar Biyani returned to Hawassa in Ethiopia for his third visit and was joined by a company representative from Olympus Medical who had travelled from Nairobi and was able to provide much needed training for staff on the care and maintenance of the equipment which had been donated to the unit. In 2012 a team from the UK visited the Royal Victoria Hospital in the Gambia and in addition to the usual visit they ran a two day clinical skills workshop. Urolink also supported surgeons on visits to Kangando Hospital in Uganda, Zimbabwe and Iraqi Kurdistan. Once again, UROLINK provided a stand at the BAUS Annual Meeting where we attracted interest in our projects and also recruited further members to our faculty. Lectures were delivered by Dr Abera Goeze from Hawassa, Dr Iain Wilson of Lifebox and Mr Jaimin Bhatt of UROLINK.

Public Benefit

During 2012, the trustees gathered the following evidence that demonstrates to their satisfaction that the Association continues to benefit the public through its activities targeted to achieve its charitable objectives:

- The number of members and non-members attending meetings and courses organised by the Association, its sub specialty sections and the Office of Education; and
- Positive feedback from participants on the value of attendance at the Annual Scientific Meeting. 94.2% of the 213 respondents to the post conference questionnaire responded positively to the question "do you feel attendance at BAUS helps you keep up to date in your practice and maintain and improve the standard of care for your patients?"

FINANCIAL REVIEW

Financial Results of Activities & Events

In general, the Association's finances are stable and the trustees are satisfied with the charity's overall financial health. However, the trustees remain concerned about the challenging environment in which the charity is currently operating.

The direct surplus from the annual meeting at £379,910 is lower than 2011 (2011: £419,816). Income was almost the same as in 2011 at approximately £875K but the expenses, particularly venue hire and construction costs, were higher in Glasgow. As noted last year, the venue hire and construction costs had been particularly reasonable in Liverpool.

Overall unrestricted incoming resources were £82,956 more than in 2011 and expenditure was well controlled and only £21,553 higher than in 2011.

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

TRUSTEES' ANNUAL REPORT for the year ended 31 December 2012

Grant Making

A donation of £5,000 was again made to the Institute of Urology towards the financing of the Scientific Basis of Urology course. This course is run by Professor A R Mundy, and provides trainees in the first year of specialty training with an introduction to the scientific basis of the specialty in order to promote an understanding of urological practice. The grant sponsors 8 delegates.

Reserves Policy

The "free reserves" of BAUS at 31 December 2012 amounted to £1,846,593 (2011: £1,598,337).

A substantial amount of BAUS income comes from the Annual Scientific Meeting 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, but the trustees regard it as prudent to retain sufficient reserves in 2013 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 reserves of at least £1,092,700 should be maintained for 2013.

There was a surplus of £164,414 in 2012 (£95,833 in 2011). The budget approved by trustees in November 2012 for 2012 anticipates a small surplus in the region of £40K. Trustees are concerned that in the current economic climate the Association may be vulnerable to a drop in income as the advertising budgets for pharmaceutical companies and equipment manufacturers are reduced.

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 2012, the trustees held £1,625,191 of the Association's free reserves in two investment portfolios managed by Cheviot Asset Management and Sarasin & Partners. Of this £1,600,900 was invested and £24,291 was held as cash by the investment managers for future investment. The balance of free reserves, £221,402, was held as 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. The trustees have delegated certain discretionary powers of investment to the investment managers but approve changes in the overall investment strategy.

Performance of the 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.

At 31 December 2012, the Association's investment portfolio had a market value of £1,625,191. During the year cash totalling £255,000 was invested by the investment managers into the Sarasin CIF meaning that the BAUS fund was totally invested as at 31 December 2012.

During the year, investment values rose by 5.4 % and generated investment income at an average rate of 3.4 % (2011: 1.9%). During the year, the Association's cash balances generated income at an average rate of 0.3% (2011: 0.5%).

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED**TRUSTEES' ANNUAL REPORT
for the year ended 31 December 2012**

PLANS FOR FUTURE PERIODS**Future Strategy**

The Association will continue to work to maintain and improve standards in the practice of urology

Future Activities & Events

In 2013, it is anticipated that the Association will:

- Produce commissioning guidance for three common urological conditions and input to the on-going discussions about the arrangements for specialist commissioning;
- Liaise with the new Editor and publishers of the Journal of Clinical Urology to improve content and promote the journal;
- Publish a report on "Planning the Urology Service of the Future";
- Continue to build strategic alliances with other urological organisations through the development of Urology UK;
- Appoint a new Director of the Office of Education;
- Continue to engage actively in the development of systems for revalidation and endeavour to provide information and guidance for urologists to enable them to meet the standards set for recertification; and
- In December 2012, the NHS Commissioning Board announced that outcomes of surgery at individual consultant level will be published by the end of June 2013. The Association will liaise closely with NHS England and the Health Quality Improvement Partnership (HQIP) in defining the requirements as they apply to urology and will supply leadership and support to urologists in complying with this initiative using the Association's existing data and audit system.

Impact of Future Activities & Events

The structure of the NHS and the medical workforce are changing significantly, particularly with regard to the commissioning and delivery of services. Urology represents the fifth most expensive disease area for the UK NHS. The population of the UK aged 65 and over was 10.4 million in 2011 and is expected to rise significantly in the next few decades. The demand for urological services will increase. In 2013 BAUS will continue to engage constructively with the changing NHS in order to provide the appropriate professional and educational support to urologists to ensure they are able to continue to deliver the highest standard of care to their patients.

Public Benefit

In the future, the trustees intend to ensure the Association continues to benefit the public through its charitable objectives by fostering education, research and clinical excellence through the dissemination of information in the specialty. This will be achieved through the meetings, workshops and courses run by the Association, encouraging and facilitating members' participation in audit and disseminating outcomes and seeking feedback from members and other professionals delivering urological care. The BAUS website also allows public access so that information about urological conditions, and their treatment, can be accessed from a reliable source.

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

**TRUSTEES' ANNUAL REPORT
for the year ended 31 December 2012**

FUNDS HELD AS CUSTODIAN

Although the charity maintains restricted funds to deal with incoming resources that are earmarked for a particular purpose by donors, sponsors, and other funders, BAUS does not currently hold, and the trustees do not anticipate that it will in future hold, any funds as custodian for any third party.

This report was approved by the trustees on 10 May 2013, and was signed for and on behalf of the board by


..... Honorary Secretary
A C Thorpe

10th May 2013

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

We have audited the financial statements of The British Association of Urological Surgeons Limited for the year ended 31 December 2012 on pages 19 to 30. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (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.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITOR

As explained more fully in the Statement of Trustees' responsibilities set out on pages 6 and 7, the trustees (who are also the directors of the 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.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

SCOPE OF AUDIT OF THE FINANCIAL STATEMENTS

A description of the scope of an audit of financial statements is provided on the APB's website at www.frc.org.uk/apb/scope/private.cfm.

OPINION ON FINANCIAL STATEMENTS

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 2012 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006.

OPINION ON OTHER MATTER PRESCRIBED BY THE COMPANIES ACT 2006

In our opinion, the information given in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BRITISH ASSOCIATION OF
UROLOGICAL SURGEONS LIMITED (Continued)**

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- the charitable company has not kept adequate accounting records, 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.



Perry Linton (Senior Statutory Auditor)
For and on behalf of BAKER TILLY UK AUDIT LLP, Statutory Auditor
3rd Floor, One London Square
Cross Lanes
Guildford
Surrey GU1 1UN

20 May 2013

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

STATEMENT OF FINANCIAL ACTIVITIES
(including Income & Expenditure Account)
for the year ended 31 December 2012

	Notes	Unrestricted funds £	Restricted funds £	Total 2012 £	Total 2011 £
INCOMING RESOURCES					
Incoming resources from generated funds					
Investment income	1	55,748	-	55,748	24,981
Incoming resources from charitable activities					
Dissemination of information	2	1,554,018	10,070	1,564,088	1,516,829
TOTAL INCOMING RESOURCES		1,609,766	10,070	1,619,836	1,541,810
RESOURCES EXPENDED					
Costs of generating funds					
Investment management costs		3,282	-	3,282	2,819
Charitable activities					
Dissemination of information	3	1,387,026	11,236	1,398,262	1,394,349
Governance costs	5	53,878	-	53,878	48,809
TOTAL RESOURCES EXPENDED		1,444,186	11,236	1,455,422	1,445,977
NET INCOMING/(OUTGOING) RESOURCES & NET INCOME/(EXPENDITURE) FOR THE YEAR					
		165,580	(1,166)	164,414	95,833
OTHER RECOGNISED GAINS/LOSSES					
Gains/(Losses) on investment assets	8	84,762	-	84,762	(21,706)
NET MOVEMENT IN FUNDS		250,342	(1,166)	249,176	74,127
RECONCILIATION OF FUNDS					
Fund balances brought forward at 1 January 2012		1,606,055	13,852	1,619,907	1,545,780
FUND BALANCES CARRIED FORWARD AT 31 DECEMBER 2012		1,856,397	12,686	1,869,083	1,619,907

The net movement in funds for the year arises from the charity's continuing operations.

No separate statement of total recognised gains and losses has been presented as all such gains and losses have been dealt with in the statement of financial activities.

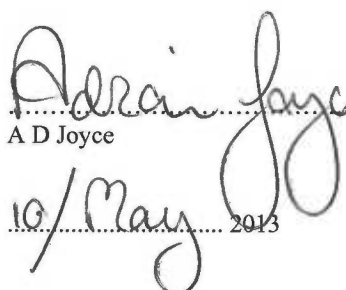
THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

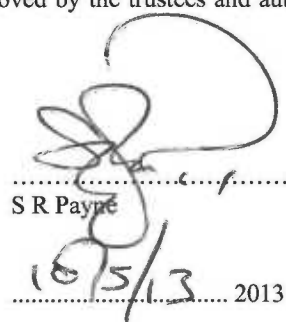
BALANCE SHEET
as at 31 December 2012

Company Number: 06054614

	Notes	2012 £	2011 £
FIXED ASSETS			
Tangible assets	7	9,804	7,718
Investments	8	1,600,900	1,283,655
		<u>1,610,704</u>	<u>1,291,373</u>
CURRENT ASSETS			
Stocks		2,141	2,903
Debtors	9	499,760	463,249
Cash at bank and in hand		410,820	470,032
		<u>912,721</u>	<u>936,184</u>
LIABILITIES			
Creditors: Amounts falling due within one year	10	(654,342)	(607,650)
		<u>258,379</u>	<u>328,534</u>
NET CURRENT ASSETS			
		<u>1,869,083</u>	<u>1,619,907</u>
TOTAL ASSETS LESS CURRENT LIABILITIES & NET ASSETS			
		<u>1,869,083</u>	<u>1,619,907</u>
THE FUNDS OF THE CHARITY			
Restricted income funds			
UROLINK Fund	11	12,686	13,852
Unrestricted income funds			
General Fund	11	1,856,397	1,606,055
		<u>1,869,083</u>	<u>1,619,907</u>
TOTAL CHARITY FUNDS			
	12	<u>1,869,083</u>	<u>1,619,907</u>

The financial statements on pages 19 to 30 were approved by the trustees and authorised for issue on 10 May 2013, and are signed on their behalf by

 President
A D Joyce
10/May 2013

 Honorary Treasurer
S R Payne
10/5/13 2013

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

Financial statements for the year ended 31 December 2012

ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements have been prepared to comply with current statutory requirements (principally being the Companies Act 2006, the Charities Act 2011, and the Charity (Accounts and Reports) Regulations 2008), under the historical cost convention, except as modified for the annual revaluation of fixed asset investments, and in accordance with United Kingdom Generally Accepted Accounting Practice. The recommendations in *Accounting and Reporting by Charities: Statements of Recommended Practice (revised 2005)* issued by the Charity Commission in March 2005 have been followed. The accounting policies have been applied consistently for prior years.

INCOMING RESOURCES

General donations and other similar types of voluntary income are brought into account when received, except that donated income is included gross of any attributable tax recoverable, where relevant. Donations given for specific purposes are treated as restricted income.

Investment income is accounted on a receivable basis once the dividend has been declared or the interest earned.

Credit is taken in the accounts for the proportion of subscriptions, which are receivable in the financial period. All other types of income are also accounted for on an accruals basis.

RESOURCES EXPENDED

Resources expended are allocated to the charity's principal activity where the costs can be identified as being directly related to that activity. All costs that cannot be identified as relating directly to the charity's principal activity are categorised as either support costs or governance costs. Any costs that cannot be specifically categorised are allocated in proportions based upon a suitable ratio applicable to the nature of the cost involved.

Grants payable are recognised in the period in which the approved offer is conveyed to the recipient except in those cases where the offer is conditional, such grants being recognised only when the conditions attaching to the award are fulfilled. Grants offered subject to conditions, which have not been met at the balance sheet date, are noted as a potential commitment, but are not treated as a liability.

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, except for the Silver Rose Bowl, 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 & fittings	over 5 years
Office equipment	over 5 years

INVESTMENTS

The charity's investments are included in the balance sheet at their market value. The gains or losses arising upon their annual revaluation are included in the statement of financial activities.

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED**Financial statements for the year ended 31 December 2012****ACCOUNTING POLICIES**

STOCKS

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

LEASED ASSETS AND OBLIGATIONS

Where assets are financed by leasing agreements that give rights approximating to ownership ("finance leases"), the assets are treated as if they had been purchased outright. The amount capitalised is the present value of the minimum lease payments payable during the lease term. The corresponding leasing commitments are shown as obligations to the lessor.

Lease payments are treated as consisting of capital and interest elements, and the interest is charged to the statement of financial activities in proportion to the remaining balance outstanding.

All other leases are "operating leases" and the annual rentals are charged to the statement of financial activities on a straight line basis over the lease term.

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.

The amount charged to the statement of financial activities in respect of pension costs is the total contributions payable for the year.

FUND ACCOUNTING

The general fund comprises the accumulated surpluses of unrestricted incoming resources over resources expended, which are available for use in furtherance of the general objective of the charity.

Designated funds are a particular form of unrestricted funds consisting 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.

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2012

	Unrestricted funds £	Restricted funds £	Total 2012 £	Total 2011 £
1. INVESTMENT INCOME				
Bank interest receivable on short term cash deposits	1,280	-	1,280	3,308
Income from investments listed on a recognised stock exchange:				
UK investments	27,734	-	27,734	4,865
Overseas investments	26,734	-	26,734	16,808
	<u>55,748</u>	<u>-</u>	<u>55,748</u>	<u>24,981</u>
2. INCOME FROM DISSEMINATION OF INFORMATION				
Subscriptions	384,610	-	384,610	381,355
Annual Scientific Meeting – 2012	875,380	-	875,380	-
Annual Scientific Meeting - 2011	-	-	-	875,013
Income from the British Journal of Medical and Scientific Urology	63,168	-	63,168	51,738
Office of Education	85,563	-	85,563	53,555
Section of Oncology	61,268	-	61,268	74,141
Section of Endourology	54,135	-	54,135	40,885
Section of Female, Neurological and Urodynamic Urology	25,000	-	25,000	25,000
Section of Andrology	2,208	-	2,208	-
Urolink income	1,018	10,070	11,088	15,042
Other income	1,668	-	1,668	100
	<u>1,554,018</u>	<u>10,070</u>	<u>1,564,088</u>	<u>1,516,829</u>

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2012

	Unrestricted funds £	Restricted funds £	Total 2012 £	Total 2011 £
3. COSTS OF DISSEMINATION OF INFORMATION				
Direct costs:				
Annual Scientific Meeting - 2012	495,470	-	495,470	-
Annual Scientific Meeting - 2011	-	-	-	455,197
Costs of the Journal of Clinical Urology (formerly the British Journal of Medical and Surgical Urology)	56,877	-	56,877	53,733
Office of Education	104,482	-	104,482	82,226
Section of Oncology	35,678	-	35,678	41,772
Section of Endourology	36,479	-	36,479	29,409
Section of Female, Neurological and Urodynamic Urology	5,876	-	5,876	4,982
Section of Andrology and Genito-Urethral Surgery	295	-	295	698
Section of Academic Urology	3,022	-	3,022	3,006
Data and audit costs	39,824	-	39,824	42,217
Costs of the British Journal of Urology	105,600	-	105,600	108,275
Grants, donations, & awards (see note 4)	5,935	-	5,935	6,352
Urolink expenses	1,342	11,236	12,578	27,083
Subscriptions	8,119	-	8,119	7,564
Website costs	4,397	-	4,397	12,135
	903,396	11,236	914,632	874,649
Support costs (see note 5)	483,630	-	483,630	519,700
	1,387,026	11,236	1,398,262	1,394,349
			2012 £	2011 £
4. GRANTS, DONATIONS & AWARDS				
Donation to the Institute of Urology Urological Research Fund: Scientific Basis of Urology			5,000	5,000
Medals awarded to five (2011: three) individuals			935	852
Other grants awarded to no (2011: two) individuals			-	500
			5,935	6,352

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2012

	Support costs £	Governance costs £	Total 2012 £	Total 2011 £
5. SUPPORT & GOVERNANCE COSTS				
Staff costs (see note 6)	298,361	-	298,361	310,785
Staff recruitment, training, travel and welfare	9,272	-	9,272	6,129
Council and committee expenses	-	31,050	31,050	29,940
President's expenses	-	16,457	16,457	12,919
Accommodation costs	73,255	-	73,255	74,533
Repairs, maintenance, and computer				
Software expense	18,374	-	18,374	11,559
Telephone	2,445	-	2,445	6,307
Postage, mailings, printing and stationery	17,073	-	17,073	17,193
Legal and professional fees	35,323	-	35,323	20,924
Auditor's remuneration:				
Audit fees	-	6,371	6,371	5,950
Accountancy and advisory	2,258	-	2,258	2,427
Bank and credit card charges	15,960	-	15,960	16,902
Bad and doubtful debts	2,380	-	2,380	2,865
Sundry office expenses	5,301	-	5,301	1,806
Depreciation:				
Owned assets	3,628	-	3,628	3,233
Leased assets	-	-	-	45,037
	<u>483,630</u>	<u>53,878</u>	<u>537,508</u>	<u>568,509</u>

Included within auditors' remuneration are amounts payable to Baker Tilly UK Audit LLP in respect of audit services of £6,371 (2011: £5,950) and amounts payable to Baker Tilly Tax and Accounting Limited in respect of accountancy and advisory services of £2,258 (2011: £2,427).

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2012

	2012	2011
6. STAFF COSTS		
	No.	No.
The average monthly number of persons employed by the charity (excluding Council members) during the year was, as follows:		
Office and administration	6	7
	=====	=====
	£	£
Staff costs for the above persons:		
Wages and salaries	248,208	258,859
Social security costs	21,213	24,471
Other pension costs	28,940	27,455
	298,361	310,785
	=====	=====

No trustee received any remuneration for services to the charity as a member of Council during the current or previous year. During the year, seven (2011: nine) trustees were reimbursed for travel and meetings expenses incurred totalling £21,470 (2011: £18,630).

During the year, one (2011: one) employee's total emoluments fell between £60,001 and £70,000, and the pension contributions payable for these employees amounted to £8,463 (2011: £8,217).

7. TANGIBLE FIXED ASSETS

	Improvements to leasehold premises £	Silver Rose Bowl £	Fixtures & fittings £	Office equipment £	TOTAL £
Cost:					
1 January 2012	450,214	600	41,201	45,516	537,531
Additions	-	-	-	5,714	5,714
31 December 2012	450,214	600	41,201	51,230	543,245
Depreciation:					
1 January 2012	450,214	-	38,605	40,994	529,813
Charge for year	-	-	866	2,762	3,628
31 December 2012	450,214	-	39,471	43,756	533,441
Net book value:					
31 December 2012	-	600	1,730	7,474	9,804
	=====	=====	=====	=====	=====
31 December 2011	-	600	2,596	4,522	7,718
	=====	=====	=====	=====	=====

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2012

	2012 £	2011 £
8. INVESTMENTS		
Investment listed on a recognised stock exchange at market value:		
1 January 2012	1,283,655	718,605
Additions at cost	360,125	714,288
Disposal proceeds	(127,642)	(127,532)
Realised gains/(losses)	4,465	(9,003)
Unrealised gains/(losses)	80,297	(12,703)
31 December 2012	<u>1,600,900</u>	<u>1,283,655</u>
At the balance sheet date, the market value of the portfolio comprised:		
UK investments	790,342	719,145
Overseas investments	810,558	564,510
	<u>1,600,900</u>	<u>1,283,655</u>
Fixed income securities	207,100	196,765
Equities	1,272,019	998,236
Other assets	121,781	88,654
	<u>1,600,900</u>	<u>1,283,655</u>
At the balance sheet date, the historical cost of the investments was £1,396,251 (2011: £1,145,040).		
	2012 £	2011 £
Individual holdings representing more than 5% of the market value of the portfolio at the balance sheet date are as follows:		
Sarasin Alpha CIF For Endowments	<u>909,477</u>	<u>599,823</u>

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2012

	2012 £	2011 £				
9. DEBTORS						
Amounts falling due within one year:						
Trade debtors	338,360	231,091				
Other debtors	1,512	5,050				
Prepayments and accrued income	159,888	227,108				
	<u>499,760</u>	<u>463,249</u>				
10. CREDITORS						
Amounts falling due within one year:						
Trade creditors	25,272	45,228				
Other taxes and social security costs	91,921	61,635				
Accruals	42,983	19,189				
Annual Meeting income received in advance	403,024	481,598				
Journal income received in advance	50,000	-				
Office of Education income received in advance	39,372	-				
Subscription income in advance	1,770	-				
	<u>654,342</u>	<u>607,650</u>				
11. THE FUNDS OF THE CHARITY						
	1 January 2012 £	Incoming resources £	Outgoing resources £	Gains on investments £	Transfers between funds £	31 December 2012 £
Restricted income funds:						
UROLINK Fund	13,852	10,070	(11,236)	-	-	12,686
Unrestricted income funds:						
General Fund	1,606,055	1,609,766	(1,444,186)	84,762	-	1,856,397
	<u>1,619,907</u>	<u>1,619,836</u>	<u>(1,455,422)</u>	<u>84,762</u>	<u>-</u>	<u>1,869,083</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.

Included within the General Fund are net unrealised gains arising on the revaluation of investments totalling £204,649 (2011: £138,615).

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2012

12. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Fixed assets £	Net current assets £	Total £
Restricted income funds:			
Urolink Fund	-	12,686	12,686
Unrestricted income funds:			
General Fund	1,610,704	245,693	1,856,397
NET ASSETS	<u>1,610,704</u>	<u>258,379</u>	<u>1,869,083</u>
		2012 £	2011 £

13. COMMITMENTS UNDER OPERATING LEASES

At 31 December 2012, the charitable company was committed to make the following payments during the next year under non-cancellable operating leases as follows:

In respect of land & building leases
expiring within 1 year

-	65,317
<u>=====</u>	<u>=====</u>

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED

**NOTES TO THE FINANCIAL STATEMENTS
for the year ended 31 December 2012**

14. PENSION COMMITMENTS

The charity also 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. The amount charged to the statement of financial activities in respect of pension costs (as shown in note 6) is the total contributions payable for the year.

The pension scheme is valued formally every three years by professionally qualified and independent actuaries. The last available valuation was carried out at 31 March 2011, using the projected unit credit method in which the actuarial liability makes allowance for projected earnings. The following key actuarial assumptions were used to calculate the Technical Provisions and future service costs:

Pre-retirement discount rate	6.80% per annum
Post-retirement discount rate	4.70% per annum
Price inflation – RPI	3.50% per annum
Price inflation – CPI	2.80% per annum
General salary increases – to March 2014	3.75% per annum
General salary increases – after March 2014	4.50% per annum
Pension increases in payment	2.80% per annum

The actuarial valuation applies to the scheme as a whole and does not identify surpluses or deficits applicable to individual participating employers. As a whole, the fair value of the scheme's assets was £1,506 million, the present value of the scheme's liabilities was £1,581 million, and therefore, the resulting deficit was £75 million. In order to ensure that the scheme remains adequately funded, the actuary has recommended that employer contributions continue to be 13% of pensionable salary and employee contributions continue to be 6% of pensionable salary.

THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED**ACCOUNTANT'S REPORT
for the year ended 31 December 2012****ACCOUNTANT'S REPORT TO THE BOARD OF TRUSTEES OF THE BRITISH ASSOCIATION OF UROLOGICAL SURGEONS LIMITED ON THE UNAUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2012**

In order to assist you to fulfil your duties under the Companies Act 2006, the Charities Act 2011 and regulations thereunder, we prepared for your approval the financial statements of The British Association of Urological Surgeons Limited which comprise the Statement of Financial Activities, the Balance Sheet and the related notes as set out on pages 19 to 30 from the entity's accounting records and from information and explanations you have given us.

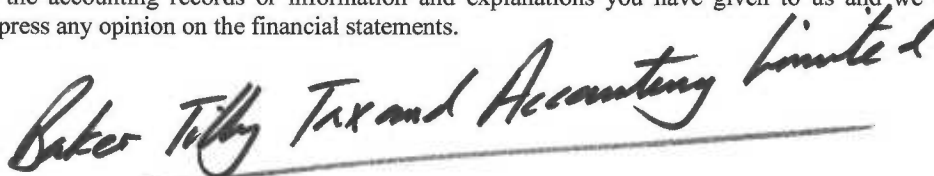
As a practising member firm of the Institute of Chartered Accountants in England and Wales (ICAEW), we are subject to its ethical and other professional requirements which are detailed at <http://www.icaew.com/en/members/regulations-standards-and-guidance>.

This report is made solely to the board of trustees of The British Association of Urological Surgeons Limited as a body, in accordance with the terms of our engagement letter dated 27 February 2011. Our work has been undertaken solely to prepare for your approval the financial statements of The British Association of Urological Surgeons Limited and state those matters that we have agreed to state to them in accordance with AAF 2/10 as detailed at icaew.com/compilation. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights against Baker Tilly Tax and Accounting Limited for any purpose or in any context. Any party other than the designated members which obtains access to this report or a copy and chooses to rely on this report (or any part of it) will do so at its own risk. To the fullest extent permitted by law, Baker Tilly Tax and Accounting Limited will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to the trustees on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

It is your duty to ensure that The British Association of Urological Surgeons Limited has kept adequate accounting records and to prepare statutory financial statements that give a true and fair view of the assets, liabilities, financial position and net movement in funds of The British Association of Urological Surgeons Limited under the Companies Act 2006, the Charities Act 2011 and regulations thereunder.

We have not been instructed to carry out an audit or a review of the financial statements of The British Association of Urological Surgeons Limited. For this reason, we have not verified the accuracy or completeness of the accounting records or information and explanations you have given to us and we do not, therefore, express any opinion on the financial statements.



Baker Tilly Tax and Accounting Limited
Chartered Accountants
25 Farringdon Street
London EC4A 4AB

..... 20 May 2013