



# **BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV (BASHH)**

**(A Company Limited by Guarantee)**

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## **Report and Financial Statements**

**Year ended: 31 July 2017**

**Charity no: 1148196**

**Company no: 07863350**

**British Association for Sexual Health and HIV**

*Established 2003 through the merger of MSSVD (est.1922) and AGUM (est.1992)*

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## Legal and Administrative

### Trustees and Directors:

President	Dr Elizabeth Carlin	
Vice President	Prof. Jonathan Ross	
General secretary	Dr Elizabeth Foley	
Treasurer	Dr Rajul Patel	
Chair - Education committee	Dr Jackie Sherrard	
Chair - Clinical Governance Committee	Dr Alan Tang	
Fellow to the board	Dr Kaveh Manvani	
Fellow to the board	Dr John McSorley	
Fellow to the board	Dr Margaret Kingston	
Fellow to the board	Dr Jillian Pritchard	
Fellow to the board	Dr Liat Sarnar	
Fellow to the board	Dr Cecilia Priestley	
Doctors in Training Rep	Dr Deborah Kirkham	
Health Adviser rep – board	Mr Jonathan Roberts	
Nurse Rep. – Board	Mr Jodie Walker-Hayward	
SAS Rep – board	Dr Karl Hollows	
Lay trustee	Mr Neil Jenkinson	
Immediate past President	Dr Janette Clarke	
	Dr Benjamin Goorney	(resigned 13 Jan 2017)
	Dr Daniel Richardson	(resigned 13 Jan 2017)
	Dr Anna Hartley	(resigned 13 Jan 2017)
	Mrs Kate Day	(resigned 13 Jan 2017)

### Registered Office:

Chester House, 68 Chestergate  
Macclesfield, Cheshire SK11 6DY

### Auditors:

Farrington & Co Ltd  
176 Franciscan Road, London SW17 8HH

### Bankers:

Lloyds TSB  
PO Box 1000 Andover BX1 1LT

### Solicitors

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

### Investment Managers:

St James' Place Wealth Management PLC  
St James' 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 2017**

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-end 31 July 2017. The financial statements comply with the Charities Act 2011; the Companies Act 2006; the Articles of Association and are prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102 Charities SORP)

#### **Introduction**

We are pleased to submit the BASHH annual report for the year ended July 2017, which details an extensive range of activities and achievements of the Association that have been undertaken over the year and the organisational structure in which we work.

This has been a special year for the Association as we have celebrated 100 years of sexual health. The Venereal Disease Act was passed in May 1917 and followed the Public Health (Venereal Diseases) Regulations, which were enacted the previous year. We are proud of our heritage and have marked the centenary with a range of events, publications and activities, including blogs, a podcast and a short film. These were all aimed at celebrating the achievements of the last 100 years and increasing professional and public knowledge and engagement.

Therefore, it is particularly poignant to report that the tendering of sexual health services, risks of fragmentation and tight financial constraints continue to impose significant challenges across England for both providers and commissioners. Over the year the tendering process has also started in the capital, with an anticipated channel shift to on-line testing in the forthcoming year. In addition, across the United Kingdom (UK) workforce issues remain challenging and the effect of Brexit on the workforce and other aspects of health services are still unclear.

BASHH has collaborated with a range of national representative bodies, professional and third sector organisations to raise the importance across the country of good sexual health, health promotion and prevention, and the need for high quality sexual health services with a workforce that is able to deliver the services that are required.

BASHH has campaigned for continued investment in sexual health to maintain nationally agreed standards in the face of cuts to public health budgets and has continued to highlight the emergence of multi-drug resistant infections, rates of sexually transmitted infections and the increasing demand on sexual health services.

The Association has contributed to influential work at the King's Fund on the impact of tendering on services, which was described in the publication 'Understanding NHS Financial Pressures' in March 2017, as well as contributing to HIV work and the King's Fund report 'The Future of HIV Services' published in April 2017.

We have continued to press for gender-neutral human papilloma virus (HPV) vaccination and we support the on-going pilot project across England assessing the acceptability and feasibility of a national vaccination programme for men who have sex with men (MSM).

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We were delighted to welcome the NHS provision of pre-exposure prophylaxis (PrEP) in Scotland and Wales for individuals at high risk of HIV acquisition, which is a 'game-changer' in its effect on reducing new HIV infection. In England, PrEP will be provided only through recruitment into the Public Health England / NHS England PrEP Impact Trial, starting in October 2017. BASHH members will be supporting the implementation of this, as well as providing organisational representation on the Trial Management Group.

Our educational portfolio is highly regarded and our training modules, educational and scientific meetings are of high quality with excellent feedback. We held a very successful annual conference in Belfast and many excellent educational events across the UK throughout the year.

Our media team has worked harder than ever to engage with the public, provide accurate information and promote good sexual health. They have responded to a huge number of wide-ranging media requests and have enabled BASHH to publically support the delivery of high quality sexual health services and effectively communicate and engage with the public. A new social media strategy was introduced over the year and this has worked well with an increased number of followers on Twitter and meaningful engagements throughout the year.

In summary, BASHH continues to be a successful, energetic and robust organisation with its focus firmly rooted in promoting excellence in sexual health and HIV care, delivering high quality education, seeking to influence national decision makers for the improvement of public health and working for the benefit of the public. We thank all of the Members, Officers and Trustees for their commitment and enthusiasm and for giving so freely and generously of their time, without this the work of the Association would not be possible.

## **Structure, Governance and Management**

### **Statement of Trustees Responsibilities**

The trustees (who are also directors of BASHH 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 and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and 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 operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the

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assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company'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.

### Organisational Structure

BASHH became a charitable company limited by guarantee on 1 August 2012.

A governing Board of at least 12 elected Trustees governs the Association, 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 President who is the Chairperson of the Board

Six Board Officers - Vice President, General Secretary, Honorary Treasurer, Conference and Communication Secretary, Chair of the Education Committee, 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 Doctor in Training Member of BASHH

One Nurse Member of BASHH

One Health Adviser 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, and 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 adviser, 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, Clinical Effectiveness Group, Clinical Standards unit and the Integrated Information Group.

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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 the 30 September 2011 by the first Trustees of the incorporated organisation. Since then, further resolutions were agreed on 9 January 2015 and on 13 March 2015. It provides details of the objects; powers; benefits to members and Trustees; membership and Trustee arrangements; general meeting conditions; notices, resolutions and voting provisions; the requirement for records and accounts; and the particulars of indemnity, limited liability, guarantee and dissolution of the Association. A further revision of the Articles of the Association is planned to be put to the membership in October 2017.

### **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 allows voting prior to the Annual General Meeting for contested posts - candidates for Trustee positions and members of the Clinical Governance Committee. This was conducted by the Electoral Reform Service (ERS) using a secure online voting website, as well as paper voting where necessary.

### **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 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 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**

BASHH uses a Risk Management Plan as a tool to identify potential risks which the charity may encounter. The plan identifies the source of potential risks, assesses each against criteria of seriousness and likely frequency, and makes recommendations on mitigating the risk including the identification of responsible individual(s). The plan is reviewed annually by the BASHH Finance and Governance Committee before being taken to the Board of Trustees for further amendments and approval.

Risk is further reduced by:

- requiring funding proposals submitted to the BASHH Board to include an assessment of risk
- the use of guidance notes to assist BASHH members who run educational events on the charity's behalf e.g. draft contract template, advice on obtaining sponsorship
- automated collection of educational event fees via the BASHH website
- annual external financial audit
- separation of powers via a Scheme of Delegation which is reviewed annually by the Trustees

### **Support Services**

A variety of support services are in place to support the work of the Association and its administration. Since 1 February 2013 central support services (secretariat, membership and financial) have been provided by Kingston Smith Association Management (KSAM) who are the largest association management company in the UK. This has allowed BASHH to streamline support services to facilitate a more comprehensive and integrated administrative structure including administrative support of the BASHH Annual Conference, the SAS annual conference and elements of the Sexually Transmitted Foundation (STIF) course.

### **Membership Review**

The membership services have been administered by KSAM since 1 February 2013. Membership recruitment remains strong and there have been new applications for membership into both medical and the non-medical categories, reflecting our multidisciplinary ethos, as well as a number of resignations by retirement, deaths and a number of members suspending their membership whilst on maternity leave. The total number of members on 31 July 2017 was 986, and compared with 917 members in July 2016.

Over this year BASHH has worked to ensure that the membership categories are simplified, that members are correctly categorised according to their membership grade and that membership details are kept up date. New members can now join using an on line application form without the requirement for support by a fellow and member, although all applications are reviewed by the General Secretary and ratified by the BASHH Board. Board approval has been obtained to substantially reduce subscription rates for doctors in training for a four-year period which will commence in August 2017. Membership cards have been issued to all members to allow electronic registration at BASHH events and automatic CPD registration at CPD approved events. Most members prefer to be communicated with electronically although a small proportion still have communication sent by post.

### **Financial review**

BASHH had a stable financial year. For the second year in a row dividends and investment gains from our investment portfolio contributed to an overall positive financial balance. The value of our investments has continued to rise (approximately 9% in the last year) and has contributed significantly to the maintenance



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of BASHH's reserves. During the last year the Association has spent significant sums to help mark the Public Health (Venereal Diseases) Regulations and the Venereal Disease Act centenary and continues to support our education and conference program through funding both administration and course development. The Association is seeing benefit from last year's detailed review of aged debtors and we have seen a dramatic fall off in aged debt particularly for small sums associated with web registration for BASHH events. This in turn has saved the secretariat valuable man-hours in chasing payments.

**Principle funding sources**

Income for the charity comes from three principal sources - membership subscriptions, educational meetings and investment income. In view of the charity's stable financial position, the annual membership fee was not increased in 2017. Our annual scientific conference was held in Belfast was financially successful. The surplus generated by the meeting was smaller than in previous years (despite high levels of sponsorship and excellent delegate numbers) - the Association may well have to plan its resources around a lower expectation of financial return from its Annual Educational meeting. Other educational meetings were run throughout the year led by the Association's special interest groups and these were generally cost neutral or generated a surplus.

**Reserves policy**

The Trustees reviewed the reserves policy and renewed their intention 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. This will mitigate the financial risk associated with running large conferences and ensure that BASHH's existing contractual obligations can be met. The Association also wishes to have sufficient reserves available to respond rapidly when required to commission new sexual health guidelines or standards documents, or respond to external consultations.

**Investment policy**

The investment policy was reviewed by the Trustees with agreement that sufficient funds to allow the Association to function for at least one year will be retained in accounts which permit access within a maximum of three months. The balance of reserves is invested after taking professional financial advice and adopting a low to medium risk approach. Investments were historically held in funds split equally between Saracins Investment Managers and St. James Management. A careful comparison of returns from both companies was made by the Trustees and a decision was made in November 2016 to invest a further £200,000 with Saracins.

**Plans for future periods**

BASHH plans to continue providing high quality education and training as well as leadership for those delivering sexual health and HIV services. BASHH's output includes national standards and the production of high quality independent guidelines across the range of the specialty - both of which require regular review and updating. BASHH remains well placed financially to continue to provide these resources.

## **Objectives, Activities and Performance**

### **Mission Statement**

BASHH Aims:

- 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 is responsible for facilitating the delivery of the BASHH's vision, values and service priorities through education, training and development, taking into account the changing context of healthcare and educational developments, and specifically the demands related to provision of high quality integrated sexual health care across a wide geographical area and range of healthcare settings.

### **The Special Interest Groups (SIGs)**

The SIGs are responsible for leading on development of educational materials, meetings and training needs analyses within their specialist areas. In the last year the SIGs have provided a range of courses including the microscopy course, SAS and Doctor in training meetings, genital dermatology course, surgical techniques in GUM course, the Diplomas in GUM and HIV revision courses and a number of regional STI Foundation courses. The number of GUM nurses and Health Advisors undertaking STIF Competencies are increasing and in July 2017 a very successful STIF course was run in Zambia.

Additionally the SIGs contribute to education and training by generating publications and research and reviewing and responding to documents on behalf of BASHH, and developing guidelines and recommendations in collaboration with other BASHH groups and external organisations. These achievements are detailed in individual reports available on the BASHH website.

### **BASHH scientific meetings**

The EC has the responsibility of providing 4 scientific meetings annually, which are free to delegates, including invited lectures from BASHH Honorary Life Members and Professorial lectures. In the last 12 months 4 meetings were held in London, including one in conjunction with the celebrations of 100 years of Sexual Health.

Six SIGs (Bacterial, Public Health, Genital dermatoses, HIV, MSM, Sexual dysfunction and Sexual violence sub group of Adolescent Sexual Health) put together meetings in 2016-17. These were well attended with excellent evaluation. Podcasts/webcasts of the OGM lectures has continued to facilitate access for those unable to attend in person.

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Other meetings

The EC oversees Annual Spring Conference and the 2017 conference was held in Belfast attracting >400 delegates, with excellent evaluation.

The annual Joint BASHH /Faculty of Sexual and Reproductive Healthcare (FSRH) meeting in January and HIV Masterclass held in Manchester in March were again very successful. Other meetings include the Doctors in Training meeting, and the SAS Conference

STI & HIV course

This runs with Modules 1 & 2 in the Spring and modules 3&4 in the Autumn. This appears to be successful with increased delegate numbers and good feedback. At present the reduction in frequency of running the modules does not appear to be disadvantaging delegates wishing to sit the DipGUM but this will be kept under review. There is an ongoing review of all aspects of the course including structure and content.

Further EC plans

The role, membership and terms of reference of the EC has been reviewed to ensure it remains fit for purpose with the strategic aims of coordinating the delivery of education within BASHH and supporting clinicians in maintaining knowledge and expertise to deliver high quality services. Next year's BASHH spring meeting will be held jointly with BHIVA in Edinburgh and preparations are well underway. A review of the contents of the eLearning resource: eHIV-STI is underway to ensure that it remains up-to-date.

**Clinical governance Committee**

Membership

This group consists of a Chair, Secretary and Regional Representation from the Branch Chairs. In addition, there are Professional Group Representatives from Nurses, Health Advisers, Staff & Associate Specialists, and Doctors in Training. A number of other groups within BASHH feed into this committee, which are the Clinical Effectiveness Group, the Clinical Standards Unit, the National Audit Group, the Integrated Information Group and the Web Team.

Objectives

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

Meetings

The Committee holds meetings on the same days as the Scientific Meetings and in the Year ended 31st July 2017, meetings were held on 14th October 2016, 13th January 2017, 24th March 2017, and 6th June 2017.

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**Significant activities**

Spotlight discussions were held on maintaining quality within new contracts for services; standards for online STI screening services; ways to improve the interactions of branches with local BASHH members. The CGC Secretary carried out a survey of Branch Chairs on local activities and effectiveness of local function, and findings included that members valued time meeting together to share local experiences, and joint meetings with the FSRH contributed to better educational programmes.

In depth discussion and escalation of the problems with accessing past sexual health records for patients seen in services run by new providers.

The Royal College of Physicians provided a pathway for action when Regional Advisers for Service were unavailable for input into consultant appointments and this was formally agreed and adopted by the Committee.

Papers for CGC meetings would be categorised by the Chair as Information only, for Discussion or for Action (IDA rating).

Sustainability and Transformation Plans (STP) were discussed and links to relevant central and regional documents provided in readiness for these plans having an impact on sexual health and HIV services.

**Performance/Outputs in the year 2016/17**

The functions and geographical coverage of branches in relation to effectiveness of meetings, clinical networks, safety and intelligence reporting, and effective representation of local members was reviewed and discussed formally. It was concluded that changes of boundaries or formal mergers would not be helpful but that joint meetings between co-terminous branches would be encouraged.

Safety issues with ECG QT interval prolongation induced by certain drugs and drug combinations were discussed and guidance from the British Medical Journal disseminated.

The Prison Subgroup was reinvigorated with new Lead and members and the CGC will support the function of this group to advise on national initiatives, peer review publications and services, and report on activities related to sexual health, HIV and BBV screening within prisons.

The CGC supported the request of the Mentoring Group to be re-aligned into the Education Committee rather than sitting with the CGC.

**Future plans**

To facilitate CGC members fulfilling branch, group and national roles by providing travel expenses if not employer-funded, and increasing the use of teleconferencing.

To carry out a survey about access to clinical records after change of provider with the aim being to inform production of good practice points.

**Conference and Communication Activity**

The Education Committee and Conference secretary continues to work to the BASHH strategy for education: providing high quality educational events, conferences, joint meetings and supports co-badging conference events for BASHH members making education and science available to BASHH members.

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10th February 2017 Joint meeting of BASHH and the FSRH: This one day joint meeting at the Royal Society of Medicine was fully booked. It attracted clinicians from sexual health and primary care backgrounds. The programme and sponsorship was organised by the joint BASHH-FSRH conference committee: Dr Daniel Richardson, Ms Ceri Evans, Dr Zara Haider, Dr Janet Michaelis and Ms Abbe Nichols. Registration and the Exhibition was managed by the FSRH. The feedback was excellent.

**BASHH Annual Conference, Belfast:** The Conference was held at the Europa Hotel in Central Belfast and was sponsored by the following companies:

Viiv Healthcare	Titanium
kora	Titanium
Gilead	Titanium
Hologic	Gold
Beckton Dickinson	Gold
MSD	Silver
Public Health England	Bronze
Nanosonics UK Limited	Bronze
IDOX health	Bronze
Sekisui Diagnostics	Bronze
Atlas Genetics	Bronze
Inform Health	Bronze
Wren Labs	Bronze
BBI Healthcare	Bronze
SH:24 CIC	Bronze
SpeeDx	Bronze
Cepheid	Bronze
Dunelm Pharmaceuticals	Bronze
Beckman Coulter	Bronze

The Conference also received 2 educational grants from ViiV-healthcare to run an HIV symposium and to support scholarships for nurses, undergraduates, health advisers and doctors in training.

A number of BASHH-SSSTDI Scholarships supported by an educational grant from ViiV Healthcare were awarded to facilitate attendance by doctors in training, medical students and non-medical presenters.

#### SILVER SCHOLARSHIPS

- Genital dermatology is a high proportion of the case load presenting to walk-in sexual health services across the United Kingdom, *Anna Hartley, London*
- The contraception Choices interactive decision aid: development, *Julia Bailey, London*
- Beyond Sexual Health: Identifying healthcare needs of trans and gender variant people in a specialist clinic service, *Kate Nambiar, Brighton*

#### BRONZE SCHOLARSHIPS

Undergraduates:

- Management of symptomatic patients attending open access sexual health walk in clinics in the UK, *Azra Khatun, Southampton*

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- Using a professional patient mystery shop to evaluate management of recently diagnosed HSV-2 compared with data from a national questionnaire, *Rebecca Cannon, Southampton*
- Connect email - 8 years experience of an email clinic in an HIV outpatients setting, *Alicja Beksinska, Brighton*

**Nurses:**

- Hepatitis C transmission in HIV negative men who have sex with men who do not inject drugs, *Colin Fitzpatrick, Brighton*
- Patient Experiences of sex education in schools - Bridging the gap, *Jodie Scrivener, Brighton*
- The introduction of pharyngeal Chlamydia and gonorrhoea sampling in a young person's clinic to assess the possibility of pharyngeal only infection that would have otherwise been missed, *Grainne Kelly, Dublin*

**Health Advisers:**

- An Interpretive Phenomenological Analysis to explore the experiences of patients after speaking with a health adviser about partner notification, *Laura Tickle, London*
- Improving LARC uptake. A retrospective study into the role and impact of enhanced sexual health services in community pharmacies, *Anthony Peacham, London*
- Sexual health workers are at higher risk of poor sexual health: A pilot study, *Tamara Woodroffe, Brighton*

The scientific committee was made up a diverse group of clinicians, clinical scientists including international members and a trainee representative.

There were 302 abstracts submitted of which 40 were selected for oral presentations, 6 for undergraduate presentations and 250 as poster presentations. Abstracts were published in the journal: Sexually Transmitted Infections.

A number of prizes were awarded at the conference.

**Oral prizes**

1. O14 Chemsex, consent and the rise in sexual assault

Chris Ward, Orla McQuillan, Rebecca Evans

*The Northern contraception, sexual health and HIV service, Manchester, UK*

2. O01 Recent trends in HIV diagnoses and tests among men who have sex with men attending sexual health clinics in England

Dana Ogaz, Martina Furegato, Alison E Brown, Hamish Mohammed, Peter Kirwan, Mandy Yung, Sophie Nash, Nicky Connor, Noel Gill, Valerie Delpech, Gwenda Hughes

*Public Health England, London, UK*

3. O32 Ethnicity and sexual behaviours - the association between ethnicity and sexual risk behaviours reported by heterosexual men and women in a GUM setting

Rachel Coyle<sup>1</sup>, Ada Miltz<sup>1</sup>, Janey Sewell<sup>1</sup>, Andrew Phillips<sup>1</sup>, Andrew Speakman<sup>1</sup>, Daniel Ivens<sup>2</sup>, Tariq Sadiq<sup>3</sup>, Jyoti Dhar<sup>4</sup>, Stephen Taylor<sup>5</sup>, Lorraine Sherr<sup>1</sup>, Simon Collins<sup>6</sup>, Jonathon Elford<sup>7</sup>, Fiona Lampe<sup>1</sup>, Alison Rodger<sup>1</sup>

<sup>1</sup>Research Department of Infection and Population Health, University College London, London, UK, <sup>2</sup>Royal Free Hospital NHS Foundation Trust, London, UK, <sup>3</sup>St George's University Hospitals NHS Foundation Trust,

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London, UK, <sup>4</sup>Leicester Royal Infirmary, Leicester, UK, <sup>5</sup>Birmingham Heartlands Hospital, Birmingham, UK, <sup>6</sup>HIV i-base, London, UK, <sup>7</sup>School of Health Sciences, City University of London, London, UK

4. O20 Online prescribing for Sexually Transmitted Infections - what's on offer!

Elizabeth Okecha, Saleha Patel, Emily Boardman, Emile Morgan  
Bolton Centre for Sexual Health, Bolton, UK

**Poster Prizes**

1. P114 Sensitivity and cost-effectiveness of Trichomonas vaginalis NAAT (nucleic Acid Amplification) assay in symptomatic female patients attending a genitourinary medicine clinic

Beruwalage Swaris, David Partridge, Claire Dewsnap, Cheryl Taylor, Sura Sahib  
Sheffield Teaching Hospital, Sheffield, UK

2. P107 Exploring the Awareness and Acceptability of Screening Methods for Anal Intraepithelial Neoplasia (AIN) in the HIV-positive Men who have Sex with Men (MSM) population

Maximilian Johnson<sup>1</sup>, Larissa Mulka<sup>1,2</sup>, Daniel Richardson<sup>1,2</sup>  
<sup>1</sup>Brighton and Sussex Medical School, Brighton, UK, <sup>2</sup>Brighton & Sussex University Hospitals NHS Trust, Brighton, UK

3. P076 Five years of feedback for The Newly Diagnosed Course - An evaluation of a peer-led intervention for people diagnosed with HIV

Chantal Oxenham<sup>1</sup>, Lewis Haddow<sup>2,1</sup>, Cristian Sandulescu<sup>1</sup>, Angela Bayakwaga<sup>1</sup>, Christopher Sandford<sup>1</sup>, Binta Sultan<sup>1</sup>, Ian Williams<sup>1,2</sup>, Laura Waters<sup>1</sup>, Simon Edwards<sup>1</sup>, Shema Tariq<sup>2,1</sup>  
<sup>1</sup>Mortimer Market Centre, London, UK, <sup>2</sup>Research Department of Infection and Population Health, University College London, London, UK

4. P078 User participation in the development of HIV self-testing services: results of co-design workshops

Nicole Pilarski<sup>1</sup>, Carlos Peralta<sup>3</sup>, Liliana Rodriguez<sup>4</sup>, Gillian Dean<sup>1</sup>, Suneeta Soni<sup>1</sup>, Carrie Llewellyn<sup>2</sup>, Jamie Vera<sup>1,2</sup>  
<sup>1</sup>Brighton and Sussex University Hospitals, Brighton, UK, <sup>2</sup>Brighton and Sussex Medical School, Brighton, UK, <sup>3</sup>School of Architecture and Design, University of Brighton, Brighton, UK, <sup>4</sup>Design School, Loughborough University, Loughborough, UK

5. P206 Prevalence and risk factors associated with Chlamydia trachomatis (CT), Mycoplasma genitalium (MG) and Neisseria gonorrhoeae (NG): cross-sectional study in three Sexual Health Clinics.

Claire Broad<sup>1</sup>, Emma Harding-Esch<sup>1,2</sup>, Mark Harrison<sup>1</sup>, Marcus Pond<sup>1</sup>, NgeeKeong Tan<sup>3</sup>, Clare Soares<sup>1</sup>, Sebastian Fuller<sup>1</sup>, Sandra Okala<sup>2</sup>, Syed Tariq Sadiq<sup>1,2</sup>  
<sup>1</sup>St George's University of London, London, UK, <sup>2</sup>Public Health England, London, UK, <sup>3</sup>St George's University Hospitals NHS Foundation Trust, London, UK

6. P092 National HIV Testing Week 2016: increasing HIV awareness and testing opportunities through a coordinated national event.

Cary James, Chamut Kifetew, Paul Dobb  
Terrence Higgins Trust, London, UK

7. P001 What is the evidence that previous azithromycin treatment for chlamydia or gonorrhoea is associated with Neisseria gonorrhoeae azithromycin resistance?

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Soazig Clifton<sup>1</sup>, Katy Town<sup>2</sup>, Martina Furegato<sup>2</sup>, Michelle Cole<sup>2</sup>, Hamish Mohammed<sup>2</sup>, Sarah Woodhall<sup>2</sup>, Kevin Dunbar<sup>2</sup>, Helen Fifer<sup>2</sup>, Gwenda Hughes<sup>2</sup>  
<sup>1</sup>University College London, London, UK, <sup>2</sup>Public Health England, London, UK

8. P037 Why do women discontinue Long acting reversible methods of contraception? - findings from an integrated sexual health clinic  
Izu Chikoburo, William Dear, Omi Ohizua, Sashi Acharya, Joseph Arumainayagam  
Walsall Manor Hospital, Walsall, UK

### **Undergraduate Prizes (2)**

1. UG1 Management of symptomatic patients attending open access sexual health walk-in clinics in the UK  
Azra Khatun<sup>1</sup>, Gabriela Agathangelou<sup>1</sup>, Stephen Yekini<sup>1</sup>, Thomas Rose<sup>1</sup>, Elizabeth Foley<sup>2</sup>, Rajul Patel<sup>2</sup>  
<sup>1</sup>University of Southampton, Southampton, UK, <sup>2</sup>Dept of GU and HIV medicine, Level B, Royal South Hants Hospital, Southampton, UK

2. UG5 Designing, delivering and evaluating a teaching toolkit for pre-exposure prophylaxis in men who have sex with men  
Alexander Langrish<sup>1</sup>, Erica Pool<sup>1,2</sup>, Daniel Richardson<sup>1,2</sup>  
<sup>1</sup>Brighton & Sussex Medical School, Brighton, UK, <sup>2</sup>Brighton & Sussex University Hospitals NHS Trust, Brighton, UK

The BASHH column in STI edited by Daniel Richardson continues to provide news and topical debate around BASHH activities.

The next BASHH annual conference 2018 will be a joint meeting with held with BHIVA in Edinburgh 17-20th April.

### **Public, media and website activities**

The BASHH centenary year has been a busy one for the public panel. Membership of the panel has increased, both with new third sector members (Terence Higgins Trust [THT], NAZ, Brook) and new lay members who have all helped to re-invigorate public engagement efforts. A lay research panel has been established in collaboration with THTs policy and research department. This panel, funded by BASHH and supported by THT provides lay review and guidance on public engagement for STI researchers at all stages of their research. Attendance at both panels is being facilitated by the implementation of web and telephone conferencing to allow meaningful input to meetings from members unable to travel.

The panel has fully embraced the BASHH centenary anniversary celebrations. A sub-group was established to produce a short film in conjunction with the THT celebrating successes in sexual healthcare provision over the last 100 years. Some panel members were able to attend a House of Lords reception and others are still actively engaged in delivering a themed musical celebration.

The public panel continues to be engaged actively in the work of the BASHH Clinical Effectiveness Group (CEG), implementing public engagement in guideline and patient information production according to the new policy produced last year. A new chapter is just beginning as the panel and CEG start working closely with the Family Planning Association and other partners to bring sexual health information, both written and video, to life through an innovative new website.



The panel are looking forward to another busy year of public engagement and involvement in the forthcoming year.

The BASHH Media Group has seen a strong focus of interest on drug resistant gonorrhoea and Pre-exposure Prophylaxis (PrEP) for HIV over the last year. BASHH has campaigned for continued investment in sexual health to maintain nationally agreed standards in the face of cuts to public health budgets. The emergence of multi-drug resistant infections, rates of sexually transmitted infections and the increasing demand on sexual health services have all been highlighted. The 'game-changer' intervention of PrEP, has been funded and provided by the NHS in Scotland and Wales from early July 2017, whilst in England it will only be provided via recruitment into the three year PrEP Impact Trial, which commences in October 2017. The Media Group has responded to a huge variety and number of media requests, indicating a central and continuing role for the Association in supporting the delivery of high quality sexual health services.

Over the past year BASHH launched a new social media strategy and developed a Blogging 4 BASHH programme, which is freely accessible to members and the public. The Association has gained a significantly increased number of followers on Twitter and seen meaningful engagements throughout the year.

Since the launch of the new BASHH website in 2016 website traffic has increased substantially. Use of the guidelines re-modeled website and app has also increased with thousands of page views per month. As well as a quality professional site there is a well-developed public site, BASHH Healthunlocked forum which continues to be a resource of sexual health information and peer support to the public (embedded on the NHS choices sexual health pages).

Future plans for the website include digitizing most of BASHH's processes which currently use paper / word forms (website updates, newsletter requests) using web-based electronic forms, improving the experience for BASHH members and introducing video conferencing for BASHH groups to use to ease their travel burden.

## **Public Benefit**

The Association has fully complied with its duty to have due regard to public benefit as demonstrated in this report. The Association's work, across all sectors of the community, in advancing public health, in championing and promoting good sexual health and high quality standards of care, as well as providing education to the public and health care professionals, all benefit the public.

Specific activities as part of BASHH's Centenary celebrations have been aimed at increasing public knowledge and engagement. These include the production of a short film about sexual health successes over the last 100 years and work in partnership with the National Archives to produce a dramatised podcast inspired by the 1917 Venereal Disease Act. This has been supported by several blogs from the National Archives posted on their website and a free public event.

BASHH's work in delivering first class educational programmes, developing up to date guidance and patient resources, and in seeking to support and influence decision makers in local and national government are all aimed at ensuring that high quality, confidential sexual health services are available for the public.

The Association's courses, national and local, have been highly successful over the past year and much of the educational programme has been free to both members and non-members. BASHH supports the

publication of two international journals (STI and Int J STD & AIDS) and subsidised journals are provided to some membership categories. This benefits professional education and hence the care of the public.

The BASHH guidelines sit on the public facing side of the BASHH website and are accredited by NICE. The process used by the Association to produce its guidelines was re-accredited by NICE in May 2016 and is valid until January 2021. The guideline section remains the most visited area of the website. Our Standards for the Management of STIs are widely endorsed and are used by commissioners in service specifications and to measure performance. It is planned that these will be reviewed in the forthcoming year. The Association also provides support to local and national government through expert advice, representation and briefing papers to promote good sexual health for the entire health community.

### **Plans for the Future**

BASHH will continue its routine core business over the coming year and will deliver on its charitable objectives. In addition, the Association will focus on the following areas:

We will champion the provision of quality, accessible sexual health and HIV services within the mixed commissioning environment with an appropriate workforce and adequate funding. We will provide representation to the national governments and key policy and decision makers, as necessary, for all four nations in the UK.

BASHH will continue to press for gender-neutral HPV vaccination, for PrEP to be available to all high risk individuals throughout the UK and will promote good antibiotic stewardship to reduce the risk of antimicrobial resistance.

We look forward to the roll-out of the PrEP Impact Trial and BASHH will support its implementation, as well as providing representation on the Trial Management Group.

We will provide a wide range of educational activities to support clinicians to deliver first rate care and a review of the eLearning resource: eHIV-STI will be completed to ensure that it is updated to reflect best practice. Our STI Foundation portfolio will provide training that is relevant to practice in the UK and internationally.

We plan to review and revise the Standards for the Management of STIs over the next year and will continue with our rolling review of current guidelines as their review date becomes due. We also intend to produce recommended metrics to assist clinical services with monitoring and as warning signs of areas where there are issues, as well as identifying innovative practice.

The centenary events to commemorate 100 years of sexual health will continue throughout 2017 and we will continue to embed and extend our social media profile. We are excited to be working with the Family Planning Association to bring sexual health information to the public through an innovative new website.

The Association will continue to build on its existing relationships with a wide range of national representative bodies, professional and third sector organisations as well as other sexual health stakeholders and will work collaboratively to maximise opportunities to improve all aspects of sexual health and HIV across the UK.

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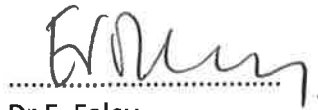
**Auditors**

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 ...~~8 DECEMBER 2017~~...2017:



Dr E. Carlin  
Trustee



Dr E. Foley  
Trustee

## Report of the auditors

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

#### Opinion

We have audited the financial statements of BASHH (the 'charitable company') for the year ended 31 July 2017 which comprise the Statement of Financial Activities, the Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. 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.

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 2017 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 requirements of the Companies Act 2006.

#### Basis for opinion

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

### **Conclusions relating to going concern**

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

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

### **Other information**

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

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

We have nothing to report in this regard.

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

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- the information given in the financial statements is inconsistent in any material respect with the trustees' report; 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.

### **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement set out on page 4, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

### **Auditor's responsibilities for the audit of the financial statements**

We have been appointed as auditor under section 145 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

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

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



**Jailesh Jashbhai Patel**

**Statutory Auditor**

For and on behalf of Farringdon & Co Ltd  
Chartered Certified Accountants and Statutory Auditor  
176 Franciscan Road  
London SW17 8HH

Date *25 January 2018*

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

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**Statement of Financial Activities**

(including income and expenditure account) for the year ended 31 July 2017

	Notes	Unrestricted Funds £	Restricted Funds £	Endowment Funds £	Total 2017 £	Total 2016 £
<b>Income &amp; Endowments from:</b>						
<b>Charitable activities</b>						
Membership Subscriptions		188,184	-	-	188,184	184,276
Educational meetings and courses	9	545,783	-	-	545,783	587,706
Investment income	2	25,930	-	-	25,930	21,278
<b>Total income and endowments</b>		<b>759,897</b>	<b>-</b>	<b>-</b>	<b>759,897</b>	<b>793,260</b>
<b>Expenditure on:</b>						
Charitable Activities	3	822,093	-	-	822,093	825,668
<b>Total expenditure</b>		<b>822,093</b>	<b>-</b>	<b>-</b>	<b>822,093</b>	<b>825,668</b>
<b>Net income /(expenditure)</b>		<b>( 62,196)</b>	<b>-</b>	<b>-</b>	<b>( 62,196)</b>	<b>( 32,408)</b>
<b>Other recognised gains/(losses):</b>						
Net gains on investments	6	106,371	-	-	106,371	44,388
<b>Transfers between funds</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net movement in funds</b>		<b>44,175</b>	<b>-</b>	<b>-</b>	<b>44,175</b>	<b>11,980</b>
<b>Reconciliation of funds:</b>						
<b>Fund balances brought forward at 1 August 2016</b>		<b>1,739,524</b>	<b>4,150</b>	<b>10,000</b>	<b>1,753,674</b>	<b>1,741,694</b>
<b>Fund balances carried forward at 31 July 2017</b>	10	<b>1,783,699</b>	<b>4,150</b>	<b>10,000</b>	<b>1,797,849</b>	<b>1,753,674</b>

All of the above results derive from continuing operations.

The statement of financial activities includes all gains and losses recognised during the year. BASHH has no other gains or losses other than those stated above.

The notes on pages 24 to 31 form part of the financial statements.

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**Balance Sheet**

	NOTES	As at 31.07.17 £	As at 31.07.16 £
<b>FIXED ASSETS</b>			
Investments	6	1,428,889	1,101,623
<b>TOTAL FIXED ASSETS</b>		<u>1,428,889</u>	<u>1,101,623</u>
<b>CURRENT ASSETS</b>			
Debtors	7	98,838	83,602
Bank balances		466,142	808,070
		<u>564,980</u>	<u>891,672</u>
<b>CURRENT LIABILITIES</b>			
Creditors - Amounts falling due within one year	8	( 196,020)	( 239,621)
<b>NET CURRENT ASSETS</b>		<u>368,960</u>	<u>652,051</u>
<b>TOTAL NET ASSETS</b>		<u>1,797,849</u>	<u>1,753,674</u>
<b>FUNDS</b>			
Endowment (Capital) Funds	10	10,000	10,000
Restricted Income Funds	10	4,150	4,150
Unrestricted Funds	10	1,783,699	1,739,524
<b>TOTAL CHARITY FUNDS</b>	10	<u>1,797,849</u>	<u>1,753,674</u>


The financial statements are prepared in accordance with the special provision of Part 15 of the Companies Act 2006 relating to small companies and in accordance with the Financial Reporting Standard (FRS102) (effective 01 January 2015)

For the year ending 31 July 2017 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies but as this company is a charity, it is subject to audit under the Charities Act 2011.

**Directors' responsibilities:**

- The members have not required the company to obtain an audit of its accounts for the year in question in accordance with section 476;
- The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

The financial statements were approved and authorised for issue by the trustees on ~~8 December 2017~~ <sup>8 September 2017</sup> and signed on their behalf by:

  
.....  
Dr Rajul Patel  
Trustee



## Notes forming part of the financial statements

For the year ended 31 July 2017

### 1. Accounting policies

#### a) Basis of preparation

The financial statements have been prepared under the historical cost convention in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102), the Companies Act 2006 and the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) - effective 1 January 2015. The functional currency of the Charity is considered to be GBP because that is the currency of the primary economic environment in which the Charity operates.

BASHH meets the definition of a public benefit entity under FRS102. Assets and liabilities are initially recognised at a historic cost or transaction value unless stated in the relevant accounting policy note(s).

#### b) Critical accounting estimates and areas of judgements

In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

#### c) Transition to FRS 102

These are the first financial statements that comply with FRS 102. The company transitioned to FRS 102 on 1 August 2015.

In preparing these financial statements the trustees have considered whether in applying the accounting policies required by FRS 102 and the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) the restatement of comparative items was required.

No restatements were required.

#### d) 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.

#### e) Funds

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.

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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.

**f) Incoming recognition**

All incoming resources are included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be 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 2017, 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.

**g) Expenditure recognition**

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.

**h) Irrecoverable VAT**

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

**i) Investments**

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

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

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and their opening carrying value or their purchase value if acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year-end and their carrying value. Realised and unrealised investment gains and losses are combined in the Statement of Financial Activities.

**j) Stock**

Stock consists of purchased educational material for resale. Stocks are valued at the lower of cost and net realisable value.

**k) 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.

**l) 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.

**m) 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.

**n) Corporation tax**

The charity is an exempt charity within the meaning of schedule 3 of the Charities Act 2011 and is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes.

**o) Going concern**

The financial statements have been prepared on a going concern basis as the trustees believe that no material uncertainties exist. The trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

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**2. Investment Income**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Interest receivable	5,034	3,668
Dividends receivable from investments and unit trusts	20,896	17,610
	<u>25,930</u>	<u>21,278</u>

**3. Cost of activities to further the charity's objectives**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Cost of Educational Meetings (note 9)	541,831	584,853
Cost of Educational Journals	58,737	61,284
Developing Clinical Standards	4,425	-
Contribution to non-BASHH groups:		
- Family Planning Association	20,000	-
Governance costs (note 4)	29,330	27,528
Secretariat fees (See note below)	124,162	115,683
Committee meeting and travel costs	9,126	14,490
Printing, Postage & Stationary	1,358	2,614
General administration and sundry costs	33,124	19,216
	<u>822,093</u>	<u>825,668</u>

There are no direct staff costs incurred by the charity during the year and the charity does not undertake activities to raise funds. The administrative and support services to the charity in connection with its charitable activities stated above are provided under contract by Kingston Smith Association Management who is an independent party. The charge for the year including irrecoverable VAT is as above.

**4. Governance Costs**

	<b>2017</b>	<b>2016</b>
	<b>£</b>	<b>£</b>
Trustees travel and subsistence (note 5)	19,859	17,369
Professional fees and insurance	1,093	2,159
Fees payable to the charity auditors :		
For Audit	8,378	8,000
For other services	-	-
	<u>29,330</u>	<u>27,528</u>

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**5. Trustees remuneration**

The trustees neither received nor waived any emoluments during the year (2016: £ Nil)

Out of pocket expenses were reimbursed to trustees as follows:

	2017 No of Trustees	2016 No of Trustees	2017 £	2016 £
Travel, subsistence and accommodation	18	18	19,859	17,369
Other	-	-	-	-
	<b>18</b>	<b>18</b>	<b>19,859</b>	<b>17,369</b>

**6. Fixed Asset Investments**

	2017 £	2016 £
Cost or market value as at 01 August 2016	1,101,623	1,039,625
Additions	220,895	17,610
Disposal proceeds	-	-
Net investment gains	106,371	44,388
<b>Market value as at 31 July 2017</b>	<b>1,428,889</b>	<b>1,101,623</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 £220,895 (2016: £17,610) represents the cost of additional units acquired during the year.

The Investments managed by St James Place had a year end market value of £592,825 (2016: £536,305) and consists of accumulation units held in their Global Equity, Equity Income, International Equity and International Corporate Bond unit trusts. The Investments managed by Sarasin and Partners LLP had a year end market value of £836,064 (2016: £565,317) and consists of income units held in their Alpha CIF for endowment funds.

**7. Debtors**

	2017 £	2016 £
Trade debtors	52,144	29,980
VAT Recoverable	-	12,253
Prepayments	46,694	41,369
	<b>98,838</b>	<b>83,602</b>

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**8. Creditors : amount falling due within one year**

	2017	2016
	£	£
Trade creditors	123,669	178,568
VAT payable	827	-
Accruals and deferred income (see note below)	71,524	61,053
	196,020	239,621

Accruals and deferred income above includes £44179 (2016: £27481) of deferred income. This income consists of event registration fee and sponsorship fees for events held subsequent to the year end and within twelve months of the financial year end.

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

	Income 2017 £	Expenditure 2017 £	Result 2017 £	Income 2016 £	Expenditure 2016 £	Result 2016 £
Note : Deficits appear in parentheses ( )						
<b>Special Interest Groups</b>						
Colposcopy SIG/Genital Dermatology SIG	23,036	16,680	6,356	30,283	17,535	12,748
HIV SIG	-	-	-	-	900	( 900)
Herpes Simplex SIG	-	-	-	-	-	-
British Co-Operative Clinical Group	-	-	-	-	-	-
HPV SIG	-	99	( 99)	4,016	2,761	1,255
Bacterial	15,455	17,969	( 2,514)	12,140	18,570	( 6,430)
Sexual Dysfunction Group	-	1,551	( 1,551)	17,158	14,116	3,042
Adolescent Special Interest Group	4,517	3,677	840	-	547	( 547)
Clinical Effectiveness Group	-	3,336	( 3,336)	-	3,838	( 3,838)
SAS Group	34,751	28,308	6,443	34,288	31,287	3,001
National Audit Group	-	13,948	( 13,948)	-	16,232	( 16,232)
Doctors in Training	2,040	735	1,305	2,680	854	1,826
Web Team	-	137	( 137)	-	58	( 58)
Media External Communications Group	-	64,392	( 64,392)	-	52,018	( 52,018)
Nurses / Health Advisors	-	-	-	-	-	-
BASHH IT Group	-	244	( 244)	-	-	-
HIV Medicine	23,000	16,577	6,423	22,117	16,864	5,253
Mentoring Committee	( 95)	480	( 575)	1,425	1,334	91
Clinical Standards Unit	-	-	-	-	12,236	( 12,236)
Pharmacy Group	-	-	-	-	-	-
Public Panel	-	1,949	( 1,949)	( 555)	1,287	( 1,842)
Public Health Group	-	-	-	-	-	-
MSM SIG	( 75)	1,336	( 1,411)	11,197	7,870	3,327
<b>Special Interest Groups: Sub-Total</b>	<b>102,629</b>	<b>171,418</b>	<b>( 68,789)</b>	<b>134,749</b>	<b>198,307</b>	<b>( 63,558)</b>

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<b>Other Educational Meetings/Courses</b>						
Educational Meetings	8,492	23,901	( 15,409)	3,000	12,559	( 9,559)
Joint Meetings (See note below)	27,634	13,280	14,354	29,854	20,921	8,933
BASHH Course in STI & HIV	58,988	39,929	19,059	49,495	38,880	10,615
STIF Course	54,643	40,417	14,226	61,970	45,175	16,795
STIF Competency	36,205	28,934	7,271	25,732	29,296	( 3,564)
Spring Meeting	238,560	206,026	32,534	257,668	220,394	37,274
<b>Other Edu. Meetings/Courses: Sub-Total</b>	<b>424,522</b>	<b>352,487</b>	<b>72,035</b>	<b>427,719</b>	<b>367,225</b>	<b>60,494</b>
<b>Regional Branches</b>						
East Anglia	-	-	-	-	-	-
Ireland	-	-	-	-	-	-
Mersey	-	77	( 77)	-	-	-
Thames North East	-	-	-	-	-	-
Thames North West	-	-	-	-	-	-
Thames South East	-	-	-	-	-	-
Thames South West	-	-	-	-	-	-
North West	-	-	-	-	173	( 173)
Northern	-	-	-	-	-	-
Oxford	( 108)	595	( 703)	250	369	( 119)
Scotland	4,560	4,664	( 104)	3,800	3,506	294
South West	5,650	5,147	503	8,523	4,980	3,543
Trent	-	-	-	-	-	-
Wales	4,700	3,443	1,257	2,925	5,260	( 2,335)
Wessex	3,830	4,000	( 170)	5,100	2,926	2,174
West Midlands	-	-	-	-	263	( 263)
Yorkshire	-	-	-	4,640	1,844	2,796
<b>Regional Branches: Sub-Total</b>	<b>18,632</b>	<b>17,926</b>	<b>706</b>	<b>25,238</b>	<b>19,321</b>	<b>5,917</b>
<b>TOTALS</b>	<b>545,783</b>	<b>541,831</b>	<b>3,952</b>	<b>587,706</b>	<b>584,853</b>	<b>2,853</b>

During the year BASHH held a joint meeting with Faculty of Sexual & Reproductive Healthcare (FSRH). The income and cost stated in these accounts relate only to the share of BASHH.

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**10. Statement of funds**

	At 01-Aug-16 £	Income £	Expenditure £	Investment gains £	Transfers £	At 31-Jul-17 £
<b>Endowment funds</b>						
Robert S Morton Lecture fund	10,000	-	-	-	-	10,000
<b>Total Endowment fund</b>	<b>10,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,000</b>
<b>General reserve</b>	<b>1,739,524</b>	<b>759,897</b>	<b>822,093</b>	<b>106,371</b>	<b>-</b>	<b>1,783,699</b>
<b>Total unrestricted fund</b>	<b>1,739,524</b>	<b>759,897</b>	<b>822,093</b>	<b>106,371</b>	<b>-</b>	<b>1,783,699</b>
<b>Restricted funds :</b>						
The Robert S Morton Lecture Fund	3,139	-	-	-	-	3,139
Cathy Harman Memorial Appeal	1,011	-	-	-	-	1,011
<b>Total restricted funds</b>	<b>4,150</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,150</b>
<b>Total funds</b>	<b>1,753,674</b>	<b>759,897</b>	<b>822,093</b>	<b>106,371</b>	<b>-</b>	<b>1,797,849</b>

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	-	1,428,889	354,810	-	<b>1,783,699</b>
	-	<b>1,428,889</b>	<b>368,960</b>	-	<b>1,797,849</b>

**11. Related Party Transactions**

There were no related party transactions during the reporting period.

**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 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.