

**The Association  
of Upper  
Gastrointestinal  
Surgeons of  
Great Britain &  
Ireland (AUGIS)**

**Annual Report and  
Financial Statements**

31 May 2017

Charity Registration Number  
1093090

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## Legal and administrative information

### Members of the Council

<b>Mr Richard Hardwick</b>	President
<b>Professor Giles Toogood</b>	President-Elect
<b>Mr Adrian O'Sullivan</b>	Honorary Secretary
<b>Mr Stephen Fenwick</b>	Honorary Treasurer
<b>Mr Mark Taylor</b>	Education, Training and Research Lead
<b>Mr Nicholas Maynard</b>	Clinical Services & Audit Lead
Mr Matthew Mason	AUGIS Representative
Professor Ashley Dennison	HPB Lead
Professor Ashraf Rasheed	OG Group Lead
Mr Shaw Somers	BOMSS Lead
Mr Bhaskar Kumar	Regional Representative, East Anglia
Professor Muntzer Mughal	Regional Representative, North Thames
Mr Simon Galloway	Regional Representative, North West & Mersey
Mr Andrew Kennedy	Regional Representative, Northern Ireland
Mr Andrew Smith	Regional Representative, Northern & Yorkshire
Mr Stuart Mercer	Regional Representative, Oxford & Wessex
Mr Adrian O'Sullivan	Regional Representative, Republic of Ireland
Mr Graeme Couper	Regional Representative, Scotland
Mr James Gossage	Regional Representative, South Thames
Mr Richard Krysztopik	Regional Representative, South West
Mr Iain Cameron	Regional Representative, Trent
Mr Bilal Al-Sarireh	Regional Representative, Wales
Mr Jan Dmitrewski	Regional Representative, West Midlands
Mr Donald Menzies	ALSGBI Representative
Mr Shahab Siddiqi	ACPGBI Representative
Mr Krish Rangunath	BSG Representative
Mr Nick Everitt	Communications Officer

Council members shown in **bold** are also members of AUGIS executive.

<b>Principal office</b>	Royal College of Surgeons of England 35 – 43 Lincoln's Inn Fields London WC2A 3PE
Telephone	0207 869 6116/6115
Email	<a href="mailto:sarvjit@augis.org">sarvjit@augis.org</a> / <a href="mailto:nichola@augis.org">nichola@augis.org</a>
Website	<a href="http://www.augis.org">www.augis.org</a>

**Charity registration number** 1093090

**Auditor** Buzzacott LLP  
130 Wood Street  
London  
EC2V 6DL

## Legal and administrative information

### **Bankers**

Coutts & Co  
Commercial Banking  
440 Strand  
London  
WC2R 0QS

National Westminster Bank plc  
243 Glossop Road  
Sheffield  
S10 2HA

## Report of the Council Year to 31 May 2017

The Council present the statutory report together with the financial statements of The Association of Upper Gastrointestinal Surgeons of Great Britain & Ireland (AUGIS) and its subsidiary company AUGIS Trading Ltd (together the 'Group' or 'consolidated') for the year ended 31 May 2017.

The financial statements have been prepared in accordance with the accounting policies set out on pages 23 to 25 of the attached financial statements and comply with the charity's trust deed, applicable laws and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), effective from accounting periods commencing 1 January 2015 or later.

### **Structure, Governance and Management**

The Association is governed by the Council drawn from the members of the Association. The members of the Council are trustees of the charity for the purposes of the Charities Act 2011. The Council consists of:

- ◆ The Executive Officers (President, President Elect, Honorary Treasurer, and Honorary Secretary).
- ◆ The Chairmen of the Committees (Education, Training & Research, Clinical Services and Audit).
- ◆ The Regional Representatives.
- ◆ A representative of the Association of Coloproctology of Great Britain and Ireland (ACP).
- ◆ A representative of the Association of Laparoscopic Surgeons of Great Britain and Ireland (ALS).
- ◆ A representative of the BASO - the Association for Cancer Surgery (BASO~ACS).
- ◆ A representative of the British Society of Gastroenterology (BSG).
- ◆ A representative of the British Obesity and Metabolic Surgery Society (BOMSS).
- ◆ A representative of the Great Britain & Ireland Hepato–Pancreatic–Biliary Association (GBIHPBA).
- ◆ The President of the OG Group.
- ◆ The AUGIS trainees' (AUGIS<sup>t</sup>) representative.
- ◆ The Nurse/Allied Health Professional members' representative.
- ◆ The Communications Officer.

Other Council Members may be co-opted by the Council.

**Structure, Governance and Management** (continued)

Nominations for the President and Officers are sought from the membership and Council decide by ballot which nominations to recommend to the membership at the Annual General Meeting. A President Elect is approved up to two years before becoming President.

The Chairmen of the Committees are selected by the Council for election at the Annual General Meeting.

The Trainee Members' Representative is nominated by the trainee members and elected by the Council.

The Affiliate Members' Representative is nominated by the affiliate members and elected by the Council.

The Regional Representatives are elected by members of the regions following invitations for nomination and a ballot.

**Members of the Council**

The following members of council represented AUGIS on the council of the associations or organisations as indicated:

Mr Ian Beckingham	ALS
Mr David Hewin	BOMSS
Mr Andrew Wyman	JAG - <i>Joint Advisory Group on GI Endoscopy</i>

In addition to Council Members listed on page 1, the following Members also served on AUGIS Council during the year to 31 May 2017:

<b>Council Members</b>	<b>Appointed/End of term of office</b>
Mr Ian Beckingham	AUGIS President (demitted September 2016)
Mr David Hewin	Honorary Secretary (demitted September 2016)
Mr Andy Cockbain	AUGIS Representative (demitted September 2016)
Mr Hugh Warren	Regional Representative, East Anglia (demitted September 2016)
Mr Nick Everitt	Regional Representative, Trent (demitted September 2016)
Professor Jane Blazeby	Upper GI Specialty Research Lead (demitted January 2017)
Mr Hassan Malik	BASO Representative (demitted January 2017)
Professor Rowan Parks	HPB Lead (demitted January 2017)

Out of pocket travelling expenses totalling £11,660 (2016 - £8,165) were reimbursed to 20 (2016 - 20 members) members of the Council during the period. No members of the Council had any beneficial interest in any contract with the charity during the year (2016 – none).

**Structure, Governance and Management** (continued)

***Key management personnel***

The members of the AUGIS executive consider that they, supported by the specialty managers, comprise the key management of the charity in charge of directing and controlling, operating and running the charity on a day to day basis.

Members of the AUGIS executive are not remunerated for their services. The remuneration of the specialty managers is decided upon by the Council Members, based on comparison with similar organisations.

***Organisation structure***

The administration of the charity is carried out by two full-time salaried general managers at the offices of the Association of Surgeons of Great Britain and Ireland (Charity registration number 1068016), a charity with related objects and activities. The expenditure incurred on administration and office services has been recharged to AUGIS at cost.

The AUGIS Sub-Committees listed below are led by the Chairs of the respective groups and consist of members of the Council and ordinary members of the Association. The individual memberships are listed in the relevant sections of this report. The Committees are:

AUGIS Council;  
BOMSS Council; and  
GBIHPBA Committee; and  
Research Committee; and  
Allied Health Professionals Committee

In addition, the Chairs of the following groups co-opt council members and ordinary members as appropriate for the following groups:

Clinical Services and Audit Committee;  
Education Research and Training Committee; and  
Oesophago-Gastric Committee.

***Statement of trustees' responsibilities***

The trustees are responsible for preparing the trustees' report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and the group and of the incoming resources and application of resources of the group for that period. In preparing these financial statements, the trustees are required to:

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

**Structure, Governance and Management** (continued)

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

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

The trustees are responsible for keeping proper accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the charity's trust deed. They are also responsible for safeguarding the assets of the charity and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

**Subsidiary company**

AUGIS has one wholly owned subsidiary, AUGIS Trading Limited, with an issued share capital of £2. AUGIS Trading Limited, Company Registration No. 6380156, registered office Royal College of Surgeons of England, 35-45 Lincoln's Inn Fields, London, WC2A 3PE, carries out the Association's commercial operations raising sponsorship on its behalf for their annual meetings.

**Risk management**

The Council is aware of the need to assess the major risks to which the charity is exposed, in particular those relating to the specific operational areas of the charity and its finances. The Council has assessed the major risks and in doing so, the Council has established effective systems to mitigate the risks identified.

The honorary secretary is responsible for maintaining a risk register for the Association. This identifies the key risks to the Association and the processes put in place to mitigate those risks. The risk register is reviewed by all trustees at each full Council meeting three times a year, and updated accordingly.

The major risk to the organisation is that the cost of administering the association exceeds the income generated. This risk has been mitigated through sound financial planning, an increase in member subscription rates, and close working with our commercial partners to ensure continued support of the charitable activities of the Association.

## **Objectives and Activities**

### ***Principal aims and objects***

AUGIS aims to provide a structure for training objectives, foster developments in upper gastrointestinal surgery, promote educational and academic objectives and act as a liaison under the umbrella of the Association of Surgeons of Great Britain & Ireland (ASGBI) with the Senate of Surgery, the Royal Colleges, the Specialists Advisory Committee and other surgical and academic bodies. It is felt that members would benefit from representation in terms of negotiation with Trusts, definition of job plans and contracts and also in discussion with Post Graduate Regional Deans in the assessment of trainees and training posts.

The overall objective of the Association is the advancement of the science and practice of upper gastrointestinal surgery.

### ***Public benefit statement***

The trustees confirm that they have complied with their duty under the Charities Act. They have considered the public benefit guidance published by the Charity Commission and believe that they have followed its guidance in this area. The annual report gives a detailed description of the activities undertaken by the charity during the period in furtherance of its charitable purposes, and the trustees are satisfied that all such activities provide a public benefit.

### ***Activities***

In pursuit of the Association's aims and objectives, the Council meets regularly to consider developments within the field of upper gastrointestinal surgery and identify those areas that merit further work. Where necessary, funding is provided to allow this work to be completed.

A general and scientific meeting is held each year in the autumn which provides an educational forum designed to promote standards in training in upper gastrointestinal surgery and endoscopy. Speakers of national and international repute are invited and the Association is supported by a lectureship through the British Journal of Surgery Society. Presentations are also welcomed from the clinical and scientific fields and are selected by the programme committee and the best papers compete for the "BJS Prize".

Occasionally the annual meeting is not held in years when AUGIS has collaborated with other allied groups to provide a combined conference, the most recent example being the Digestive Diseases Federation (DDF) in June 2015. Two of the three sub-specialty groups within AUGIS, The British Obesity and Metabolic Surgery Society (BOMSS) and the Great Britain and Ireland Hepato Pancreatico Biliary Association (GBIHPBA) hold their own regular stand-alone meetings. In addition, an inaugural All-Ireland AUGIS Conference was launched by AUGIS in May 2014, with a further all Ireland meeting taking place in Belfast in May 2016.

## **Achievements and Performance**

### **A. Clinical Services and Audit**

#### ***Clinical Services***

##### **1. Clinical Commissioning guidance for gallstone disease and reflux disease**

The Royal College of Surgeons of England asked AUGIS to lead a review of the 2013 guidance available through the RCS and hence AUGIS compiled two committees to review and update the Commissioning Guidelines for both Gallstone and Gastro-oesophageal reflux disease (GORD). The members of both committees included Consultant General Surgeons, Consultant Gastroenterologists, a Secondary Care Doctor and Patient Representatives.

The committees met and the guidance was closely reviewed and updated by each committee. Once finalised both draft documents were then sent for peer review. The final documents are now available on both the AUGIS and RCSEng websites.

##### **2. The Provision of Services for Upper Gastrointestinal Surgery**

The updated AUGIS Provision of Services Document is now on the AUGIS Website, and the core contents were presented at the AUGIS Annual meeting in Leeds in September 2016. For the first time AUGIS is describing required Standards of Care for all forms of Upper GI surgery and these standards will be updated on a regular basis.

##### **3. Provision of Services for Upper Gastrointestinal Surgery 2016**

The guidelines produced in 2011 by the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland to describe the provision of services required for patients with upper gastrointestinal surgical disease were reviewed by AUGIS Council and updated in June 2016.

The reviewed and revised document is available on the AUGIS website and is intended to be a guide for surgeons, healthcare commissioners and patient representatives so that high quality services can continue to be provided to improve the outcome of patients with these diseases.

##### **4. SNOWMED**

A major project over the next year will be to update all the Clinical Terms (for diseases and procedures), which relate to our specialties that are used in SNOMED (**S**ystemized **N**omenclature of **M**edicine) on behalf of NHS Digital and the Royal College of Surgeons. This will take some time, but is long overdue and hopefully will banish to the archives some of the historical procedures we still see recorded in coding systems and manuals.

**Achievements and Performance** (continued)

**AUDIT**

**1. The National Oesophago-Gastric Cancer Audit (NOGCA)**

The NOGCA 2016 Annual Report and 2016 Clinical Outcome Publication were published successfully, as before with minimal noise and no outliers. NOGCA is now collecting data on resection margins and lymph node yields, and in the 2016 report we gave some preliminary baseline information. The report will hopefully include more primary care data about what happens to patients before they arrive in secondary care, and also more data about chemotherapy and radiotherapy received by our patients. These two indicators will be included in the 2017 report as outcome measures, and it is expected that in due course they will provide us with good measures of quality of surgery.

The current audit has been given a one year extension to end of May 2018, and although NHS England will recommission the audit, they have confirmed that they will do so in a joint audit with the bowel cancer audit – a three year National Gastrointestinal Cancer Audit Programme. A specification development meeting is taking place in July, and we hope that the oesophagogastric part of the joint audit will continue along similar lines to the existing audit.

**2. The Surgical Workload Outcomes Audit Database (SWORD)**

The Surgical Workload Outcomes Audit Database (SWORD) is an internet-based website – which can be accessed from the AUGIS website. SWORD runs on HES data and identifies all NHS operations performed in England. Phase one shows data on cholecystectomy, anti-reflux surgery and hernia surgery. The data is sorted by Consultant attribution coding and grouped into hospital trust and regional levels. The data on the website is updated quarterly and is only accessible to Consultant members. It is pseudonomised (ie each consultant has an individual code but that code will only be given to that consultant).

The data allows members to see activity using a mixture of a standard dashboard data (eg re-operation rates, readmission rates, length of stay, day case rates) and data related specifically to that procedure (eg for cholecystectomy – proportion of cholecystectomies carried out within 10 days of an episode of pancreatitis or cholecystitis). The data allows members to compare themselves to peers locally and the national averages. It also allows members to print summary sheets of their annual activity which can be used for appraisals.

The database will gradually increase the number of procedures available over the next year, including the possibility of its applicability to Cancer operations as well.

**Clinical Services & Audit Lead: Mr Nicholas Maynard**

**Achievements and Performance** (continued)

**3. The National Bariatric Surgery Registry (NBSR)**

See BOMSS section below.

**B. BOMSS – The British Obesity and Metabolic Surgery Society**

January 2016 saw the BOMSS Annual Scientific Meeting at Alton Towers which was hosted by Mr Chandra Cheruvu and included a scientific and social programme with several international speakers led by Dr Kelvin Higa (USA), current President of IFSO. The Training Day was very well attended and included a multi-disciplinary overview for trainee surgeons and Allied Health Professionals, with the latter group forming a significant number of the delegates. Dr Higa was effusive in his praise when he said the meeting was one of the best he has attended, particularly in terms of the content and the friendly atmosphere. Mr Shaw Somers took over from Mr Roger Ackroyd as BOMSS President after the AGM. The 2<sup>nd</sup> Experts Ski Meeting took place in Italy in February 2017 and this four day meeting provided the opportunities for trainees and consultant surgeons to network and discuss latest developments with the sub-specialty, providing support for peers. The meeting is expected to run again in 2018 and will hopefully be a recurring event on our calendar.

BOMSS will host the Annual World Congress of the International Federation for the Surgery of Obesity & Metabolic Disorders (IFSO) from 29 August - 2 September 2017 at the QE2 Conference Centre in central London. IFSO is the world's largest annual congregation of professionals involved in management of morbid obesity and will be a landmark event in the history of BOMSS and the local organising and scientific committees have ensured the pre-Congress courses will attract Trainee Surgeons and Allied Health Professionals alike, alongside the main scientific programme for this five day meeting, whilst a Patient Engagement Session will be open to bariatric patients.

BOMSS continues to work with the RCS and other specialist societies to help colleagues in supporting discussions with commissioners. FOI data collated by RCSE has thrown light on commissioning intent of CCGs

BOMSS Council members have also worked hard to secure a modest increase in bariatric tariff for 2017-2019 and BOMSS Council will continue to work with Monitor and NHSE to ensure there is a fairer uplift going forward from 2019 and will keep members updated on future developments.

**The National Bariatric Surgery Registry (NBSR)** is maturing into a valuable tool for surgeons and hospital trusts and the Chair of NBSR, Marco Adamo, is now an Executive member on BOMSS Council. The committee, will carry on the excellent work of Richard Welbourn (who will continue as Advisor to the Committee) and colleagues. There are several work streams in progress including a Version 2 upgrade incorporating NHS numbers and looking at capturing QoL data from patients, whilst ensuring that the registry continues to support the clinical outcomes publications. BOMSS has managed to secure financial contributions from NHS Trusts towards the publication of clinical outcomes, by contributing to providing dedicated administrative support.

**BOMSS Lead: Mr Shaw Somers**

**Achievements and Performance** (continued)

**C. GBIHPBA – The Great Britain and Ireland Hepato-Pancreato Biliary Association**

The Great Britain and Ireland Hepato-Pancreato Biliary Association's last National Scientific Meeting was in 2016 and these are held biennially. In the years between the meetings the GBIHPBA joins its parent organisation AUGIS for its' Annual meeting which this year is in Cork, Ireland on the 21<sup>st</sup> and 22<sup>nd</sup> of September. GBIHPBA is actively contributing to what promises to be a very well attended event with specialists from a number of disciplines and all aspects of hepato-biliary and pancreatic surgery contributing to a dynamic scientific programme and active input, both scientifically and educationally, from HPB trainees.

The GBIHPBA meeting in 2018 is in the planning stages and as well as the scientific programme and the emphasis on the inclusion of trainees and basic research there will be an increase in the involvement of the lay public to examine ways that the society can make helpful information available and determine how they can be better integrated into the Society to shape the way it develops over the next decade. There are also invited speakers from China, the USA, Holland and Australia which promises to enable lessons to be learnt (by everyone) from approaches in different health care systems.

AUGIS and the GBIHPBA are also in discussion with the Pancreatic Society of Great Britain and Ireland and the UK EUSug (UK Endoscopic Ultrasound Users Group) about the possibility of working towards a combined meeting in 2019.

**GBIHPBA Lead: Professor Ashley Dennison**

**D. OG Lead**

Professor Ashraf Rasheed was elected as OG Lead and has been working on compiling an AUGIS OSCE style problem-based educational resource for practicing OG surgeons. The resource will assist OG surgeons to acquire and apply new knowledge and reaffirm existing knowledge in a commitment to continuing medical education which could later be developed into a self-assessment tool that could be used as evidence in the revalidation process. This will be an evolutionary multi-step process and will rely heavily on supply of materials, peer review, feedback and dedication of time and effort by our OG and BOMSS membership. I am in no doubt that we will have many challenges on the way but remain determined and look forward to receiving any comments or feedback.

**OG Lead: Professor Ashraf Rasheed**

**Achievements and Performance** (continued)

**E. Nurses/Allied Health Professionals group**

The AUGIS Nurses/Allied health professionals (AHP) group have had another successful educational year in the year ended May 2017.

The AUGIS Annual Scientific Meeting at Leeds in September 2016 built on the success of previous training days held in Brighton in 2014 and Nottingham in 2015 and saw around 56 Nurses and Allied Health Professionals attend the event and the three parallel sessions held for AHP and Nurse members. We hope that our Annual Scientific Meeting in Cork in September 2017 will draw interest from potential Nurse and Allied Health Professionals members from both the Republic of Ireland and Northern Ireland to increase interest and membership in this area of the UK. The association has kept the registration rates for Allied Health Professionals and Nurses at the 2014 registration rates.

The Nurse/AHP group continued to support The National Oesophago-gastric Cancer awareness campaign which runs annual events to raise awareness of Upper GI disease in particular oesophageal and gastric cancer. Members were asked to feedback to the association on what topics they would like to see from future AUGIS Meetings and the appetite for future stand-alone training days. Some members also expressed interest in taking part in research and audit projects, which we hope to include for the future.

There is a varied selection of resources on the AUGIS website which offer nurses and AHPs valuable information on current national initiatives and strategies along with useful links to many different organisations. There is also appetite from members to share contacts to provide a network and share support groups. There are also details of organisations for professionals and patients to contact available on the AUGIS website.

The main focus over the last year has been to get feedback from members and to find out how the association can best serve their needs, whilst also working to build a strong network nationally for healthcare professionals in the field of upper gastro-intestinal disease in order that we can share best practice with the aim of improving patient outcomes and patient experience.

**Nurse/AHP Lead: Noreen Hawkshaw**

**F. Research**

Over the past six months Professor Jane Blazeby has continued to support new chief investigators to gain grants, and has encouraged participation in NIHR funded research, collaborated with the NELA group and invested in career development and capacity building for future research leaders. Full details are provided below.

**Achievements and Performance** (continued)

***F. Research*** (continued)

***Newly funded and on-going randomised controlled trials in upper GI surgery***

*Oesophageal cancer surgery*

**The ROMIO study.** The main trial is now open in six NHS centres in the UK. It has been delayed and currently behind in recruitment (47 patients randomised). We hope to open more centres and if you are interested in joining please contact [ROMIO-study@bris.ac.uk](mailto:ROMIO-study@bris.ac.uk). The ROMIO trial is funded by the NIHR HTA.

*Bariatric surgery*

**The By-Band-Sleeve study.** This trial has now recruited 837 patients from 11 UK centres. A twelfth centre (North Bristol Trust) will soon open. Recruitment will end in about 12 months. We are looking for new ideas for bariatric surgical trials now to follow on from this. The By-Band-Sleeve study is funded by the NIHR HTA.

*Pancreatic surgery*

**The PANasta Trial.** The PANasta trial, funded by Cancer Research UK, will be the first multi-centre RCT comparing two types of duct-to-mucosa pancreatic anastomosis with surgical quality assurance. It is currently recruiting well with over 150 patients randomised.

*Gallbladder surgery*

**The C-Gall study** aims to examine the clinical effectiveness and cost-effectiveness of laparoscopic cholecystectomy compared with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones. The pilot phase is complete and it is open to more centres. It is funded by the NIHR HTA.

*Surgery for colorectal liver metastases*

**The LAVA trial.** This trial will recruit patients with resected or potentially resectable colorectal cancer liver metastases who would currently be considered by a specialist liver MDT review for either liver resection or thermal ablation and who are either elderly (e.g. over 75 years), or have major co-morbidities, or who have poor prognosis but resectable metastatic disease (extensive synchronous disease, two stage resection, small remnant liver volume). Several centres have opened. It is funded by the NIHR HTA.

*Palliative treatment of oesophageal cancer*

**The ROCS Trial.** This RCT is examining the role of radiotherapy after oesophageal cancer stenting. Some 160 patients have been randomised. It is funded by the NIHR HTA.

**Achievements and Performance** (continued)

**F. Research** (continued)

***Newly funded and on-going randomised controlled trials In upper GI surgery***  
(continued)

*Trials in general Upper GI surgery*

**The Bluebelle feasibility study.** This study has completed. It has demonstrated that a main trial of dressing (simple dressing, tissue adhesive as-a-dressing or 'no dressing') is possible.

*New trial ideas*

**A trial of cytoreduction surgery versus non-surgical chemoradiotherapeutic treatments for patients with locally advanced (and/or oligometastatic disease) oesophago-gastric cancer.**

Preliminary work continues to design this trial. Follow up on the six-month audit data from six upper GI multi-disciplinary team (MDT)s will be collected and a literature updated.

**A trial of pre-operative MRI versus expectant treatment for patients with symptomatic gallstones: The Sunflower Study.**

This trial has been submitted to the NIHR for consideration for funding in a commissioned call (Chief investigator) Giles Toogood. It has been designed to test the hypothesis that expectant management (no imaging) is non-inferior to imaging. It plans to recruit 1300 patients from 60 centres.

***Research education and training***

*Dragon's Den*

A 'Dragon's Den' event was held at IFSO (the International Federation for Surgery of Obesity) London 2017. 11 RCT ideas were submitted and four selected for presentation. After short listing, mentors and presentation supporters from Bristol worked with individual trial teams to develop the proposals. Four Dragons (Richard Welbourn, Scott Shikora, Chris Rogers and Louise Brown) interrogated the teams. The winners (Chetan Parmar and Peter Small) proposed a trial of RYBP vs. single anastomosis bypass.

***National Emergency Laparotomy Audit***

An analysis of outcomes of perforated and bleeding upper GI peptic ulcer disease has been taken using the NELA data. Over 3000 cases are included. Data will be presented at the AUGIS meeting and the ASGBI.

**Upper GI Research Lead: Professor Jane Blazeby**

**Achievements and Performance** (continued)

**G. AUGIS – Trainees Committee**

AUGIS is the trainee branch of the association of upper GI surgeons and comprises of around 70 members.

The primary roles of the association are to provide specialised training opportunities in the area of upper GI surgery and to represent the interests of its members.

Educationally, a high quality training day was held before the Leeds conference in September 2016. The day was open to all AUGIS members and was facilitated by experienced national experts. Planning is currently underway for the next 2 day masterclass event. Due to the location of this year's annual meeting, it was decided that it was not possible to hold a training day as is normal on the day before the conference.

AUGIS has assisted in the promotion of a variety of residential courses delivered around the country in the field of upper GI surgery.

AUGIS has been the primary source to access trainees in order to shortlist research programmes for final selection to be made at the annual meeting in September 2017.

I have represented the association and upper GI surgery trainees in general, primarily through the seat on the Association of Surgeons in Training council. This has been particularly busy as there are currently significant changes underway in the way surgeons are trained. ASiT has been able to exert significant influence on the form that these changes has taken and continues to do so.

**Trainee Lead: Matthew Mason**

**H. Find a Specialist**

AUGIS is committed to improving patient care and the website is the primary point of contact with the public. As such the Find a Specialist webpage is designed to be a source of quality information to help members of the public find the right specialists in their own region for their particular Upper GI medical condition.

AUGIS Members have been asked to submit information for this new member's Profile Page as a benefit of AUGIS membership. It is anticipated that this service will continue and evolve as more members see the benefit of the Find a Specialist webpage to both themselves and the public.

**Communications Lead: Mr Nick Everitt**

## **Financial Review**

### ***Financial report for the period***

The consolidated statement of financial activities on page 20 shows income for the year of £632,000 (2016 - £494,000) and total expenditure in the year was £604,000 (2016 - £468,000).

Subscription income from members amounted to £91,000 (2016 - £91,000). In addition, a further £34,000 of BOMSS subscriptions has been included in the financial statements for the year ended 31 May 2017 (2016 - £32,000).

The annual scientific meeting was held in Leeds in September 2016, a surplus of £43,000 was made on costs. There was no annual scientific meeting held in the prior year. Instead the charity participated in the 2015 DDF Conference. The profit from this event totalled £42,000.

Income from BOMSS Annual Scientific Meeting, which was held in Alton in January 2017, totalled £118,000 (2016 - £136,000 from the 2016 BOMSS Annual Scientific meeting in Cardiff). This comprised £47,000 (2016 - £54,000) from registration fees and £71,000 (2016 - £82,000) from sponsorships. The direct costs of holding the meeting totalled £88,000 (2016 - £92,000).

Other meetings held during the year included the EGMLLS meeting in Southampton in February 2017, income from which totalled £143,000 and a BOMSS Winter meeting, income of £8,000 (2016 - £8,000). The direct costs of holding these meetings totalled £128,000 and £7,000 respectively.

Other direct costs of charitable activities amounted to £37,000 (2016 - £110,000) giving total direct costs of £334,000 (2016 - £276,000). Office and secretarial support costs amounted to £239,000 (2016 - £162,000) and governance costs regarding compliance with statutory requirements amounted to £31,000 (2016 - £30,000).

Net income for the year was £28,000 (2016 - £26,000).

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

#### ***Reserves policy***

The Council has examined the requirement for free reserves i.e. those unrestricted funds not invested in tangible fixed assets, designated for specific purposes, or otherwise committed. The Council considers that, given the nature of the charity's work, the level of free reserves should be £150,000 at any one time. The Council is of the opinion that this provides sufficient flexibility to cover temporary shortfalls in incoming resources due to timing differences in income flows, adequate working capital to cover core costs, and will allow the charity to cope and respond to unforeseen events.

**Financial Review** (continued)

**Reserves policy and financial position** (continued)

*Financial position*

The balance sheet shows total funds of £389,000 (2016 - £361,000), of which £215,000 (2016 - £235,000) are free reserves.

The Council is aware that this level of free reserves exceeds the charity's reserves policy above, and these will be spent on AUGIS charitable activities.

**Going concern**

The charity recorded a surplus for the year of £28,000 and at the year end the charity had free reserves of £215,000 which is in excess of the reserves target set by the trustees.

The trustees of the charity have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

**Future Plans and Targets**

The Association will continue to work to achieve the advancement of the science and practice of upper gastrointestinal surgery. The main areas of focus will continue to be education and training of surgeons, development of clinical service guidelines, continued development of audit processes and the promotion of research. There are plans in place for BOMSS 2018 in Telford and AUGIS 2018 in Edinburgh.



Approved by the Council and signed on their behalf by: S. J. Fenwick.

Member of the Council

Approved by the Council on:

**Independent auditor's report to the Council of the Association of Upper Gastrointestinal Surgeons of Great Britain & Ireland (AUGIS)**

We have audited the financial statements of the Association of Upper Gastrointestinal Surgeons of Great Britain & Ireland (AUGIS) for the year ended 31 May 2017, which comprise the consolidated statement of financial activities, the charity and group balance sheets, the consolidated statement of cash flows, the principal accounting policies and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including FRS102, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland.

This report is made solely to the Council, as a body, in accordance with Section 144 of the Charities Act 2011 and with regulations made under Section 154 of that Act. Our audit work has been undertaken so that we might state to the Council 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 charity and the Council as a body, for our audit work, for this report, or for the opinions we have formed.

**Respective responsibilities of the Council and auditor**

As explained more fully in the statement of trustees' responsibilities set out in the Report of the Council, the Council are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

**Scope of the audit of the financial statements**

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

**Independent auditor's report** Year to 31 May 2017

**Opinion on the financial statements**

In our opinion the financial statements:

- ◆ give a true and fair view of the state of the group and charity's affairs as at 31 May 2017 and of the group's 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 Charities Act 2011.

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

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

- ◆ the information given in the Report of the Council is inconsistent in any material respect with the financial statements; or
- ◆ sufficient accounting records have not been kept; or
- ◆ the financial statements are not in agreement with the accounting records and returns; or
- ◆ we have not received all the information and explanations we require for our audit.

*Buzzacott LLP*

Statutory Auditor  
Buzzacott LLP  
130 Wood Street  
London  
EC2V 6DL

*2 November 2017*

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

**Consolidated statement of financial activities** Year to 31 May 2017

	Notes	Unrestricted funds £	Restricted funds £	Total funds 2017 £	Total funds 2016 £
<b>Income from:</b>					
Other trading activities	1	221,875	—	221,875	125,641
Interest receivable		232	—	232	501
Charitable activities	2	357,879	51,900	409,779	325,681
Donations	14	—	—	—	42,105
<b>Total income</b>		<b>579,986</b>	<b>51,900</b>	<b>631,886</b>	<b>493,928</b>
<b>Expenditure on:</b>					
Charitable activities	3	599,951	3,967	603,918	468,036
<b>Total expenditure</b>		<b>599,951</b>	<b>3,967</b>	<b>603,918</b>	<b>468,036</b>
<b>Net income (expenditure) and net movement in funds</b>		<b>(19,965)</b>	<b>47,933</b>	<b>27,968</b>	<b>25,892</b>
<b>Reconciliation of funds:</b>					
Fund balances brought forward at 1 June 2016		341,890	19,500	361,390	335,498
Fund balances carried forward at 31 May 2017		321,925	67,433	389,358	361,390

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

All of the Group's activities derived from continuing operations during the above two financial periods.

Interest receivable in the prior year was unrestricted.

**Balance sheets** 31 May 2017

	Notes	Consolidated		Association	
		2017 £	2016 £	2017 £	2016 £
<b>Fixed assets</b>					
Investment in subsidiary	11	—	—	2	2
		—	—	2	2
<b>Current assets</b>					
Debtors: due within one year	8	45,047	242,142	55,237	216,415
Short term deposits		150,024	150,024	150,024	150,024
Cash at bank and in hand		368,013	113,093	309,053	100,878
		563,084	505,259	514,314	467,317
<b>Liabilities</b>					
Creditors: amounts falling due within one year	9	(173,726)	(143,869)	(124,958)	(105,929)
<b>Net current assets</b>		<b>389,358</b>	<b>361,390</b>	<b>389,356</b>	<b>361,388</b>
<b>Total net assets</b>		<b>389,358</b>	<b>361,390</b>	<b>389,358</b>	<b>361,390</b>
<b>The funds of the group/charity:</b>					
<b>Funds and reserves</b>					
Restricted funds	12	67,433	19,500	67,433	19,500
Unrestricted funds					
Designated funds	13	107,012	106,875	107,012	106,875
General fund		214,913	235,015	214,913	235,015
		389,358	361,390	389,358	361,390

Approved by the Council  
and signed on their behalf by:

*S. W. Fenwick*



Member of the Council

Approved on:

## Consolidated statement of cash flows 31 May 2017

	Notes	2017 £	2016 £
<b>Cash flows from operating activities:</b>			
Net cash generated by (used in) operating activities	A	254,688	(75,772)
<b>Cash flows from investing activities:</b>			
Deposit interest		232	501
<b>Net cash provided by investing activities</b>		<b>232</b>	<b>501</b>
<b>Change in cash and cash equivalents in the year</b>		<b>254,920</b>	<b>(75,271)</b>
<b>Cash and cash equivalents at 1 June 2016</b>	B	<b>263,117</b>	<b>338,388</b>
<b>Cash and cash equivalents at 31 May 2017</b>	B	<b>518,037</b>	<b>263,117</b>

Notes to the statement of cash flows for the year to 31 May 2017.

### A Reconciliation of net movement in funds to net cash provided by (used in) operating activities

	2017 £	2016 £
<b>Net movement in funds (as per the statement of financial activities)</b>	<b>27,968</b>	<b>25,892</b>
<b>Adjustments for:</b>		
Deposit interest	(232)	(501)
Decrease (increase) in debtors	197,095	(177,690)
Increase (decrease) in creditors	29,857	76,527
<b>Net cash generated by (used in) operating activities</b>	<b>254,688</b>	<b>(75,772)</b>

### B Analysis of cash and cash equivalents

	2017 £	2016 £
Cash at bank and in hand	368,013	113,093
Short term deposits (less than three months)	150,024	150,024
<b>Total cash and cash equivalents</b>	<b>518,037</b>	<b>263,117</b>

## **Principal accounting policies** Year to 31 May 2017

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

### **Basis of preparation**

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

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

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) (Charities SORP FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

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

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

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

There are no items in the accounts which required the trustees and management to make significant judgements or estimates.

### **Assessment of going concern**

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

The trustees of the charity have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The trustees are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

### **Basis of consolidation**

The consolidated financial statements of the Group incorporate the financial statements of the Association and its subsidiary AUGIS Trading Limited. These have been consolidated on a line by line basis. The statement of financial activities represents the consolidation of charitable activities of the Association and its subsidiary.

No separate statement of financial activities has been presented for the Association alone.

## **Principal accounting policies** Year to 31 May 2017

### **Income recognition**

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

Income comprises subscriptions, meeting registration fees, income from other trading activities and interest receivable.

Subscription income is accounted for in the period it is receivable. The income arising from scientific meetings is recognised on a receivable basis. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

### **Expenditure recognition**

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

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated to charitable activities.

Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include direct and support costs, including governance costs.

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

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

All expenditure is stated inclusive of irrecoverable VAT.

### **Fund accounting**

The general funds represent those monies which are freely available for application towards achieving any charitable purpose that falls within the charity's charitable objects. The designated funds are monies set aside out of general funds and designated for specific purposes by the charity's trustees.

**Fund accounting** (continued)

The restricted funds are monies to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged against the specific fund.

**Debtors**

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

**Cash at bank and in hand**

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short term deposits.

**Creditors and provisions**

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

**Pension contributions**

Contributions in respect of the charity's defined contribution pension scheme are charged to the statement of financial activities when they are payable to the scheme. The charity's contributions are restricted to the contributions disclosed in note 6. There were no outstanding contributions at the year end. The charity has no liability beyond making its contributions and paying across the deductions for the employees' contributions.

**1 Income from other trading activities**

	Unrestricted Funds £	Restricted Funds £	Total funds 2017 £	Total funds 2016 £
Fundraising income -- sponsorships				
AUGIS Annual scientific meeting				
. General sponsorship	24,108	—	<b>24,108</b>	—
. Industry partnerships	49,500	—	<b>49,500</b>	—
BOMSS Annual scientific meeting				
. General sponsorship	13,432	—	<b>13,432</b>	32,016
. Industry partnerships	57,000	—	<b>57,000</b>	50,000
EGMLLS meeting				
. General sponsorship	12,808	—	<b>12,808</b>	—
. Industry partnerships	65,027	—	<b>65,027</b>	—
GBIHPBA meeting				
. General sponsorship	—	—	—	9,375
. Industry partnerships	—	—	—	14,000
AUGIS Masterclass				
. General sponsorship	—	—	—	17,250
AUGIS All Ireland Meeting				
. General sponsorship	—	—	—	3,000
<b>2017 Total funds</b>	<b>221,875</b>	<b>—</b>	<b>221,875</b>	<b>125,641</b>
2016 Total funds	125,641	—	125,641	

**2 Income from charitable activities**

	Unrestricted Funds £	Restricted Funds £	Total funds 2017 £	Total funds 2016 £
Subscriptions				
. AUGIS subscriptions	91,298	—	<b>91,298</b>	90,634
. BOMSS subscriptions	34,348	—	<b>34,348</b>	32,481
Meetings				
. AUGIS registrations	87,819	—	<b>87,819</b>	—
. BOMSS registrations	47,088	—	<b>47,088</b>	54,123
(BOMSS Annual scientific meeting)				
. BOMSS registrations (Dietician Days)	149	—	<b>149</b>	51
. EGMLLS registrations	65,097	—	<b>65,097</b>	—
. GBIHPBA registrations	—	—	—	38,170
. AUGIS Masterclass registrations	—	—	—	9,330
. BOMSS Winter meeting registrations	7,635	—	<b>7,635</b>	8,434
. AUGIS other meetings income	2,895	—	<b>2,895</b>	—
. BOMSS other meetings income	500	—	<b>500</b>	—
Surgical Outcome and Revalidation webtool	—	—	—	575
BOMSS NBSR Surgeons' Outcomes Data Reporting	21,050	51,900	<b>72,950</b>	91,883
<b>2017 Total funds</b>	<b>357,879</b>	<b>51,900</b>	<b>409,779</b>	<b>325,681</b>
2016 Total funds	258,181	67,500	325,681	

**3 Expenditure on charitable activities**

	Unrestricted funds £	Restricted funds £	Total funds 2017 £	Total funds 2016 £
Direct costs	375,036	3,967	<b>379,003</b>	276,207
Support costs	193,514	—	<b>193,514</b>	162,312
Governance costs (note 4)	31,401	—	<b>31,401</b>	29,517
<b>2017 Total funds</b>	<b>599,951</b>	<b>3,967</b>	<b>603,918</b>	<b>468,036</b>
2016 Total funds	420,036	48,000	468,036	

	Unrestricted Funds £	Restricted Funds £	Total funds 2017 £	Total funds 2016 £
Annual scientific meeting				
. Venue hire, catering and audio visual equipment	51,829	—	<b>51,829</b>	—
. Printing, stationery and couriers	2,001	—	<b>2,001</b>	—
. Promotion and marketing	2,525	—	<b>2,525</b>	468
. Scientific programme	10,919	—	<b>10,919</b>	—
. Administration and other costs	5,206	—	<b>5,206</b>	1,270
. Exhibition/sponsorship	13,331	—	<b>13,331</b>	—
. Social events, including drinks reception	26,546	—	<b>26,546</b>	11,452
. AUGIS training day	4,688	—	<b>4,688</b>	—
. BJS prize	500	—	<b>500</b>	500
. Abstract prizes	100	—	<b>100</b>	200
. Insurance	1,109	—	<b>1,109</b>	—
	<b>118,754</b>	<b>—</b>	<b>118,754</b>	<b>13,890</b>
Other direct costs				
BOMSS Annual scientific meeting	88,006	—	<b>88,006</b>	91,833
EGMLLS meeting				
. AUGIS	65,289	—	<b>65,289</b>	—
. AUGIS-administration staff costs	17,241	—	<b>17,241</b>	—
. Donation to Mo Abu' Hilal Charitable Organisation	45,402	—	<b>45,402</b>	—
GBIHPBA meeting	—	—	—	49,308
AUGIS Masterclass	—	—	—	15,708
BOMSS Winter meeting	7,392	—	<b>7,392</b>	8,833
AUGIS All Ireland meeting	—	—	—	5,654
AUGIS prize at AST	200	—	<b>200</b>	200
Surgical Outcome and Revalidation webtool	13,708	—	<b>13,708</b>	6,136
AUGIS Fellowship grants	2,000	—	<b>2,000</b>	2,000
Upper GI speciality research lead grant	8,750	—	<b>8,750</b>	15,000
NBSR Surgeons' Outcome Data Reporting				
. AUGIS	—	—	—	90
. BOMSS-administration staff costs	5,250	1,050	<b>6,300</b>	8,559
. BOMSS	1,200	2,917	<b>4,117</b>	57,800
NBSR				
. AUGIS	—	—	—	—
. BOMSS	1,844	—	<b>1,844</b>	1,196
	<b>375,036</b>	<b>3,967</b>	<b>379,003</b>	<b>276,207</b>

**3 Expenditure on charitable activities (continued)**

Support costs	AUGIS £	BOMSS £	2017 £	2016 £
Secretarial and administration staff costs	70,806	34,875	<b>105,681</b>	76,474
Telephone	1,140	562	<b>1,702</b>	1,311
Printing, postage and stationery	5,865	2,825	<b>8,690</b>	9,880
Accommodation, overheads and services	7,811	3,847	<b>11,658</b>	11,143
Subscription collection fee	9,539	—	<b>9,539</b>	10,843
Computer maintenance	2,806	1,382	<b>4,188</b>	5,715
Website costs	13,582	4,925	<b>18,507</b>	13,632
IFSO subscription and journals	—	16,711	<b>16,711</b>	15,231
Meetings, travel and subsistence	2,357	1,633	<b>3,990</b>	3,200
Bank charges	911	639	<b>1,550</b>	1,525
Other	5,596	5,702	<b>11,298</b>	13,358
	<b>120,413</b>	<b>73,101</b>	<b>195,514</b>	<b>162,312</b>

**4 Governance costs**

	2017 £	2016 £
Professional fees	<b>19,839</b>	19,190
Council meetings' expenses and reimbursed expenses	<b>11,562</b>	10,327
	<b>31,401</b>	<b>29,517</b>

**5 Net income (expenditure)**

This is stated after charging:

	2017 £	2016 £
Staff costs (note 6)	<b>129,222</b>	85,034
Auditor's remuneration (excluding VAT)		
· Statutory audit (including consolidation)	<b>10,695</b>	11,575
· Other services	<b>7,025</b>	5,250

**6 Staff costs, trustees' remuneration and remuneration of key management personnel**

None of the trustees received any remuneration in respect of their services during the year ended 31 May 2017 (2016 – none).

During the year out of pocket travelling expenses amounting to £11,660 (2016 - £8,165) were reimbursed to 20 trustees (2016 – 20).

**6 Staff costs, trustees' remuneration and remuneration of key management personnel**  
(continued)

The charity employs two staff paid by the Association of Surgeons of Great Britain and Ireland (ASGBI). The contributions paid to ASGBI during the year were in respect of:

	2017 £	2016 £
Wages and salaries	109,988	73,916
Social security costs	12,936	6,516
Other pension costs	6,298	4,602
	<b>129,222</b>	<b>85,034</b>

The average number of secretarial and administrative employees during the year, calculated on an average headcount and full time equivalent basis was 2 (2016 – 2). No employees earned more than £60,000 during the year (2016 – none).

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprises the AUGIS Executive, with the support of the specialty managers. None of the AUGIS Executive received remuneration for their services (2016 – none). The total remuneration (including taxable benefits but excluding employer's pension contributions) of the key management personnel for the year was £109,988 (2016 – £73,916).

**7 Taxation**

The Association of Upper Gastrointestinal Surgeons of Great Britain & Ireland (AUGIS) is a registered charity and therefore is not liable to income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

The charity is not registered for VAT.

**8 Debtors**

	Consolidated		Association	
	2017 £	2016 £	2017 £	2016 £
Trade debtors	24,208	18,663	—	—
Prepayments				
· Sundry prepayments	7,834	5,546	7,834	5,546
· 2017 AUGIS Conference	10,204	18,809	8,745	4,408
Other debtors	2,801	199,124	2,604	199,124
AUGIS Trading Limited	—	—	36,054	7,337
	<b>45,047</b>	<b>242,142</b>	<b>55,237</b>	<b>216,415</b>

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

	Consolidated		Association	
	2017 £	2016 £	2017 £	2016 £
Other creditors	52,281	13,890	34,230	3,600
Accruals and deferred income	121,445	129,979	90,728	102,329
	<b>173,726</b>	<b>143,869</b>	<b>124,958</b>	<b>105,929</b>

Included within creditors is deferred income relating to future meetings as set out below:

	2017 £
Deferred income at 1 June 2016	2,159
Resources deferred in year	2,596
Amounts released in year	(2,159)
Deferred income at 31 May 2017	<b>2,596</b>

**10 Connected party**

The administration of the charity is carried out at the offices of the Association of Surgeons of Great Britain and Ireland (charity registration number 1068016), a charity with related objects and activities. The expenditure incurred on administration and office services is recharged to AUGIS at cost.

**11 Net income from subsidiary**

The Association has one wholly-owned subsidiary, AUGIS Trading Limited, which is incorporated in England and Wales. AUGIS Trading Limited raises sponsorship on behalf of the Association for the annual meeting. AUGIS Trading Limited, company registration number 6380156, registered office Royal College of Surgeons of England, 35-45 Lincoln's Inn Fields, London, WC2A 3PE, was incorporated on 24 September 2007.

A summary of AUGIS Trading Limited's results for the year to 31 May 2017 is shown below.

	2017 £	2016 £
Turnover	327,079	266,294
Cost of sales	(215,604)	(162,921)
Gross profit	111,475	103,373
Administrative expenses	(7,839)	(7,988)
Operating profit	103,636	95,385
Interest receivable	—	—
Net profit	103,636	95,385
Gift aid to AUGIS	(103,636)	(95,385)
Retained profit	—	—

**12 Restricted funds**

	At 1 June 2016 £	Income £	Expenditure £	At 31 May 2017 £
BOMSS NBSR restricted funds	19,500	51,900	(3,967)	67,433

The restricted funds are funds collected from NHS trusts for the purpose of fulfilling their legal obligation to publish yearly information on bariatric surgery outcomes. This information is collated in the NBSR database.

**13 Designated funds**

The income funds of AUGIS include the following designated fund which has been set aside out of unrestricted funds by the Council Members for specific purposes:

	At 1 June 2016 £	New designations £	Utilised in year £	At 31 May 2017 £
BOMSS fund	106,875	181,202	(181,065)	107,012

The BOMSS funds have been designated in the accounts in order to ensure the funds relating to BOMSS are separately identifiable. Each year income from BOMSS specific activities is added to the fund and relevant expenditure is charged to the fund.

**14 Related party transactions**

AUGIS has provided a grant of £15,000 per annum for three years from 1 January 2014 to The Royal College of Surgeons (RCS). This funded the position of Upper GI Surgical Speciality Lead, which is filled by a trustee of AUGIS.

## Consolidated detailed income and expenditure statement Year to 31 May 2017

This page does not form part of the statutory financial statements

	2017 £	2016 £
<b>Income</b>		
AUGIS Annual scientific meeting		
. Registrations	87,819	—
. Sponsorship	73,608	—
. Donation from DDF Conference Ltd	—	42,105
	161,427	42,105
BOMSS Annual scientific meeting		
. Registrations	47,088	54,123
. Sponsorship	70,432	82,016
	117,520	136,139
EGMLLS meeting		
. Registrations	65,097	—
. Sponsorship	77,835	—
	142,932	—
GBIHPBA meeting		
. Registrations	—	38,170
. Sponsorship	—	23,375
	—	61,545
AUGIS Masterclass		
. Registrations	—	9,330
. Sponsorship	—	17,250
	—	26,580
BOMSS Winter Meeting		
. Registrations	7,635	8,434
	7,635	8,434
Subscriptions		
. AUGIS	91,298	90,634
. BOMSS	34,348	32,481
	125,646	123,115
AUGIS Surgical Outcome and Revalidation webtool	—	575
AUGIS All Ireland	—	3,000
AUGIS Other meetings	2,895	—
NBSR Surgeons' Outcome Data Reporting	72,950	91,883
BOMSS Other meetings	500	—
BOMSS Registrations (Dietician Days)	149	51
Bank Interest	232	501
	631,886	493,928
<b>Expenditure</b>		
Annual scientific meeting		
. Venue hire, catering and audio visual equipment	51,829	—
. Printing, stationery and couriers	2,001	—
. Promotion and marketing	2,525	468
. Scientific programme	10,919	—
. Administration and other costs	5,206	1,270
. Exhibition/sponsorship	13,331	—
. Social events, including drinks reception	26,546	11,452
. AUGIS training day	4,688	—
. BJS prize	500	500
. Abstract prizes	100	200
. Insurance	1,109	—
Carried forward	118,754	13,890

