

# BASHH

(A company limited by guarantee)

# BASHH



## Report and Financial Statements

Year ended: 31 JULY 2013

Charity no: 1148196

Company no: 07863350

**British Association for Sexual Health and HIV**





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## Legal and administrative information

### Trustees and Directors:

President – Board	Dr Janet Wilson
Vice President – Board	Dr Rajul Patel
General Secretary	Dr Elizabeth Carlin
Treasurer	Prof. Jonathan Ross
Conference and Communications Secretary	Dr Daniel Richardson
Chair EC – Board	Dr John White
Fellow to the Board	Dr Jyoti Dhar
Fellow to the Board	Dr Alan McOwan
Fellow to the Board	Dr Rak Nadwani
Fellow to the Board	Dr Cecilia Priestley
Fellow to the Board	Dr Ann Sullivan
Fellow to the Board	Dr Sris Allan
Doctors in Training – Board	Dr Emily Lord
Health Adviser Rep	Ceri Evans
Nurse Rep – Board	Colin Roberts
SAS Rep – Board	Dr John Lee
Lay Trustee	Mr David Robert-Jones
Immediate Past President	Dr Keith Radcliffe
	Dr C Skinner (Resigned 19 March 2013)
	Dr S Foley (Resigned 11 January 2013)
	Dr R Lau (Resigned 11 January 2013)
	Dr A Williams (Resigned 11 January 2013)
	Prof. H Ward (Resigned 11 January 2013)

**Registered Office:** Chester House, 68 Chestergate  
Macclesfield, Cheshire  
SK11 6DY

**Auditors:** Farringdon & Co Ltd  
176 Franciscan Road  
London  
SW17 8HH

**Bankers:** Lloyds TSB  
P O Box 1000  
Andover BX1 1LT

**Solicitors:** Stone King LLP  
16 St John's Lane  
London EC1M 4BS

Gibson & Co. Solicitors  
77-87 West Road  
Newcastle upon Tyne NE15 6PR

**Investment Managers:** St Jame's Place Wealth Management Plc  
St Jame's Place House  
1 Tetbury Road  
Cirencester GL7 1FP

Sarasin & Partners LLP  
Juxon House  
100 St Paul's Churchyard  
London EC4M 8BU



## **BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV**

### **Report of the trustees for the year ended 31 July 2013**

The trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the audited financial statements for the year ended 31 July 2013. The trustees have adopted the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in 2005 in preparing the annual report and financial statements of the charity.

### **Introduction**

We are pleased to submit the BASHH Annual Report for the year ending July 2013, which details the Association's organisational practice and highlights its many activities and achievements.

The transition to the implementation of the Health and Social Care Act in England from April 2013 has been a busy time. BASHH facilitated clinicians to work with their local Directors of Public Health and commissioners to ensure that that sexual health remained a high priority within Local Authorities. We had input into a number of important documents produced by the Department of Health around contracts, service specifications and clinical governance.

Sadly, BASHH has been aware of a number of problems that occurred through tendering of sexual health services which resulted in destabilisation of both GUM and HIV services. BASHH continues to emphasise the importance of patient safety and quality of care and will strive to ensure that the current high standards of sexual health services continue. Where problems have arisen, BASHH has reported these to the Department of Health and Public Health England.

In view of the change in commissioning, BASHH and MEDFASH have been reviewing and updating the Standards for the Management of Sexually Transmitted Infections to ensure they reflect current best practice as well as the new structures. These will be launched at the beginning of 2014. Also, BASHH, with BHIVA, successfully submitted a topic proposal to the Healthcare Quality Improvement Partnership for a national HIV-STI audit programme. This is expected to be procured during 2014.

The STI Regulations on confidentiality will cease to have legal effect when all the secondary legislation of the Health and Social Care Act is passed. It was unclear what if anything would replace this so BASHH undertook a national survey of views of sexual health clinic patients and the public. The results gave clear support for maintaining additional confidentiality and anonymity in sexual health services. There will now be a new statutory Code of Practice that will include guidance on confidentiality in sexual health, thereby re-affirming the recognition of its importance to service users.

In addition, BASHH has become an incorporated charity and we have moved to new support services. We have continued to develop training modules for nurses, and we had a very successful Spring Meeting in Bristol, as well as many other high quality educational events throughout the year. There is no doubt that BASHH is a very active and productive Association.



## Structure, Governance and Management

### Statement of Trustees Responsibilities

The Charities Acts require the Board of Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity as at the end of the financial year and of the surplus or deficit of the charity. In preparing those financial statements the Board is required to:-

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

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

The trustees are also responsible for the contents of the trustees' report, and the responsibility of the auditor in relation to the trustees' report is limited to examining the report and ensuring that, on the face of the report, there are no inconsistencies with the figures disclosed in the financial statements.

### Organisational structure

BASHH became a charitable company limited by guarantee on 1 August 2012 and this was a significant move in the modernisation of the organisation.

The Association is governed by a governing Board of at least 12 elected trustees, the immediate past President and a lay trustee appointed by the elected trustees. The trustees are also directors of the charitable company. Currently, there are 18 trustees. The voting membership of the Board consists of:-

- The BASHH President who is the Chairperson of the Board
- Six BASHH Officers - Vice President, General Secretary, Honorary Treasurer, Conference and Communication Secretary, Chair of the Education Committee and Chair of the Clinical Governance Committee
- The immediate past President of BASHH
- Six Fellows of BASHH
- One Specialty and Associate Specialist Member of BASHH
- One Health Advisor Member of BASHH



- One Nurse Member of BASHH
- One Doctor in Training Member of BASHH
- One Lay trustee

A number of non-voting representatives are co-opted to the Board to provide additional support. These include the Chair of the Media Group, Chair of the Public Panel, BASHH Webmaster, Revalidation representative for BASHH. Other BASHH members/fellows may be co-opted as necessary.

The Clinical Governance Committee, which reports to the Board, deals with all aspects of clinical governance and standards as well as providing a major communication channel to and from BASHH members. It consists of Branch Chairs who represent the members in regions across England, Scotland, Wales and Northern Ireland, as well as health advisor, nurse and doctors in training representatives. Also reporting to the Clinical Governance Committee are a number of BASHH Groups such as the National Audit Group, British Co-operative Clinical Group, Clinical Effectiveness Group, Clinical Standards Unit and the Integrated Information Group.

The Education Committee, which reports to the Board, leads on the educational and training activities for BASHH. It consists of the Chairs of a range of Special Interest Groups (SIGs) and also includes the leads for the STI Foundation Group and Mentoring Group as well as key training course leads.

In addition, the Association has a number of other groups and representatives that report directly to the governing Board such as the Revalidation representative, the Web Team and the Public Panel.

### **Governing document**

The governing document for BASHH is the Memorandum and Articles of the Association, which was signed on 30 September 2011 by the first trustees of the incorporated organisation. It provides details of the objects; powers; benefits to members and trustees; membership and trustee arrangements; general meeting conditions; notices, resolution and voting provisions; the requirements for records and accounts; and the particulars of indemnity, limited liability, guarantee and dissolution of the Association.

### **Recruitment and appointment of the BASHH Board**

The BASHH Board is recruited from the BASHH members and fellows of BASHH, except for the immediate past President who is automatically a member of the Board and the lay trustee. The lay trustee is recruited and appointed from outside the Association by the elected trustees, using an external advertisement process followed by informal interview of selected individuals. For all the other Board positions BASHH members are individually informed about the posts that are available and nominations are sought.

Appointments and elected positions are for a term of office of two years and those appointed/elected may stand for a second two year term, except for the President who may not serve a consecutive second term.

The election process for contested posts has been conducted by the Electoral Reform Service (ERS) for several years and they did so again for the November 2012 elections. They used a



secure online voting website, as well as paper voting where necessary, and this year for the first time proxy voting was available.

The Association will be using the Electoral Reform Service for the 2013 election round to identify preferred candidates for Trustee positions. The names of the preferred candidates will then be put forward to the membership for election at the Annual General Meeting.

It is planned to put special resolutions to the membership in 2014 to amend the Memorandum and Articles of the Association in order to clarify and revise the election process.

### **Trustee appointment, induction and training**

Individuals who have been elected to trustee posts are required to make a declaration of interests and an undertaking of commitment as a trustee to BASHH. They are also required to submit a trustee declaration form to the Charity Commission and complete the process for appointment as a BASHH director by successful submission of an AP01 form to Company House.

All trustees receive the Memorandum and Articles of the Association and the Association uses the extensive information on the Charity Commission website to support the induction and training of trustees. In particular, all trustees are directed to read the Charity Commission guidance - The essential trustee: what you need to know (CC3)

### **Risk management**

The move to an incorporated structure has made the organisation rather than the individual trustees responsible for the organisation's activities. The Finance and Governance Committee are tasked with reviewing the Association's risk management strategies. The committee has a regular program of reviewing the Association's operations across a range of areas that carry risk and have appointed a key member, Professor Sris Allan, to lead on the development of a risk evaluation and reporting system. The committee has separately reviewed the risk profile of its investments and has regular meetings with its professional financial advisors to discuss our risk positions across the range of the Association's investments and banking activities.

### **Support services**

A variety of support services are in place to support the work of the Association and its administration. To secure high quality services and obtain value for money the central support services (secretariat, membership and financial) were put out to tender at the end of 2012, with the contract being awarded to Kingston Smith Association Management (KSAM) who assumed responsibility on 1<sup>st</sup> February 2013.

As the largest association management company in the UK, KSAM specialises in managing professional associations, learned societies and membership organisations.

This change has allowed BASHH to streamline support services to facilitate a more comprehensive and integrated administrative structure.





## **Membership review**

The membership services were administered by the support services at the Royal Society of Medicine during the period 1 August 2012 to 31 January 2013. Responsibility for this work was transferred to KSAM on 1 February 2013 after they were awarded a three year contract for this work.

The Association continues to flourish and there have been applications for membership into both medical and non-medical categories, reflecting our multidisciplinary ethos, as well as a number of resignations and deaths. The total number of members on 31 July 2013 was 1167, compared to 1171 in 2012. The majority of members reside in the United Kingdom but 56 reside overseas, compared to 50 in 2012.

Due to changes in the Association's banking arrangements, as detailed below, it has been necessary for members to set up new direct debit mandates for their membership subscription due on 1 August 2013. It is anticipated that as a result of this some members may fail to renew their membership and membership numbers may take time to return to their previous level.

Over the coming year BASHH will elucidate and disseminate the benefits of membership, seek to attract new members from across the disciplines working in sexual health and encourage those whose membership has lapsed to re-join the organisation.

## **Financial review**

Over the year BASHH has been successful in reducing expenditure and increasing income resulting in a positive financial balance. A review and renegotiation of the contracts for the provision of two medical journals will result in a recurrent saving of approximately £50,000 and the appointment of a new secretariat should also result in a significant financial saving for the charity. It is however, anticipated that the associated change in the charity's bank account will result in a short term reduction in cash flow, associated with updating direct debit mandates for the Association's membership.

Full details of the charity's income and expenditure are given within these financial statements and notes to the accounts.

### **Principle funding sources**

Income for the charity comes from three principle sources - membership subscriptions, educational meetings and investment income. The annual conference which was held in Bristol in 2013 was particularly successful and we also benefited in an upturn in the financial markets which has resulted in an increase in the capital value of our investments.

### **Reserves policy**

The trustees' intention is to maintain the level of reserves at an amount sufficient for the Association to function for at least two years in the event that it does not receive any further income. There are financial risks associated with running large conferences which BASHH is able to accept with its current level of reserves. The option of insurance to offset these risks has been explored but was found to be both costly and the cover available incomplete. The Association also wishes to have sufficient reserves available to respond rapidly when required to commission new sexual health guidelines or standard documents, or respond to external guidelines.



## **Investment policy**

The investment policy was reviewed by the trustees with the aim of retaining sufficient funds to allow the Association to function for at least one year to be kept in deposit accounts which permit access within a maximum of three months. The balance of reserves was invested after taking professional financial advice and adopting a low to medium risk approach. Investments are currently held in funds split equally between Sarasin's Investment Managers and St. James Management. The trustees review the investment policy on an annual basis.

## **Financial plans for future periods**

The charity plans to continue providing a lead for those delivering sexual health and HIV services, and deliver high quality education and training in this area. It is planned to update the Standards for Management of Sexually Transmitted Infections, which was first published in 2010. The annual conference in 2014 will be held jointly with the British HIV Association which should result in a high quality educational meeting, but a reduction in expected income.

## **Objectives, Activities and Performance**

### **Mission Statement**

- To be the lead professional representative body for those practising sexual health including the management of STIs and HIV in the UK
- To innovate and deliver excellent tailored education and training to health care professionals, trainers and trainees in the UK
- To determine, monitor and maintain standards of governance in the provision of sexual health and HIV care
- To advance public health in relation to STIs, HIV and other sexual health problems
- To champion and promote good sexual health and provide education to the public

### **Education Committee**

The Education Committee (EC) has a broad remit but with particular focus on BASHH's key objectives in the field of education and training.

The EC and the groups under its banner include the special interest groups (SIGs), groups representing different professionals working in sexual health and those delivering training and courses. Over the past year the EC has continued to address key issues in sexual health education, consolidating its active and regular achievements as well as expanding into new educational activities. The EC oversees both educational and training events provided to a wide audience of healthcare professionals.

- **Special interest groups (SIGs)**

The BASHH SIGs accomplish much of the work on behalf of the EC. In the last year the SIGs have conducted regular courses to their usual high standards, including the microscopy course, genital dermatology course, surgical techniques in GUM course, the STI & HIV Course (x 2), Diploma in HIV/GUM revision courses and 42 regional STI Foundation (STIF) courses.

In addition to providing education and training opportunities the BASHH SIGs also contribute by generating publications and research, reviewing/responding to documents and policies on behalf of SIGs/BASHH, and developing recommendations and guidelines in collaboration with



other BASHH groups, committees and external organisations. Once again this year the SIGs have conducted numerous important activities in this regard, and these achievements are detailed in their individual reports, which are available in the annual review document that is available on the BASHH website [www.bashh.org](http://www.bashh.org).

- **Ordinary General Meetings (OGMs)**

BASHH members look to the EC to provide a programme of four OGMs annually, including addresses from BASHH's Honorary Life Fellows and Professorial Lectures. Five different SIGs (HIV, Men who have Sex with Men, Bacterial, Human Papilloma Virus, Colposcopy/Dermatology) put together the meetings in 2012-13. These were well-attended and offered diverse, interesting and valuable educational sessions to attenders from whom feedback has been excellent. To try to reach as many members as possible, the EC has developed strategies to allow remote members access to OGM material more easily and the videoconferencing/streaming facilities provided by BASHH have been well-received.

- **Other Meetings**

The EC oversees the staging of the Annual Spring Conference and the 2013 Bristol meeting has been one of the most successful ever. The 2013 BASHH/FSRH joint meeting was once again very successful and has been agreed as an annual event. The SAS SIG also held their annual conference in September 2013 in Warwick with its usual high turnout and excellent feedback. The Sexual Dysfunction SIG's 'ABC of sexual dysfunction' meeting held at the RSM in October was back by popular demand for 2013 and once again held a successful meeting. The HIV Masterclass programme held annually in February was well attended and reviewed in its new Manchester venue, and seems destined to remain there as an important part of the BASHH EC calendar. The annual HIV Focus meeting in September at the RSM was once again well received. The rollout of 'GUM Taster Days' designed to attract young doctors into the specialty continues to attract interested young doctors and is now held twice yearly in London and Birmingham.

- **STI & HIV Course**

The STI & HIV Course remains popular and well-evaluated. Falling delegate numbers in recent years has led to a review of the course and it was agreed to reduce this to running once per year only. The course will now be split in to Modules 1, 2 in Spring and Modules 3, 4 in Autumn. This change to once yearly will be reviewed, with a possibility of further change to consider 4-day courses next year. We will continue to re-evaluate and improve the course content at the same time. The one day Diploma in GUM and Diploma in HIV (co-organised with BHIVA) revision courses continued to be successful and will continue to be run in their current pattern.

- **Future EC plans**

Next year's BASHH Spring meeting to be held jointly with BHIVA (Liverpool 1-4 April 2014) is shaping up well and looks set to be a successful and well-attended event.

Glasgow has been chosen to host the 2015 stand-alone BASHH Spring Meeting and Dr Rak Nandwani and team are already working to make this happen.



## **Clinical Governance Committee**

The Clinical Governance Committee (CGC) is comprised of the Chairs of the 17 Branches of BASHH providing regional representation and by elected representatives from the Health Advisors, Nurses, Doctors in Training and Specialty and Associate Specialist Doctors. The National Audit Group, Clinical Effectiveness Group, British Co-operative Clinical Group and Clinical Standards Unit report to the CGC, as their functions are directly relevant to clinical governance.

Meetings are held 4 times a year to discuss issues as directed by the Board, items requested by Branches through Branch Reports and developments affecting quality and safety, service improvement and standards. A 'Spotlight Discussion' may be included on the agenda to focus on important issues.

The CGC acts as an advisory group and its key objectives are to:-

- Implement strategies and policies of BASHH as approved by the Governing Board
- Set and monitor standards and specifications
- Identify areas of best clinical practice and promote them for adoption where appropriate whilst recognizing local differences
- Identify regional and individual clinic difficulties
- Explore solutions to issues and suggest action plans
- Co-ordinate a peer review system as required or in response to a member's request

During the past year, communication of strategies and policies approved by the Board was effectively carried out by means of including relevant Board papers on the CGC agenda, providing a summary report of issues arising from Board meetings and attendance by BASHH President and General Secretary at CGC meetings as ex-officio members. Financial instructions have been circulated to members and the Treasurer has presided over discussions at CGC meetings. Branch Chairs have cascaded consultations and new policies, for example the new HIV Service Specification and the model Integrated Sexual Health Services Specification, to clinical leads and members of branches.

During the past year, much discussion has focused on tendering of services and issues arising from non-NHS providers managing existing services. These issues have been discussed openly and experiences shared at committee meetings as envisaged in the CGC remit. Important achievements include:-

- Implementation of a risk assessment tool after pilots by several Branch Chairs
- Successful national survey on patient confidentiality using Branches to collect patient responses and comments
- Implementation of the new regional business planning process and account management rules
- Re-examination of the roles of a Branch Chair through a spotlight discussion
- National survey on HIV health care in prisons with the results published as a poster at the 2013 BASHH Spring Meeting
- Enabling the consultation process for the revision of the Standards for the Management of Sexually Transmitted Infection (STI) document through Branches

In the coming year to 18 months, the CGC will continue to monitor standards of care in services under new commissioning arrangements, using the revised Standards for the Management of STI document (due to be released January 2014) to provide measures of quality. The newly published



Sexual Health: Clinical Governance document (Department of Health, October 2013) will be discussed and an implementation plan will be submitted to the Board. Action plans from national audits will be discussed and Branches will be supported to implement changes.

### **SIGs and Branches**

BASHH consists of many SIGs and Branches, as indicated in the Education Committee and Clinical Governance Committee sections above. Their income and expenditure during the year is included in these financial statements. A comprehensive and detailed annual review of the educational meetings, activities and achievements of the SIGs and Branches of BASHH is produced each year. The annual review is a public document and is available on the BASHH website [www.bashh.org](http://www.bashh.org).

### **Conference and Communication Activity**

The Association's vision is to provide accessible, high quality education to members at the Spring Conference and other yearly events.

- **Joint meeting of BASHH and the Faculty of Sexual and Reproductive Health:** Held on the 18 January 2013, this one day joint meeting at the Royal Society of Medicine was oversubscribed. It attracted clinicians from sexual health and primary care backgrounds bridging the integration agenda through education.
- **BASHH Spring Conference 15-17 May 2013:** Held at the Marriott Royal Hotel in Bristol with 483 delegates of whom 353 were paying delegates from the UK and 10 other countries. Delegate fees were: BASHH Member: £395.00; BASHH member (nurses, health advisers and pharmacists): £295.00; Non-Member: £495.00. There were 234 submitted abstracts of which 21 were accepted for oral presentation, 6 case reports and 200 for poster presentation. The welcome reception was held on the SS Great Britain with welcome addresses from Professor Jonathan Sterne, Mr Peter Greenhouse (local host), and Dr Janet Wilson (BASHH President). The keynote lecture - HIV Sexual Transmission: From Viral Particles to Social Networks: Implications for Prevention was presented by Professor Tom Quinn from John's Hopkins, USA. Prizes and honours were as follows:-
  - Best oral presentation: Dr Binta Sultan, Mortimer Market, London  
Runner up oral presentation: Dr Mags Portman, Leeds
  - Best poster: Dr Lauren Bull, Chelsea & Westminster, London  
Runner up poster: Ms Jodie Scrivener, Chelsea & Westminster, London
  - Best case report: Dr Fiona Cresswell, Brighton
  - Best undergraduate presentation: Ms Hannah Irvine, Birmingham
  - Maggie Goldley prize: Dr Steve Baguley, Scotland
  - The Cathy Harman prize: Sophie Flavell's team in Birmingham
  - Mr Colin Roberts, Advanced Nurse Practitioner from Chelsea & Westminster Hospital, London was recently made a fellow of the Royal College of Nurses which was acknowledged by BASHH



BASHH is extremely grateful to the sponsors of the conference:-

Bristol-Myers Squibb	Platinum
Sanofi Pasteur	Platinum
Becton Dickenson	Platinum
Janssen	Platinum
Cepheid	Platinum
ViiV	Gold
Boehringer Ingelheim	Gold
Genprobe	Gold
MSD	Silver
BBI Healthcare	Silver
Abbott	Silver
AxSys	Bronze
Randox	Bronze
Sekisui	Bronze
Blythe computer systems	Bronze
Bio-Rad	Bronze
Mikom	Bronze
Sage	Bronze

Feedback from the meeting was excellent: a list of learning points from feedback was presented to the Board including supporting those who were not doctors to attend the conference by further reduced rates to cover marginal costs.

- **Future Conferences:**

**2014:** A joint one day meeting with the RCP, the British Thoracic Society (BTS) and BASHH will be held on the diagnosis and management of TB on 21 January 2014.

**2014:** The spring meeting will be held as a joint BASHH/BHIVA meeting in Liverpool 1-4 April 2014. The conference secretaries & treasurer have been working with BHIVA on financial and scientific aspects of this event and providing liaison with conference supporters to ensure this is a successful event both scientifically and financially.

**2015:** Glasgow has been selected as the 2015 Spring Conference site and Dr Rak Nandwani will be the local host.

**2016:** Following a survey of BASHH members about the Spring Conference, the trustees have decided to not hold a joint ASTDA-BASHH overseas conference in 2016 but will instead hold a BASHH spring conference in the UK. The Association intends to maintain its links with ASTDA in other ways.

- **Communications:** The letter from the Board continues to provide key and relevant information for BASHH members following the Board meetings of the trustees.



## **Public, Media and Website Activities**

The Media Group under the leadership of Dr Peter Greenhouse has spearheaded the Association's Campaigns supporting the extension of HPV vaccination to Men who have Sex with Men, and provided a rapid response to all media enquiries coming into the Association's Media office at Munro and Foster. BASHH's profile across the media is rising.

The Public Panel provides a valuable resource that advises across a range of the Association's activities. Importantly they provide lay support to BASHH's Guidelines group without which NICE accreditation would not be possible. The Group has a high turnover of members and its chair Dr Janette Clarke has worked extremely effectively to maintain a wide and active membership. The group is highly innovative and has made a number of proposals for extending the range of its work over the next few years.

Over the past year the BASHH website has been refreshed and the website has been improved and updated, including the public area. The Association has joined Health Unlocked and this has become established as the main BASHH public forum. [www.healthunlocked.com/BASHH](http://www.healthunlocked.com/BASHH). Online payment and registration for BASHH educational events has been developed and this will be rolled-out to more educational activities over the next two years. The Association has established a presence on social media and it is planned to increase this over the next year. Other planned developments for 2013-14 include the further improvement of the public section of the website with bespoke health education material.

## **How our activities have delivered public benefit**

BASHH's mission statements identify key areas of BASHH's activity being to promote sexual health knowledge, advance public health and develop standards of care - all of these benefit the public. The introduction to the trustees' report details key achievements over the last year but the bulk of the organisation's efforts continue to be expended in delivering educational programs, developing up to date guidance and patient resources and supporting the commissioning and delivering of NHS services.

The Association's courses are highly successful and much of its educational program is free to access and open to members and non-members. Our guidelines sit on the public facing side of the BASHH website and are recognised for their independence and veracity. Our STI standards are widely endorsed and used by commissioners to specify and measure services. In recent years, the Association increasingly provides support to parliamentarians through expert briefing papers and nomination to key advisory bodies at the DH to promote good sexual health. The Association continues to provide subsidised journals to some categories of members and supports publication of two international journals (Sexually Transmitted Infections and International Journal of STD & AIDS) - benefiting training and education across the globe.

## **Plans for the future**

During the next year BASHH will continue its normal business but in addition will focus on the following areas:-

BASHH will collect six-monthly data from Lead Clinicians in England in order to evaluate the impact of the new commissioning arrangements on quality of care.



BASHH will improve support for all nations to interface with their government and key policy makers.

Following the launch of the updated Standards for the Management of Sexually Transmitted Infections, the Clinical Standards Unit will extend its role to support clinics that are having problems in implementing the national standards and achieving the Quality Measures.

BASHH, with BHIVA, will be bidding for the Healthcare Quality Improvement Partnership national HIV-STI audit programme. The British Co-operative Clinical Group will undergo a change of name and Terms of Reference in order to focus on UK-wide service evaluations.

We will continue to develop structured accredited nurse training, and the management of the STIF portfolio will be streamlined in order to provide a high quality educational training and assessment programme on behalf of BASHH. We will continue to improve access to our educational meetings through wider webcasting of the presentations.

BASHH will introduce a UK-wide campaign to highlight the need for better STI and HIV testing and prevention services for men who have sex with men including the introduction of HPV vaccination.

### **Statement of disclosure of information to auditors**

We, the directors of the company who held office at the date of approval of these Financial Statements, as set out above, each confirm so far as we are aware, that:

- there is no relevant audit information of which the company’s auditors are unaware;
- and
- we have taken all the steps that we ought to have taken as directors in order to make ourselves aware of any relevant audit information and to establish that the company’s auditors are aware of that information.

### **Auditors**

A resolution proposing that Farrington & Co be re-appointed as auditors of the charity will be put to the Annual General Meeting.

This report was approved by the Board on ..... :

.....  
Dr J. Wilson  
Trustee

.....  
Dr E. Carlin  
Trustee





## **Report of the auditors**

### **Independent Auditor's Report to the trustees of British Association of Sexual Health & HIV (BASHH)**

We have audited the financial statements of BASHH for the year ended 31 July 2013 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities).

This report is made solely to the charitable company's trustees, as a body, in accordance with regulations made under section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charitable company's trustees 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 trustees 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 Trustees' Responsibilities Statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

The trustees have elected for the financial statements to be audited in accordance with the Charities Act 2011 rather than the Companies Act 2006. Accordingly we have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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 the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees' Annual Report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.



## **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 July 2013, 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 (applicable to smaller entities); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

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

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charitable company has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

**Farringdon & Co**  
Statutory Auditor  
176 Franciscan Road  
London SW17 8HH

Date

Farringdon & Co is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.



## Statement of Financial Activities (including income and expenditure account) for the year ended 31 July 2013

	Notes	Unrestricted Funds £	Restricted Funds £	Endowment Funds £	Total 2013 £	Total 2012 £
<b><u>Incoming Resources</u></b>						
Investment Income	2	16,382	159	-	16,541	-
<b>Activities in furtherance of the charity's objects:</b>						
Membership Subscriptions		232,998	-	-	232,998	-
Educational meetings and courses	10	616,413	-	-	616,413	-
Grant and similar income		-	-	-	-	-
Other incoming resources	3	1,252,709	4,140	10,000	1,266,849	-
<b>Total incoming resources</b>		<b>2,118,502</b>	<b>4,299</b>	<b>10,000</b>	<b>2,132,801</b>	<b>-</b>
<b><u>Resources expended</u></b>						
Cost of activities to further the charity's objects	4	683,769	149	-	683,918	-
Governance costs	5	27,494	-	-	27,494	-
<b>Total resources expended</b>		<b>711,263</b>	<b>149</b>	<b>-</b>	<b>711,412</b>	<b>-</b>
Net incoming resources / (resources expended) for the year. Net income for the year.		1,407,239	4,150	10,000	1,421,389	-
Realised gains on investment assets		-	-	-	-	-
<b>Net incoming resources / (resources expended) including realised gains on investments</b>		<b>1,407,239</b>	<b>4,150</b>	<b>10,000</b>	<b>1,421,389</b>	<b>-</b>
Unrealised gains on investment assets	7	143,723	-	-	143,723	-
<b>Net movement in funds</b>		<b>1,550,962</b>	<b>4,150</b>	<b>10,000</b>	<b>1,565,112</b>	<b>-</b>
<b>Fund balances brought forward at 1 August 2012</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Fund balances carried forward at 31 July 2013</b>	11	<b>1,550,962</b>	<b>4,150</b>	<b>10,000</b>	<b>1,565,112</b>	<b>-</b>

There are no gains and losses other than those included above. All activities relate to charitable activities.

The notes on pages 19 to 24 form part of the financial statements.



## Balance Sheet as at 31 July 2013

	NOTES	As at 31.07.13 £	As at 31.07.12 £
<b>FIXED ASSETS</b>			
Tangible Assets		-	-
Investments	7	939,135	-
<b>TOTAL FIXED ASSETS</b>		<b>939,135</b>	<b>-</b>
<b>CURRENT ASSETS</b>			
Stock		5,436	-
Debtors	8	81,846	-
Bank balances		774,467	-
Creditors - Amounts falling due within one year	9	(148,490)	-
<b>NET CURRENT ASSETS</b>		<b>625,977</b>	<b>-</b>
<b>TOTAL NET ASSETS</b>		<b>1,565,112</b>	<b>-</b>
<b>FUNDS</b>			
Endowment (Capital) Funds	11	10,000	-
Restricted Income Funds	11	4,150	-
Unrestricted Funds	11	1,550,962	-
<b>TOTAL FUNDS</b>	<b>11</b>	<b>1,565,112</b>	<b>-</b>

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

The financial statements were approved and authorised for issue by the trustees on \_\_\_\_\_ and signed on their behalf by:

.....  
Prof. Jonathan Ross  
Trustee



## Notes forming part of the financial statements for the year ended 31 July 2013

### 1 Accounting policies

#### (a) Basis of preparation

The financial statements have been prepared under the historical cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP), "Accounting and Reporting by Charities" published in 2005 and the Financial Reporting Standard for Smaller Entities (effective April 2008) and the Charities Act 2011.

#### (b) Company status

The charity is a company limited by guarantee. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

#### (c) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements. Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Endowment funds represent those assets which must be held permanently by the charity, principally investments. Income arising on the endowment funds can be used in accordance with the objects of the charity and is included as either restricted or unrestricted income funds. Any capital gains or losses arising on the investments form part of the fund. Investment management charges and legal advice relating to the fund are charged against the fund.

#### (d) Incoming resources

All incoming resources are included in the SOFA when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy. For legacies, entitlement is the earlier of the charity being notified of an impending distribution or the legacy being received.

- **Grants, Donations and Legacies**

Income from donations, legacies and grants, including capital grants, is included in incoming resources when these are receivable, except as follows:

- When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.
- When donors impose conditions which have to be fulfilled before the charity becomes entitled to use such income; the income is deferred and not included in incoming resources until the preconditions for uses have been met.

Donations, legacies and grants for the general purpose of the Association are included as unrestricted funds. Unrestricted funds comprise those funds which the trustees are free to use for any purpose in furtherance of the charitable objects. Any amount received for activities restricted by the wishes of the donor are taken to "restricted funds" where these wishes are legally binding on the Trustees.

- **Subscription Fees**

Subscriptions are payable in advance for the Association's Membership Year. Subscriptions for the Membership year ended 31 July 2013, which were not received at the time of preparation of these accounts, are considered to be uncollectable and accordingly no credit is taken into the accounts.



- **Educational Meetings**

Income from educational meetings and courses is included in incoming resources in the period in which the relevant activity has taken place and consists of course registration fees from participants and sponsorship income from pharmaceutical companies. Where sponsorship income received is related to a specific meeting or conference then this income has been accounted for as income arising from those specific activities.

(e) **Resources expended**

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of the resources.

All expenditure is included on an accrual basis. Resources expended are included in the SOFA inclusive of any VAT which cannot be recovered and the majority of costs are directly attributable to specific activities.

(f) **Irrecoverable VAT**

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(g) **Investments**

Investments are stated at market value at the balance sheet date. The SOFA includes the net gains and losses arising on revaluations and disposals throughout the year.

(h) **Stock**

Stock consists of purchased educational material for resale. Stocks are valued at the lower of cost and net realisable value. Items donated for resale or distribution are not included in the financial statements until they are sold or distributed.

(i) **Website development costs**

Where a website is expected to provide economic benefit through the provision of educational information to beneficiaries of the charity, expenditure on the functionality of the website is capitalised and treated as a tangible fixed asset.

(j) **Foreign currencies**

Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction. Monetary assets and liabilities are retranslated at the rate of exchange ruling at the balance sheet date. All differences are taken to the SOFA.

(k) **Governance costs**

Governance costs comprise all costs involving the public accountability of charity and its compliance with regulation and good practice. These costs include costs related to the statutory audit and legal fees.

(l) **Corporation tax**

No taxation has been provided in the financial statements because as a registered charity, it applies all income to its charitable objectives and is exempt in accordance with Section 505 of the Income and Corporation Taxes Act 1988.



## 2 Investment Income

	2013 £	2012 £
Interest receivable	1,131	-
Dividends receivable from equity shares	-	-
Dividends receivable from investments and unit trusts	15,410	-
	<u>16,541</u>	<u>-</u>

## 3 Other Incoming resources

BASHH previously operated as an unincorporated charity (Reg No 1099301) . On 1 August 2012 the assets and undertaking together with all liabilities obligations and functions of this unincorporated charity were transferred through a deed to a newly incorporated company and registered charity . Other incoming resources represents the value of these net assets that were received by BASHH on 1 August 2012 and these amounted in total to £1,266,849. As shown in the statement of financial activities this amount includes £10,000 of endowment funds, £4,140 of restricted income funds and the balance of £1,252,709 being unrestricted funds. The endowment funds have been included, within the SOFA as part of the new charity funds under trust.

## 4 Cost of activities to further the charity's objectives

	2013 £	2012 £
Cost of Educational Meetings (note 10)	423,308	-
Cost of Educational Meetings - Restricted Funds	149	-
Cost of Educational Journals	95,228	-
Developing Clinical Standards	15,000	-
Secretariat fees (See note below)	115,470	-
Committee meeting and travel costs	9,038	-
Printing, Postage & Stationary	2,287	-
General administration and sundry costs	23,438	-
	<u>683,918</u>	<u>-</u>

There were no direct staff costs incurred by the charity during the year. However the administrative and support services to the charity in connection with its charitable activities were provided under contract by the Royal Society of Medicine and thereafter by Kingston Smith Association Management who are both independent parties. The charge for year including irrecoverable VAT is as above.

## 5 Governance costs

	2013 £	2012 £
Trustees travel and subsistence (note 6)	16,334	-
Professional fees	1,414	-
Fees payable to the charity auditors :		
For Audit	7,580	-
For other services	2,166	-
	<u>27,494</u>	<u>-</u>



## 6 Trustees remuneration

The trustees neither received nor waived any emoluments during the year (2012: £ Nil)

Out of pocket expenses were reimbursed to trustees as follows:

	2013 Number	2012 Number	2013 £	2012 £
Travel and subsistence	15	-	16,334	-
Other	-	-	-	-
	<b>15</b>	<b>-</b>	<b>16,334</b>	<b>-</b>

## 7 Fixed asset investments

	2013 £	2012 £
Cost of market value as at 01 August 2012		
Additions	795,412	-
Disposal proceeds	-	-
Net investment gains	143,723	-
<b>Market value as at 31 July 2013</b>	<b>939,135</b>	<b>-</b>

Fixed asset investments consist of listed UK Unit Trusts managed by Sarasin and Partners LLP and St James Place and are held for their investment returns. Additions of £795,412 during the year represents a transfer at market value of £780,001 on 1 August 2012 from the previously unincorporated BASHH (see note 2). The balance of additions of £15,411 represents additional units acquired during the year. The Investments managed by St James Place had a year end market value of £467,723 and consists of accumulation units held in their Equity Income, Ethical and International Corporate Bond unit trusts. The Investments managed by Sarasin and Partners LLP had a year end market value of £471,412 and consists of income units held in their Alpha CIF for endowment funds.

## 8 Debtors

	2013 £	2012 £
Trade debtors	77,224	-
Prepayments	4,622	-
	<b>81,846</b>	<b>-</b>

## 9 Creditors : amount falling due within one year

	2013 £	2012 £
Trade creditors	79,005	-
VAT payable	18,670	-
Accruals and deferred income	50,815	-
	<b>148,490</b>	<b>-</b>





**10 Summary of Income & Expenditure arising from Educational Meetings & Courses.**

Note : Deficits appear in parentheses ( )	Income	Expense	Result	Income	Expense	Result
	2013	2013	2013	2012	2012	2012
	£	£	£	£	£	£
<b>Special Interest Groups</b>						
Colposcopy SIG	18,610	11,665	6,945	-	-	-
HIV SIG	-	-	-	-	-	-
Herpes Simplex SIG	-	-	-	-	-	-
British Co-Operative Clinical Group	-	-	-	-	-	-
HPV SIG	7,429	3,477	3,952	-	-	-
Bacterial	19,400	11,441	7,959	-	-	-
Sexual Dysfunction Group	-	796	(796)	-	-	-
Adolescent Special Interest Group	9,315	9,465	(150)	-	-	-
Clinical Effectiveness Group	-	3,034	(3,034)	-	-	-
NCCG Group	33,037	22,171	10,866	-	-	-
National Audit Group	-	1,086	(1,086)	-	-	-
Doctors in Training	2,033	2,630	(597)	-	-	-
Web Team	-	465	(465)	-	-	-
Media External Communications Group	-	36,319	(36,319)	-	-	-
Nurses / Health Advisors	-	-	-	-	-	-
BASHH IT Group	-	-	-	-	-	-
HIV Masterclass	31,151	16,532	14,619	-	-	-
Mentoring Committee	-	896	(896)	-	-	-
Clinical Standards Unit	-	1,656	(1,656)	-	-	-
Pharmacy Group	-	-	-	-	-	-
Public Panel	-	2,340	(2,340)	-	-	-
Public Health Group	-	208	(208)	-	-	-
MSM SIG	-	-	-	-	-	-
<b>Special Interest Groups sub-total</b>	<b>120,975</b>	<b>124,181</b>	<b>(3,206)</b>	-	-	-
<b>Other Educational Meetings/Courses</b>						
Educational Meetings	-	23,868	(23,868)	-	-	-
Joint Meetings	26,855	13,763	13,092	-	-	-
HIV Medicine	27,575	9,716	17,859	-	-	-
BASHH Course in STI & HIV	60,850	57,122	3,728	-	-	-
STIF Course	58,240	29,701	28,539	-	-	-
STIF Competency	19,645	13,169	6,476	-	-	-
Spring Meeting	264,289	123,262	141,027	-	-	-
<b>Sub Total</b>	<b>457,454</b>	<b>270,601</b>	<b>186,853</b>	-	-	-
<b>Branches</b>						
East Anglia	-	-	-	-	-	-
Ireland	-	-	-	-	-	-
Mersey	110	-	110	-	-	-
Thames North East	-	4,185	(4,185)	-	-	-
Thames North West	-	-	-	-	-	-
Thames South East	-	-	-	-	-	-
Thames South West	-	-	-	-	-	-
North West	-	-	-	-	-	-
Northern	150	25	125	-	-	-
Oxford	1,280	190	1,090	-	-	-
Scotland	10,080	3,932	6,148	-	-	-
South West	2,930	2,807	123	-	-	-
Trent	4,639	2,280	2,359	-	-	-
Wales	3,377	2,179	1,198	-	-	-
Wessex	4,650	3,973	677	-	-	-
West Midlands	4,300	4,540	(240)	-	-	-
Yorkshire	6,468	4,415	2,053	-	-	-
<b>Regional Branches : sub-total</b>	<b>37,984</b>	<b>28,526</b>	<b>9,458</b>	-	-	-
<b>TOTALS</b>	<b>616,413</b>	<b>423,308</b>	<b>193,105</b>	-	-	-



## 11 Statement of Funds

	At 01-Aug-13 £	Income £	Expenditure £	Investment gains £	Transfers £	At 31-Jul-13 £
<b>Endowment funds</b>						
Robert S Morton Lecture fund	-	10,000	-	-	-	10,000
<b>Total Endowment fund</b>	-	10,000	-	-	-	10,000
<b>General reserve</b>	-	2,118,502	711,263	143,723	-	1,550,962
<b>Total unrestricted fund</b>	-	2,118,502	711,263	143,723	-	1,550,962
<b>Restricted funds :</b>						
The Robert S Morton Lecture Fund	-	3,139	-	-	-	3,139
Cathy Harman Memorial Appeal	-	1,160	149	-	-	1,011
<b>Total restricted funds</b>	-	4,299	149	-	-	4,150
<b>Total funds</b>	-	2,132,801	711,412	143,723	-	1,565,112

The R.S. Morton Lecture Fund represents an endowment from the estate of the late Dr. RS Morton. The fund is to be used by the Trustees of BASHH for the establishment of an annual lecture to be named "The Robert S Morton MSSVD Annual Lecture". The capital amount can be invested at the discretion of the trustees, with the income from this investment forming a restricted fund to be used for provision of the lecture. The Cathy Harman Memorial Fund represents donations received in memoriam.

## Net Assets of the Funds of Charity

Funds	Fixed Asset £	Investments £	Net Current Assets £	Long Term Liabilities £	Fund Balances £
Endowment funds	-	-	10,000	-	<b>10,000</b>
Restricted funds	-	-	4,150	-	<b>4,150</b>
Unrestricted funds	-	939,135	611,827	-	<b>1,550,962</b>
	-	939,135	625,977	-	<b>1,565,112</b>

## 12 Members' Limited Liability

The company is limited by guarantee and has no share capital. Every member promises, if the Charity is dissolved while he or it (in the case of a member which is a corporate body) remains a member or within 12 months afterwards, to contribute up to £1 towards the cost of dissolution and the liabilities incurred by the Charity while the contributor was a member.