



British Cardiovascular Society

'Promoting excellence in cardiovascular care'

Annual report and accounts 2016

Annual report and accounts

31 December 2016

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Administrative details

For the year ended 31 December 2016

Company Number	3005604																						
Charity Number	1093321																						
Registered office & operational address	9 Fitzroy Square London W1T 5HW																						
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows: <table> <tr> <td>Dr Sarah Clarke</td> <td>Board of Trustees, Chair (President)</td> </tr> <tr> <td>Dr Robert Henderson</td> <td>Honorary Secretary</td> </tr> <tr> <td>Dr David Walker</td> <td>VP Corporate Finance & Development</td> </tr> <tr> <td>Professor Clifford Garratt</td> <td>VP Education and Research</td> </tr> <tr> <td>Prof Russell Smith</td> <td>VP Training</td> </tr> <tr> <td>Dr Andrew Wragg</td> <td>VP Clinical Standards</td> </tr> <tr> <td>John Greenwood</td> <td>VP Education and Research (Elect)</td> </tr> <tr> <td>Nick Linker</td> <td>Honorary Secretary (Elect)</td> </tr> <tr> <td>Mr John Carrier</td> <td>Non-Executive Trustee</td> </tr> <tr> <td>Mr Graham Meek</td> <td>Non-Executive Trustee</td> </tr> <tr> <td>Mr Nigel Turner</td> <td>Non-Executive Trustee</td> </tr> </table>	Dr Sarah Clarke	Board of Trustees, Chair (President)	Dr Robert Henderson	Honorary Secretary	Dr David Walker	VP Corporate Finance & Development	Professor Clifford Garratt	VP Education and Research	Prof Russell Smith	VP Training	Dr Andrew Wragg	VP Clinical Standards	John Greenwood	VP Education and Research (Elect)	Nick Linker	Honorary Secretary (Elect)	Mr John Carrier	Non-Executive Trustee	Mr Graham Meek	Non-Executive Trustee	Mr Nigel Turner	Non-Executive Trustee
Dr Sarah Clarke	Board of Trustees, Chair (President)																						
Dr Robert Henderson	Honorary Secretary																						
Dr David Walker	VP Corporate Finance & Development																						
Professor Clifford Garratt	VP Education and Research																						
Prof Russell Smith	VP Training																						
Dr Andrew Wragg	VP Clinical Standards																						
John Greenwood	VP Education and Research (Elect)																						
Nick Linker	Honorary Secretary (Elect)																						
Mr John Carrier	Non-Executive Trustee																						
Mr Graham Meek	Non-Executive Trustee																						
Mr Nigel Turner	Non-Executive Trustee																						
Chief Executive Officer	Mr Edward Adomako (interim CEO 1 April 2016 - January 2017)																						
Chief Executive Officer	Ms Rachael O'Flynn (from January 2017 - present)																						
Company Secretary	Dr David Walker																						
Bankers	NatWest Bank 45 Tottenham Court Road W1T 5HW																						
Investment Managers	Investec Wealth & Investment Limited 2 Gresham Street EC2V 7QN																						
Solicitors	Wilson's Solicitors LLP 4 Lincoln's Inn Fields London WC2A 3AA																						
Auditors	Sayer Vincent LLP Chartered Accountants and Statutory Auditors 4th Floor, Invicta House 108-114 Golden Lane London EC1Y 0TL																						

Public benefit

The Trustees of the British Cardiovascular Society have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the Society's aims and objectives and in planning its future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives that have been set.

Through our aims of improving education and standards within cardiovascular healthcare in the UK, patients with cardiovascular conditions and the wider public with heart health concerns are our main beneficiaries. The subsidiary beneficiaries are the professionals working in cardiovascular medicine in the UK. The British Cardiovascular Society is dedicated to the promotion of cardiovascular health.

The BCS will:

- set standards of clinical excellence for the benefit of patients;
- be committed to enhancing and maintaining the highest standards in training, education and research;
- be the primary source of professional advice and advocacy in the prevention, diagnosis and treatment of cardiovascular disease, and engage with government, patient groups, research councils, funding bodies and industry;
- deliver these objectives in collaboration with patients, the wider public, and partner organisations.
- deliver these objectives within an ethical framework based upon public interest and professional integrity.

Officers of the Society and Board

President	Dr Sarah Clarke	2015 – 2018
Honorary Secretary	Dr Robert Henderson	2014 – 2017
Vice-President Clinical Standards	Dr Kevin Fox	2013 – 2016
Vice-President Clinical Standards (Elect)	Dr Andrew Wragg	2015 – 2019
Vice-President Corporate Finance and Development	Dr David Walker	2015 – 2018
Vice-President Education and Research	Prof Cliff Garratt	2014 – 2017
Vice-President Training	Dr Ian Wilson	2013 – 2016
Vice-President Training (Elect)	Prof Russell Smith	2015 – 2019
Non-executive Trustee	Mr Graham Meek	2007
Non-executive Trustee	Mr Nigel Turner	2008
Non-executive Trustee	Mr John Carrier	2009
Non-executive Trustee	Mr Malcolm Bell	2016

Introduction and Report from the President

President of the British Cardiovascular Society: Dr Sarah Clarke



The British Cardiovascular Society (BCS) is only as strong as its members and it is encouraging that our membership continues to grow year on year and we are now almost 3000 members. This is primarily due to the efforts of our Honorary Secretary Dr Rob Henderson who has worked hard to ensure that we make membership relevant and valuable to our members. The Regional Specialty Advisors (RSA) roles provide a key bi-directional link between BCS and our membership at a local level.

BCS has 18 Affiliated Groups and our extended family is now over 20,000 professionals engaged in cardiovascular healthcare at a national, European and global level. This collective union, channelled through the BCS Council, allows us to have much more powerful influence on cardiovascular healthcare. In our devolved healthcare system it is especially important to recognise that the BCS has responsibilities throughout the United Kingdom and through the BCS Council we work closely with the Presidents of the Scottish, Welsh and Irish Cardiac Societies.

The President is responsible for fostering close links with external stakeholders. Through the Royal College of Physicians (London), the BCS has been able to support our trainees, and highlight concerns relating to pressures within the NHS. In 2016, the BCS published the 'Out of Hours Cardiovascular Care' report, which has highlighted deficiencies in 7/7 and 24/7 cardiology services and which complimented the RCP publication 'Underfunded, under-doctored and overstretched'. As Chair of the Professional Liaison Group at NICOR, the President has been involved in the successful bid for funding from HQIP to deliver quality improvement and quality assurance audits. At the same time the BCS is working with NICOR and the BHF to develop methods to sustain a larger data set for wider audit and research going forwards. The Heart Management committee, co-chaired by the President, works closely with BMJ group in delivery of the *Heart* Journal, which we co-own with the BMJ. Prof Catherine Otto, the Editor of *Heart*, continues to produce an outstanding international peer reviewed journal with impact factor 5.693.

Last year, the President was elected as a Councillor and Board member of the European Society of Cardiology, and as Governor of the GB and Ireland Chapter of the American College of Cardiology. These posts increase UK cardiology representation on the international stage and facilitate participation of the BCS in the ESC and ACC annual conferences.

Over the last 2 years an extensive internal governance review has been underway at the BCS, covering human resources, finance and IT. The review will ensure that the BCS and its Trustees comply with their legal obligations in managing the charity, and that the Society is

modernised with a clear strategy meeting the needs of its members whilst fulfilling its charitable objectives. The review has led to the introduction of standard operating procedures across the organisation and BCS staff have been encouraged to work in teams, reporting to a member of the senior management team. A review of staff job plans has also opened up opportunities for increased efficiency, including those staff supporting the Affiliated Groups. Appraisals will also be formalised with input from relevant stakeholders. An extensive review of the BCS IT systems led to a decision to invest in a new digital system and this ambitious project will make the BCS 'fit for the digital age'. The upgrade will facilitate the delivery of our strategic objectives, particularly our education and research strategy- expanding our education portfolio, delivering BCS branded education overseas and developing a national research network to facilitate research collaboration and the participation of more patients in research. The President is grateful for the support of all the Officers, particularly the Honorary Secretary, and for the support of all the staff participating in the internal review and facilitating change.

At the end of 2016 the Board appointed a new Chief Executive, Rachael O'Flynn. Rachael started her new role in January 2017, taking over from our interim CEO, Edward Adomako who had covered the post for 8 months. Rachael brings a wealth of experience to the role and is working with the staff as change is introduced. The Board also appointed Carolyn Hargreaves as the Digital Lead giving us, with Edward Adomako (Finance) and Claire Cartwright (Conference and Education), 3 senior managers reporting to the CEO.

Each year, the BCS elections refresh out team of officers and committee members. Dr Rob Henderson (Honorary Secretary) and Prof Cliff Garratt (VP Education and Research) complete their terms of office in June 2017 and the BCS extends enormous thanks for their contribution to the work of the Society. In 2017 the Society engaged the Electoral Reform Society to independently oversee the elections and the results will be formally announced at the Annual General Meeting in Manchester on 7th June 2017.

Members are always welcome to contact the President and Officers with any questions or suggestions or to express interest in working with the Society. Members are also welcome to visit Fitzroy Square and the newly housed Arthur Hollman Historical Collection. A coffee table book to accompany the exhibition has been developed by Caroline Coates, the Archivist and Past Presidents Dr Nick Boon and Dr Iain Simpson.

The President invites you to read the reports of the Officers of the Society and review the auditor's report.

Honorary Secretary Report

Honorary Secretary: Dr Robert Henderson



Membership

The British Cardiovascular Society currently has 2991 members, including a wide range of healthcare professionals working across the field of cardiovascular medicine. Most BCS members are consultant cardiologists or specialist registrars in cardiology but our membership includes other healthcare professionals who have joint membership with our Affiliated Groups or who work overseas.

The benefits of BCS membership include:

- Free registration for our Annual Conference
- Free on-line access to Heart, Heart Asia, and Open Heart
- Print subscription to Heart at a discounted rate of £80
- Reduced rates for BCS educational courses and activities
- Free Online access to the ESC Textbook of Cardiovascular Medicine
- Free access to CardioSource in collaboration with the ACC, which includes free access to the JACC journals
- Eligibility to apply for BCS support for Clinical Excellence Awards
- Eligibility to apply for BCS Travel Bursaries
- Professional representation with the Royal College of Physicians, NHS England, Department of Health, and other healthcare organisations
- Regular membership e-bulletins with news from the Society and the world of cardiology
- Access to the members only area of the BCS website, which includes details of various membership discounts
- Automatic membership of the European Society of Cardiology (ESC)
- Voting rights at the Annual General Meeting and in annual BCS elections

Digital services

With Board approval, the BCS digital team has initiated a major project to upgrade the BCS website and membership database. Additional changes to IT infrastructure within Fitzroy Square are planned and these developments will lead to a significant improvement in the digital services the Society is able to provide to its members and Affiliated Groups.

Regional Specialty Advisors

The Regional Specialty Advisors (RSAs) are appointed jointly by the British Cardiovascular Society and Royal College of Physicians and have an important role in promoting the activities of the Society. Regional Specialty Advisors:

- review job descriptions for new consultant cardiologist appointments
- participate in consultant Advisory Appointments Committees as RCP representative
- provide advice to the RCP on nominees for RCP Fellowship
- provide advice to the RCP Regional Advisor (or Responsible Officer) on the strengthened appraisal and revalidation of cardiologists
- coordinate BCS surveys, including the annual workforce survey
- communicate local cardiovascular healthcare priorities to the BCS Executive
- promote membership of the Society and its Affiliated Groups
- promote the educational and training activities of the Society, including the Annual Conference.

Press Office

The BCS Press Office manages enquiries from an array of media professionals including national newspapers, trade and specialist journals and magazines, television, and other media outlets. Many general press enquiries are handled by Officers of the Society, but an expert panel of BCS press advisors address press enquiries in sub-specialist areas.

Imaging Council

The BCS hosts the Imaging Council, which provides a forum for communication between the British Society of Echocardiography, British Society of Cardiovascular Magnetic Resonance, British Nuclear Cardiology Society, the British Society of Cardiovascular Imaging and the British Society of Cardiac Computed Tomography. The Imaging Council advises the Programme Committee about the imaging content of the Annual Conference and aims to play a prominent role in cardiovascular imaging across the United Kingdom.

Working Group report on Out-of-Hours Cardiovascular Care

A BCS working group, chaired by Nick Boon, published a report in 2016 on the provision of out-of hours care of inpatients with cardiovascular disease.

Clinical Standards Division

Vice President: Dr Andrew Wragg



Invited Service Review (ISR) in Collaboration with the Royal College of Physicians (RCP)

The BCS has received a number of requests from NHS Trusts for the BCS (or BCS affiliated groups) to provide an independent review of clinical services. Previously it had not been possible for the BCS to undertake formal reviews of this nature. In response to this need the BCS has developed a formal Memorandum of Understanding between the Royal College of Physicians (RCP) and the BCS to be able to provide an Invited Service Review (ISR). The RCP has an Independent Service Review department that offers consultancy services to healthcare organisations that require independent and external advice. The Memorandum of Understanding between the BCS and RCP describes the responsibilities, process, governance and indemnity of ISRs and provides a clear framework for BCS to be able to deliver formal reviews of services if invited to do so. This service is now running and the first invited review has taken place.

Mycobacterium chimaera: infections linked to heater cooler units in cardiopulmonary bypass circuits

BCS has been working with Public Health England (PHE) to develop guidance for secondary care on this important, albeit rare, new infection risk for patient who have had cardiothoracic surgery.

BCS Workforce survey

In 2016 the BCS consultant workforce survey estimated that there are 1438 cardiologists practicing in UK NHS hospitals. This represents an increase of 2.06%. We identified 63 new consultant cardiologist posts that were advertised in the BMJ during the same period (2016).

Guidelines and practice committee

The Guidelines and Practice committee led by Dr Andrew Archbold contributes to consultations related to the delivery of cardiovascular care within the UK. The committee actively participates in formal consultations from NICE and other NHS organisations and has worked hard in this regard.

Royal College of Physicians

Members of the Clinical Standards division participate in the Patient Safety Committee of the RCP, Revalidation group and the Medical Care project.

European Society of Cardiology

New ESC guidelines have been reviewed and endorsed and the UK has agreed to participate in the European Outcomes Registry Programme (EORP) for valve disease. This will be coordinated via the British Heart Valve Society.

Training Division

Vice President: Prof Russell Smith



Cardiology Specialist Advisory Committee

The cardiology SAC is chaired by the VP Training and works closely with the JRCPTB (Joint Royal Colleges of Physicians Training Board) on all matters relating to training, including recruitment, assessment, the curriculum, and quality management. The SAC is composed of a Training Programme Director from each training programme, including one from each devolved nation, and is supported by JRCPTB staff. The committee also includes two trainee representatives from the BJCA, a lay representative, the lead dean

from North Central and East London, and other representation as required.

The 'Shape of Training' and the Shape of Cardiology

The 'Shape of Training' report proposed conversion of two years core medical training to three years internal medicine training prior to specialty training, which would usually then be one year shorter. All large medical specialties will be expected to dual certify in response to the aspiration to increase generalist skills but as cardiology trainees are significantly involved in acute take, both unselected and when on cardiology rotas, this should not have a big impact, providing all subspecialties contribute to share the workload. 'Shape of Training' should ensure that future cardiologists are trained in acute general cardiology and an advanced modular skill. It is anticipated that future cardiologists will be required to contribute to acute cardiology on call and retain general physician skills to manage co-morbidities in an increasingly older population. A small proportion of cardiologists may continue to contribute to the unselected take, often in geographically isolated areas.

A new internal medicine curriculum that will include generic competencies; a revised cardiology curriculum focussing on core cardiology knowledge, skills and behaviours; and a choice of advanced cardiology modules is planned. These curricular changes will use a new 'Competencies in Practice' framework designed to improve the assessment processes with less 'tick box' activity. Within the current curriculum, revised processes around echocardiography training and assessment have been agreed.

Recruitment and Workforce Planning

In 2016, 141 new registrars were recruited, a significant increase on previous years, which averaged 100/year. This increase was multi-factorial including approaches to minimise the effect of losing LATs in England. Currently the training system appears in balance with demand for consultant cardiologist appointments. However, whilst 53% of all trainees are women, only 25% cardiology trainees are women. Without significant efforts to address the gender imbalance, cardiology could face significant consultant workforce issues in the years ahead.

European Examination of General Cardiology (EEGC)

The EEGC delivers the mandated summative assessment of knowledge for cardiology trainees from ST5. Previously known as the KBA (Knowledge Based Assessment), the exam continues to be run jointly by the European Society of Cardiology and Union of European Medical Specialists – Cardiology Section (UEMS) with significant UK cardiology representation throughout the structure. In the UK, the exam is coordinated by BCS for candidates who hold a training number.

CESR (Certificate of Eligibility for Specialist Registration)

Cardiology is a busy specialty for CESR applications. Training programme Directors assess CESR applications on behalf of the JRCPTB who then liaise with the GMC. The planned review of this process by the GMC has been repeatedly delayed, which is a cause of significant frustration for assessors.

Training Committee Activity

Training Committee meetings have facilitated a significant extension of the work of the SAC. Over the past four years Training Programme Directors have discussed their training programme, which has facilitated spread of good practice. The committee is currently reviewing advanced modular training in subspecialties, starting with heart failure and adult congenital heart disease.

Education and Research Division

Vice President: Prof Clifford Garratt



Annual Conference

The BCS Annual Conference is the Society's flagship educational event and following a change in the structure of the programme several years ago, has continued to grow and flourish. The success of the conference also reflects a close collaboration between the BCS and the British Heart Foundation, which provides substantial financial support for the conference.

The Programme Committee is responsible for the educational and scientific components of the conference, and aims to provide education across a broad range of cardiology topics and highlight the latest in cardiovascular research. The target audience includes cardiology trainees, consultants (especially those seeking revalidation), academics, cardiovascular scientists, other cardiovascular healthcare professionals and patients.

The theme of the 2016 BCS Annual Conference was 'Prediction and Prevention'. The Sir Thomas Lewis lecture was given by Michael Ackerman of the Mayo Clinic on Prediction and Prevention of Sudden Cardiac Death in the Young. The BCS lecture was given by Prof Sir Nilesh Samani and was titled 'Elucidating the genetic basis of coronary artery disease: implications for prediction, prevention and treatment.'

Educational Courses

Chaired by Dr Denise Braganza, the Education Committee is responsible for the delivery of a number of highly successful BCS Educational Courses that run throughout the year. Current courses include:

- Career in Academic Cardiology
- BCS/Mayo Cardiology Review Course
- National Training Day
- Cases, Controversies and Updates
- Year in Cardiology

The courses and education strategy of the BCS are currently under review with a plan to deliver education to a wider audience using different media.

Academic and Research Committee

Chaired by Professor Rod Stables, the Academic and Research Committee facilitates professional liaison with basic science affiliated groups (British Atherosclerosis Society and British Society for Cardiovascular Research) and the British Heart Foundation. The committee is responsible for the Michael Davies Early Career Award (awarded to Dr Marc Dweck in 2016 for 'Picturing the Heart in 2020') and the Young Research Worker's Prize (awarded to Dr Alexander Rothman in 2016). The year has seen continued advances in the attempts to bring

together the basic and clinical cardiovascular science communities, both in terms of the development of a combined BCS/BAS/BSCR “translational” session at the Annual Conference and the merging of the Young Investigator’s Prize Competition (previously run by BAS/BSCR) with the Young Research Worker’s Competition (previously run by BCS).

The Clinical Study Groups (CSGs) aim to facilitate research across the spectrum of cardiovascular disease in the UK. Currently there are six groups (atherothrombosis, cardiac rhythm, heart failure, paediatric/congenital heart disease, valvular heart disease and preventative cardiology), each with individual leads. In collaboration with the British Heart Foundation, the BCS is looking to improve and amplify the contribution of clinical cardiologists to the design and conduct of cardiovascular research in the UK through a national cardiovascular research network.

Corporate Finance and Development Division

Vice President: Dr David Walker



Conference.

The BCS remains financially secure with a solid return on investments over the course of 2016. Although income was down on budget, mainly due to a reduction in income from courses, a review of expenditure was undertaken and a tight rein was kept. Overall a small surplus was made, and so there was no need to use our reserves. In 2016 the Society invested in special cabinets to display the Arthur Hollman Historical Collection, and allocated money to support education for allied health professionals at the Annual

The Finance Committee

The Finance Committee is responsible for regularly reviewing internal financial controls, financial reporting, and recommending action to be undertaken to ensure the financial health of the Society.

The BCS is mainly reliant on income from membership subscriptions and from Heart, the journal co-owned with the BMJ. The Society aims to diversify its income streams to improve the financial resilience of the organisation and facilitate delivery of its charitable objectives. One future objective is to exploit the demand for BCS branded educational programmes, both at home and abroad.

2016 Financial Performance

BCS closed the year with a net movement in funds of £399k surplus made up of £24k net incoming resources and £375k gains on investments. Overall income was 6% down on 2015 and £20k below budget, but overall expenses were £94k below budget, in particular because some courses did not take place (for example, due to the junior doctors' strike). As a result, a deficit budget of £50k moved to a surplus of £24k before investment gain.

The BCS continued to receive income from subscriptions, the Annual Conference and Heart journal. Although the educational activities of the Society have continued to provide an important source of revenue (as well as fulfilling the BCS's educational ambitions), income from education was down by 27% on 2015.

Subscription Income

Subscription income in 2016 remained stable, up marginally by 1% on 2015 (£483k). The support from its membership allows the BCS to maintain financial independence and provide an objective and representative voice. The majority of membership subscriptions are VAT exempt with a small element being zero rated.

Conference Financial report

The Annual Conference generated £599k income against £918k expenditure (inclusive of overheads allocation). The business model of the Annual Conference has been changing over the last decade due to declining industry support; however BCS remains committed to the Conference as its main flagship educational event and is grateful to the British Heart Foundation for on-going financial support.

Heart Journal

The Heart journal performed well in 2016 with a year-end BCS share of income of £935k (£911k in 2015) against an apportioned share of expenditure of £418k (£422k in 2015). The net contribution from Heart to BCS was £517k (£488k in 2015).

Cash flow and balance

Throughout 2016 the BCS continued to maintain a healthy cash flow and closed the year with a cash balance of £852k at the bank. Total balance on the funds carried forward as at 31 December 2016 was £6,131k (£5,733k in 2015), which represents year-on-year increase in funds of 6.96%.

Investment portfolio

The BCS Investment portfolio was valued on 31 December 2016 at £3,709k, an increase of 13.88% on 2015. This represents a strong performance over the year in spite of challenging financial circumstances. The portfolio saw gains in both capital and dividends. The long-term view is for the portfolio to act as a security buffer for the BCS. Any capital gains or losses on the value do not affect the day-to-day operational capacity of the Society.

The investment portfolio is managed by Investec Wealth & Investment Limited, on a discretionary basis, with a moderate level of risk. The fund aims for a balanced return between income and capital growth predominantly through a diversified portfolio of equities, cash and fixed interest. Overseas equities are invested through collective investment schemes but UK equities and bonds are primarily invested directly into individual issues. Income is currently reinvested into the portfolio.

Ethical Policy

The Society does not invest in any tobacco or fast food companies. The Trustees reserve the right to add specific exclusions to this list as appropriate.

Reserves Policy

The British Cardiovascular Society held total free reserves of £4,484k as at 31 December 2016, comprising an investment portfolio of £3,708k, and net current assets of £868k less restricted and designated funds of £92k.

The current level of reserves represents 190% of total annual resources expended in 2016 (169% in 2015) and would allow the Society to operate for over 22 months if all sources of income suddenly ceased and liabilities stayed at the same level. The Trustees of the Society believe that this is a sufficient reserve as some capital projects have been identified. The reserve policy was reviewed in 2014 and it was agreed that the free reserves should remain at a similar level (18-24 months of operational costs) for the foreseeable future.

Structure, Governance & Management

Governing documents

The Society is constituted as a company limited by guarantee, incorporated in England and Wales and therefore governed by its Memorandum and Articles of Association.

Organisational Structure

The Society is governed by a Board of Trustees and an Executive that meets regularly. Members of the Executive are elected by members of the Society through the annual elections process. Members of the Executive are also members of the Board, and are joined by four non-executive Trustees. In addition to these two governing structures, BCS has a Council that meets quarterly and includes elected members and representatives from the 18 Affiliated Groups, Royal College of Physicians, British Heart Foundation, and from each of the Countries of the UK.

BCS has no subsidiaries. BCS has a contractual agreement with British Medical Journals (BMJ) to publish the journal Heart. The financial performance figures resulting from this arrangement have been incorporated into the Financial Reports of the Society as per requirements for consolidating joint arrangements.

Related parties and relationships with other organisations

The 18 Affiliated Groups of the Society represent sub-specialty areas of cardiovascular medicine. As well as representation on BCS Council, relevant Affiliated Groups are involved in all Committees and Working Groups of BCS, and are invited to contribute educational sessions to the courses and BCS Annual Conference. The Society regards the Affiliated Groups as their source of authoritative opinion and advice on matters relating to their areas of expertise and ensures their inclusion in its work accordingly.

Managing and strengthening the relationship between BCS and the British Heart Foundation, the Royal College of Physicians (RCP), the European Society of Cardiology (ESC) and the American College of Cardiology (ACC) are the responsibility of the President primarily, as well as the BCS Board. The BCS President sits on the RCP Council and BCS shares responsibility for a Joint Specialty Committee with the RCP. BCS participates in the ACC and ESC Conferences and subscribes to both bodies. Wherever appropriate the Society works collaboratively with other professional cardiovascular organisations and with industry, to achieve common objectives.

The Society holds an Annual General Meeting in June of each year at the BCS Annual Conference. Elections for positions on Executive, Council and the various Committees of BCS are held each year in the Spring. Changes to the Executive, Council and the results of the annual elections are publicized and ratified at the AGM.

Management and Key Staff

The Society employs the following personnel who form the senior management team at the Fitzroy Square premises:

- Rachael O'Flynn, Chief Executive Officer
- Edward Adomako, Finance Director and Deputy CEO
- Claire Cartwright, Conference & Exhibition Manager
- Carolyn Hargreaves, Digital Lead.

Remuneration policy for key management personnel

The BCS remuneration policy is the same for every member of staff. The policy is reviewed by the Finance Committee in January every year, and a percentage change is recommended to the Board. In deciding on the percentage change, the Finance Committee and Board consider the general level of prices, performance of the charity, and the rate of salary increase across similar organisations. This approach is simple to administer and the Finance committee, on behalf of the Board, ensures that the charity is not exposed to additional liabilities resulting from a breach of statutory regulations.

Recruitment and induction of Trustees

BCS recruits Trustees to its Board by advertising open positions to its members for election. The Non-Executive Trustees are appointed to the Board and are generally selected through recommendation and contact with existing Board members.

Trustees are given an induction pack on joining the BCS Board, which includes governance documents, previous Board minutes, annual accounts and detail on the structure of BCS. In addition, Board members are given time with BCS Staff to gain an understanding of the workings of the Society. Training is available to Trustees as required. The Board has the power to appoint additional members at its discretion.

Statement of responsibilities of the Trustees

The Trustees (who are also directors of British Cardiovascular Society for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the Society and of the incoming resources and application of resources, including the income and expenditure of the Society 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 and statements of recommended practice 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 Society will continue in operation.

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

responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the Society's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the Trustees are aware, there is no relevant audit information of which the charitable company's auditor is unaware. 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.

Principal Risk and Uncertainties

The Executive and Board regularly carry out a detailed review of the Society's activities, highlighting any risks the organisation is exposed to and steps taken to manage those risks. The Executive reviews both financial and operational procedures annually to ensure the Society will be able to operate into the foreseeable future.

The Trustees recognise significant risks which could adversely affect BCS's operations and these are closely monitored. It has been recognised that a major source of income is from the journal Heart. To mitigate against any risks related to this income stream, the Trustees have quarterly management meetings with BMJ, the journal administrator, and receive regular financial updates. Another recognised risk is the declining income from the Annual Conference, which may generate income in the future and the Executive, led by the VP Education and Research, are working on a new business model for this event. The investment portfolio has been growing steadily and acts as a safety net for any unseen events. The assets allocation is regularly reviewed by Trustees with support of the investment managers from Investec to ensure that it is safely positioned. Current investment risk on the portfolio is classified as medium. The risks are reviewed on an annual basis through risk assessment carried out by the Trustees with support from the CEO and the Finance Director.

Auditors

Sayer Vincent LLP were re-appointed as the Society's auditors during the year and they have expressed their willingness to continue in that capacity.

The report of the Trustees has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

Approved by the Trustees on 20 April 2017 and signed on their behalf by

Dr Sarah Clarke

Trustee

Elections

Each year the BCS holds elections for the vacant posts on the Executive and other committees of the Society. Elections were held in 2016 for the following positions and committees:

- Honorary Secretary Elect
- VP Elect, Education & Research
- Programme Committee
- Guidelines and Practice Committee
- Clinical Standards Committee
- Finance Committee
- Education Committee

BCS Council and committees

Council

Responsible Trustee and Chair: BCS President – Dr Sarah Clarke

P Clifford (2014-18)

Elected Council Member

C Berry (2014-16)

BSCR

M Gunning (2013-17)

Elected Council Member

T Johnston (2012-16)

Elected DGH Representative

N Patel (2013-17)

Elected DGH Representative

J Goodfellow (2014-18)

Elected Representative for Wales

S Banerjee (2013-17)

Elected Representative for Women

A Keys (2013-17)

CCP (UK)

N Briffa (2017 -)

BHVS

J Joseph (2016-2018)

BJCA

H Waterhouse (2017 -)

BANCC

S Kendall (2012-2016)

SCTS

J Mills (2015-2017)

BACPR

J Moon (2016-2018)

BSCMR

I Squire (2015-2017)

BSH

N Linker (2014-2017)

BHRS

N Samani (2017 -)

BHF

A Banning (2016-20)

BCIS

J Dacre (2015-)

Royal College of Physicians

A Brady (2015-2017)

BHS

A Clark (2015-2017)

Elected Council Rep

C Otto (2013-2020)

Heart Editor

S George (2014-17)

BAS

H Gray (2012-Present)

National Clinical Director, NHS England

D Anderson (2015-17)

BCCA

C Ross (2015-2018)

SCST

S Pringle (2014-2016)

Representative for Scotland

T Lobban (2007 -)

Arrhythmia Alliance

Albert McNeill (2017 -)

President, ICS

K Wechalekar (2017 -)

BNCS

R Steeds (2014-2017)

BSE

E Nicol (2012 -)

BSCI/BSCCT

Programme Committee

Responsible Trustee and Chair: VP Education and Research – Prof Cliff Garratt

Dr Sarah Clarke	Ms Sara Routledge (BHF)
Dr Joe de Bono	Dr Sanjay Sinha
Dr Farzin Fath-Ordoubadi	Dr Rick Steeds
Dr Anthony French	Dr Sara Thorne
Prof John Greenwood	Dr Ian Wilson
Dr Rob Henderson	Dr Arthur Yue
Dr Alex Lyon	Mr Edward Adomako (BCS staff)
Prof Jeremy Pearson (BHF)	Ms Claire Cartwright (BCS staff)
Dr Divaka Perera	Ms Julie Donovan (BCS staff)
Ms Rita Ranmal (BHF)	Mr Jasdeep Bhamber (BCS staff)

Education Committee

Responsible Trustee: VP for Education and Research- Prof Cliff Garratt

Chair: Dr. Denise Braganza

Dr Khalid Barakat	Dr Afzal Sohaib
Dr Kate English	Dr Sarah Thorne
Prof Cliff Garratt	Dr James Wardley
Prof John Greenwood	Dr Mark Westwood
Dr Shouvik Haldar	Dr James Wilkinson
Dr Alun Harcombe	Ms Claire Cartwright (BCS staff)
Dr Aung Myat	Ms Carolyn Hargreaves (BCS staff)
Prof Simon Ray	Ms Anna Kassai (BCS staff)
Dr Joseph Rubin	

Guidelines and Practice

Responsible Trustee: VP Clinical Standards- Dr Andrew Wragg

Chair: Dr Andrew Archbold

Dr Sarah Clarke	Dr Alan Keys
Dr Simon Corbett	Dr Neil Swanson
Dr Ed Duncan	Ms Lorna MacSween (BCS Staff)
Professor Christopher Gale	

Clinical Standards

Responsible Trustee and Chair: VP Clinical Standards- Dr Andrew Wragg

Dr Sarah Clarke
 Dr Andrew Archbold
 Prof Adrian Banning
 Ms Liz Clark
 Dr Mark Dancy
 Dr Steve Furniss
 Dr Suzanna Hardman
 Dr Mike Knapton

Dr Navros Masani
 Dr Shelley Rahman-Haley
 Dr R Rakhit
 Prof Simon Ray
 Dr Andrew Sutton
 Dr Clive Weston
 Lorna MacSween (BCS Staff)

Academic and Research

Responsible Trustee: VP Education and Research- Prof Cliff Garratt

Chair: Prof. Rod Stables

Dr Sarah Clarke
 Prof Martin Bennett
 Prof Colin Berry
 Prof Cliff Garratt
 Prof Sarah George
 Prof John Greenwood
 Prof Mark Kearney

Dr Alex Lyon
 Prof Gavin Murphy
 Prof Nilesh Samani
 Prof Robert Sayers
 Prof Peter Weissberg
 Ms Anna Kassai (BCS staff)

Finance

Responsible Trustee and Chair: VP Corporate Finance and development – Dr David Walker

Dr Sarah Clarke
 Dr Richard Bogle
 Dr Derek Harrington
 Dr Stephen Holmberg
 Dr Trevor Johnston

Mr Alan Keys
 Mr Graham Meek
 Mr Edward Adomako (BCS Staff)
 Ms Geanina Petrone (BCS Staff)

Affiliated and Associated Groups

The BCS is linked with 18 other organisations engaged in cardiovascular healthcare:

- Arrhythmia Alliance (AA)
- British Association for Cardiovascular Prevention & Rehabilitation (BACPR)
- British Association for Nursing in Cardiovascular Care (BANCC)
- British Atherosclerosis Society (BAS)
- British Cardiovascular Intervention Society (BCIS)
- British Congenital Cardiac Association (BCCA)
- British Junior Cardiologists' Association (BJCA)
- British Society of Cardiovascular Imaging and British Society of Cardiac Computed Tomography (BSCI/BSCCT)
- British Society for Cardiovascular Research (BSCR)
- British Society for Heart Failure (BSH)
- British Heart Rhythm Society (BHRS)
- British Heart Valve Society (BHVS)
- British Hypertension Society (BHS)
- British Nuclear Cardiology Society (BNCS)
- British Society of Cardiovascular Magnetic Resonance (BSCMR)
- British Society of Echocardiography (BSE)
- Cardiovascular Care Partnership (UK) (CCPUK)
- Society for Cardiological Science and Technology (SCST)

The BCS also has a formal Association with:

- British Cardio-Oncology Society (BCOS)
- British Undergraduate Cardiovascular Association (BUCA)
- Association of Inherited Cardiac Condition

Independent auditor's report

Independent auditor's report to the members of British Cardiovascular Society.

Opinion

We have audited the financial statements of British Cardiovascular Society (the 'charitable company') for the year ended 31 December 2016 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 December 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

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

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

Other information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions 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 trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report 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 charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

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

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

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Helen Elliott (Senior statutory auditor)

2 June 2017

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

British Cardiovascular Society

Statement of Financial Activities (incorporating an Income and Expenditure Account)

For the year ended 31 December 2016

	Note	Restricted Funds £	Unrestricted Funds £	2016 Total £	2015 Total £
Income from:					
<i>Charitable activities</i>					
Membership		-	486,724	486,724	483,464
Annual conference		251,400	348,033	599,433	703,068
Publications		-	935,083	935,083	910,671
Education courses, fellowships and grants		-	220,993	220,993	303,056
Affiliated groups contribution		-	28,500	28,500	44,559
Other		-	10,925	10,925	9,312
Investments		-	99,426	99,426	88,134
Total income		<u>251,400</u>	<u>2,129,684</u>	<u>2,381,084</u>	<u>2,542,264</u>
Expenditure on:					
Raising funds		-	21,722	21,722	21,172
<i>Charitable activities</i>					
Membership		-	325,658	325,658	351,285
Annual conference		256,400	661,193	917,593	919,479
Publications		-	418,278	418,278	422,153
Education courses, fellowships and grants		-	440,248	440,248	442,550
Affiliated groups		-	233,931	233,931	243,762
Total expenditure	3	<u>256,400</u>	<u>2,101,030</u>	<u>2,357,430</u>	<u>2,400,401</u>
Net incoming/(outgoing) resources before gains on investments		(5,000)	28,654	23,654	141,863
Net gains on investments	10	-	375,063	375,063	27,481
Net movements in funds		(5,000)	403,717	398,717	169,344
Reconciliation of funds					
Total funds brought forward		60,540	5,672,138	5,732,678	5,563,334
Total funds carried forward	15	<u>55,540</u>	<u>6,075,855</u>	<u>6,131,395</u>	<u>5,732,678</u>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

British Cardiovascular Society

Balance sheet

Company no. 3005604

As at 31 December 2016

	Note	£	2016 £	2015 £
Fixed assets				
Tangible fixed assets	9		1,555,028	1,568,711
Investments	10		3,708,528	3,256,524
			5,263,556	4,825,235
Current assets				
Debtors	11	552,536		885,700
Cash at bank and in hand		852,086		613,663
		1,404,622		1,499,363
Liabilities				
Creditors: amounts due within one year	12	536,783		591,920
Net current assets			867,839	907,443
Net assets	14		6,131,395	5,732,678
The funds of the charity:				
Restricted income funds	15		55,540	60,540
Unrestricted funds				
Designated funds			36,905	36,905
Revaluation reserve			1,057,222	683,981
General funds			4,981,728	4,951,252
Total charity funds			6,131,395	5,732,678

Approved by the Trustees on 20 April 2017 and signed on their behalf by

Dr Sarah Clarke
TrusteeDr David Walker
Trustee

British Cardiovascular Society

Statement of cash flows

For the year ended 31 December 2016

	Note	2016		2015	
		£	£	£	£
Cash flows from operating activities	16				
Net cash provided by operating activities			232,930		86,105
Cash flows from investing activities:					
Dividends, interest and rents from investments		99,426		88,134	
Purchase of fixed assets		(18,142)		(111,209)	
Proceeds from sale of investments		210,561		270,782	
Purchase of investments		(299,132)		(421,965)	
Cash movement within investment portfolio		12,780		85,635	
Net cash used in investing activities			5,493		(88,623)
Change in cash and cash equivalents in the year			238,423		(2,518)
Cash and cash equivalents at the beginning of the year			613,663		616,181
Cash and cash equivalents at the end of the year			852,086		613,663

British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

1 Accounting policies

a) Statutory information

British Cardiovascular Society is a charitable company limited by guarantee and is incorporated in the UK.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (September 2015) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Membership income is recognised over the year to which it relates with the part relating to the next calendar year carried forward in deferred income.

Income generated from the supply of goods or services is included in the statement of financial activities in the period in which the supply is made. This includes income generated from publications, training courses, examinations and the annual conference.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Interest receivable

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

British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

g) Fund accounting

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

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

h) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

Expenditure is classified under the following activity headings:

- Costs of raising funds relate to those costs directly attributable to managing the investment portfolio and the raising of related investment income.
- Expenditure on charitable activities includes the costs undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

i) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

● Membership	10%
● Annual conference	20%
● Publications	0%
● Education courses, fellowship and grants	14%
● Affiliated groups	15%
● Support costs	28%
● Governance costs	13%

Governance costs are the costs associated with the governance arrangements of the Society. These costs are associated with constitutional and statutory requirements of the Society's activities.

j) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Freehold land and building are not depreciated but reviewed for impairment as circumstances indicate their carrying value exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

● Freehold land and buildings	Not depreciated
● Furniture, fittings and equipment	3 years, straight line
● Archive	5 years, straight line

British Cardiovascular Society**Notes to the financial statements****For the year ended 31 December 2016**

k) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities and any excess of fair value over the historic cost of the investments will be shown as a fair value reserve in the balance sheet. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

l) Heritage assets

The collection is made up of items of historical importance the cardiology world and no value is placed on them as they were donated.

m) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

n) Cash at bank and in hand

Cash at bank and cash 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 deposit or similar account.

o) 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.

p) Pensions

The charity makes payments to defined contribution pension schemes on behalf of employees. The assets of the schemes are held separately from those of the charitable company in independently administered funds. The pension cost charge represents contributions payable to the funds during the year. The charity has no liability under the schemes other than the payment of those contributions.

British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

2 Detailed comparatives for the statement of financial activities

	Restricted	Unrestricted	2015 Total
	£	£	£
Income from:			
Membership	-	483,464	483,464
Annual Conference	251,500	451,568	703,068
Publications	-	910,671	910,671
Education courses, fellowships and grants	-	303,056	303,056
Affiliated groups	-	44,559	44,559
Other incoming resources	-	9,312	9,312
Investments	-	88,134	88,134
Total income	251,500	2,290,764	2,542,264
Expenditure on:			
Raising funds	-	21,172	21,172
Membership	-	351,285	351,285
Annual Conference	256,500	662,979	919,479
Publications	-	422,153	422,153
Education courses, fellowships and grants	-	442,550	442,550
Affiliated groups	-	243,762	243,762
Total expenditure	256,500	2,143,901	2,400,401
Net income / (expenditure) before gains / (losses) on	(5,000)	146,863	141,863
Net gains on investments	-	27,481	27,481
Net movement in funds	(5,000)	174,344	169,344
Total funds brought forward	65,540	5,497,794	5,563,334
Total funds carried forward	60,540	5,672,138	5,732,678

British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

3 Analysis of expenditure

	Charitable activities								2016 Total £	2015 Total £
	Raising funds £	Membership £	Annual conference £	Publications £	Education courses, fellowship and grants £	Affiliated groups £	Governance costs £	Support costs £		
Staff costs (Note 5)	-	56,172	114,591	-	80,888	89,875	74,147	168,516	584,189	635,517
Investment manager's fees	21,722	-	-	-	-	-	-	-	21,722	21,172
Members subscriptions to Heart and Cardiosource	-	92,479	-	-	-	-	-	-	92,479	107,086
Other professional subscriptions and representations	-	39,571	-	-	-	-	-	-	39,571	40,048
Publications	-	-	-	418,278	-	-	-	-	418,278	422,153
Education Courses, Fellowships and Grants	-	-	-	-	179,803	-	-	-	179,803	222,158
IT & Website maintenance and development	-	2,176	4,439	-	3,133	3,482	2,872	6,528	22,630	17,057
Marketing and printing	-	-	-	-	2,505	-	-	-	2,505	6,426
Administrative costs	-	24,529	50,039	-	35,322	39,246	32,378	73,587	255,101	238,894
Annual conference	-	-	571,929	-	-	-	-	-	571,929	556,802
Auditors' remuneration	-	-	-	-	-	-	10,259	-	10,259	8,500
Legal and professional fees	-	-	-	-	-	-	-	16,761	16,761	13,936
Irrecoverable VAT	-	47,401	47,401	-	47,401	-	-	-	142,203	110,652
	21,722	262,328	788,399	418,278	349,052	132,603	119,656	265,392	2,357,430	2,400,401
Support costs	-	35,864	73,162	-	51,644	57,382	47,340	(265,392)	-	-
Governance costs	-	27,466	56,032	-	39,552	43,946	(166,996)	-	-	-
Total expenditure 2016	21,722	325,658	917,593	418,278	440,248	233,931	-	-	2,357,430	2,400,401
Total expenditure 2015	21,172	351,285	919,479	422,153	442,550	243,762	-	-	2,400,401	

British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

4 Net incoming resources for the year

This is stated after charging:

	2016	2015
	£	£
Depreciation	31,825	12,592
Auditors' remuneration (excluding VAT):		
Audit	8,600	8,500
Audit - under provision from previous year	2,500	-
Other services	-	750
	31,825	12,592

5 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2016	2015
	£	£
Salaries and wages	511,431	556,937
Social security costs	47,807	52,183
Employer's contribution to defined contribution pension schemes	24,951	26,397
	584,189	635,517

The following number of employees received employee benefits (excluding employer pension costs) during the year between:

	2016	2015
	No.	No.
£70,000 - £79,999	-	1

The total employee benefits including pension contributions of the key management personnel were £193,265 (2015: £289,883).

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2015: £nil). No charity trustee received payment for professional or other services supplied to the charity (2015: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £25,399 (2015: £17,360) incurred by 12 (2015: 10) members relating to attendance at meetings of the trustees.

British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

6 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2016	2015
	No.	No.
Membership	1.3	2.5
Annual conference	2.5	4.8
Education courses, fellowship and grants	1.8	2.6
Affiliated groups	2.0	3.6
Support	3.7	1.8
Governance	1.7	1.5
	13.0	16.8

7 Related party transactions

There are no related party transactions to disclose for 2016 (2015: none).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

8 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

9 Tangible fixed assets

	Freehold property	Fixtures and fittings	Archive collection	Total
	£	£	£	£
Cost				
At the start of the year	1,454,798	20,190	105,169	1,580,157
Additions in year	-	3,246	14,896	18,142
At the end of the year	1,454,798	23,436	120,065	1,598,299
Depreciation				
At the start of the year	-	11,446	-	11,446
Charge for the year	-	7,812	24,013	31,825
At the end of the year	-	19,258	24,013	43,271
Net book value				
At the end of the year	1,454,798	4,178	96,052	1,555,028
At the start of the year	1,454,798	8,744	105,169	1,568,711

British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

9 Tangible fixed assets (continued)

Freehold property is not depreciated as the trustees believe the market value of the freehold property is in excess of the net book value.

Heritage assets

These are the Arthur Hollman archive collection donated by individuals and organisations over the years. No value has been shown in the accounts as they were donated and it is difficult to ascribe a value to the items in question. The BCS has a large historical collection which comprises of Archives, Library, Instruments and Apparatus. They are kept in special fixtures and fittings in order to preserve them. Access is currently open to visitors to the BCS office.

All of the above assets are used for charitable purposes.

10 Listed investments

	2016	2015
	£	£
Fair value at the start of the year	3,163,240	2,981,071
Additions at cost	299,132	421,965
Disposal proceeds	(210,562)	(270,782)
Non-cash movements	1,150	3,505
Net gain on change in fair value	375,063	27,481
	<hr/>	<hr/>
Fair value at the end of the year	3,628,023	3,163,240
Cash held by investment broker pending reinvestment	80,505	93,285
	<hr/>	<hr/>
Total fair value at the end of the year including cash	3,708,528	3,256,525
	<hr/> <hr/>	<hr/> <hr/>
Historic cost at the end of the year	2,651,306	2,572,544
	<hr/> <hr/>	<hr/> <hr/>
	2016	2015
	£	£
Investments comprise:		
Fixed Interest	447,328	420,350
UK Equities	1,683,007	1,561,030
Overseas Equities	1,120,542	904,504
Property funds	140,471	162,023
Alternative assets	136,675	115,332
Cash	180,505	93,285
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	3,708,528	3,256,524
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British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

11 Debtors

	2016	2015
	£	£
Trade debtors	5,706	301,516
Other debtors	-	-
Prepayments	101,429	98,337
Accrued income	445,401	485,847
	<hr/>	<hr/>
	552,536	885,700
	<hr/> <hr/>	<hr/> <hr/>

12 Creditors: amounts falling due within one year

	2016	2015
	£	£
Trade creditors	138,618	68,422
Taxation and social security	-	16,289
Other creditors	51,951	57,085
Accrued expenses	17,318	195,851
Deferred income (note 13)	328,896	254,273
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	536,783	591,920
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13 Deferred income

Deferred income comprises 5/12 of 2016/17 membership income and 2017 course income received in 2016.

	2016	2015
	£	£
Balance at the beginning of the year	254,273	219,348
Amount released to income in the year	(254,273)	(219,348)
Amount deferred in the year	328,896	254,273
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Balance at the end of the year	328,896	254,273
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British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

14a Analysis of net assets between funds (current year)

	General unrestricted £	Designated £	Revaluation reserve £	Restricted £	Total funds £
Tangible fixed assets	1,555,028	-	-	-	1,555,028
Investments	2,651,306	-	1,057,222	-	3,708,528
Net current assets	775,394	36,905	-	55,540	867,839
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Net assets at the end of the year	4,981,728	36,905	1,057,222	55,540	6,131,395
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14b Analysis of net assets between funds (prior year)

	General unrestricted £	Designated £	Revaluation reserve £	Restricted £	Total funds £
Tangible fixed assets	1,568,711	-	-	-	1,568,711
Investments	2,572,543	-	683,981	-	3,256,524
Net current assets	809,998	36,905	-	60,540	907,443
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Net assets at the end of the year	4,951,252	36,905	683,981	60,540	5,732,678
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British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

15a Movements in funds (current year)

	At the start of the year £	Incoming and gains £	Expenditure and losses £	Transfers £	At the end of the year £
Restricted funds:					
Bristol Myers Squibb (Fellowship)	18,139	-	-	-	18,139
Joy Edelman	20,355	-	(5,000)	-	15,355
Swire Foundation / ACC	21,746	-	-	-	21,746
ASC Travel Grant	300	-	-	-	300
BHF Grant	-	251,400	(251,400)	-	-
Total restricted funds	60,540	251,400	(256,400)	-	55,540
Unrestricted funds:					
Designated funds:					
Executive Fund Swire Foundation	34,793	-	-	-	34,793
Education Fund	2,112	-	-	-	2,112
Total designated funds	36,905	-	-	-	36,905
Fair value reserve					
Revaluation reserve	683,981	375,063	-	(1,822)	1,057,222
General funds	4,951,252	2,129,684	(2,101,030)	1,822	4,981,728
Total unrestricted funds	5,672,138	2,504,747	(2,101,030)	-	6,075,855
Total funds	5,732,678	2,756,147	(2,357,430)	-	6,131,395

British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

15b Movements in funds (prior year)

	At the start of the year £	Incoming and gains £	Expenditure and losses £	Transfers £	At the end of the year £
Restricted funds:					
Bristol Myers Squibb (Fellowship)	18,139	-	-	-	18,139
Joy Edelman	25,355	-	(5,000)	-	20,355
Swire Foundation / ACC	21,746	-	-	-	21,746
ASC Travel Grant	300	-	-	-	300
BHF Grant	-	251,500	(251,500)	-	-
Total restricted funds	65,540	251,500	(256,500)	-	60,540
Unrestricted funds:					
Designated funds:					
Executive Fund Swire Foundation	34,793	-	-	-	34,793
Education Fund	2,112	-	-	-	2,112
Total designated funds	36,905	-	-	-	36,905
Fair value reserve					
Revaluation reserve	703,114	27,481	-	(46,614)	683,981
General funds	4,757,775	2,290,764	(2,143,901)	46,614	4,951,252
Total unrestricted funds	5,497,794	174,344	(2,143,901)	-	5,672,138
Total funds	5,563,334	425,844	(2,400,401)	-	5,732,678

Purposes of restricted funds

Bristol Myers Squibb, Swire Foundation/ACC - educational fellowships.

Joy Edelman - promotion of Cardiology and latest research (used to cover costs of J Edelman lecture held at Annual Conference each year).

ASC Travel Grant - to offer support for travel costs to attendees of the Annual Conference.

BHF Grant - to support "Clinical/Translational Science Track" within the Annual Conference of the British Cardiovascular Society.

Purposes of designated funds

Swire Foundation Education Fund - development of education initiatives.

Executive Fund - to provide funding for short-notice added value executive initiatives that would help to fulfil promotion of cardiovascular health and training.

Revaluation reserve

This represents the difference between the historic cost and the market value of the investments held at the year end.

British Cardiovascular Society

Notes to the financial statements

For the year ended 31 December 2016

16 Reconciliation of net income to net cash flow from operating activities

	2016	2015
	£	£
Net income for the reporting period (as per the statement of financial activities)	398,717	169,344
Depreciation charges	31,825	12,592
Gains on investments and other non-cash movements	(376,213)	(30,986)
Dividends, interest and rent from investments	(99,426)	(88,134)
Decrease/(increase) in debtors	333,164	(112,221)
(Decrease)/increase in creditors	(55,137)	135,510
	<hr/>	<hr/>
Net cash provided by operating activities	232,930	86,105
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17 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.