







Company limited by guarantee. Company Registration No. 3482958 (England and Wales). Registered Office Address as above

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### **Presidents Foreword**

This annual report reflects back on what must have been one of the most difficult years in the history of the NHS. The COVID-19 pandemic has presented a unique set of challenges both for our members and the wider NHS workforce. As the pandemic took hold, NHS resources were focused on tackling the immediate pressures of treating COVID-19 patients and maintaining emergency care; consequently the majority of elective orthopaedic surgery was put on hold across the country. Although some elective work did resume in the late summer and autumn, further widespread suspensions took effect over the winter as COVID-19 surged again. We have been heartened to hear how our members have responded to these challenges, taking on new and differing roles, from being redeployed to ITU through to more recently helping out with vaccinations. However, we are also acutely aware of the devastating impact on our patients and the urgent need to resume elective operating and tackle the ever growing waiting lists.

During the course of the pandemic the BOA has sought to support its members providing advice and guidance on a range of issues including suspension of surgery, managing Aerosol Generating Procedures, resuming routine surgery and a set of dedicated COVID-19 BOASTs. We have also aimed to keep our patients informed of what to do when elective surgery has been cancelled, attending virtual clinics, managing pain in the absence of their operation, and how we are working with the NHS to support the resumption of surgery. The Specialist Societies have been vital in supporting the BOA in delivering this support to members.

Sadly, the pandemic has had a disastrous impact on the already large waiting list. Throughout the year we have worked closely with a range of partners and stakeholders to inform and influence the discussions, including the NHS England's MSK Covid Group, National Clinical Directors at NHS England, a BOA Orthopaedic Strategy Group, and ARMA and Versus Arthritis.

The COVID-19 pandemic has also had a significant impact on trainees and their operative experience and the resumption of training has to be a priority.

Unfortunately, like many others, it wasn't possible to run our 'in person' Annual Congress and we rapidly moved to virtual delivery. We are extremely grateful to our members for continuing to support us, providing a wide range of content delivered in new and innovative forms. We had excellent attendance across our two week programme and were delighted with the levels of engagement, both in the live sessions and catching up afterwards. Even if we weren't able to meet face to face we were delighted to hear of groups listening in on the conference in the coffee room. Alongside our Congress we moved our education activity and course delivery online and have found the outcomes to be both rewarding and thought provoking. As we tentatively move towards the end of lockdown we will use these lessons learned to grow and develop our offering with a view to utilising a variety of means to deliver content.

Mid-year we launched our Diversity and Inclusion Strategy and Action Plan. This was an important development in driving the diversity of representation throughout our organisation and also encouraging and engaging a diverse workforce into T&O. We began to gather data to helps us better understand our membership and focus our efforts in the right places. We understand there is much to be done but believe this will help us move forward in a positive direction.

Throughout this year the staff team have worked tirelessly to support the members, adjusting quickly and efficiently to home working while still maintaining high quality outputs. We are forever grateful to our members, Committees, Council, Executive and core supportive staff whose dedication and commitment facilitates delivery of these activities and allows us the opportunity to provide the framework for achieving our strapline -"Supporting Surgeons, Caring for Patients".







**Bob Handley** 

# **Trustees Annual Report**

### **Charitable Objectives**

The BOA is established for the advancement for the public benefit of Science, Art and Practice of Orthopaedic Surgery with the aim of bringing relief to patients of all ages suffering from the effects of injury or disorders of the musculoskeletal system.

As a Surgical Specialty Association for Trauma and Orthopaedics in the UK we provide national leadership, a unifying focus, and charitable endeavour by: Caring for Patients, Supporting Surgeons.

The trustees further confirm that the activities of the Charity are carried out, in line with its objects, for the public benefit as described below.

Our principal concern is to ensure that patients under our care receive high quality treatment. In order to achieve this, we must support trauma and orthopaedic surgeons throughout their careers. As a charity we also care for patients by raising funds for and promoting research into musculoskeletal disorders. We also operate a benevolent fund to support our members in time of need.

### **Public Benefit**

The trustees confirm that they have complied with their duty in Section 17 of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission for England and Wales.



# **BOA Strategic Priorities**





- Promote relevant data collection and analysis, ethical innovation and patient safety
- Orthopaedics
- Identify means of quality improvement and reducing variation
- Identify and promote mechanisms for peer support
- decisions about their care

### Influence, engage and collaborate

- Forge strong and lasting relationships with all those involved in the care of patients with musculoskeletal disease or injury
- Represent and support all sub-specialties in Trauma and Orthopaedics and collaborate on policy and standards
- Support our members, proactively seek their views and clearly communicate the work of the BOA and its outcomes
- Develop BOA strategic international partnerships with a particular focus on activities is the less economically developed

### Educate, train and develop

### Demonstrate the highest standards in our organisation

- Communicate clearly, decisively and promptly







## **Activities and Achievements**

For our organisation, like very many others, 2020 was a year like no other as a result of the COVID-19 pandemic. This means we needed to adapt our working practices, adjust our organisational priorities and focus in on new changes and challenges for the T&O workforce and patients. The changes to the working lives of our membership, as well as the impact on patients we treat, were profound, and we have worked tirelessly over the year to support our members and care for patients in the rapidly changing context of the pandemic.

### **Influencing and Engagement**

During the Covid pandemic, we were fully engaged in a wide range of issues at a national level, from issues with aerosol-generating procedures, to restarting elective care in 'green pathways', to loss of training opportunities. We produced specific COVID-related resources and used our website, member emails and social media to signpost latest developments and updates on the evolving situation. Our resources included:

- COVID BOAST
- Statement on NICE planned rapid care guidance
- Statement on progress on restarting elective orthopaedic surgery
- Statement about proposed suspensions of elective operations in some regions
- Guidance update on Aerosol Generating Procedures (AGPs)
- FAQs for surgeons
- FAQs for patients
- Viewpoint on communications with waiting list patients and those approaching surgery
- Webinar on 'The Next Phase: Recovery of T&O Services'
- Webinar series entitled 'Coping with COVID: Supporting surgeons through the challenges of the Covid era'
- BOA and GIRFT statement on 'ring fenced' orthopaedic beds in the COVID-19 context

Engagement with partner and stakeholder organisations was a major priority as a consequence of the pandemic. We worked closely with:

 The British Orthopaedic Directors Society (BODS), who held regular Zoom calls with their membership, with involvement from BOA Executive members

- NHS England's MSK Covid Group, convened by Musculoskeletal (MSK) National Clinical Director Andrew Bennett, and with core input from BOA Exec and staff members
- The orthopaedic specialist societies, often developing joint guidance documents and maintaining regular communications and updates
- Relevant National Clinical Directors at NHS England, through the formation of a BOA Orthopaedic Strategy Group
- The Federation of Surgical Specialty
   Associations (FSSA) and the Royal Colleges of Surgeons on surgery-wide issues

Aside from Covid-related publications, during the course of 2020 we produced policy and position statements and media responses on:

- BOA support for Getting It Right in Orthopaedics: A follow-up on the GIRFT national specialty report on orthopaedics
- Statement on The Independent Medicines and Medical Devices Safety Review (Cumberlege Report)
- An updated position statement on Medical Device Regulation
- Statement on Comprehensive Spending Review

We responded to 12 consultations by public bodies, including NICE and NHS England on topics including venous thromboembolic diseases, workforce burnout and resilience, and consent for blood transfusion. We were also involved in wave two of the Evidence Based Interventions programme.

Following a decision for the BOAST acronym to be altered to BOA Standards to allow a wider remit, we published the first Speciality BOASTs (all of which were BASK led documents) in 2020:

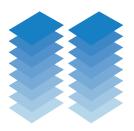
- BOAST Best Practice for Management of Anterior Cruciate Ligament (ACL) Injuries
- The Assessment of Patients with Recurrent Patellar Instability
- The Surgical Management of Recurrent Patellar Instability
- Revision Knee Replacement Surgical Practice Guidelines
- Investigation and Management of Patients with Problematic Knee Replacements
- Investigation and Treatment of Periprosthetic
   Knee Joint Infection

Aside from the COVID BOAST, the Trauma Committee also updated the following BOASTs:

- Management of Arterial Injuries
- Supracondylar Fractures in the Humerus in Children

The BOASTs remain one of the most popular resources on our website

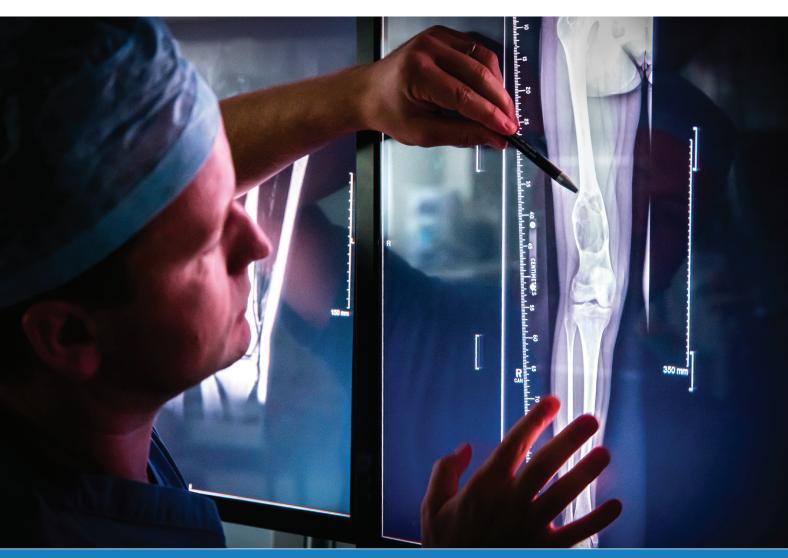
### **BOA Standards (BOASTs)**





25 BOASTs produced so far

Over 55k page views in the last year



# **Digital**

During 2020 we developed new careers material available on the BOA website and increased our social media campaign activity to coincide with events such as National Careers Week. Due to COVID-19 restrictions we were unable to attend medical student activities in person but once live events are possible, we will continue with our sponsorship programme for orthopaedic medical student societies which promotes careers in trauma and orthopaedics.

Members are continuing to engage with the My BOA website platform which gives them the ability to update their contact details, download invoices and certificates and access the members' directory. It was the seventh most visited page of the website with over 32k visits.

Our social media engagement has continued to grow over the course of the year and we have seen major spikes in engagement during specific campaigns such as Careers Week, International Women's Day and with our COVID-19 updates.









Twitter:
- 17k followers

- 16% increase

Linked In:

7.6k followers25% increase

Facebook:
- 4.8k followers

- 10% increase

Instagram:

-1.1k followers
- 80% increase

### Website

The number of users to the website almost doubled from 13,275 in 2019 to 23,303 in 2020.

Page views increased from 65,380 in 2019 to 156,999 in 2020 – an increase of 140%.

Most visited pages on the website:

- BOA Virtual Congress over 58k page views
- BOA Standards for Trauma and Orthopaedics over 55k page views
  - Message for Patients waiting for joint replacement and other orthopaedic surgery - over 36k page views

# **Membership**

Membership has remained relatively steady throughout the year at just over 5,000, a positive outcome, given the disruption in 2020 to BOA services, such as the ability for members to attend live events. We are grateful to our members for their continued support during the year and sought every opportunity to provide support, advice and guidance to manage the impact of the pandemic. Overall there has been a continued increase in the number of SAS, Foundation Year and Medical Student members and we are continuing to engage with these membership groups as a priority, in addition to working to attract NHS Consultants who are not currently BOA members.

Following a successful pilot in 2020, which saw an increase of participation in voting from 17%-40%, an AGM motion was passed to support online only voting for elections and an expansion of voting rights to Home Members, SAS Surgeon - Y16+, and Post CCT members.

We hope to build on this engagement and use the online forum to drive awareness of the Council opportunities and the candidates standing. We aim to attract a diverse range of candidates to deliver a breadth of representation.

In order to provide a more dynamic resource and access to information and opinion we developed the Transient Journal, this is an online forum to compliment the JTO, providing reflections and insights on the rapidly changing COVID-19 world. The response from members was overwhelming with a significant contributions across a range of issues on the profession, patients, and the healthcare sector in general.

We continued to work closely with the Specialist Societies, including joint publications and consultations responses, and attendance by both staff and senior council members at Specialist Society meetings.



# **Diversity and Inclusion**

In summer 2020 the BOA launched its diversity and inclusion strategy and action plan. This set out the BOA commitment to embedding the principles of diversity and inclusion across its core objectives, thus providing equal opportunities and eliminating discrimination in all areas.

### The strategy set out objectives in the following areas:



### Underpinned by seven key principles:

- We are committed to equality of access to a T&O career and to the services of the Association.
- 2. The following groups are under-represented within T&O and the BOA itself:
  - Women
  - Black Asian and Minority Ethnic
  - Disability
  - LGBTQ+
- 3. We expect all orthopaedic surgeons to maintain a work environment that values and respects diversity.
- 4. All interactions with colleagues, staff, patients, and families should reflect the values of fairness, dignity, and respect.
- 5. We will review our practices and procedures regularly to monitor progress.
- 6. We will promote the diversity of our organisation.
- 7. If failings are demonstrated, we will address them.

The BOA launched a data gathering exercise to better understand the demographics of its membership and worked closely with the Specialist Societies who are undertaking similar processes. This data will be used to help us better understand and target activities to encourage diversity within the T&O community.



### **Education**

2020 saw the first BOA 'Future Leaders'
Programme' cohort complete the new programme, although with an extended timeline and with more virtual working than originally had been planned.
Despite the adjustments, the feedback from the programme was very positive and the continuation of this programme has been agreed. A 2021 cohort was recruited, and for the first time the BOA funded places on this scheme for female applicants as part of our diversity and inclusion agenda.

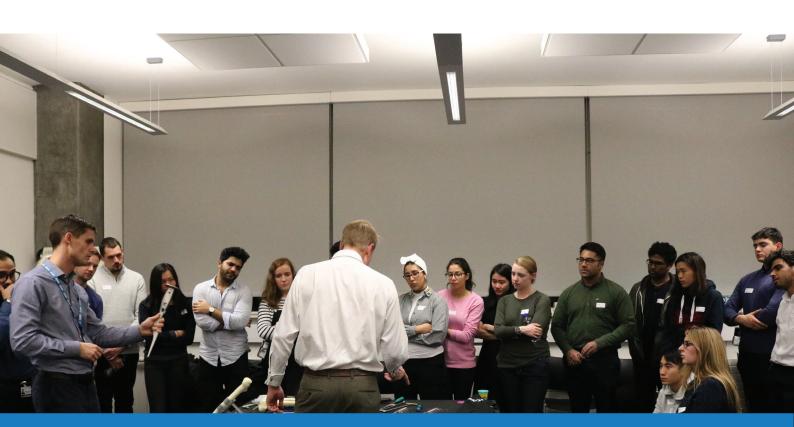
Our prestigious ABC and ASG Fellowships were due to allow five BOA members to travel internationally to centres of excellence but these were postponed due to COVID-19 and are now scheduled for 2022. Likewise, the EFORT Spring Fellowship and FORTE Summer School, which we normally send members to, both did not take place. We delayed running our annual round of travelling fellowship grants and modified the application criteria for the pandemic. However, we were very pleased to award 13 grants in December 2020 and with the improving COVID-19 situation those fellows are expected to be able to undertake these valuable fellowships during 2021 or early 2022.

We have been very grateful to our sponsors, including ZimmerBiomet, Postgraduate Orthopaedics and Heraeus for their support and understanding in the adjustments made to the programme.

TOTs (Training Orthopaedic Trainers) and TOES (Training Orthopaedic Educational Supervisors) continued to be popular and were adapted to be delivered virtually during 2020. Before the March lockdown, we delivered two face-to-face courses, with a combined total of 44 attendees. Since March 2020 131 attendees received virtual training across 9 courses.



The Instructional Course was successfully delivered to 127 delegates.



The UK in training examination (UKITE) ran in December with record numbers in the UK and South Africa. 830 took the exam in the UK and Ireland (768 ST1-8, 62 SAS surgeons/other) and a further 150 in South Africa. Overall exam reliability (KR20) was 0.888 which is a high level of reliability.



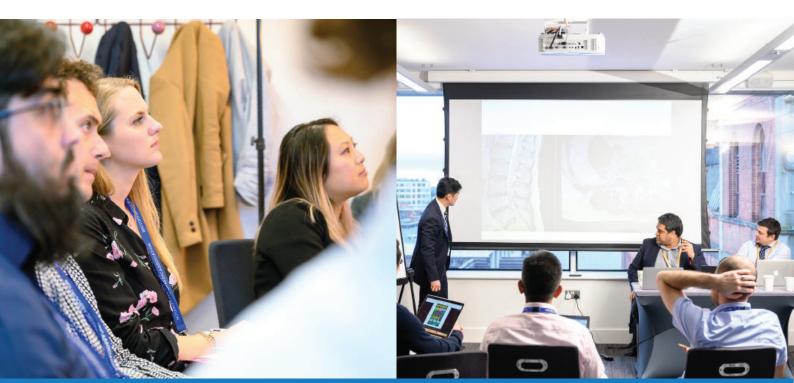
In 2020 we migrated our exam delivery to Ripley, the same software platform as the question bank, to streamline processes. The benefits of moving to the exam to the new platform include

- Seamless integration between the question bank and exam,
- more automation of exam results resulting in significant reduction in time to produce candidate results and exam analysis and
- providing exam participants an exam experience more similar to the FRCS.

The new platform was well received by participants with 78% of responses to the post exam survey being very positive.

Despite COVID-19 restrictions, Casting courses continued to run, albeit with a reduced capacity of 12 rather than the normal 16. Maintaining the level of skilled casting technicians during the pandemic was a key priority and during the year 38 casting technicians were awarded the BCC and 245 BCC holders recertified. A new National Casting Train-ing Adviser took up post in spring 2020 and has continued to develop the course offering in collab-oration with the Casting Committee.

We have also taken the opportunity in 2020 to begin a 'stocktake' of our educational activity, which is due for completion in 2021. This is reviewing what we are offering, for whom, how often and at what cost, and gathering feedback about our work and any gaps that can be identified.



# **Virtual Congress**

Due to Government restrictions an 'in person' Annual Congress was not possible and was instead delivered as a virtual and on demand event over an extended two week period between 15 – 25 September 2020. Virtual Congress attracted 5443 total delegates (number of delegates attending multiple sessions throughout the duration of Virtual Congress), and 1489 individual attendees across all live content. In the same period, on demand content was played 5178 times.

Despite support from Industry proving challenging in 2020, with the cancellation of the annual exhibition and a switch to a virtual delivery, Virtual Congress was still supported by five industry partners, and one industry sponsored webinar was successfully delivered.

Changes were made to the format of Congress, with the delivery of the programme taking place in both live and on demand sessions. While the programme was reduced to accommodate the virtual format, it still delivered a mix of BOA-led plenary sessions and keynote lectures, as well as revalidation sessions organised by the BOA's affiliated specialist societies, sessions directly supporting medical students, and an additional, week-long programme of free paper presentations.

COVID was an obvious theme in 2020, and was covered in a number of keynote sessions, including; 'COVID-19 Updates'; 'Medico-Legal Implications of the Pandemic on Orthopaedics'; and 'Elective Restart after COVID-19'. The NHS Change Challenge session took an optimistic approach to the pandemic by addressing the positive change brought about by COVID-19, and diversity and education were once again included throughout the programme in vital areas. Wider sessions also included topics such as 'NICE Guidelines on Primary Joint Replacement'; 'Hot Topics in Orthopaedic Trauma'; 'Mechanical and Biological Considerations for Osteoarthritis'; 'Working Together across the Sector', and an international take on 'Diversity and Inclusion in Orthopaedics'.

5443
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On demand content was played 5178

### Research

Our funding of the BOA Orthopaedic Surgery Research Centre (BOSRC) at the University of York came to an end after 6 years in 2020, and the significant achievements from this collaboration include:

- £11m funding secured
- 11 large multi-centred studies
- 7 Chief Investigators supported
- Mentorship of 6 first time NIHR Chief Investigators
- 20+ surgeon co-applicants

£11<sup>M</sup>

During 2020, we tendered for two new Clinical Trials Units to receive BOA research infrastructure funding. We received an unprecedented level of interest in this call, demonstrating the enthusiasm from centres around in the UK to be more involved in supporting T&O clinical trials. After a robust and competitive process, the awards, totalling almost £240,000 over three years, were made to University of Exeter and University of Nottingham, and these will be formally launched in mid-2021. We are looking forward to working with these new centres to make further advances in development of clinical trials for Trauma and Orthopaedics.



In late 2019 the BOA supported the recruitment of three Surgical Speciality Leads (SSLs) for a three year term, and in their first year these individuals have all made significant progress in advancing the agenda for T&O clinical trials, in spite of the challenges from COVID.

During 2020, we did not make our usual annual grant towards a James Lind Alliance Priority Setting Partnership (PSP); however, three projects from prior years continued to progress and we are looking forward to seeing the outcome of these as they complete their work during 2021.

Trainee engagement with research has never been higher with several trainee-delivered research projects being completed in 2020. Trauma and Orthopaedic trainees are very well represented in the new National Institute for Health Research Associate Principal Investigator scheme.

# **Fundraising**

The main fundraising aim of the BOA is to directly support the research grant programme, although we are also fortunate to receive legacies supporting the general work of the Association. In 2020 we received just over £108k from legacies. £26.7k dedicated to research and a further £81.3k supporting the wider spectrum of activities across the BOA, including education, influencing and engagement. This is a vital income stream for the BOA and we are very grateful to those who remember us within their will.



Fundraising is predominantly through public donations (cash appeals) and support from specific fundraising challenge events. The 2020 public Christmas appeal raised over £13,000; but challenge events were seriously impacted by the pandemic with many events being cancelled and runners in the London Marathon postponing their places to 2021. Due to changes in processes, as a result of GDPR, regular member donations have seen a significant decrease and we are carrying out specific appeals to address this issue and raise awareness with members of the importance of their donations.

All fundraising activities for the BOA are carried out by the Association staff. The Association does not use professional fundraisers or have any commercial participators. All fundraising activities are managed by the Events and Fundraising Coordinator and are monitored by the Head of Events and the COO, with overall oversight by the trustees.

No complaints relating to fundraising activities have been received by the Association during this financial period. However, the Association has put in place procedures that would be followed in the event of a complaint being received with the initial response being the responsibility of the Director of Communications and Operations. Any continuing issues would then be passed to the trustees to determine what further action might be required.

The Association does not currently subscribe to any specific fundraising standards or schemes for fundraising regulation but considers that it has set appropriate standards for the operation and management of its fundraising activities. In particular, the Association considers that its processes and controls should ensure that vulnerable people and other members of the public are protected from any unreasonable intrusion on a person's privacy and that no fundraising activities would be unreasonably persistent or place undue pressure on a person to give money or other property.

# **Patient Engagement**

The BOA is keen to ensure that it has a clear and focused patient involvement and engagement strategy and that input is facilitated in the most effective way, enhancing the work of the BOA but also utilising patient time and experience effectively.

Following the review of committee structures and methods for patient engagement we planned a pilot of representatives from patient charities taking part in key committees. The pandemic impacted on the number of committees held and the active participation of these representatives but as we return to more regular committees this approach will continue. We are grateful for the support provided by Judith Fitch on Council during the course of the year.

We have continued to work closely with patient bodies such as Versus Arthritis and have regular communication regarding policy developments and support media campaigns to highlight patient needs. This has been of increased importance to highlight the increasingly difficult position that patients are in due to the suspension of elective surgery.



# Finance and Resources

The benevolent fund awarded two grants during the year.

Continued integration of the CRM with the finance system and streamlining of processes, including moving to paperless Direct Debits. This process was delayed due to the pandemic but is due to go live in early 2021.

# **Future Developments for 2021:**

Planning for 2021 is taking place in light of ever changing circumstances brought about by the pandemic. Lessons learned during 2020 are being used to influence the development of activities, for example, retaining virtual delivery of some courses due to the success achieved in 2020.

At the time of writing the report the BOA is planning to hold a live Annual Congress in Aberdeen, complying with all necessary health and safety requirements e.g. masks, social distancing and hand sanitisation. We are very much looking forward to seeing all our members in person after such a long time but we are mindful of the speed at which circumstances have changed over the course of the pandemic and we have contingency plans in place to rapidly change our delivery mechanisms at short notice. We are also working closely with our industry partners to keep them fully informed and to facilitate their active participation.

For 2021 the following areas of activity were highlighted as a priority, some of these are the continuation of core support that we look to provide for our members every year

- Proactively work on advice and support for clinicians and patients with a key focus on resuming elective operating and tackling waiting lists.
- Supporting the implementation of the Best MSK initiative across all its work streams, with a particular focus on those that relate to T&O, and supporting the development and delivery of new models of working.
- Development of a more proactive role in global orthopaedics, enhancing and supporting delivery of key services and educational support within developing countries (continued from 2020).
- Development and delivery of elective and subspecialty BOASTs.
- Enhanced engagement with our members through a variety of social media platforms, including use of Instagram and dedicated campaigns to mark or support key awareness days.

- Implementation of the diversity and inclusion strategy and accompanying action plan to raise awareness and address issues of underrepresentation in the specialty.
- Continuous improvements of the website to enhance the member experience and to provide information and support for future T&O surgeons.
- Further development of online systems for finance processing and management of the nomination and voting process for Council, including the potential for development of video statements.
- Enhanced engagement with and support of Medical student societies to raise awareness of the specialty and provide good quality educational opportunities.

- Stocktake of all education activities to ensure they are costs effective and provide members with the key support that they need (postponed from 2020).
- Continued delivery of BOA Elective Care and NHFD Reviews with a view to developing lessons learned and using this to drive improvements.
- A focus on developing new and innovative benefits for our members and membership drives to continue increase in our membership with a particular focus on existing consultants working in the NHS and also SAS surgeons who remain an under-represented cohort.
- Review and development of fundraising approach to provide greater cross organisational opportunities and maximise income (delayed from 2020).
- Development of improved risk management and business continuity processes.
- Continued collaborative work with NHS
   England and NHS Improvement in relation
   to tariff, best practice tariff and blended
   payments, and how these work and apply to
   T&O procedures.

- Continuing to work with key partners and stakeholders including ARMA and Versus Arthritis in the development of broader MSK networks: the focus here remains on knowledge sharing, competencies of the community based multidisciplinary MSK team, data and metrics, and generic pathways.
- Support for the introduction and delivery of the new Trauma and Orthopaedic Curriculum, notably through Training Orthopaedic Educational Supervisor courses and online resources to promote effective support to trainees when the new requirements come into force.
- Continuing our work to developing a clinical research infrastructure in T&O surgery across the UK through funding of three Surgical Specialty Leads and two Clinical Trials Units. In 2021 we will particularly support and work with the two newly funded CTUs, at Exeter and Nottingham, as they commence their funded activities.
- Appointment of an additional lay member of Council to enhance governance.
- Work with archive partners to explore options for access and proactive use of the BOA collection.
- Undertake move to new office within RCS building.

### Governance

The British Orthopaedic Association (BOA) is a registered Charity (Reg. 1066994) and a Company (Reg. 3482958). Limited by Guarantee. Not having a Share Capital, in terms of the Companies Act 2006, we are governed by the Memorandum and Articles of Association which came into force on 12 December 1997, and by our Rules, as published on our website.

The trustees are responsible for the overall governance of the Association and are the ultimate decision-making authority responsible for the strategy, financial, organisation and business matters of the Association. The full Council, including trustees and ex-officio positions are responsible for matters of professional strategy and policy to inform trustee decisions and strategic priorities for the Association.

The Executive is formed of the President, Vice President, Vice President Elect, Honorary Secretary and Honorary Treasurer supported by the Chief Operating Officer and the Senior Management Team. The trustee body will delegate certain tasks to the Executive group with outcomes reported regularly at trustee only Council meetings, these include resolution of staffing issues, pay and remuneration, benevolent fund decisions, project oversight and investment reviews. Pay and remuneration levels of the Associations key management personnel are set by the Executive (and reported to the trustees) based on market analysis provided by the HR advisors.

The trustees govern the Association in line with the Nolan principles of public life and the Charity Governance code launched in 2017 and updated in 2020. One of the key updates to the principles of the Code was the expansion of principle six to cover equality, diversion and inclusion. This development aligns with the BOA's diversity and inclusion strategy and action plan launched in summer 2020. In particular the focus on attracting and retaining a more diverse board of trustees and committees is a key objective within our strategy. As identified in previous years the activities of the BOA are also reviewed against the Code and a continuing need to develop our risk management and reporting, Council and Trustee induction and fundraising strategies.



### Council

The Council is the governing body of the Association and the elected members of the Council are its trustees. Council consists of a maximum of 12 elected surgical fellows; 6 elected officers and up to 12 ex-officio members representing specific interests. Trustees have voting rights; holders of ex-officio posts do not.

In 2020 the full Council consisted of 30 members (with some serving in a dual capacity i.e. both elected and ex-officio). The Council was constituted of:

- 6 officer roles at any one time,
- 13 other trustee roles at any one time (incl. Elected Members of Council and 'Additional Trustee' roles) and
- 12 purely Ex-Officio roles.

In 2020 the BOA appointed Professor Philip Turner as an additional trustee for one year under article 32 of the Memorandum and Articles of Association. Professor Turner's appointment was to support the ongoing implementation of the governance structures. Mr Bertie Leigh was reappointed as an additional Lay Council members under Article 34 of the Memorandum and Articles of Association as a continuation of piloting revisions to the Council structure to make the Association stronger and more accountable<sup>1</sup>.

Elected trustees are elected by a ballot each serving for three years. Four of the elected trustees shall retire each year and thereafter shall be eligible for re-election after one year's retirement. Each year Fellows of the Association are invited to nominate candidates for Council, each nomination must be proposed and seconded by a Fellow of the Association and endorsed with the candidate's written consent to stand.

In the event of an equality of votes, the Council will determine the candidate(s) for election by a majority vote.

All new Trustees are issued with the Charity Commission booklet on their duties and responsibilities. They also receive a pack of briefing papers as recommended by the Charity Commission; are asked to sign the Trustees' Conflict of Interest form; and to provide information for the Register of Interests. They are also given a comprehensive induction process, including a presentation covering our full range of business and desk-side briefings by the BOA staff.

A staff of 17 supports strategy and policy development; communications and media engagement; education and research programmes; financial planning, budgeting and management; fundraising and public engagement; information systems; event management; membership issues and benefits; and specialist societies.



<sup>1</sup>To note that the appointment of Mr Leigh in 2019 was incorrectly reported as an appointment under Article 32 instead of Article 34.

# **Specialist Societies**

We could not fulfil our objectives without the collaboration of our 22 affiliated Specialist Societies. These are of huge importance to us as key contributors to our Annual Congress, clinical guidelines, commissioning guidance, trauma advisory sheets, overall policy development and delivery of change within the profession.

The Specialist Societies comprise:

- British Association for Surgery of the Knee (BASK)
- British Association of Spinal Surgeons (BASS)
- British Elbow and Shoulder Society (BESS)
- British Hip Society (BHS)
- British Indian Orthopaedic Society (BIOS)
- British Limb Reconstruction Society (BLRS)
- British Orthopaedic Foot and Ankle Society (BOFAS)
- British Orthopaedic Oncology Society (BOOS)
- British Orthopaedic Specialists Association (BOSA)
- British Orthopaedic Sports Trauma and Arthroscopy Association (BOSTAA)

- British Orthopaedic Trainees Association (BOTA)
- British Society for Children's Orthopaedic Surgery (BSCOS)
- British Scoliosis Society (BSS)
- British Society for Surgery of the Hand (BSSH)
- British Trauma Society (BTS)
- Computer Assisted Orthopaedic Surgery Society (CAOS)
- Combined Services Orthopaedic Society (CSOS)
- Orthopaedic Trauma Society (OTS)
- Rheumatoid Arthritis Surgical Society (RASS)
- Society for Back Pain Research (SBPR)
- United Kingdom Spine Societies Board (UKSSB)
- World Orthopaedic Concern (WOC)







































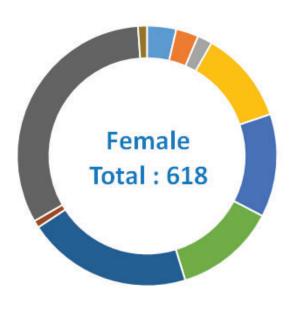




# **BOA Membership Statistics**

These are monitoring statistics for 2020 and we will be reporting on a broader range of monitoring in 2021 in a separate report.

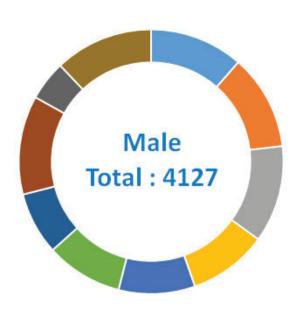
# **BOA Membership Female**



# Breakdown of Females by Membership Category

- Consultant (Incl Hon Fellows) (7
- Locum Consultant (5%)
- SAS (3%)
- Post CCT (22%)
- Trainee (24%)
- Foundation Doctor (24%)
- Medical Student (38%)
- Overseas (2%)
- Allied Professionals (60%)
- Retired (2%)

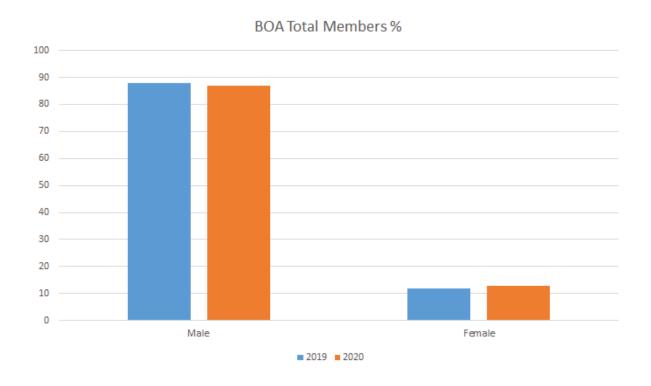
### **BOA Membership Male**



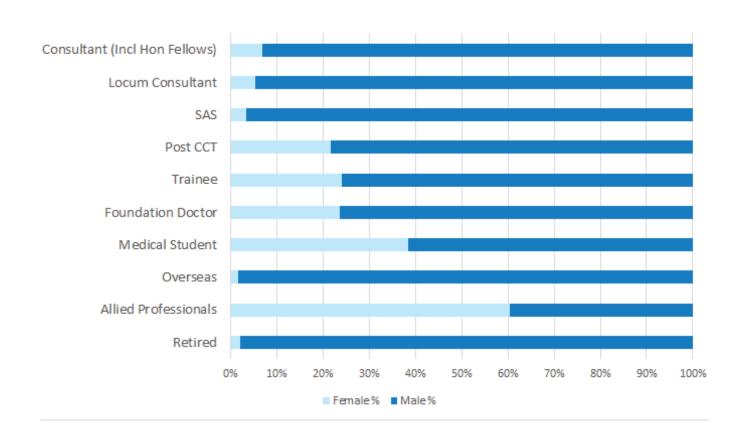
# Breakdown of Males by Membership Category

- Consultant (Incl Hon Fellows) (93%)
- Locum Consultant (95%)
- SAS (97%)
- Post CCT (78%)
- Trainee (76%)
- Foundation Doctor (76%)
- Medical Student (62%)
- Overseas (98%)
- Allied Professionals (40%)
- Retired (98%)

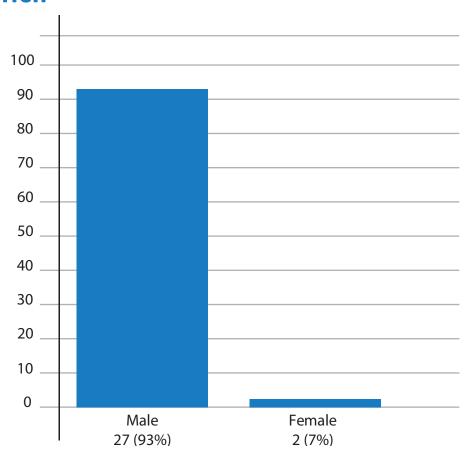
### **BOA Total Members**

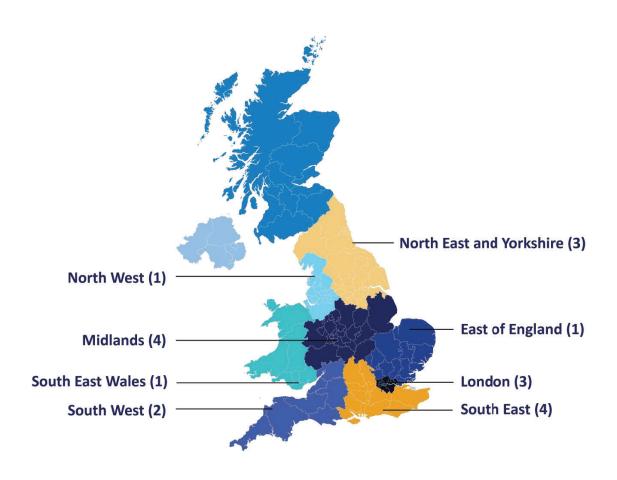


# % of overall membership at each grade



# **BOA Council**





#### **Financial Review**

Overall we made a surplus of £125.6k this was in part due to legacy income of £100.1k received during the year.

#### **Incoming Resources**

There was a total decrease in income in 2020 of £753k, this is an decrease in unrestricted income of £141.4k and a decrease in total restricted income of £612.2k compared to the 2019 figures.

Restricted legacy income reduced from £120.1k in 2019 to £18.2k in the year, a decrease of £101.9k. Unrestricted legacy income of £81.9k was received in 2020 (2019: £195.7k).

Legacy income is variable but our policy is to promote legacy income by direct advertisements to the profession at large through the Journal of Trauma and Orthopaedics and through appeals to our public supporter base. We have a contract with Smee and Ford to monitor other possible sources of legacies.

Income derived from fundraising activities increased by £3.9k to £53.1k (2019: £49.2k). Investment income from bank interest deposits and dividends received decreased by £25.2k from £136.3k in 2019 to £110.9k in 2020. Dividend income decreased by £28.3k.

Our two principal income streams are membership subscriptions and our Annual Congress:

- Membership income increased in 2020 as our membership grew.
- The Annual Congress income decreased by £430.6k due to no face to face meeting due to COVID.

### **Resources expended**

There was a small decrease in fundraising expenses in the year of £16.8k from £80.7k to £63.9k.

There was a total decrease in expenditure in 2020 of £872.4k, this is a decrease in unrestricted expenditure of £712.9k and a decrease in restricted expenditure of £154k compared to 2019. This is attributable principally to:

- Lower costs for our Annual Congress as the meeting was switched to virtual due to COVID
- Lower costs for ABC and ASG fellowships as they were cancelled due to COVID

#### **Summary**

In conclusion, the result for the year before net investment losses was a surplus of £173.6k in contrast to a gain in 2019 of £54.8k.

### **Reserves Policy**

The primary aim of our reserves policy is to hold sufficient funds to maintain our long-term sustainability and manage short-term volatility in income or liquidity. This is to ensure that we can:

- Continue to meet our financial commitments;
- · Balance sound investment with good liquidity management; and
- Avoid short-term decisions to the detriment of our longer-term vision.

Accordingly we aim to:

- Accumulate and sustain unrestricted reserves equivalent to six months running costs between £1.2 £1.5 million; and
- Maintain funds to cover future strategic developments.

Our reserves total £6.3 million made up of unrestricted, restricted and endowment reserves. Having aimed for an unrestricted reserve total of £2.6 million at the end of 2020 our actual reserve was £3.07 million (2019: £2.85 million). This includes free reserves of £1.9 million. Having reviewed the position, our Trustees are satisfied that this level of reserves is appropriate, given the economic outlook.

The BOA also has restricted reserves of £2.1 million and endowment reserves of £1.1 million. More detail is provided on page 34.

#### Investments

Our Trust Deed states that monies for investment shall be invested in the name of the Company by the trustees in any investments permitted by law for the investment of Trust Funds. The trustees may at any time and from time to time vary such investments for others of like nature.

Investments held for our Strategic Fund and its designated funds could, if necessary, be realised within a short space of time to meet unforeseen commitments incurred by the Association, such as legal, other consultancy or professional expenses. Investments held for our Benevolent Fund are maintained to support possible future claims.

### **Investment Policy**

In general our policy is for the funds to be managed to obtain best returns from both bank interest and dividend income. We discuss portfolio construction and asset allocation regularly with our investment advisers, and interest rates are compared with others available in the market place to ensure they are competitive.

Our investment policy objectives are met by investing prudently in a broad range of fixed interest securities and equities which are quoted on a recognised Investment Exchange, unit trusts, and OEICs (open ended investment companies) which are authorised under the Financial Services and Markets Act 2000.

All our funds have ethical restrictions on investments in any company whose principal business is the manufacture or supply of, or trading in, armaments and tobacco products. No initial investment should exceed 10% of the total value of the funds under management. No 'pooled' investment should represent more than 15% of the overall portfolio when purchased.

The funds should not be invested in high risk investments including warrants, futures, contracts for difference, options and other type of derivatives unless such investments are used to moderate risk.

#### **Investment Performance**

The ARC Steady Growth Index which represents average charity performance had a growth of +3.5% (net of fees) for 2020. Over 2020 The BOA had four portfolios, two following a balanced mandate (Strategic Fund +3.3% and Benevolent Fund +3.6%) and two following an income mandate (Soli Lam Fund -3.2% and Chatterjee Fund -2.0%). Following a restructuring in Q4 all four funds are now all following a balanced mandate.

Our primary focus during these turbulent times was to ensure that the charity's short-term liabilities were being met, and secondly that the portfolios remained well positioned to provide good growth prospects in the longer term.

For each of the non-cash funds we have adopted a cautious, balanced approach and will continue to do so throughout 2020 with a focus on longer term returns.

#### Unrestricted investment income

Our aim is to maximise this source of funding to subsidise expenditure on fellowships, awards and prizes, representational and governance costs for which we do not have specific income streams.

Total unrestricted investment income earned in the year was £52.6k (2019: £70k).

#### Restricted investment income

Restricted investment income of £58.3k (2019: £70k) earned in the year is split between three funds, the Benevolent Fund, the Soli Lam Scholarship Fund, the Ram Kumar Chatterjee Fund:

- Benevolent Fund income for the year was £10.6k (2019: £14.5k)
- Investment income from the Soli Lam Endowment Fund was £42.7k (2019: £40.3k)
- Investment income from the Ram Kumar Chatterjee Fund was £13.1k (2019: £15.2k)

### **Risk Management**

The trustees have overall responsibility for managing the risks of the charity, ensuring that the risk appetite of the association is fully understood and reflected in our practices and processes.

The risk register has been reviewed and updated in light of the developments from the COVID pandemic.

The major risks are considered to be:

Area	Risk	Mitigation
Business Continuity	Ineffective Business Continuity planning in event of significant disruption (e.g. pandemic or fire within local vicinity) compromises the ability of the BOA to function effectively.	<ul> <li>General agreed processes in place</li> <li>IT system based on laptops and effectively supports remote working</li> <li>Use of Zoom, Skype etc. to facilitate regular communications with staff, Council and others.</li> <li>Contact details held for all key RCS and Building Personnel</li> <li>Centralised staff database (cloud hosted) to support contact with all staff</li> <li>Cloud based CRM system supports management of all membership functions</li> <li>Staff and Exec What's App groups allow prompt communication and quick updates</li> <li>HR support company providing regular guidance on how to manage all aspects of the staffing situation and absences from the office</li> </ul>
	Responding to workplace risks in a pandemic (including further waves)	<ul> <li>Social distancing measures in place for when returning to the office</li> <li>Handwashing facilities in place and extra hand sanitiser in place</li> <li>Deep clean facilitated when potential risk of exposure understood</li> </ul>

Area	Risk	Mitigation
		Good ICT infrastructure in place to facilitate remote
		working
Membership	Loss of Membership Subscription Income - economic pressures and general perceptions of reduced BOA relevance, effectiveness and member focus result in significantly reduced subscription income	<ul> <li>Review of member support during COVID-19.         Increase in communications and diversification of offer     </li> <li>Providing dedicated and relevant support to members through targeted communications and guidance</li> <li>Ensuring BOA 'products' meet the needs of members and reflect changing circumstances (developments in guidance, support and congress format)</li> <li>Sustained external and internal communications focus through the Journal of Trauma and Orthopaedics (JTO), monthly newsmails and Presidential mails</li> <li>Increased social media presence and use of new/emerging platforms</li> <li>Dedicated membership drives on targeted grades</li> <li>Continued to focus on and enhance SAS offering</li> <li>Enhanced relationship with members through CRM</li> </ul>
		<ul> <li>Engagement at Specialist Society meetings through the BOA exhibition stand and Executive member</li> </ul>
		presence
Financial	A reduction in the value of investment assets is sufficient to undermine the charity's strategic objectives  Expenditure on project exceeds budget undermining financial stability.	<ul> <li>Use of Investment Company to monitor investment assets and adjust according trustee approach to risk and the current financial need of the BOA</li> <li>Regular review by trustees of value of investments and advice sought on the potential for market recovery following COVID-19</li> <li>Adjusted activity to reflect impact of COVID-19 and potential for projects funded through investments to be postponed until investment income recovers</li> <li>Trustee approval required for new or expansion of major projects</li> <li>Monthly finance reports against agreed priorities enable effective management of income and expenditure</li> </ul>
Operational	Processing failures, fraud, or major incidents, impede the charity's ability to function effectively, and thus to deliver its charitable objectives.	<ul> <li>Fraud awareness in all staff</li> <li>Online fraud awareness provided through Hiscox insurance</li> <li>Development of core process documentation to support all areas</li> <li>Robust IT approach through outsourced providers including, infrastructure, new website and new CRM</li> <li>Appropriate insurance arrangements in place</li> </ul>
Compliance	A failure to comply with charity law, the general law, requirements of GDPR and	Robust HR policies and procedures and support via external providers

Area	Risk	Mitigation
	the founding Trust Deed, compromises the charity's status and its future.	GDPR training undertaken by all staff and policies in place
	the charty's status and its rature.	<ul> <li>Data retention schedule developed</li> <li>Process for dealing with data subject access requests in place and accessible by staff in online system</li> </ul>

Ensuring that these, and other risks, are managed appropriately is central to the trustees' governance, which is the subject of continuing attention. Systems and procedures for risk management are reviewed at trustees' meetings, a risk register is updated regularly, and the performance of the professional managers employed to manage the charity's substantial investment assets is monitored closely.

### **Grant Policy**

As described in last year's report, our grant policy changed in 2014 when we shifted from a focus on small pump priming grants for basic science research to a single consolidated grant of circa £60k per annum over a three year period to fund the BOA Orthopaedic Surgery Research Centre (BOSRC) at the York Trials Unit. The York Trials Unit funding has come to an end and two new centres in Nottingham and Exeter have been awarded gransts of circa £40k per annum over the next three years. The aim of the BOSRC is to increase substantially the profile of T&O research.

### **Going Concern**

The potential for disruption to our business from the pandemic, lockdowns, quarantine restrictions and social distancing measures has been considered by the trustees and a review of the finances undertaken accordingly. During 2020 the budget was re-forecast on a regular basis to assess any changes in income or expenditure and our financial resilience in the face of further disrupted revenues and activities.

Membership income has remained broadly stable. We have worked hard to provide our members with support, guidance and alternatives to the key benefits from membership, including the Congress and to date this has proved successful. Much of our course delivery has moved online, with positive feedback from the delegates, and can remain there for the foreseeable future. Our exam is already held online and has not been disrupted.

A draft budget for 2021 has been created to reflect activity as it is currently planned and this has involved an assessment of the likelihood of an 'in person' Congress. There are ongoing discussions with the 2021 venue to facilitate decisions regarding the viability of the Congress, taking into account any government restrictions and limiting the financial impact of any move to virtual delivery. As with 2020 we have conducted cash flow analysis, and the budget will be regularly reviewed and updated to reflect emerging situations, and to enable us to take prompt action to manage and minimise any further adverse impact on our financial position. The charity has reviewed its forecasts and cashflow analysis for the period up to 31 December 2022.

The trustees are satisfied that our income and demand for services are broadly stable, and can be delivered in an effective way to meet the needs of the members, but we will also be conducting a membership survey during the year to assess their views and any changes required.

The BOA has cash reserves and has no requirement for external funding. The Trustees have a reasonable expectation that the BOA has adequate resources to continue in operational existence for the foreseeable future and

therefore there are no material uncertainties over the Charity's financial viability. They continue to consider the going concern basis of accounting is appropriate in preparing the annual financial statements.

### **Statement of Trustees' Responsibilities**

The trustees are responsible for preparing the report of the trustees and the financial statements in accordance with applicable law and regulations.

Company law requires the trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards) and applicable law. This report has been prepared in accordance with the special provisions for small companies under Part 15 of the Companies Act 2006.

Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of its net incoming/outgoing resources for that period. In preparing these financial statements, the trustees are required to:

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

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

So far as each trustee is aware, there is no relevant audit information of which the company's auditors are unaware, and each trustee has taken all the steps that he or she ought to have taken as a company director in order to make himself or herself aware of any relevant audit information and to establish that the company's auditors are aware of that information.

#### **Auditors**

Crowe U.K LLP has indicated its willingness to be reappointed as statutory auditors.

This report was approved by the trustees of the Charity on 28 April 2021, in their capacity as company directors, and signed on its behalf by the Vice President John Skinner and Vice President Elect, Deborah Eastwood.

**Deborah Eastwood MB, FRCS** 

**Vice President Elect** 

Date of approval: 28 April 2021

### Independent Auditor's Report to the Members of The British Orthopaedic Association

#### Opinion

We have audited the financial statements of The British Orthopaedic Association ('the charitable company') for the year ended 31 December 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2020 and of 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

In auditing the financial statements, we have concluded that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

### Other information

The trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the 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.

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 this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

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

In light of the knowledge and understanding of the charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees' report.

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

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

### Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 24, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the

trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: <a href="https://www.frc.org.uk/auditorsresponsibilities">www.frc.org.uk/auditorsresponsibilities</a>. This description forms part of our auditor's report.

### Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006 together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR).

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management and the Board of Trustees about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

### Use of our report

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

**Andrew Thomas** 

Senior Statutory Auditor

For and on behalf of

Crowe U.K. LLP

Statutory Auditor

London

4 June 2021

# **Statement of Financial Activities**

British Orthopaedic Association: Statement of Financial Activities (including income and expenditure account) for the year ended at 31 December 2020

	Note	Unrestricted funds	Restricted funds	Endowment funds	Total funds 2020	Total funds 2019
		£'000	£'000	£'000	£'000	£'000
Income and endowments from:						
Voluntary income:						
Donations and legacies		82.5	71.3	-	153.8	365.5
Charitable activities:						
Membership		1,373.3	316.4	-	1,689.7	1,393.1
Education		555.7	16.2	-	571.9	1,386.7
Professional Practice		65.7	34.0	-	99.7	97.2 1.6
Representation		7.5	0.5	-	8.0	7.3
Other Trading Activities Investment Income	2	7.5 52.6	58.3	-	8.0 110.9	136.2
Total income and endowments	2	2,137.3	496.7		2,634.0	3,387.6
Total income and endowments		2,137.3	430.7	<u>-</u>	2,034.0	3,367.0
Expenditure on						
Raising funds		21.4	71.1	19.2	111.7	139.6
Charitable activities:						
Membership		477.6	5.1	-	482.7	511.2
Education		959.7	229.3	-	1,189.0	1,938.4
Professional Practice		286.2	8.7	-	294.9	328.7
Representation		57.5	-	-	57.5	113.8
Research		15.2	-	-	15.2	18.3
Grants		-	183.2	-	183.2	112.2
Other Trading Activities		126.0	0.1	-	126.1	170.7
Other Costs			-	-		
Total expenditure	3	1,943.6	497.5	19.2	2,460.3	3,332.9
Net Gains/(losses) on investment		28.6	6.9	(83.6)	(48.1)	479.4
Transfer between funds		(2.1)	2.1	-	-	-
Net movement in funds	5	220.2	8.2	(102.8)	125.6	534.1
Total funds brought forward		2,852.4	2,143.6	1,203.3	6,199.3	5,665.2
Total funds carried forward	12	3,072.6	2,151.8	1,100.5	6,324.9	6,199.3
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All of the above results derive from continuing activities. The Association has no other recognised gains and losses other than those stated above. The accompanying notes numbered 1 to 17 form part of these financial statements.

## **Balance Sheet**

(Company Registration No. 3482958)

# **British Orthopaedic Association Balance Sheet as of 31 December 2020**

	Note	BOA 2020 £'000	BOA 2019 £'000
Fixed assets			
Tangible assets	6	-	5.8
Intangible assets	7	94.5	191.1
Investments	8	4,177.2	4,144.0
investments	_	4,271.7	4,340.9
Current assets			
Stocks		9.5	9.7
Debtors	9	571.2	490.7
Cash at bank and in hand		2,163.0 2,743.7	1,987.2 2,487.6
Creditors: Amounts falling due within one year	10	( 668.0)	( 629.2)
Net current assets		2,075.7	1,858.4
Creditors: Amounts falling due after more than one year	11	(22.5)	-
Net assets or liabilities excluding pension asset or liability		2,053.2	1,858.4
Total net assets or liabilities		6,324.9	6,199.3
Represented by:		3,072.6	2,852.4
Unrestricted funds		2,151.8	2,143.6
Restricted funds		1,100.5	1,203.3
Endowment Funds	12	6,324.9	6,199.3
Total Funds	12	0,324.3	0,133.3

The financial statements are prepared in accordance with the special provisions 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)

Approved by the Trustees on 28 April 2021 and signed on its behalf by:

**Trustee** 

John Skinner MBBS, FRCS, FRCS (Orth)

**Trustee** 

Deborah Eastwood MB, FRCS

The accompanying notes numbered 1 to 17 form part of these financial statements

# **Cash Flow Statement**

# British Orthopaedic Association Statement of Cash Flows For the year ended 31 December 2020

	2020	2019
	£'000	£'000
Cash flows from operating activities:		
Net cash used in operating activities (Note 1)	161.3	17.9
Cash flows from investing activities:  Dividends and interest from investments	110.0	126.2
Proceeds from the sale of tangible fixed assets	110.9	136.2
Purchase of intangible fixed assets	- (1E 2\	- (90.3)
Proceeds from sale of investments	(15.3) 952.7	(80.3) 264.5
Purchase of investments	(1,033.8)	(304.3)
Net cash provided by (used in) investing activities	14.5	16.1
Net cash provided by (used in) investing activities	14.5	10.1
Change in cash and cash equivalents in the reporting period	175.8	34.0
Cash and cash equivalents at 1 January (Note 2)	1,987.2	1,953.2
Cash and cash equivalents at 31 December (Note 2)	2,163.0	1,987.2
Note 1 to the cash flow statement	2020	2019
	£'000	£'000
Reconciliation of changes in resources to net cash inflow/(outflow) from operating activities		
Net income / (expenditure) for the year per the SOFA	125.7	534.1
Adjustments for:		
	442.2	106.0
Depreciation charges	113.3	106.9
Losses/(gains) on investments	48.0	(479.4)
Dividends and interest from investments	(110.9)	(136.2)
Loss/(profit) on the sale of fixed assets	4.1	0.7
Decease/(increase) in stocks	0.1	0.7
Decrease/(increase) in debtors	(80.7)	38.1
(Decrease)/increase in creditors	61.7	(47.0)
Net cash used in operating activities	161.3	17.9
Note 2 to the consolidated cash flow statement	2020	2019
	£'000	£'000
Analysis of Cash and Cash equivalents		
Cash at bank and in hand	2,163.0	1,987.2
Total Cash and Cash equivalents	2,163.0	1,987.2

The accompanying notes numbered 1 to 17 form part of these financial statements

### **Notes to the Financial Statements**

### Note 1: Accounting policies

The principal accounting policies are summarised below. The accounting policies have been applied consistently throughout the year and the preceding year.

### a) Company information:

The Charity is a Public Benefit Entity registered as a charity in England and Wales and a company limited by guarantee. It was incorporated on 12 December 1997 (company number: 3482958) and registered as a charity on 19 December 1997 (charity number: 1066994).

### b) 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 from 1 January 2015, and the Charties Act 2011. British Orthoapedic Association constitutes a public benefit entity as defined by FRS 102.

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.

The financial staements have been prepared on a going concern basis. The disruption that the pandemic, lockdowns, quarantine restrictions and social distancing measures may cause to our professional and business activities for an indeterminate period has created some financial uncertainty. The Brithish Orthopaedic Assocation has undertaken a robust review of its immediate financial position and its financial resilience in the face of future disrupted revenues and activities for the period up to 31 December 2022

A provisional budget for the new year was prepared in the autumn, and this involved a thorough and prudent reassessment of the impact of the outbreak and government restrictions on our revenue streams. The trustees concluded that our primary revenue streams were broadly resilient, that demand remained stable and that most of our courses have been delivered virtually or under socially distancing measures. With our membership directly impacted by the coronavirus outbreak, this crisis has also demonstrated the value that the British Orthopaedic Association can provide for its members and membership revenue have held up well. The budget will be regularly reviewed and updated to reflect emerging situations, and to enable the British Orthopaedic Association to take prompt action to manage and minimise any further adverse impact on its financial position.

After reviewing the Charity's forecasts and projections, the trustees have a reasonable expectation that it has adequate resources to continue in operational existence for the foreseeable future. The Charity is of the opinion there are no material uncertainties over its ongoing financial viability and therefore continue to adopt the going concern basis on their consolidated accounts. T

## c) Critical accounting judgements and key sources of estimation uncertainty

In the application of the charity's accounting policies, which are described in this note, Trustees are required to make judgements, estimates, assumptions about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods.

In the view of the Trustees, no assumptions concerning the future or estimation uncertainty affecting assets and liabilities at the balance sheet date are likely to result in a material adjustment to their carrying amounts in the next financial year.

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the presentation of the financial statements are as follows:

### d) Company status

The Charity is a company limited by guarantee. The Trustees are Directors of the Company and 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) Membership subscriptions

Subscriptions are accounted for in the year in which they become due in full when received except when subscriptions received are for multiple years, in which case those additional years are deferred until the commencement of the appropriate accounting period. Outstanding amounts at the year-end that are considered to be recoverable are shown on the balance sheet.

## f) Investment

Investments are stated at mid-market value at the balance sheet date. Gains are calculated based on the difference between the closing market value or sales proceeds and the purchase price or opening market value. Investment inomce is credited on a receivable basis

### g) Fund accounting

Unrestricted funds comprise accumulated surpluses and deficits on general funds that are available for use at the discretion of the Trustees in furtherance of the general objectives of the Association and that have not been designated for other purposes. Designated funds comprise unrestricted funds that have been set aside at the discretion of the Trustees for specific purposes. The purpose and use of the designated funds is set out in the notes to the financial statements.

Restricted funds are funds subject to restrictions imposed by donors or the nature of the appeal. The funds are not therefore available for work performed by British Orthopaedic Association other than that specified by the donor.

Endowment funds are comprised of bequests to the BOA which have been invested on the request of the donor to provide on-going fellowships and awards. The income from the endowment funds, Soli Lam Fund and Chatterjee Funds is regarded as restricted. See page 34 for further details.

### h) Donations and legacies

Donations and legacies are included in full in the Statement of Financial Activities when the Charity is legally entitled to the income, when receipt is probable and when the amount can be quantified with sufficient reliability.

### i) Expenditure

Charitable expenditure comprises expenditure related to the direct furtherance of the Association's charitable objectives. Where costs cannot be directly attributed they have been allocated to activities on a basis consistent with use of the resources.

Representation costs cover attendances by the President in his formal capacity at meetings of sister associations and travel and accommodation expenses of nominated British Orthopaedic Association representatives on relevant external organisations.

Staff costs are allocated on the percentage of time spent by staff on each project or aspect of the Association's charitable objectives.

Support costs comprise the operational costs of rent, overheads, IT, telephone, mailing, printing and stationery etc. that have not been directly allocated to projects or charitable activities. They contain some staff costs and are allocated on the same basis as staff costs on time spent by personnel on projects or charitable activities with the aim of ensuring that those costs remaining within governance relate to the strategic as opposed to day to day management of the charity's activities.

Governance costs include those incurred in the governance of its assets and are primarily associated with constitutional and statutory requirements. They are included within the statement of financial activities as a separate component of support costs.

Grants are charged to the statement of financial activities when a legal or constructive obligation exists notwithstanding that they may be paid in future accounting periods.

### j) Stocks

Stocks are stated at the lower of cost and net realisable value. They consist of medals, cups, ties and publications. Publications are only included in stocks if they have a quantifiable lifespan beyond the year in which they are produced.

### k) Tangible fixed assets

Tangible fixed assets costing more than £1,000 have been capitalised. They are stated at cost and amortised over their estimated useful lives on a straight line basis as follows:

Computer equipment - 33% per annum Office equipment - 10% per annum Office refurbishment - 20% per annum

### I) Intangible fixed assets

Intangible fixed assets costing more than £1,000 have been capitalised. Intangible fixed assets represent software costs capitalised in accordance with FRS102. These are stated at historical cost and amortised on a straight line basis over the period which revenue is expected to be generated (3 years).

Amortisation is recognised in the statement of financial activities as part of expenditure and is allocated across the expenditure headings on the same basis as Support & Governance costs

### m) Operating leases

Rentals under operating leases are charged on a straight-line basis over the lease term, even if the payments are not made on such a basis. Benefits received and receivable as an incentive to sign an operating lease are similarly spread on a straight-line basis over the lease term.

### n) Pensions

The British Orthopaedic Association is a Participating Employer in SAUL. The actuarial valuation applies to SAUL as a whole; the market value of SAUL's assets was £3,205 million representing 102% of the liabilities for benefits accrued up to 31 March 2017. It is not possible to identify an individual Employer's share of the underlying assets and liabilities of SAUL. The British Orthopaedic Association accounts for its participation in SAUL as if it were a defined contribution scheme and pension costs are based on the amounts actually paid (i.e. cash amounts) in accordance with paragraphs 28.11 of FRS 102.

### o) Taxation

The British Orthopaedic Association is a registered charity. As such its sources of income and gains, received under Section 466 to 493 Corporation Tax Act 2010, are potentially exempt from taxation to the extent that they are applied exclusively to its charitable objectives. No tax charge has arisen in the year.

### p) Financial instruments

Financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

Additionally, all financial assets and liabilities are classified according to the substance of the contractual arrangements entered into. Financial assets and liabilities are initially measured at transaction price (including transaction costs) and are subsequently re-measured where applicable at amortised cost except for investments which are subsequently measured at fair value with gains and losses recognised in the Statement of Financial Activities.

Note 2: Investment income

Investment income for the year was derived from the following sources:

	2020	2020	2020	2019
	Unrestricted	Restricted	Total	Total
	Funds	Funds	Funds	Funds
	£'000	£'000	£'000	£'000
Government Bonds	2.0	1.8	3.8	4.0
Bonds	10.7	11.1	21.8	23.0
Equities	38.6	43.6	82.2	109.2
Total dividends receivable	51.3	56.5	107.8	136.2
Bank Interest Receivable	1.3	1.8	3.1	
	52.6	58.3	110.9	136.2

**Note 3: Expenditure** 

-	Direct	Grants	Staff	Support	Total	Total
	Costs		Costs	Costs	Costs	Costs
			(Note 16)	(Note 4)	2020	2019
	£'000	£'000	£'000	£'000	£'000	£'000
Expenditure on:						
Fundraising	42.8	-	19.7	49.2	111.7	139.6
Charitable activities:						
Membership	339.8	-	39.9	103.0	482.7	511.2
Education	452.2	-	209.7	527.1	1,189.0	1,938.4
Professional Practice	13.3	-	80.5	201.1	294.9	328.7
Representation	31.2	-	7.5	18.8	57.5	113.8
Research	0.1	-	4.3	10.8	15.2	18.3
Grants	-	165.7	5.0	12.5	183.2	112.2
Other Trading Activities	20.3	-	40.9	64.9	126.1	170.7
Other Costs	-	-	-	-	-	-
Total expenditure	899.7	165.7	407.5	987.4	2,460.3	3,332.9
Expenditure in support of activities	512.7	-	474.7	(987.4)	-	-
	1,412.4	165.7	882.2	_	2,460.3	3,332.9

**Note 4: Support costs** 

	Premises	Office	IT &	Finance	Sundry	Governance	BHS Support	2020	2019
		Man	Comms				Costs	Total	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Expenditure on:									
Raising funds	4.3	7.7	9.2	8.2	1.9	17.9	-	49.2	64.3
Charitable activities:									
Membership	8.8	15.7	18.5	16.5	3.8	36.2	3.6	103.1	105.3
Education	46.4	81.9	97.3	87.1	20.0	190.5	4.0	527.2	570.9
<b>Professional Practice</b>	17.8	31.4	37.3	33.4	7.7	73.1	0.4	201.1	187.0
Representation	1.7	2.9	3.5	3.1	0.7	6.9	-	18.8	17.9
Research	1.0	1.7	2.0	1.8	0.4	3.9	-	10.8	12.1
Grants	1.1	2.0	2.3	2.1	0.5	4.6	-	12.6	4.7
Investments	-	-	-	-	-	-	-	-	-
Other	9.1	16.0	19.0	17.0	3.9	-	-	65.0	85.7
Total Expenditure	90.2	159.3	189.1	169.2	38.9	333.1	8.0	987.8	1,047.9

Governance Costs	2020	2019
	£′000	£'000
Professional Fees	37.0	31.8
Travel and subsistence	7.3	34.7
Staff Costs	111.7	83.3
Support Costs	177.1	135.5
	333.1	285.

## **Grants Awarded**

The Trustees are permitted to award grants to further the aims of the Association as described in the Report of the Trustees.

	2020	2019
	£'000	£'000
Outstanding liabilities at the start of the year	98.5	97.0
Awarded during the year	148.0	67.8
Benevolence grants awarded during the year	17.6	37.6
	264.1	202.4
Paid during the year	(97.0)	(103.9)
Cancelled grants	-	-
	167.1	98.5
Grants falling due within one year	144.6	98.5
Grants falling due after more than one year	22.5	-
	167.1	98.5

During the year we awarded four research grants totalling £147,976 and two benevolent grants totalling £20,233. The research grants were: Nottingham Trials Unit (£39,926), Exeter Trials Unit (£36,550), RCS England (£67,500) and one for

James Lind Alliance Priority Setting Partnerships of £4000 and discussed in the Annual Report section on Research on page 23.

## **Grant Commitment**

At 17 December 2020, grants approved amounting to £156,404 (2019: £0) which fall due to be paid more than 12 months after the balance sheet date have not been accounted for as they are subject to conditions that have nto been met at the year-end.

# Note 5: Net incoming resources

2020	2019
£′000	£'000
31.2	31.8
113.3	107.0
1.7	3.4
62.8	77.4
209.0	219.6
	<b>£'000</b> 31.2 113.3 1.7 62.8

# Note 6: Tangible fixed assets

	Office	Office	Computer	
	equipment	refurbishment	equipment	Total
	£'000	£'000	£'000	£'000
Cost				
At 1 January 2020	9.0	145.0	10.4	164.4
Additions	-	-	-	-
Disposals	(5.1)	(145.0)	(10.4)	(160.5)
At 31 December 2020	3.9	-	-	3.9
Depreciation				
At 1 January 2020	9.0	139.1	10.4	158.5
Charges for the year	-	1.4	-	1.4
Disposals	(5.1)	(140.5)	(10.4)	(156.0)
At 31 December 2020	3.9	-	-	3.9
Net book value				
At 31 December 2020	-	-	-	-
At 31 December 2019	-	5.8	-	5.8

# Note 7: Intangible fixed assets

BHS	Website	Database	Total
	£'000	£'000	£'000
	104.7	230.9	335.6
15.3	-	-	15.3
-	(15.5)	-	(15.5)
15.3	89.2	230.9	335.4
-	48.1	96.4	144.5
-	34.9	77.0	111.9
-	(15.5)	-	(15.5)
-	67.5	173.4	240.9
15.3	21.7	57.5	94.5
-	56.6	134.5	191.1
	Website £'000  - 15.3  - 15.3	Website £'000     £'000       -     104.7       15.3     -       -     (15.5)       15.3     89.2       -     48.1       -     34.9       -     (15.5)       -     67.5	Website         £'000         £'000           -         104.7         230.9           15.3         -         -           -         (15.5)         -           15.3         89.2         230.9           -         48.1         96.4           -         34.9         77.0           -         (15.5)         -           -         67.5         173.4

# **Note 8: Investments**

	2020 £′000	2019 £'000
Market Value at 1 January 2020	4,144.1	3,624.9
Additions at cost excl. S/Brokers cash	1,033.7	304.4
Disposals at market proceeds	(952.7)	(264.5)
Net investment (loss)/gain	(47.90)	479.3
Market value at 31 December 2020	4,177.2	4,144.1

**Historical Cost at 31 December 2020** 3,091.9 2,960.4

Investments held with Investec Wealth & Investment	2020		201	2019	
	£'000	%	£'000	%	
Fixed Interest	715.1	17%	688.3	19%	
UK Equities	1,591.5	38%	1,752.4	42%	
Overseas Equities	1,249.5	30%	1,058.7	23%	
Property	268.2	6%	293.1	8%	
Alternative Assets	352.9	8%	351.6	8%	
Market value at 31 December 2020	4,177.2		4,144.1		

## **Note 9: Debtors**

	2020	2019
	£′000	£'000
Trade Debtors	0.9	108.0
Other debtors	0.1	2.1
Prepayments	460.9	265.6
Accrued Income	55.8	55.3
Value added tax	8.2	15.7
Gift Aid recoverable	44.0	44.0
Members' subscriptions in arrears	1.3	-
	571.2	490.7

Debtors include a Bad debt provision of £0 (2019: £51.2k) Bad debts written off in 2020 £9.6k (2019: £3.8k)

# Note 10: Creditors; amounts falling due within one year

	2020	2019
	£'000	£'000
Trade Creditors	152.5	121.0
Social Security	33.4	27.0
Sundry Creditors	49.9	33.5
Accruals	146.3	235.1
Deferred Income	141.3	139.5
JA Research grants	144.6	73.0
	668.0	629.1

## Movement on deferred income

	Total 2019 £'000
1 January 2020	106.6
Released in the year	(106.6)
Deferred in the year	141.3
31 December 2020	141.3

In 2020, the deferred income of £74.2k related to course registrations for courses due to take place in the first half of 2021, £15k related to elective care reviews, £3k on BHS Registry and £44.3k related to membership subscription income.

# Note 11: Creditors: Amounts falling due in more than one year

2019	2020
£'000	£'000
	22.5

Grants Payable – Research Grants

# Note 12: Net assets by funds

	Tangible fixed assets	Intangible fixed assets	Fixed assets investments	Other net assets	Total 2020
	£'000	£'000	£'000	£'000	£'000
Unrestricted funds	-	79.2	2,245.5	747.9	3,072.6
Restricted funds	-	15.3	461.9	1,674.6	2,151.8
Endowment funds	-	-	1,469.8	(369.3)	1,100.5
	-	94.5	4,177.2	2,053.2	6,324.9
Comparative net assets by fund					

# Comparative net assets by fund

	Tangible fixed assets	Intangible fixed assets	Fixed assets investments	Other net assets	Total 2019
	£'000	£'000	£'000	£'000	£'000
Unrestricted funds	5.8	191.1	2,193.1	462.4	2,852.4
Restricted funds	-	-	431.6	1,712.0	2,143.6
Endowment funds	-	-	1,519.3	(316.0)	1,203.3
	5.8	191.1	4,144.0	1,858.4	6,199.3

Note 13: Total funds

	1-Jan- 2020	Income	Expenditure	Transfers between funds	Net investment gain/(loss)	31-Dec- 2020
	£'000	£'000	£'000	£'000	£'000	£'000
General Funds	2,852.4	2,137.3	(1,943.6)	(2.1)	28.6	3,072.6
Restricted Funds						
Benevolent Fund	498.1	24.1	(24.9)	-	6.9	504.2
Research Fund	1,193.7	59.8	(229.5)	-	-	1,024.0
Casting Co-ordinator	5.6	5.3	(12.5)	1.6	-	-
Howard Steel Foundation	37.8	-	-	-	-	37.8
Naughton Dunn Memorial Lecture Fund	7.2	-	-	-	-	7.2
Grants	11.6	-	-	-	-	11.6
British Hip Society	140.2	351.2	(187.9)	-	-	303.5
Soli Lam Spinal Fellowship	57.7	12.1	(7.1)	-	-	62.7
Soli Lam Orthopaedic Fellowship	112.6	20.6	(6.4)	-	-	126.8
Chatterjee Fellowship	62.3	13.1	(7.9)	-	-	67.5
Zimmer Fellowship	16.8	7.0	(17.3)	-	-	6.5
Andrew Sprowson Fellowship	-	1.5	(1.5)	-	-	-
ABC Fellowship	-	-	(0.5)	0.5	-	-
Post-Graduate Orthopaedics Travelling Fellowship	-	2.0	(2.0)	-	-	-
	2,143.6	496.7	(497.5)	2.1	6.9	2,151.8
Endowment Fund						
Chatterjee Fund	320.4	-	(6.9)	-	(20.2)	293.3
Soli Lam Spinal Fellowship Fund	275.6	-	(4.5)	-	(23.4)	247.7
Soli Lam Orthopaedic Fellowship Fund	607.3	-	(7.8)	-	(40.0)	559.5
	1,203.3	-	(19.2)	-	(83.6)	1,100.5
	6,199.3	2,634.0	(2,460.3)	-	(48.1)	6,324.9

# **Comparative total funds**

	1-Jan- 2019	Income	Expenditure	Transfers between funds	Net investment gain/(loss)	31-Dec- 2019
	£'000	£'000	£'000	£'000	£'000	£'000
General Funds	2,500.9	2,749.5	(2,656.6)	(13.2)	271.8	2,852.4
Restricted Funds						
Benevolent Fund	481.4	14.8	(49.5)	-	51.4	498.1
Research Fund	1,178.0	169.0	(153.3)	-	-	1,193.7
Casting Co-ordinator	11.0	1.7	(7.1)	-	-	5.6
Howard Steel Foundation	37.8	-	(4.3)	4.3	-	37.8
Naughton Dunn Memorial Lecture Fund	7.2	-	(0.8)	0.8	-	7.2
Grants	11.6	-	-	-	-	11.6
British Hip Society	133.9	251.1	(244.8)	-	-	140.2
Soli Lam Spinal Fellowship	56.5	14.9	(13.7)	-	-	57.7
Soli Lam Orthopaedic Fellowship	103.1	25.4	(15.9)	-	-	112.6
Chatterjee Fellowship	58.3	15.2	(11.2)	-	-	62.3
Zimmer Fellowship	13.7	115.6	(112.5)	-	-	16.8
Singhal Fellowship	-	1.4	(1.4)	-	-	-
Andrew Sprowson Fellowship	-	1.5	(1.5)	-	-	-
ABC Fellowship	-	25.0	(33.1)	8.1	-	-
Post-Graduate Orthopaedics Travelling Fellowship	-	2.5	(2.5)	-	-	-
	2,092.5	638.1	(651.6)	13.2	51.4	2,143.6
Endowment Fund						
Chatterjee Fund	289.7	-	(9.4)	-	40.1	320.4
Soli Lam Spinal Fellowship Fund	238.3	-	(5.7)	-	42.9	275.6
Soli Lam Orthopaedic Fellowship Fund	543.8	-	(9.6)	-	73.2	607.3
	1,071.8	-	(24.7)	-	156.2	1,203.3
	5665.2	3,387.6	(3,332.9)	-	479.4	6,199.3

## Note 13: Total funds (cont.)

#### **Benevolent Fund**

The fund exists to meet any successful claims for relief from poverty or distress that might arise from eligible members of the British Orthopaedic Association.

### Joint Action (JA) Research Fund

Joint Action was established to raise funds for orthopaedic research and to award grants to successful applicants.

### **E-Learning Fund**

This fund was originally received to fund the development of the electronic logbook for trainees. The remaining funds have been used to fund the development of the e-learning platform.

### **Casting Co-ordinator Fund**

This fund existed to pay the salary of the Casting Co-ordinator. Funds will still be received for this purpose but will now form part of the 'other restricted funds' received by BOA.

#### **Howard Steel Foundation**

Funds were received over a period of years from Dr Howard Steel that were restricted to pay an honorarium to a speaker whose speech content at the Annual Congress was of a non-orthopaedic nature. The first lecture took place at the Association's 1998 Annual Congress in Dublin.

### **Naughton Dunn Memorial Lecture Fund**

The fund was established from a donation received from Mrs Ethel Dunn to sponsor an annual memorial lecture in memory of her husband, a former President of the Association.

### **Grants (ex Wishbone)**

Donations received for orthopaedic research and for the awarding of research grants.

## **British Hip Society**

The British Hip Society has come under the BOA umbrella as an autonomous Trust with their investments and other funds being accounted for as a restricted item with in the BOA accounts.

### Other restricted funds

From time to time we receive funds for specific purposes. In this year they include the, the ABC, Zimmer, Singhal and Andrew Sprowson travelling fellowships and Quality Outcomes.

## **Endowment Fund**

An endowment of £300.0k was received in 2006 from Mr Soli Lam, a BOA member, the income from which was to support an annual fellowship in spinal surgery. The terms allow for a Spinal fellowship dependent on the returns from the capital. An endowment legacy of £529.1k was received from the estate of Mr Soli Lam in 2013; the income from this endowment is to support an annual traveling orthopaedic fellowship.

### **Transfers**

The restricted fund for the ABC fellowship exceeded the funding held as a result the BOA General funds covered the extra costs. The restricted funds for Howard Steel and Naughton Dunn did not incur any income to cover the costs as a result the BOA General fund covered the costs.

## **Note 14: Operating lease commitments**

At 31 December 2019 the Association had annual commitments under non-cancellable operating leases as follows:

		2020		
	Land and buildings	Other	Land and buildings	Other
	£′000	£'000	£'000	£'000
ar	81.8	-	77.4	6.4
five years	-	-	32.2	-
	-	-	-	-
	81.8	-	109.6	6.4

During 2020 we paid rent and services charges to the Royal College of Surgeons and a photocopying lease to Konica which ended in 2020.

### Note 15: Staff Costs

	2020	2019
	£'000	£'000
Wages and salaries	692.1	669.4
Social Security costs	66.6	62.9
Pension costs	104.1	84.8
Other staff costs	19.5	38.4
	882.3	855.5

In 2020, there were no redundancy and termination payments (2019: £0). Termination payment totals now include National Insurance payments.

The number of employees whose emoluments as defined for tax purposes amounted to over £60,000 in the year was as follows:

	2020	2019
	Number	Number
£60,000 - £70,000	1	2
£70,000 - £80,000	-	-
£80,000 - £90,000	1	1
	2	3

The total remuneration to key management for the year was £437.9k (2019: £395.4k)

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

	2020	2019
	Number	Number
Office and Administration	17.0	17.0

No Trustee received remuneration during the year (2019: Nil). Out of pocket expenses for travel, subsistence and accommodation paid to 13 Trustees (2019: 18) were £24.5k (2019: £56.9k). Trustee expenses invoiced directly to the British Orthopaedic Association for travel, subsistence and accommodation were £20.5k (2019: £43.8k) This includes outstanding amounts at the year-end of £0k (2019: £4.9k)

### **Pension Scheme**

The British Orthopaedic Association participates in the Superannuation Arrangements of the University of London ("SAUL"), which is a centralised defined benefit scheme within the United Kingdom and is contracted-out of the Second State Pension (prior to April 2016).

SAUL is an independently-managed pension scheme for the non-academic staff of over 50 colleges and institutions with links to higher education.

Pension benefits accrued within SAUL currently build up on either a Final Salary basis or a Career Average Revalued Earnings ("CARE") basis.

The British Orthopaedic Association is not expected to be liable to SAUL for any other current participating employer's obligations under the Rules of SAUL, but in the event of an insolvency event of any participating employer within SAUL, an amount of any pension shortfall (which cannot otherwise be recovered) in respect of that employer, may be spread across the remaining participating employers and reflected in the next actuarial valuation.

### **Funding Policy**

SAUL's statutory funding objective is to have sufficient and appropriate assets to meet the costs incurred by the Trustee in paying SAUL's benefits as they fall due (the "Technical Provisions"). The Trustee adopts assumptions which, taken as a whole, are intended to be sufficiently prudent for pensions and benefits already in payment to continue to be paid and for the commitments which arise from Members' accrued pension rights to be met.

The Technical Provisions assumptions include appropriate margins to allow for the possibility of events turning out worse than expected. However, the funding method and assumptions did not completely remove the risk that the Technical Provisions could be insufficient to provide benefits in the future.

A formal actuarial valuation of SAUL is carried out every three years by a professionally qualified and independent actuary. The last actuarial valuation was carried out with an effective date of 31 March 2017. Informal reviews of SAUL's position, reflecting changes in market conditions, cash flow information and new accrual of benefits, are carried out between formal valuations.

The funding principles were agreed by the Trustee and employers in June 2018 and are due to be reviewed at SAUL's next formal valuation in 2020. The 2020 valuation is being finalised and is expected in June 2020.

At the 31 March 2017 valuation SAUL was fully funded on its Technical Provisions basis so no deficit contributions were required. The Trustee and the Employers have agreed that the ongoing Employers' contributions will continue at a rate of 16% of CARE Salaries.

### **Accounting Policy**

The British Orthopaedic Association is a Participating Employer in SAUL. The actuarial valuation applies to SAUL as a whole; the market value of SAUL's assets was £3,205 million representing 102% of the liabilities for benefits accrued up to 31 March 2017.

It is not possible to identify and individual Employer's share of the underlying assets and liabilities of SAUL. The British Orthopaedic Association accounts for its participation in SAUL as if it were a defined contribution scheme and pension costs are based on the amounts actually paid (i.e. cash amounts) in accordance with paragraphs 28.11 of FRS 102.

As there was a Technical Provisions surplus at 31 March 2017 there is no defined benefit liability (i.e. the present value of any deficit contributions due to SAUL) to be recognised by the British Orthopaedic Association.

SAUL is subject to triennial valuations by professionally qualified and independent actuaries. The last available valuation was carried out as at 31 March 2017 using the projected unit credit method in which the actuarial liability makes allowance for projected earnings. The main assumptions used to assess the technical provisions were:

Latest actuarial valuation	31.03.2017	31.03.2014
Investment return per annum	1.96%	3.86%
Salary scale increases per annum	3.49%	3.72%
Pension increases per annum	2.49%	2.72%
Market value of assets	£3,205 Million	£1,927 Million
Liabilities at date of last valuation	£3,149 Million	£1,986 Million
(Deficit)/surplus in scheme	£56 million	(£59 million)
Proportion of accrued benefits covered by the actuarial value	102%	97%

The total pension cost for the Association was:	Year ended Year ended	
	31-Dec-20	31-Dec-19
	£'000	£'000
Contributions to SAUL	111.4	101.7
Other Pension Costs	-	-
Pension Deficit Provision	-	(16.9)
Total Pension cost	111.4	84.8

The employers contribute 16% of salaries, staff members' contribute 6.0% of salaries.

It is not possible to identify the Association's share of the underlying assets and liabilities of the scheme. Therefore contributions are accounted for as if SAUL were a defined contribution scheme and pension costs are equal to the contribution payable for the year in accordance with FRS102.

# **Note 16: Related Parties**

There have been no related party transactions in the reporting period that require disclosure.

British Orthopaedic Association: Statement of Financial Activities (including income and expenditure account) for the year ended at 31 December 2019

Note 17: Comparative Statement of Financial Activity

	Note	Unrestricted	Restricted	Endowment	Total
		funds	funds	funds	funds 2019
		£'000	£'000	£'000	£'000
Income and endowments from:					
Voluntary income:					
Donations and legacies		196.3	169.2	-	365.5
Charitable activities:					
Membership		1,368.6	24.5	-	1,393.1
Education		1,033.5	353.2	-	1,386.7
Professional Practice		77.2	20.0	-	97.2
Representation		1.6	-	-	1.6
Grant		-	-	-	-
Other Trading Activities		6.1	1.2	-	7.3
Investment Income	2	66.2	70.0	-	136.2
Total income and endowments		2,749.5	638.1	-	3,387.6
Expenditure on					
Raising funds		24.3	90.6	24.7	139.6
Charitable activities:					
Membership		501.1	10.1	-	511.2
Education		1,507.8	430.6	-	1,938.4
Professional Practice		320.9	7.8	-	328.7
Representation		113.8	-	-	113.8
Research		18.3	-	-	18.3
Grants		-	112.2	-	112.2
Other		170.4	0.3	-	170.7
Total expenditure	3	2,656.6	651.6	24.7	3,332.9
Net Gains/(losses) on investment		271.8	51.4	156.2	479.4
Transfer between funds		(13.2)	13.2	-	-
Net movement in funds		351.5	51.1	131.5	534.1
Total funds brought forward		2,500.9	2,092.5	1,071.8	5,665.2
Total funds carried forward	12	2,852.4	2,143.6	1,203.3	6,199.3

### **Reference and Administrative Detail**

### **Trustees and Senior Staff**

### Officers of Council

D J McBride President to 17/09/20, then Past President R C Handley Vice President to 17/09/20, then President

J Skinner Vice President elect to 17/09/20, then Vice President and Honorary Treasurer from 01/01/18

D Eastwood Vice President elect from 17/09/20 Simon Hodkinson Honorary Secretary from 01/01/20

P G Turner Appointed trustee from 17/09/20 to 23/09/21

### **Elected Members of Council**

2018 – 2020	2019 – 2021	2020-2022	2021-2023
P Giannoudis	G Giddins	C Esler	Fare Haddad
R Morgan-Jones	R Gregory	A Hui	Amar Rangan
H Simpson	F Monsell	A Manktelow	Sarah Stapley
D Tennent	A Stephen	I McNab	Hiro Tanaka

### **Honorary Posts**

Archivist I B M Stephen

## **Key Management**

Chief Operating Officer J Clarke

Director of Finance E Fry

Director of Policy and Programmes J Trusler

Director of Communications and Operations E Storey

Interim Director of Communications A Heninger

Registered Address Charity Registration Number

British Orthopaedic Association 1066994

At the Royal College of Surgeons

35-43 Lincoln's Inn Fields Company Registration Number

London WC2A 3PE 3482958

Bankers Auditor

National Westminster Bank PLC Crowe U.K. LLP Marylebone and Harley Street Branch 55 Ludgate Hill

P O Box 2021 London

10 Marylebone High Street EC4M 7JW

London W1A 1FH

**Solicitors** 

Bircham Dyson Bell LLP

50 Broadway London SW1 0BL **Investment Advisors** 

Investec Wealth Management

2 Gresham Street London EC2 7QN

**Employment Advisors** 

Ellis Whittam Ltd

Woodhouse

Aldford

Cheshire CH3 6JD **HR** Inspire

64-68 Akeman Street,

Tring,

Hertfordshire HP23 6AF



British Orthopaedic Association, 35-43 Lincoln's Inn Fields, London, WC2A 3PE Tel: 020 7405 6507

Registered Charity No.1066994

Company Limited by Guarantee

Company Registration No.3482958