

COMPANY REGISTRATION NUMBER: 05962281
CHARITY NUMBER: 1118063

**THE ASSOCIATION OF COLOPROCTOLOGY OF
GREAT BRITAIN AND IRELAND**

COMPANY LIMITED BY GUARANTEE

CONSOLIDATED ACCOUNTS

FOR THE YEAR ENDED 31 DECEMBER 2020

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS

YEAR ENDED 31 DECEMBER 2020

Executive Trustees

Mr S Brown (President Appointed 8 July 2020)
Miss N Fearnhead (President Resigned 8 July 2020)
Mr S Kelly (Treasurer Appointed 3 July 2019)
Mr J Wheeler (Secretary appointed 8 July 2020)
Mr C Maxwell Armstrong (Secretary resigned 8 July 2020)

Non-Executive Trustees

Professor Bob Steele CBE, Chair
Mr John Bell, Financial Representative
Ms Maria Bentley, Patient Representative
Ms Jay Bradbury, Nurse Representative
Mrs Anne Demick, Patient Representative
Professor Paul Finan, Past-President
Mr John Northover, Past-President
Mr Nigel Scott, Past-President
Mr Graham Williams, Past-President
Professor Howard Young, non-Executive Trustee

Company registered number

05962281

Charity registered number

1118063

Registered office

Royal College of Surgeons
35-43 Lincolns Inn Fields
London
WC2A 3PE

Company Secretary

Mrs Adele Sutton (Appointed 2019)

Auditors

Ford Bentall LLP
60 High Street
Chobham
Surrey
GU24 8AA

Bankers

Natwest
Queens Square
Wolverhampton
WV1 1TR

Solicitors

Steele Raymond LLP
Richmond Point
43 Richmond Hill
Bournemouth
Dorset
BH2 6LR

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TRUSTEES ANNUAL REPORT
YEAR ENDED 31 DECEMBER 2020

The Trustees present their report together with the accounts of the Charity, Association of Coloproctology of Great Britain and Ireland; (ACPGBI) for the year ending 31 December 2020.

PUBLIC BENEFIT STATEMENT

The Association of Coloproctology's (ACPGBI) activities include the promotion of education and research in all matters appertaining to the science, art and treatment of patients with coloproctological disease.

The objectives are to provide specialised knowledge and advanced training, education, research and scholarship in science and technology in cooperation with other bodies to its members for the benefit of their patients.

In addition, the ACPGBI aims to be a complete resource of knowledge and help to patients with colorectal disease, to empower and ensure the best treatments are available to all who seek it.

The ACPGBI's mission is derived from these objectives. The Trustees of ACPGBI are responsible for defining its strategic aims and directing the activities of its Executive in the furtherance of these objectives. The Council has had due regard to the Charity Commission's guidance on the reporting of public benefit.

Strategic Aims

To promote clinical and basic research into colorectal disease of the highest quality
To promote best possible treatments for patients with colorectal disease
To extend the frontiers of knowledge within and beyond existing research disciplines
To bring together research expertise within and beyond the ACPGBI to address science challenges of today and the future
To identify, attract and develop trainee surgeons of the highest ability
To provide research-led teaching and information sharing
To offer an educational experience that empowers members to be leaders in their chosen careers and contribute to the long-term needs of society
To engage with similar societies around the world to understand, identify and lead emerging scientific challenges and solutions
To maximise the social and economic value of our education and research through the transfer of both talent and technology
To find innovative ways to extend the reach and impact of all our work
To maintain excellence by being efficient, effective, adaptable and integrated
To build mutually beneficial relationships with appropriate organisations in the UK and worldwide
To anticipate, understand and shape the thinking of stakeholders and policy makers in the UK and worldwide, including those in government, academia and industry

The report on ACPGBI's activities during the year 2020, which forms a major part of this Annual Report provides further information on our progress and achievements against these and other objectives

SUMMARY

In 2020 ACPGBI continues to strive to fulfil its educational and research objectives, bringing direct benefit to patients and to society at large.

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STRUCTURE, GOVERNANCE AND MANAGEMENT

The ACPGBI, established in 1990, was registered with the Charity Commissioners. The Charity was an unincorporated Association (registration number 1013924) until 30 June 2007.

All the assets of the former Charity have been transferred to the Association of Coloproctology of Great Britain and Ireland, a company limited by guarantee (company number 05962281) and registered as a charity with the Charity Commission (charity number 1118063).

The ACPGBI business, organisational structure and working practices are governed by its constitution. This document is updated yearly and changes made approved at the AGM. The Executive formulates policy and considers all matters pertinent to the Association. All decisions are notified to Council on a regular basis for approval. All posts for Council, Chapter representatives and major positions (President, Secretary, and Treasurer etc.) are advertised on the website and where appropriate ballots are held.

There are no formal policies for inducting new Trustees save all higher appointments are made as either 'Assistant' (e.g. secretary) or in waiting/elect (e.g. President). This gives appointees sufficient time (2 years) to become fully acquainted with the roles they are due to take up at the Annual meeting. A larger Board of Trustees has been established to include non-medical members and members who have previous experience of holding office in the Association, none of whom currently sit on committees of the Association.

ACPGBI has undergone a formal risk assessment process the results of which will help to identify areas of concern and enable action plans to be made. Further work has been done on formulating ACPGBI's short, medium and long-term strategy.

New Trustees are appointed by Council. The following Trustees have served the charity during the period 1 January 2020 to 31 December 2020:

Executive Trustees

President:

Mr S Brown
Miss N Fearnhead

Honorary Secretary:

Mr C Maxwell-Armstrong
Mr J Wheeler

Honorary Treasurer:

Mr S Kelly

Non-Executive Trustees

Professor Bob Steele
Mr Jon Bell
Ms Maria Bentley
Ms Jay Bradbury
Mrs Anne Demick
Professor Paul Finan
Mr John Northover
Mr Nigel Scott
Mr Graham Williams
Professor Howard Young

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OBJECTIVES AND ACTIVITIES

Principal policies to achieve the objectives

The ACPGBI aims to achieve high standards and advance the science of coloproctology by promoting and publishing the results of research and audit. The Charity also provides and disseminates information to help professionals and the public on matters concerning coloproctology. Furthermore, ACPGBI seeks to promote high ethical standards and continues to endorse high standards in training and best clinical practice through its AGM and links with all geographical regions in the UK & Ireland on the basis of regional chapter representation.

Key to achieving the objectives

The Charity (ACPGBI) has grown in both size and influence since its foundation. Total membership stands at around 1,400 persons including consultant surgeons, surgeons in training, physicians, pathologists, radiologists, clinical scientists and clinical nurse specialists with an interest in coloproctology.

ACPGBI is one of a number of specialist institutions within the broad spectrum of general surgery. It has assumed an increasingly important and influential role in the organisation of colorectal services within the United Kingdom and Ireland. ACPGBI is a direct stakeholder in the National Institute for Health and Care Excellence (NICE), contributes to health technology appraisals and is a key advisor to the Royal College of Surgeons in matters relating to coloproctology.

The strength of ACPGBI continues to be its representation throughout the UK & Ireland mediated via the regional chapter scheme. Each chapter has its own meetings for the dissemination of scientific, best practice and political strategy agreed at Council meetings. Equally, in a democratic manner, any anxieties experienced at a regional level concerning central policy can be brought back to both Executive and Council.

The administrative office is responsible for the day-to-day running of the charity and for effective communication between elected officers, Chapter Representatives and the general membership.

Since 2014 the Association has controlled the collection of subscriptions from members through its website.

Executive and Council meetings are held 3 to 4 times per year and there is an Annual General Meeting. There is also an annual strategy meeting at which the course of the Association is set out for the following year. The Annual Meeting in 2020 was supposed to be held in Edinburgh but had to be held virtually due to the Covid-19 pandemic.

Administration

The administration and events manager for the Association is Mrs Adele Sutton. All day to day management of the Association is delegated to her. All payments to creditors need dual authorisation by Mrs Sutton and the Treasurer. Ms N Taub also works in the office, to oversee membership and marketing which has particularly helped with raising the organisation's profile via social media.

The organisation of the Annual Meeting is outsourced to a conference management company. The Annual Meeting's commercial exhibition is organised each year by Ms Adele Sutton.

The administrative centre of ACPGBI is located at the Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE. Since July 2017 ACPGBI has leased an office directly from the Royal College of Surgeons (RCS) located in the RCS Nuffield Building. In line with Association's strategy, in May 2018 ACPGBI set up an independent payroll for our employees and ACPGBI has its own employer reference at HMRC. There is an established website (www.acpgbi.org.uk) where there are sections for both the public and members of the Association.

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ACHIEVEMENTS AND PERFORMANCE DURING THE YEAR ENDED 31 DECEMBER 2020

EDUCATION & TRAINING COMMITTEE

The COVID-19 global pandemic struck just before the Advanced Coloproctology Course was due to be held in Sheffield in March 2020. We therefore took the difficult decision to postpone the course until 2021. The Crowne Plaza in Sheffield were very accommodating and were able to roll over the booking until the following year without charge. Delegates who had registered were reimbursed and sponsors also transferred their support until the next course. Due to the second wave and ongoing restrictions we were unable to host the course in Sheffield in March 2021. The Crown Plaza kindly rolled over the booking again to 2022.

Planning the 2021 ACC has been challenging due to the unprecedented circumstances and uncertainties regarding the lifting of restrictions. We have set a date for a virtual meeting in May 2021. The organising committee have ambitious plans for it to be a virtual course with the faculty broadcast live to delegates so that faculty panel discussions will be in person and more interactive. Whilst a digital learning experience does not compensate for the lack of professional contact and informal problem sharing, we hope that this format will be engaging, inclusive and wide reaching. Education and training has been devastated by the pandemic and this will demonstrate our commitment to education as well as raising the profile and membership of the ACPGBI. It will give us a unique opportunity to showcase the flagship course to a global audience.

The planned RCS Edinburgh webinar colorectal lectures were postponed to allow people to connect with a series of COVID-19 related lectures led by the ACPGBI President in collaboration with other leaders. They explored the evolving impact of the pandemic on colorectal surgery, training and wellbeing and were an extremely popular means of communication at a time when there was so much uncertainty. The COVID-19 webinars are available to watch on demand on the ACPGBI website.

The committee worked with the Executive and Duke's Club to produce a training statement and infographic supporting training during the pandemic and in the recovery. This was presented and discussed during the COVID-19 webinars and is available on the website.

As we faced the unprecedented challenges resulting from the COVID-19 pandemic we pledged to keep our members, and the wider colorectal community connected, educated and well informed. We were awarded an educational grant from Johnson and Johnson to produce a series of 5 fully supported webinars managed by the ON24 platform during the first recovery phase, which we called 'Colorectal Goes Viral'. The committee worked with Jared Torkington, ACPGBI International Representative to produce the webinars and we are very grateful to Jared for his outstanding contribution. We wanted to make the programme stand out in the crowd with inspirational themes, focusing on the opportunities for change in colorectal surgery as well as reflecting on the challenges. We harnessed the spirit of collaboration and consolidated the experiences and opinions of global colorectal leaders by having 3 International and 3 Great Britain and Ireland members of faculty for each session. The 5 webinars took place over the summer and featured presentations and debate covering Human Factors, Proctology, Emergencies, Rectal Cancer, And IBD. It was an exciting and fresh approach which was watched and enjoyed by over 1000 participants. Recordings are on the ACPGBI website for members to watch on demand. Training and fellowships have been significantly affected by COVID-19. Out of the 8 awarded ACPGBI-RCS fellowships in the scheme, 4 have fellows in post. The remaining fellowships are in the process of advertising as services recover. Travelling fellowships have also been postponed until international travel is permitted again.

The Education and Training committee continue to support educational activity across all ACPGBI committees. In particular, we are collaborating with the colonoscopy sub-committee and the Dukes' Club to publish a colonoscopy training statement and with the robotics sub-committee to develop a robotic and digital surgery colorectal curriculum. We anticipate and look forward to adapting to new ways of delivering colorectal education in which digital platforms and face to face meetings are integrated.

Miss Laura Hancock, Chair, Education & Training Committee

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MULTIDISCIPLINARY CLINICAL COMMITTEE

Elected Members:

Michael Davies Chair
Martyn Evans
Michael Lim
Rick Saunders
Dermot Burke
Kai Leong
Toby Hammond

Subcommittee Chairs:

Justin Davies: IBD
Sarah Mills: Colonoscopy
Andrew Miller: Emergency Surgery
Tom Cecil: Peritoneal Malignancy
Ian Jenkins: Advanced Malignancy
Dominic Slade: Abdominal Wall
Phil Tozer: Proctology
Jim Khan: Robotic Surgery
Jim Hill: Clinical Governance

Update for Trustees Regarding the Multidisciplinary Clinical Committee

Michael Davies took over from Ciaran Walsh who was demitted from the Chair of the MCC in July 2020 after completing his 3 year term of office. Ciaran has worked extremely hard to develop the MCC and its subcommittees. He has had a key part in many aspects of the Executive's activity and has been a major contributor to a number of key documents produced by the ACPGBI to help guide members during the Covid Pandemic.

Since July the MCC has grown in size considerably with the commencement of three new subcommittees (Abdominal Wall, Proctology and Robotic Surgery). The committee has had an active role in updating guidance documents including:

- Updated ACPGBI Statement Regarding Who Should Perform Colorectal Cancer Resections (October 2020).
- ACPGBI advice on production of Guidelines and Position Statements (January 2021)

Currently the MCC is developing experience in Guideline Methodology which will be critical in raising the quality ACPGBI Guidelines to a level compliant with NICE standards. The other main focus of activity will be producing guidelines for the Use of Fit Testing in Individuals with Bowel Symptoms. These will be developed by a multidisciplinary guideline development group jointly with The British Society of Gastroenterology.

Subcommittees:

1) IBD

The IBD subcommittee has been very active over the last year led by their Chair Justin Davies. The subcommittee has produced Guidance on Management of IBD patients during the Covid Pandemic for ACPGBI members. The subcommittee is currently investigating the impact of the Covid Pandemic on IBD surgery and outcomes. The planned IBD Newcastle meeting has been postponed on or more than one occasion due to the Covid pandemic but is planned to take place in November 2021. The Amplitude Database has been introduced during this period to record IBD surgery and outcomes for ACPGBI members. The focus on increasing uptake by ACPGBI members.

2) Colonoscopy

The Colonoscopy subcommittee has been very active during this period. Sarah Mills has taken on the Chair from Neil Cripps following his completion of 3 years in office. The Colonoscopy Subcommittees has produced guidance

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for members regarding the safety of colonoscopy during the Covid Pandemic. The change in practice and investigative pathways during the Covid Pandemic may be permanent and the Colonoscopy Subcommittee has led this debate with its publication in Colorectal Disease: "Colonoscopy at a crossroads – Which direction to take in the UK after the coronavirus pandemic?". The Committee is currently taking an active role in evaluating colonoscopy Training and Practice in the UK. The Chair has taken a role on the JAG committee and there has been a national questionnaire to gather information regarding training across the UK. They have jointly reviewed this issue with the Dukes' Club and a publication will also be forthcoming regarding this. There are plans for webinar teaching events in Colonoscopy practice to further expand the role of ACPGBI in Colonoscopy Training.

3) Emergency General Surgery

The Emergency General Surgery subcommittee lead by Chair Andrew Miller is in the process of completing Consensus Guidelines in Emergency Colorectal Surgery. These will guide members in the management of emergency colorectal conditions. The guidelines will be submitted to Colorectal Disease for publication in 2021 and disseminated at national meetings.

4) Peritoneal Malignancy

Activity in Peritoneal Disease Units has increased by 10% over the last year. The Peritoneal Malignancy subcommittee led by Chair Tom Cecil is leading development of training in this area with online education events. It has undertaken a Delphi exercise to inform the training needs for trainees and consultants in surgery for peritoneal Malignancy.

5) Advance Malignancy

The advanced malignancy subcommittee led by Chair Ian Jenkins has been very attractive since its inception. It is currently completing an ACPGBI Guidance document regarding "Watch and Wait" following Complete Response to Neoadjuvant Chemoradiotherapy for Rectal cancer. It has produced a session at the ACPGBI Annual Meeting and a subsequent online webinar. It is developing links with other organisations including BSGAR and PathSoc and developing national MDT's to further advance the management of advanced malignancy.

6) Abdominal Wall

The Abdominal Wall Subcommittee is one of three new subcommittees commencing in 2020. Its role is to provide leadership in all aspects of surgery of the abdominal wall including hernia repair, wound closure and surgical site infection. A training event in wound closure is planned and development of management of parastomal hernia repair. Ian Daniels has been succeeded by Dominic Slade as the Chair.

7) Proctology

The Proctology Subcommittee lead by Phil Tozer is the second of three new subcommittees commencing in 2020 to raise the profile of Proctology within the UK. The subcommittee is updating the ACPGBI Guidelines on management of Anal Fissure. They are also developing a Proctology Training Programme.

8) Robotic Surgery

The Robotic Surgery Subcommittee lead by Chair Jim Khan is the third new subcommittee commencing in 2020. The subcommittee has been set up to provide leadership in this area of expanding colorectal practice. The subcommittee is evaluating current practice in the UK with a snapshot audit to inform an ACPGBI Position Statement which will be developed to provide guidance following this. The subcommittee is also developing Robotic Surgery Training including development of Fellowships and accreditation of Preceptors.

9) Clinical Governance

The Clinical Governance Subcommittee led by Chair Jim Hill has produced an Updated ACPGBI Guidance on Consent including changes in the consent process created by the Montgomery Ruling and the updated GMC Guidance on Decision making and Consent.

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Michael Davies, Chair, Multidisciplinary Clinical Committee

EXTERNAL AFFAIRS COMMITTEE

The role of External Affairs Committee is to represent ACPGBI to professional bodies and the public as well as to respond to events that impact on its members. It is chaired by Shahab Siddiqi.

Website & Members Database

The website continues to attract a growing number of hits and the twitter account has over 5,000 followers. Constant vigilance is needed to keep the website up to date and the chair is especially grateful to Nicole Taub and committee members for this. To aid this the number of elected members has increased and four new members have joined the committee (Jennie Grainger, Neel Senguta, Arifa Siddika and Dorin Ziyaie).

The website is now five years old and an update is now due. There has been one membership issue because of a failure of testing from Mixd (website developer). The ACPGBI Executive have agreed that a new website with greater functionality is needed and have agreed to fund this last year. After a tendering process Light-Media were chosen to build a new website. They have a strong reputation in producing websites for other medical associations. The website has increased functionality over the present one and aims to go live by June 2021. To help with the website build and ongoing maintenance a website subcommittee was created and 2 new members joined the committee (Katie Adams, Nitya Chandratreya).

Newsletter

The weekly newsletter continues to inform the membership. The profile output from the ACPGBI means that the newsletter is getting overlong and needs reconsideration. Feedback remains positive. The newsletter was a major resource through the pandemic.

Social Media

The External Affairs Committee is becoming more active on social media fully recognising new ways of membership engagement. A coordinated strategy is used to promote guidance or important news items via the official LinkedIn and Twitter channels and individual committee members' channels. Real time posts of conferences and webinars are achieved the same way.

Independent Health Care Committee

Colin Elton chairs this Committee. The Committee's work into understanding the provision in private hospitals for patients to access MDT discussion, a key worker and appropriate stoma care was curtailed because of the pandemic.

Internal Affairs Committee

Jared Torkington chairs this committee. The function of this committee is to ensure that overseas fellows are appropriately placed. This committee also has oversight of the trainee coloproctology award which continues to attract a high standard of applications.

Attendance at other professional organisations

Members of the committee ensure regular attendance at council meetings with our sister organisations such as British Society of Gastroenterology, AUGIS and Association of Laparoscopic Surgeons as well as the Royal Colleges. This network allows the development of mutually beneficial plans. The Dukes' Club chapter representatives have started to hold sessions to encourage students and junior doctors into a surgical career.

Rapid response to NICE, press & members of the public

This committee has responsibility for rapid responses to NICE and other organisations as well as members of the

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public that request a professional opinion on matters pertaining to colorectal surgical disease. This is managed by cascading emails to appropriate individuals in order for us to provide an informed response in a timely manner.

Shahab Siddiqi
Chair, External Affairs Committee

RESEARCH & AUDIT COMMITTEE

The Research and Audit committee is currently chaired by Jim Tiernan, having taken over from Austin Acheson in July 2020. Elected members consist of Jared Torkington, Andy Beggs, Tom Pinkney, Frank McDermott and Sarah Duff; The ACPGBI/RCS Surgical Speciality Leads (SSL's) are Susan Moug and Dale Vimalachandran, supported by associate SSL's Nick Heywood and Abigail Vallance; Mohamed Rabie replaced Matt Lee as the Dukes' Club Representative; Gabby Thorpe is Nursing representative and Sue Blackwell joined us as patient representative, giving a total of 13 members.

Edinburgh 2020

A virtual research session was delivered for the 2020 Annual Meeting with a mix of pre-recorded videos, live presentations and panel discussions.

Charity Merger

The BDRF and B&CR charities merged to form Bowel Research UK (BRUK), launched in September 2020. This is now the UK's leading bowel disease research charity and the ACPGBI is closely aligned to it. BRUK run grant programmes for researchers and projects of all types, with a commitment to funding ACPGBI members. BRUK will feature heavily at the ACPGBI annual conference with a sponsored keynote lecture, a presentation during the research session and promotional activity.

New Initiatives

With the grants programme being delivered by BRUK (albeit with input from representatives of our committee) a number of new initiatives have been developed by the committee;

- Putting Evidence into Practice: an interactive webinar exploring trial design, controversies, implementation and uptake of results.
- ACPGBI/BRUK Research Application: This smartphone App is designed to allow clinicians to recruit patients to appropriate trials with the click of a button and is due to be launched at the 2021 Annual Meeting in Harrogate.
- Research MDT: This initiative will assemble a multi-disciplinary research team to review a 'pitch' and then provide advice, contacts, mentorship and infrastructure sign-posting for prospective researchers. It will also be showcased at the Annual Meeting.

Jim Tiernan, Chair, Research & Audit Committee

PELVIC FLOOR SOCIETY

The Pelvic Floor Society (TPFS) was formed in 2012 and is an affiliate of ACPGBI.

The Executive Committee is made up of the following members: K. Telford (Chair 2020-2022), A. Williams (Past Chair), C. Vaizey (Chair program and Chair in Waiting), J. Cornish (Hon Sec), W. Lai (Hon Membership Sec), S. Siddiqi (Treasurer), M. Mercer-Jones (Chair Accreditation, Q&A), T. Dudding (Chair R&D), J. Randall (Chair Training), B. Williams (Dukes Club Rep), J. Dixon (AHCP Rep), J. Grainger (External Affairs Officer), M. Chapman (ACPGBI Representative), S. Squires (Patient Rep), D. Ziyade (Chapter Rep Scotland), J. Cornish (Chapter Rep Wales), R. Kalabassi (Chapter Rep Ireland including NI), A. Farmer (BSG Rep).

The Society is free to join, provided the healthcare professional is a member of their own society or association. Our membership numbers grow yearly and we currently have over 330 members, (compared to 251 in 2019). Approximately two thirds of our members are consultants, mainly colorectal consultants but we also have consultants from gastroenterology, gynaecology, urology, pain specialty and radiology. Allied health professional

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members (nurses, physiotherapists, and clinical scientists), form our second largest group within the society. All these members have voting rights within our society, creating an inclusive membership. We have approximately 20 non-voting members, made up of trainees, overseas specialists and honorary members.

In July 2020 TPFS contributed to a Pelvic Floor Session of the Edinburgh Fringe Conference, hosted by the ACPGBI. In November 2020 we ran a virtual pre- conference training day followed by a Virtual Annual Conference on 26th and 27th November respectively. The training day was led by John Randall, the Chair for Training. This event provides three interactive small group sessions for trainees, EYC, and Allied Health Professionals; an MDT approach to Rectal Prolapse, MDT approach to FI and MDT approach to Constipation/ODS and allowed us to deliver our modular training programme in these difficult times. The annual conference ran as three plenary sessions throughout the day on 27th November 2020, hosted by Julie Cornish and we were delighted that we had an amazing faculty of multidisciplinary speakers, both nationally and internationally renowned. The registration was free and we had 110-149 registrants for these three plenaries: a Mesh Symposium; What are the implications of Covid for Pelvic Floor Services and Troubleshooting – Long term outcomes of Specialist Pelvic Floor procedures. We are hopeful that we will hold our next annual conference In Dundee in November 2021 and run our AGM (deferred 2020 due to Covid) at that meeting. TPFS will be participating in the ACPGBI events, ACC and Harrogate Annual conference IN 2021.

TPFS treasurer has reported an adequate balance going forward into 2021, with a balance of over 100k. During 2021 TPFS will help with funding some of the costs of ACC. We are also working with NHS Digital as we move towards mandatory NHS mesh and implant databases. We hope to develop a linked and improved surgical database with PROMS for our members, to include other surgical procedures for rectal prolapse, alongside with mandatory NHS Digital database for mesh implants.

In July 2020 the Cumberlege report “First Do No Harm” was published. This was an independent review into how the health system responds to reports from patients about harmful side effects from medicines and medical devices. A number of recommendations were made including the commissioning of regional mesh complication centres and the creation of a robust, central patient-identifiable database for all devices and outcomes, an NHS-run mandatory reporting system. In early 2021 Specialised Women’s services CRG is anticipated to announce that seven or eight sites will be commissioned to treat women with complications of mesh inserted for urinary incontinence and vaginal prolapse. Whilst patients who have sustained harm from rectopexy mesh sit outside the remit of this specialist commissioning process, TPFS has been representing these patients and their needs as a stakeholder at the Mesh Oversight Group meetings and we are currently involved in conversations with NHSE to try to ensure inclusion of this group of patients for treatment at the Mesh Centres. TPFS is engaging with NHS Digital to create a mandatory NHS held mesh database which will also provide Patient Reported Outcome Measures (PROMs). The Mesh Rectopexy remains a procedure that is only performed under high vigilance. TPFS will continue to engage with patient group representatives and gain valuable feedback as we move forwards.

Finally TPFS introduced Unit Accreditation three years ago, a process of voluntary submission of evidence from Pelvic Floor MDT’s in order to identify units that provide high quality care for patients with pelvic floor disorders. So far seven sites in the UK have successfully achieved Unit Accreditations. (Guy’s and St Thomas’s, London, Royal London Hospital, London, Bristol, Sheffield, Southampton, Manchester University NHS Foundation Trust and St Mark’s Hospital, London). TPFS encourage all units to submit data to this peer review process. Accreditation details and how to apply are available on our website.

Karen Telford, Chair, TPFS

DUKES’ CLUB

The Dukes’ Club is the official training arm of the Association of Coloproctology of Great Britain and Ireland. The society is run by elected colorectal surgery trainees to represent the views of trainees across the UK and Ireland on education and training. The Dukes’ Club committee is led by Mr Peter Vaughan-Shaw as the current president (2020/21) and supported by Miss Panchali Sarmah as president in waiting, a wider executive committee and a number of regional representatives to ensure full representation and dissemination across the UK and Ireland.

It has clearly been a difficult year. As the official training arm of the Association of Coloproctology of Great Britain and Ireland, we believe that the Dukes’ Club has strongly supported and represented trainees throughout the year. Here, we review our activities during 2020.

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Dukes' COVID-19 Taskforce

The Dukes' COVID-19 Taskforce was set up in March 2020. This taskforce has worked alongside ASiT and ACPGBI in representing colorectal trainee views on a range of training issues including progression of training, FRCS examinations, ARCP's and CCT competencies. Our key priorities during the first wave of COVID-19 were to support colorectal surgery trainees to continue delivering high quality emergency and elective services and to maintain trainee well-being. We launched our Keeping Well Podcast series during this time to support and maintain well-being – a total of nine podcasts on a variety of aspects of well-being including managing stress, kindness, human factors, resilience, and leadership. We continue to work hard to ensure that high quality training and research is maintained and trainee progression is enabled as the pandemic continues. Our training statement, written in response to the impact of COVID-19 on training and written in collaboration with ACPGBI will be submitted for publication soon.

Dukes' Educational Strategy

Throughout the year we worked hard to deliver high quality educational content. In the early new year we delivered subspecialty events across the UK in advanced cancer, pelvic floor and emergency surgery and ran our first 'Consultant Interview Preparation' course in February. Unfortunately, we had to cancel our annual educational weekend, but instead launched our virtual educational strategy. This started with a series of virtual cadaveric sessions, debates on controversial topics and radiology teaching in advanced CRC, delivered in association with ACPGBI Advanced Malignancy Subcommittee. In July, the Dukes' Club enjoyed a successful and integrated programme at the virtual ACPGBI Fringe, co-chairing and presenting in many sessions across the busy week's programme. We are grateful to Professor Nancy Baxter who delivered a stunning lecture for this year's Dukes' keynote lecture titled 'Reflections on a career training tomorrow's colorectal surgeons'. More recently we have launched our 'Colorectal Classroom' series, with the first two events well attended and very well received. We will be running regular Classrooms throughout 2021.

Dukes' Virtual Week

The September Dukes' Club virtual event was our biggest educational event to date, with over 1,000 delegates registering for sessions across a jam-packed exhausting but inspiring week. We are hugely grateful to our brilliant speakers and generous sponsors, and to ACPGBI for their support in delivering this fantastic event. Everyday of the virtual week saw a varied assortment of operative video sessions, Spotlight sessions, training hacks and keynote lectures.

Dukes' Research Strategy

The Dukes' Club Research Collaborative published its first study – CLOSE-IT, in Colorectal Disease (accepted). The collaborative has been supporting other projects including Damascus and IMPACT.

Colonoscopy Training

We are delighted that the new UK General Surgical curriculum now includes requirement of 200 diagnostic colonoscopies for surgical trainees who have declared colorectal as their subspecialty interest. This change reflects years of hard work by the Dukes' Club and indicates the JCST's commitment to colonoscopy training. However, we are aware that many of our members have experienced increasing difficulty in accessing colonoscopy training opportunities and achieving accreditation – challenges that have been acutely accentuated by the COVID-19 pandemic. We are working hard together with ACPGBI Colonoscopy and Education and Training committees to improve exposure and opportunities and have published a joint statement on colonoscopy training in Colorectal Disease (accepted).

Professional Development

The Dukes' Club is dedicated to the professional development of senior colorectal trainees. In view of this we hosted our first 'Consultant Interview Preparation' course in February 2020. The programme included talks on transitioning to new consultant practice, managing stress and complaints, mentorship, setting up a new service and dealing with the Coroner's court. This course received fantastic feedback.

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TRUSTEES ANNUAL REPORT (CONTINUED)
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Industry Partnership

Our platinum industry sponsor during 2020 has been Ethicon. Our expansion in portfolio has been generously supported by a number of industry partners including Ethicon, Cook Medical and THD. We welcome Intuitive Surgical as our latest industry partner in 2020. We have strengthened our relationships with all industry partners over the last 12 months which has enabled us to provide a range of high quality teaching and educational opportunities to our membership.

Future Plans

Overall, we have enjoyed a very successful year despite difficult circumstances, with the significant expansion of our portfolio of physical and virtual activities on a regional and national scale. We will continue to build on our successes over the last 12 months to deliver high quality, innovative, educational and research opportunities to our membership. We hope to contribute fully to the ACPGBI annual conference in Harrogate in July and return to our face-to-face residential course in September 2021.

Peter Vaughan-Shaw, Dukes' Club President

ASSOCIATION OF COLOPROCTOLOGY NURSES

The Association of Coloproctology Nurses currently has 88 active members and 11 Committee members, with Committee vacancies for North West Thames, South West, West Midlands and Scotland. No members have stepped down from the Committee this year and we have welcomed new Committee member Tracey Becker (Oxford). Current Committee members are: Gabrielle Thorpe (Chair), Jay Bradbury, Alison Turner, Nichola Richards, Samantha Seeker, Carol Katte, Julie Lane, Debbie Cottrell, Jane McCulloch, Oonagh Staunton, Tracey Becker. In 2020 the ACPGBI confirmed that the subscription fee for ACPN members would remain at £25 per annum and that they would continue to offer 50 free places at the Annual Meeting per year for ACPM members. The ACPN are extremely grateful for this generous concession for its members.

Due to the Covid-19 pandemic, the Annual General Meeting of the ACPN took place virtually on Sunday 5 July 2020 as part of the virtual Annual Meeting which should have taken place in Edinburgh. At the AGM, members of the current Committee holding key positions were voted in by the members, with Gabrielle Thorpe as Chair and ACPN representative on the Research & Audit Committee and Carol Katte as ACPN representative on the Multidisciplinary Clinical Committee. At the time there was no Deputy Chair in position and no ACPN representation on the Education Committee or the External Affairs Committee and this continues to be the case. Three short oral presentations were delivered as part of the AGM session. The ACPN Plenary planned for the Annual Meeting on Enhanced Recovery after Surgery was unfortunately cancelled, but the ACPN ran a virtual workshop on Shared Decision-Making with Sandra Winterburn from the University of East Anglia and European Association for Communication in Health Care (EACH) on 7 July 2020, which was well attended by both ACPN and general members.

Over the forthcoming year, we plan to establish nursing membership on the ACPGBI clinical subcommittees through open competition among ACPN membership and to use this as an opportunity to increase membership by wider advertising of the opportunity in Gastrointestinal Nursing. Gabby Thorpe, ACPN Chair, has also been working closely with the RCN Gastrointestinal Nursing Forum and Chairs of other gastrointestinal nursing organisations to drive forward a new, collaborative programme to support gastrointestinal nursing research.

Gabrielle Thorpe, Chair, Association of Coloproctology Nurses

BOWEL DISEASE RESEARCH FOUNDATION

"On behalf of the Trustees and staff of Bowel Disease Research Foundation and also of the new Charity Bowel Research UK, I would like to thank all the members of the Association of Coloproctology of Great Britain and Ireland (ACPGBI) for their continued commitment to our work. 2020 has been an exceptional year which has seen the merger of Bowel Disease Research Foundation (BDRF) and Bowel & Cancer Research (B&CR) and the launch of our new charity, **Bowel Research UK**, set against the uncertainty and many challenges posed by the pandemic. Throughout this period we have welcomed the support, guidance and friendship of the President, The Committee

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Chairs, the Research and Audit Committee and many ACPGBI members. As we look forward to the future and to building on our work and achievements over the many years, we look forward to continuing and strengthening our relationship with the ACPGBI and all its members”.

Asha Senapati, Chair, BDRF & Co-Chair, Bowel Research UK

BDRF like all medical research charities had to battle with the repercussions of the global pandemic throughout 2020. Despite many activities and events being severely impacted, the charity continued to meet its ambitions of promoting and supporting cutting edge research. Here are some highlights of the activities that took place during 2020.

Diverticulitis Patient Day

BDRF held a patient and public involvement day to help gather views for the recently funded DAMASCUS project which is aimed at improving outcomes and treatments in patients who suffer with diverticulitis. The patient day was a very informal day where members of the study team along with the medical students helped record details of the discussions during the day including: Symptoms of diverticulitis, Consequences of diverticulitis, Acceptable treatment and Research goals from a patient perspective.

One patient told us “The fear of the unknown was the hardest part, it was out of my hands and I had no control over the situation”. Another said “I feel like I’m living in a fog”.

The consensus was clear – diverticular disease can take over and ruin lives, and we need better ways to fight it.

It was an incredibly inspiring discussion, with unanimous agreement that research was vital - and huge willingness to participate out of a desire to help others. Patients would not hesitate to donate what was required to assist researchers – from stool samples to colon biopsies and blood tests.

The dream was to see a simple blood test developed, or a method of screening for diverticular disease, that could pick it up early and enable those affected by it to manage it.

Huge passion for discovering the root causes was also clear – genetics were thought to play a part, but a better understanding of the many complex issues at play was considered a huge priority.

Anal Cancer study published in the British Journal of Cancer

Findings from a BDRF study published in the British Journal of Cancer* show a striking increase people surviving anal cancer. Researchers looked at outcomes for 560 patients having chemoradiotherapy (the gold standard treatment) over the last 25 years. There was a clear trend toward better outcomes over that time, despite the disease becoming more common. The results will help create predictive models for current and future outcomes which will help researchers design new trials. Commenting on the importance of the study, Primary Investigator Hema Sekhar said: “In this paper we report on the largest institute-level, prospectively-maintained data-set of a homogenous group of patients with anal cancer, receiving chemoradiotherapy as standard. We see an increase in nodal positivity at presentation over time, on a background of stable presentation of T-stage over this time. As such, we propose the increased nodal positivity is likely secondary to the increased use of advance imaging over time and increased detection, rather than true stage migration. (As discussed in a previous BDRF-funded study published in Lancet Oncology, Sekhar et al 2017).

We demonstrate a marked improvement in loco-regional failure, cancer-specific survival and overall survival in this cohort over time, without any clear change in stage of tumour or patient demographics. The reasons behind this are not clear but are likely to be multifactorial. It is vital that future trials in anal cancer keep these results in consideration in order to design appropriately powered studies.”

*Sekhar, H., Macolmson, L., Kochhar, R, et al, Temporal improvements in loco-regional failure and survival in patients with anal cancer treated with chemo-radiotherapy: treatment cohort study (1990-2014). Br J Cancer (2020). <https://doi.org/10.1038/s41416-019-0689-x>

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COVID SURG funding

BDRF were pleased to be able to announce funding for a critical research project helping to tackle the fallout from COVID-19 and its effect on surgical procedures around the globe.

Aneel Bhangu, Senior Lecturer in Colorectal Surgery at the University of Birmingham who is leading the research commented: "We know patients with bowel diseases, many of whom need surgery, are scared of the effect COVID-19 is having on hospitals and the potential effects on them as individuals needing treatment. This funding will enable us to generate the desperately needed evidence to plan the safest possible surgery for the next five years. This will have a direct impact both across the NHS and the world". Along with Bowel and Cancer Research and the Association of Coloproctology of Great Britain and Ireland we have agreed to support the COVID SURG project. Our funding will help to support a range of studies that will urgently address these concerns and create immediate outputs that can influence treatment and policy across the NHS, and globally. COVID SURG has established a platform of responsive studies to help us to understand the role of surgery both during and after COVID-19 outbreaks. We hope these outputs are immediately useful for our patients with bowel diseases and needing bowel surgery. We expect these to impact directly on NHS policy and are in communication with NHS England.

Guide for Patients Undergoing Surgery During the Covid-19 Pandemic

BDRF and B&CR helped to develop the COVID SURG Patient Information Booklet. The booklet was created by working closely with a Patient Advisory Group to address the questions they asked. Written from a patient perspective it aims to help patients understand what it will be like to have surgery, what decisions they will need to make with their surgeon and it also acts as an informative and reliable 'aide-memoire' to help ask more questions of health professionals during the pandemic.

Not 'Just A Hernia' – The Complication Costing Lives

The results of a BDRF funded study shedding new light on this problem were established in the British Journal of Surgery. The research highlights poor outcomes, including a death rate of nearly 10%, for patients with a bowel obstruction due to a hernia. There is a pressing need for more research and quality improvement initiatives in the NHS to protect them. The findings are based on data from the BDRF-funded National Audit of Small Bowel Obstruction (NASBO). NASBO was the first UK-wide assessment of care for people with the extremely painful and distressing condition. The poor outcomes for hernia patients is a cause for major concern – with research already underway to tackle it. We hope these findings will spur more action to improve care. Matt Lee, head of the NASBO steering group and NIHR Clinical Lecturer in General Surgery at the University of Sheffield said, "The NASBO project has provided lots of useful information. The dataset tells us that this group has outcomes that are worse than we would expect. It's clearly not just a hernia. We would encourage colleagues to consider this dataset when making treatment decisions on call".

Funding Announced for ReCaP

NHS hospitals have had to adopt new strategies to care for rectal cancer patients, turning to chemotherapy and radiotherapy for many who would either not have received it or had a shorter course. BDRF and B&CR announced £10,498 of funding for a unique audit aiming to understand how these alternative approaches have varied across the country and what impact the disruption has had on patient care. ReCaP (Rectal Cancer Management during the COVID-19 Pandemic) were look at how services were adapted to cope with the pandemic, as well as capturing follow-up data on the medium and long term outcomes of treatment.

They will also assess patients' experiences of the situation through the use of questionnaires. The audit is an extension of the BDRF funded IMPACT audit, which earlier this year mapped NHS services for advanced rectal cancer for the first time ever.

New Charity announced – Bowel Research UK

Following the merger of BDRF and B&CR our new charity was formed earlier in the years, launched on the 29 September 2020 as Bowel Research UK. The launch of the new charity offers the opportunity to celebrate the collective achievements and the important contribution both charities have made to improving the outlook for those diagnosed and living with bowel disease and bowel cancer alongside announcing out commitment to radically

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changing the landscape and ultimately the outlook for current and future generations through funding world-class research.

COLORECTAL DISEASE – IMPACT FACTOR

2011-2012	2.58
2012-2013	2.081
2013-2014	2.017
2014-2015	2.351
2015-2016	2.452
2016-2017	2.689
2017-2018	2.778
2018-2019	2.997
2019-2020	2.796

COLORECTAL DISEASE ANNUAL ACCOUNTS

The journal, Colorectal Disease has had an exceptionally good year despite the challenging market conditions, with total revenues for 2020 reaching over £436K, 23% up on the 2019 figure of £353K. Consequently, the return to the ACPGBI is nearly £129K, 49% greater than the 2019 return of £86K. Subscriptions revenues rose by 3% to £245K, while non-subscription revenues rose by 65% to £192K.

In 2020 the journal sales strategy continued to focus on:

- Rolling out the new Wiley licence to eligible customers
- Securing and protecting the existing library business, negotiating more licencing agreements, including transitional agreements, whilst safeguarding paid subscriptions and renegotiating as necessary as a result of the global pandemic.
- Driving the business as far as possible in growth markets and creating new business opportunities in secondary markets (the hospital/practitioner market, community colleges, public libraries and so on).

The income relating to the “all journals” licence reached £33K, up from £35K in 2019. The income relating to the existing licence correspondingly fell a little (not as much as expected) from £117K to £116K. Personal and member revenues were up a little at £95K. There was a large increase in total non-subscription revenues, from £116K to £192K. Non-subscription sales tend to fluctuate greatly. In 2020, rights revenues rose by 50% from £62K to £93K. Supplements, advertising and reprints collectively brought in around £17K, compared with £24K in 2019. Open access revenues grew hugely to £74K, more than treble the 2019 figure. The migration to Open Access is expected to continue, fuelled by the new transitional arrangements.

Total costs were down, totalling just under £113K compared with £129K in 2019. Although production costs were up overall, reflecting the growth in the size of the journal, within this new initiatives and workflow changes have helped reduce production costs, and other costs were also down to compensate.

After deducting the ACPGBI members revenues and publisher’s overheads (5% of revenue, excluding ACPGBI members), the profit to be shared is £256,686, satisfyingly up on the 2019 figure of £172,001. Consequently, the sum owing to the ACPGBI for the publication of Colorectal Disease in 2020 is £128,343.

Overall, the journals’ performance in 2020 has been excellent. It has held its own in a complex and difficult market. The impact from the COVID-19 pandemic is essentially delayed because most of the 2020 revenues were already collected, so we should expect volatility in revenue performance throughout 2021 and beyond.

Dr Amanda J L McLean-Inglis, Journal Publisher

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FINANCIAL REVIEW

Financial results 1 January to 31 December 2020

The income to ACPGBI was primarily from direct membership subscriptions. The Annual General Meeting in Edinburgh had to be cancelled due to the Covid-19 pandemic and the meeting made a loss of approximately £100,000. The meeting was held virtually instead of fact to face. Additionally, ACPGBI received a small amount of interest on deposited reserves. Further income was derived from the Pelvic Floor Society and from the Dukes' Club.

ACPGBI also received income from a profit share arrangement with the publishers of the journal, Colorectal Disease. The Trustees are confident that all tax liabilities have been recognised and administered.

Expenditure relates to the running costs of the Association, the expenses of running the Annual Meeting and the cost of providing Colorectal Disease to Ordinary Surgical Members and wages and salaries.

The total incoming resources into all accounts for the period ended 31 December 2020, were £1,008,080.06. In the period ending 31 December 2020, the total expenditure for all accounts was £1,023,025.72. The total funds on the 31 December were £982,964.11.

Risk analysis

ACPGBI recognises the financial risks with the funding of the Annual Meeting. The financial success of the same is dependent on the number of delegate registrations, exhibition income and sponsorship; all of which may vary from year to year.

Currently, the estimated funds required for hosting an Annual Meeting are in the region of £450,000. For this reason the ACPGBI retains funds in excess of £450,000, so that it can cover the costs of an Annual Meeting, which may completely fail because of factors, which are outside of the control of the Association. Although ACPGBI takes out routine insurance in this respect, including anti-terrorism cover, this would not protect against the general financial reserves and running costs of ACPGBI. The insurance policy did not cover cancellation of the Edinburgh meeting due to the Covid-19 pandemic. Personal financial risk born by the trustees has been removed by incorporation of ACPGBI.

Conversion to a new method of collecting subscriptions through the membership database has been recognised as a risk to income for the Association if members do not renew. Subscriptions are now collected mainly by Stripe and the income from subscriptions has increased.

INVESTMENT POLICY

Whilst building up capital reserve, the investment policy of ACPGBI remains to maintain the current accounts at zero at the end of each working day with automatic transfer of any reserves through the business reserve account for the two main accounts, namely the general account and the Annual Meeting account. The policy has been to keep the Association's reserves in risk-free accounts rather than invest in other ways, which might bring a higher rate of return, but would carry a risk which could result in a loss of capital and jeopardise both the charity's funds and the Trustees.

It is for these reasons that ACPGBI chose to incorporate as a charity, so that any financial risk will be removed from the Trustees and become the responsibility of a company limited by guarantee.

The ACPGBI recognises the difficulty members are experiencing with study leave funding within their NHS Trusts and this has probably contributed to the reduced registration numbers at some recent annual meetings.

ACPGBI is incorporated as a charity and appropriate funds can now be disbursed without personal financial risk to its Trustees.

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TRUSTEES ANNUAL REPORT (CONTINUED)
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FUTURE FINANCIAL STRATEGY
Proposals and actions for 2021/22

As part of the financial review in 2016, it was suggested that a Trustee Board be setup to add further oversight to the governance of ACPGBI, separate to the Executive. The proposal to introduce a Board of Trustees was approved at the AGM in Bournemouth in July 2017 and members of the Board have been appointed. Over the next 12 months ACPGBI aims to;

- Balance income and outgoings within the principal business account. Funding of future initiatives to be agreed at the annual strategy meeting with distribution of funds based on profit from annual meeting.
- Maintain current membership base for 2021-2022.
- Make it more expensive for non-members to attend the annual meeting than to become a member of ACP.
- Provide funding to support members to attend the Tripartite meeting in Auckland.
- Continue to fund two Dukes' Club travelling fellowships.
- Continue to fund the South African Fellow together with American, Australasian and European Fellows (there is a reciprocal arrangement with the Americans and Australasians).
- Continue to fund the ACPGBI/RCS badged fellowships £10,000.
- Continue limited (max £1,000 per year) funding to facilitate Chapters to run meetings during the year.
- Continue to part fund surgical specialty lead £10,000.
- Continue to allow medical students free registration for the Annual Meeting and reimburse their travelling expenses if they are presenting at the meeting, but not their accommodation costs
- Continue to provide 50 free places at the annual meeting for nurse members of ACPGGBI.
- Colorectal Disease strategy and financial planning meeting annually with Wiley.
- Provide annual appraisal and salary review for our staff.

TRUSTEES RESPONSIBILITIES

The trustees (who are also directors of The Association of Coloproctology of Great Britain and Ireland for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom General Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

In so far as the trustees are aware:

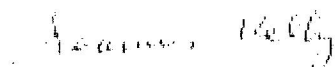
- There is no relevant audit information of which the charitable company's auditor is unaware, and
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

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TRUSTEES ANNUAL REPORT (CONTINUED)
YEAR ENDED 31 DECEMBER 2020

This report has been prepared in accordance with the provisions of Part 15 of the Companies Act relating to small companies.

Approved by the Trustees and signed on their behalf by



Mr Seamus B Kelly
Honorary Treasurer
Association of Coloproctology and Great Britain and Ireland

Dated 15.06.2021

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INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES

YEAR ENDED 31 DECEMBER 2020

Opinion

We have audited the financial statements of The Association of Coloproctology of Great Britain and Ireland (the parent 'charitable company') for the year ended 31 December 2020 which comprise the Consolidated Group Statement of Financial Activities, the Consolidate Group and Parent Balance Sheet, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' 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.

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 December 2020 and of the group's and the parent charitable company's incoming resources and application of resources, including group's and the parent charitable company's income and expenditure, for the year then ended;
- the parent company affairs have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- the financial statements 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 Auditors responsibilities for the audit of the financial statements section of our report. We are independent of the group and parent 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.

Emphasis of matter

We draw attention to the fact that during the year Bowel Disease Research Foundation has transferred its trade, assets and liabilities to Bowel Research UK and that the interim accounts of the Bowel Disease Research Foundation are unaudited. We are of the opinion that the above does not effect the overall results for the year or have any impact on the disclosed results

Conclusions relating to going concern

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

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

Other information

The trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, 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.

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INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES (Continued)

YEAR ENDED 31 DECEMBER 2020

Opinion on other matters prescribed by the Companies Act 2006

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

- the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Report of the Trustees has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

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

- adequate accounting records have not been kept by the parent company or returns adequate for our audit have not been received from branches not visited by us; or
- the parent company 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.

Responsibilities of trustees

As explained more fully in the Statement of Trustees Responsibilities, 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.

Our 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 a Report of the Independent Auditors that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our Report of the Independent Auditors.



Mr Keith Adrian Ford (Senior Statutory Auditor)
For and on behalf of Ford Bentall LLP
Statutory Auditor
60 High Street
Chobham
Surrey
GU24 8AA

Dated: 29/10/2021

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)**

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCOME AND EXPENDITURE ACCOUNT)

YEAR ENDED 31 DECEMBER 2020

	Note	Unrestricted Funds Year to 31 Dec 20 £	Restricted Funds Year to 31 Dec 20 £	Total Funds Year to 31 Dec 20 £	Total Funds Year to 31 Dec 19 £
INCOME AND ENDOWMENTS FROM					
Donations and legacies	2	65,157	-	65,157	505,947
Charitable activities	5				
Education		52,764	-	52,764	169,011
Provision of publication		128,343	-	128,343	86,001
Annual General Meeting		61,059	-	61,059	480,670
Other trading activities	3	274,859	-	274,859	250,173
Investment income	4	904	-	904	2,938
TOTAL INCOME		583,086	-	583,086	1,494,740
EXPENDITURE ON					
Raising funds	6	-	-	-	101,705
Charitable activities:					
Bursaries	6	63,604	-	63,604	501,779
Education	6	150,592	-	150,592	312,505
Provision of publications	6	59,248	-	59,248	38,521
Annual General Meeting	6	189,288	-	189,288	479,663
Governance costs	6	193,207	-	193,207	42,077
TOTAL EXPENDITURE	6	655,939	-	655,939	1,476,250
NET INCOME/(EXPENDITURE)		-72,853	-	-72,853	18,490
Subsidiary demeger					
		(213,911)	(59,922)	(273,833)	-
Net Movement in funds		(286,764)	(59,922)	(346,686)	18,490
RECONCILIATION OF FUNDS					
Total funds brought forward		1,514,409	68,454	1,582,863	1,564,373
Total funds carried forward		1,227,645	8,532	1,236,177	1,582,863

The statement of financial activities includes all gains and losses recognised in the year. All incoming resources and resources expended derive from continuing activities.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)**

BALANCE SHEET

YEAR ENDED 31 DECEMBER 2020

	Note	Group 2020 £	2019 £	Charity 2020 £	2019 £
FIXED ASSETS					
Intangible assets	12	5,040	9,445	5,040	7,560
Tangible assets		<u>1,640</u>	<u>3,208</u>	<u>1,640</u>	<u>2,183</u>
		6,680	12,653	6,680	9,743
CURRENT ASSETS					
Stocks		479	479	479	479
Debtors	13	339,613	324,627	339,613	235,375
Cash at bank		<u>982,949</u>	<u>1,833,077</u>	<u>982,949</u>	<u>1,058,829</u>
		1,323,041	2,158,183	1,323,041	1,294,683
CREDITORS:					
Amounts falling due within one year	14	(93,444)	(587,973)	(93,444)	(90,717)
NET CURRENT ASSETS		1,229,597	1,570,210	1,229,597	1,203,966
TOTAL ASSETS LESS CURRENT LIABILITIES		1,236,277	1,582,863	1,236,277	1,213,709
NET ASSETS		1,236,277	1,582,863	1,236,277	1,213,709
FUNDS					
Unrestricted		1,227,745	1,514,409	1,227,745	1,205,177
Restricted	16	<u>8,532</u>	<u>68,454</u>	<u>8,532</u>	<u>8,532</u>
TOTAL FUNDS		1,236,277	1,582,863	1,236,277	1,213,709

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable Companies.

These accounts were approved by the members of the committee and authorised for issue on 2021 and are signed on their behalf by:



.....
Professor S R Brown
President
Association of Coloproctology of Great Britain and Ireland

Company Registration Number: 05962281

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)**

CASH FLOW STATEMENT

YEAR ENDED 31 DECEMBER 2020

	Note	Group 2020 £	2019 £	Charity 2020 £	2019 £
Cash flows from operating activities					
Cash generated from operations	1	(849,679)	261,868	(75,431)	125,865
Interest paid		-	-	-	
Net cash provided by (used in) operating Activities		(849,679)	261,868	(75,431)	125,865
Net cash provided by (used in) investing activities					
Purchase of fixed assets		449	2,155	449	-
Change in cash and cash equivalents in the reporting period		(850,128)	259,533	(75,880)	125,865
Cash and cash equivalents at the beginning of the reporting period		1,833,077	1,573,544	1,058,829	932,964
Cash and cash equivalents at the end of the reporting period		982,949	1,833,077	982,949	1,058,829

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)5
NOTES TO THE CASH FLOW STATEMENT**

YEAR ENDED 31 DECEMBER 2020

1. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	Group 2020 £	2019 £	Charity 2020 £	2019 £
Net income for the reporting period (as per the statement of financial activities)	(72,853)	18,490	22,567	95,336
Adjustments for:				
Depreciation charges	3,509	3,641	3,509	2,727
Current assets less current liabilities returned to subsidiary	(270,820)	-	-	-
Decrease / (increase) in debtors	(14,986)	(44,150)	(104,234)	34,440
Increase / (decrease) in creditors	(494,529)	283,887	2,727	(6,638)
	(849,679)	261,868	(75,431)	125,865

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

NOTES TO THE ACCOUNTS

YEAR ENDED 31 DECEMBER 2020

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the Charitable group, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) '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 UK and Republic of Ireland (FRS 102) (effective 1 January 2019)' Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

The charitable company was incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member. The address of the registered office and nature of the charity's operations are disclosed in the Trustees annual report.

Preparation of the accounts on a going concern basis

The trustees have considered the future trading of the Charitable group and have prepared forecasts for a period of twelve months from the date of these financial statements. They have a reasonable expectation that the Charitable group can continue to meet its liabilities as they fall due. On this basis, the trustees consider it appropriate to prepare the financial statements on the going concern basis despite the Covid-19 global pandemic.

Basis of consolidation

The financial statements consolidate the results of the Association of Coloproctology of Great Britain and Ireland (ACPGBI) and of its wholly owned subsidiary, the Bowel Disease Research Foundation (BDRF). The results are presented for the Charity (ACPGBI) and the Group (ACPGBI and BDRF). No separate Statement of Financial Activities has been presented for the Charity alone as permitted by the Charities SORP 2005 and the Companies Act 2006.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Legacies

Legacies are recognised when the charity is advised by the personal representatives of an estate that payment will be made or property transferred and the amount involved can be quantified.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or when funds are raised for a specific purpose. The aim and use of each restricted fund is set out in the notes to the financial statements.

Allocation and apportionment of costs

Expenditure is allocated to the relevant activity categories on a basis that is consistent with the use of that resource.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

1. ACCOUNTING POLICIES CONTINUED

- Costs of generating funds includes all cost relating to activities where the primary aim is to raise funds.
- Charitable activities includes all costs relating to activities where the primary aim is part of the objects of the Charity
- Governance costs includes audit fees, travel and meeting costs and legal and professional costs.

Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

Taxation

The charity is exempt from corporation tax on its charitable activities

Fixed assets

All fixed assets are initially recorded at cost.

Depreciation

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computer equipment	-	25% reducing balance
Office equipment	-	15% reducing balance
Exhibition stand	-	15% reducing balance
Leasehold improvements	-	15% reducing balance
Chain of Office & Medal Dies	-	20% straight line

Stocks

Stocks are valued at the lower cost and net realisable value, after making due allowance for obsolete and slow moving items.

Pension costs and other post retirement benefits

The charitable parent company and its subsidiary participate in the Superannuation Arrangements of the University of London (SAUL), which is a defined benefit scheme. The scheme is contracted out of the State Earnings-Related Pension scheme. The scheme is valued formally every three years by professionally qualified and independent actuaries. Reviews of the scheme's positions are carried out in between valuations. The actuarial valuation applies to SAUL as a whole and does not identify surpluses or deficits applicable to individual employers. The charitable company therefore accounts its participation in SAUL as if it were a defined contribution scheme and pension costs are based on amounts actually paid (i.e. cash amounts) in accordance with paragraphs 28.11 of FRS 102.

Debtors

Debtors are recognised at the settlement amount due after any trade discounts offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash at bank and in hand

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the account.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

2. DONATIONS AND LEGACIES

	2020	2019
	£	£
Donations (from trusts, events, private companies, individuals, etc)	65,157	505,947
	65,157	505,947

3. OTHER TRADING ACTIVITIES

	2020	2019
	£	£
Subscription	274,859	250,173
	274,859	250,173

4. INVESTMENT INCOME

	2020	2019
	£	£
Bank interest receivable	904	2,938
	904	2,938

5. INCOME FROM CHARITABLE ACTIVITIES

	Activity	2020	2019
		£	£
Pelvic Floor Society	Education	5,500	72,763
Coloproctology motorway course	Education	650	37,050
Dukes' Club	Education	29,189	55,305
Other meetings	Education	2,425	2,931
Ileal Pouch	Education	15,000	-
Publication Income	Provision of Colorectal journal	128,343	86,001
Annual General Meeting	Annual General Meeting	61,059	480,670
CReaTE Roadshows	Education	-	1,100
		242,166	735,682

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

1. TOTAL EXPENDITURE
FUNDRAISING AND CHARITABLE
ACTIVITIES

	Raising Funds £	Bursaries £	Education £	Provision of publications £	Annual meeting £	Governance costs £	Total Funds Dec 2020 £	Total Funds Dec 2019 £
AGM and other meetings	-	-	-	-	189,288	-	189,288	479,663
Grants to Institutions	-	-	-	-	-	-	-	431,160
Travel fellowship	-	-	6,832	-	-	-	6,832	23,163
Other meetings	-	-	7,621	-	-	-	7,621	600
Pelvic Floor Society	-	-	10,857	-	-	-	10,857	44,280
Subscription to colorectal disease	-	-	-	59,248	-	-	59,248	38,521
Surgical Specialty Lead	-	-	5,027	-	-	-	5,027	10,000
Bowel Research UK	-	-	30,249	-	-	-	30,249	-
Fundraising Costs	-	-	-	-	-	-	-	6,807
Coloproctology motorway course	-	-	6,232	-	-	-	6,232	27,349
Dukes' Club	-	-	19,534	-	-	-	19,534	57,257
CReatE	-	-	-	-	-	-	-	4,133
Chapter meetings	-	-	1,543	-	-	-	1,543	8,855
Sub total	-	-	87,895	59,248	189,288	-	336,341	1,131,788
SUPPORT COSTS								
Management	-	49,950	48,556	-	-	48,556	147,062	234,731
Meetings and travel costs	-	413	-	-	-	10,976	11,389	30,092
Information Technology	-	-	900	-	-	9,687	10,857	22,869
Administration services	-	13,241	13,241	-	-	87,953	114,435	19,318
Finance	-	-	-	-	-	1,187	1,187	2,291
Accountancy & audit fees	-	-	-	-	-	15,252	15,252	24,178
Legal & professional	-	-	-	-	-	8,373	8,373	-
Other costs	-	-	-	-	-	11,223	11,223	10,983
Sub total	-	63,604	62,697	-	-	193,207	319,508	344,462
TOTAL RESOURCES EXPENDED	-	63,604	150,592	59,248	189,288	193,207	655,939	1,476,250

Support costs have been directly attributed to activities where it has been possible to do so.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

7. GRANTS PAYABLE TO INSTITUTIONS

	2020 £	2019 £
Bursaries	30,249	431,160

The total grants paid to and repaid by Institutions during the year were as follows:

	2020 £	2019 £
Bowel Research UK	30,249	-
NASBO	-	1,215
University of Sheffield	-	1,160
Countess of Chester NHS Trust	-	5,000
University Hospitals of Coventry & Warwickshire	-	7,236
Multiple Ins	-	(7,887)
University of Newcastle	-	1,588
University of Southampton		16,578

30,249	24,890
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In addition to the above the following amounts have been included in creditors as at the year end the charity was committed to funding these grant applications:

	2020 £	2019 £
University of the Highlands and Islands	-	71,333
Countess of Chester NHS Trust	-	25,000
University of Edinburgh	-	11,480
St Marks Hospital	-	-
NHS Lothian	-	10,000
University of Oxford	-	-
University of Southampton	-	9,921
University of Newcastle	-	63,912
University of Leicester	-	25,000
University of Sheffield	-	5,973
University of Manchester	-	(51)
University of Warwick	-	21,707
University of Oxford	-	-
Countess of Chester	-	-
Birkbeck College, University of London	-	31,441
University of Birmingham	-	130,484
Cardiff & Vale University Health Board	-	-

Total grants payable in the year

30,249	431,160
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Some of the grant applications were agreed to be funded in stages throughout the project. No project exceeds three years. Further payments to these projects will be made only after receipt of satisfactory reports detailing the progress of the activities

Grants are returned due to conditions attached to the initial funding not being fulfilled or alternatively Institutions not spending all of their funding.

Further details on grants awarded to institutions can be found on the website www.bdrf.org.uk

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

8. NET INCOMING/ (OUTGOING) RESOURCES

Net resources are stated after charging/(crediting)	2020	2019
	£	£
Auditors remuneration	12,752	17,320
Auditors remuneration for non-audit work	2,500	6,858
Depreciation – owned assets	3,509	3,461

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2020 nor the year ended 31 December 2019.

Trustees' expenses	2020	2019
	£	£
Trustees' expenses	1,669	6,679

During the year 5 (2019:12) trustees received reimbursed expenses for travel costs to trustees meetings.

10. STAFF COSTS

	2020	2019
	£	£
Wages and salaries	116,586	160,518
Social security costs	11,651	14,456
Pension costs	19,826	31,790
	147,063	207,064

The average monthly number of employees during the year was as follows:

	2020	2019
Fundraising and administration	5	4

The key management for the charities comprise of the Trustees, CEO, and co-ordinators.

There were no employees whose annual remuneration was £60,000 or more.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

11. 2019 COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted fund £	Restricted funds £	Total funds £
INCOME AND ENDOWMENTS FROM			
Donations and legacies	261,609	244,338	505,947
Charitable activities			
Education	169,011	-	169,011
Provision of Publications	86,001	-	86,001
Annual General Meeting	480,670	-	420,670
Other trading activities	250,173	-	250,173
Investment income	2,938	-	2,938
Total income	<u>1,250,402</u>	<u>244,338</u>	<u>1,494,740</u>
TOTAL EXPENDITURE ON			
Raising funds	101,705	-	101,705
Charitable activities			
Bursaries	253,875	247,904	501,779
Education	312,505	-	312,505
Provision of publication	38,521	-	38,521
Annual General Meeting	479,663	-	479,663
Governance costs	42,077	-	42,077
TOTAL EXPENDITURE	<u>1,228,346</u>	<u>247,904</u>	<u>1,476,250</u>
NET INCOME	22,056	(3,566)	18,490
Transfer between funds	<u>(2,000)</u>	<u>2,000</u>	<u>-</u>
Net movement in funds	20,056	(1,566)	18,490
RECONCILIATION OF FUNDS			
Total funds brought forward	1,494,353	70,020	1,564,373
Total funds carried forward	<u>1,514,409</u>	<u>68,454</u>	<u>1,582,863</u>

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

**12a. INTANGIBLE FIXED ASSETS
(a) GROUP**

	Software & Website £
COST	
At 1 Jan 2020	14,754
Disposal	(2,154)
At 31 Dec 2020	12,600
DEPRECIATION	
At 1 Jan 2020	5,309
Charge for the year	2,520
Disposal	(269)
At 31 Dec 2020	7,560
NET BOOK VALUE	
AT 31 DEC 2020	5040
AT 31 DEC 2019	9,445
(b) CHARITY	
NET BOOK VALUE	
AT 31 DEC 2020	5,040
AT 31 DEC 2019	7,560

**12b. TANGIBLE FIXED ASSETS
(b) GROUP**

	Office Equipment £	Computer equipment £	Office & medal dies £	Total £
COST				
At 1 Jan 2020	3,444	5,967	4,064	13,475
Additions	-	449	-	449
Disposals	(1,115)	(5,527)	-	(6,642)
At 31 Dec 2020	2,329	889	4,064	7,282
DEPRECIATION				
At 1 Jan 2019	2,905	5,059	2,304	10,268
Charge for the year	46	132	812	990
Disposals	(881)	(4,735)	-	(5,616)
At 31 Dec 2020	2,070	456	3,116	5,642
NET BOOK VALUE				
AT 31 DEC 2020	259	433	948	1,640
AT 31 DEC 2019	540	909	1,760	3,209
(b) CHARITY				
NET BOOK VALUE				
AT 31 DEC 2020	259	433	948	1,640
AT 31 DEC 2019	307	116	1,760	2,183

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

13. DEBTORS: Amounts falling due within one year

	Group		Charity	
	2020	2019	2020	2019
	£	£	£	£
AGM 2023 & 2024 Prepaid expenses	15,831	-	15,831	-
AGM 2022 Prepaid expenses	33,561	-	33,561	-
AGM 2021 Prepaid expenses	73,179	7,201	73,179	7,201
AGM 2020 Prepaid expenses	-	125,270	-	125,270
Trade debtors	6,583	86,001	6,583	-
Prepayments and accrued income	82,116	22,173	82,116	16,903
Other debtors	128,343	83,982	128,343	86,001
	339,613	324,627	339,613	235,375

14. CREDITORS: Amounts falling due within one year

	Group		Charity	
	2020	2019	2020	2019
	£	£	£	£
Other creditors	-	518,830	-	-
Deferred income	31,898	-	31,898	58,833
Accruals	43,404	51,503	43,404	16,454
Trade creditors	7,189	3,100	7,189	2,869
Other taxation	10,953	14,540	10,953	12,561
	93,444	587,973	93,444	90,717

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

15. SUBSIDIARY COMPANY

The ACPGBI had a wholly owned subsidiary known as the Bowel Disease Research Foundation (BDRF).

From 12 June 2020, BDRF ceased to be a subsidiary member of ACPGBI, a company limited by guarantee (company number 06309182) and is registered with the Charity Commission (registered charity number 1120460).

The objects of the BDRF are:-

- The relief of patients suffering from bowel disease
- The promotion of research into causes, prevention and treatment of diseases of the ileum, colon and rectum.
- The advancement of study of biological and clinical problems and research, education and treatment.
- The promotion and advancement of education of the general public relating to bowel disease.

In the period to 12 June 2020, the unconsolidated results of the BDRF were total income of £75,116 (2019: £520,946), total expenditure of £170,537 (2019: £597,792), with net expenditure of £95,421 (2019: net expenditure of 76,848). The BDRF reserves of £273,833 were taken out of the Group accounts as at 12 June 2020, as a result of the demerger

The unaudited BDRF accounts for the period to 12 June 2020 have been consolidated on a line by line basis in the accounts.

16. RESTRICTED FUNDS

	Balance at 1 Jan 2020	Incoming resources	Resources expended	Transfers between funds	Balance at 31 Dec 2020
	£	£	£	£	£
Laparoscopic Colorectal Surgery	7,532	-	-	-	7,532
Bursaries					
Scottish Chapter	1,000	-	-	-	1,000
Research fund	59,922	-	-	(59,922)	-
	68,454	-	-	(59,922)	8,532

During 2008, Covidien provided an educational grant of £25,000 to provide travelling bursaries for consultants and colorectal surgeons in training that are members of the ACPGBI to obtain experience of laparoscopic colorectal surgery in the UK and Europe. During 2019, £nil of these bursaries were utilised and £7,532 remains available.

The Scottish Chapter restricted fund relates to a donation received in 2017 for the benefit of the Scottish Chapter. £1,000 remains available.

The Research Fund is specifically for funding of BDRF's research programme. Occasionally the restriction imposed by the donor extends to funding of specific named projects.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)**

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

17. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted Funds	General Funds	2020	2019
	£	£	£	£
Tangible fixed assets	-	6,680	6,680	12,653
Current assets/liabilities	8,532	1,221,065	1,229,597	1,570,210
	8,532	1,227,745	1,236,277	1,582,863

18. RELATED PARTY TRANSACTIONS

The ACPGBI has a close working relationship with the BDRF which merged to become Bowel Research UK. ACPGBI offers assistance with the running costs of the charity in the forms of grants. In the year to December 2020, the ACPGBI had paid £10,000 (2019: £15,000) to Bowel Research UK.

The ACPGBI is intending to continue its support of the Bowel Research UK with a planned donation of £15,000 to Bowel Research UK in 2021. Future years are to be reviewed on a regular basis.

19. PENSION COMMITMENTS

The company participates in the Superannuation Arrangements of the University of London (SAUL), a centralised defined benefit scheme within the United Kingdom for all qualified employees with assets held in separate Trustee administered funds. The company has adopted FRS17 for accounting for pension costs. It is not possible to identify the Company's share of the underlying assets and liabilities of SAUL. Therefore contributions are accounted for as if SAUL were a defined contributions scheme and pension costs are based on the amounts actually paid (i.e., cash amounts) in accordance with paragraphs 28.11 of FRS 102. The total cost of pension contributions on behalf of employees of the company during the period was £19,826 (2019: £31,790).

The scheme is subject to triennial valuation by professionally qualified independent actuaries. The last available valuation was carried out at 31 March 2020 using the projected credit method in which the actuarial liability makes allowance for projected earnings.

The following assumptions were used to assess the past service funding position and future service liabilities:

		Projected Unit	
Valuation method		Technical Provisions	Future Service
Investment return – pre-retirement		2.45% p.a.	3.62%
Investment return – post-retirement		0.35% p.a.	2.37%
Price Inflation (RPI)	Full unadjusted market implied RPI Curve		
Price Inflation (CPI)	Full Curve derived as RPI Curve less 1% p.a, before 2030 and no deduction thereafter.		
General salary increase	Full Curve derived as RPI Curve less 1% p.a		

(Continued)

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)
NOTES TO THE ACCOUNTS CONTINUED**

YEAR ENDED 31 DECEMBER 2020

19. PENSION COMMITMENTS (Continued)

The actuarial method applies to the scheme as a whole and does not identify surpluses or deficits applicable to individual employers. SAUL's funding in the lead up to the valuation was affected by an environment of continuing low gilt yields and uncertainty of Brexit. Covid 19 also introduced financial volatility immediately before and during the 2020 valuation process.

The Valuation results show that SAUL's funding level at 31 March 2020 (the valuation date) was 94%, with a funding deficit of £217 million.

SAUL has recovered from the short term impact of pandemic because of immediate action. On 30th April 2021, SAUL had 109% of the money we need. So SAUL is in good place and we have got more money than needed to pay the pensions already promised to SAUL members. This is now as being in surplus.

20. CAPITAL COMMITMENTS

There were Capital Commitments of £36,000 in respect of Information Technology as at 31 December 2020.

21. ULTIMATE CONTROLLING PARTY

The charitable company is controlled by its trustees who are also its directors.