



Endometriosis UK
(formerly: The National Endometriosis Society)

Annual report and accounts
for the year ended 31 March 2013

COMPANY NO: 2912853

CHARITY NO: 1035810

Endometriosis UK
(Formerly: The National Endometriosis Society)

Financial Statements for the year ended 31 March 2013

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Legal and administrative details

Endometriosis UK, formerly The National Endometriosis Society, is a company limited by guarantee and a registered charity.

Board of Trustees

Members of the Board during the year were as follows:

Trevor Dahl FRSA, Chair (from December 2011)	
Lynn Carr Dip Man, Secretary	Resigned July 2012
Carol Pearson BA (Oxon) ACA, Treasurer	
Rachel Geiles	Resigned Sept 2012
Kay Logan DipHE MA PGCE	
Ertan Saridogan MD PhD FRCOG	
Sonya Timms BA MStF	
Dr Jayne Tullett PhD	Appointed July 2013

To enable the Society to develop its work, the charity aims to recruit trustees with a mix of backgrounds and skills and in particular from four areas: medical (both primary and secondary care), voluntary sector, patient trustees and business/marketing. The higher of three or one third of trustees are asked to retire each year and may offer themselves for re-election.

Company Secretary:	Helen North	
Registered Office:	8/9 Well Court London EC4M 9DN	
Charity Number:	1035810	
Company Number:	2912853	
Auditors:	Knox Cropper 8/9 Well Court London EC4M 9DN	
Bankers:	CAF Bank Limited PO Box 289, Kings Hill, West Malling, Kent ME19 4TA	Barclays Bank Plc Westminster Branch 2 Victoria Street London SW1H 0ND
Solicitors:	Bates Wells & Braithwaite 2-6 Cannon Street London EC4M 6YH	

Medical Advisory Panel (established March 2012)

Ertan Saridogan, Consultant Gynaecologist, UCLH, **Chair**
 Prof Janesh Gupta, Consultant Gynaecologist, Birmingham Women's Hospital
 Caroline Overton, Consultant Gynaecologist, University Hospitals Bristol NHS Foundation Trust
 Kevin Phillips, Consultant Gynaecologist Hull and East Yorkshire Hospitals NHS Trust
 Dr Kirana Arambage, Specialty Registrar Obs & Gynae, John Radcliffe Hospital, Oxford
 Wendy-Rae Mitchell, Gynae Nurse Specialist, Royal Surrey County Hospital, Guildford
 Hilary Denyer, Retired Nurse, Long-term Endo UK Helpline volunteer & Group leader, Nutritional Therapist
 Dr Uma Marthi, General Practitioner with special interest in Women's Health, Rochdale
 Dr Veena Rao, General Practitioner with special interest in Women's Health, Cockermouth, Cumbria

The Directors and Trustees present their report and the audited financial statements for the year ended 31st March 2013.

Legal and administrative information

Endometriosis UK is a registered charity and a company limited by guarantee, governed by the company's memorandum and articles. All the directors of the company serve as trustees of Endometriosis UK. Full legal and administrative details are set out on page 1.

Principal objectives and activities

The principal objectives and activities of Endometriosis UK are:

- to provide services to women for the relief of endometriosis;
- to advance the education of the general public and health professionals regarding endometriosis; and
- to promote research into the disease.

The charity regularly reviews its strategy. Our commitment is to raise the profile of endometriosis and improve the care available to women with endometriosis. Our long-term vision from which our strategic objectives are driven is to ensure that:

- awareness of endometriosis, its symptoms, effects and treatment options is increased amongst women and health professionals involved in women's care;
- women with endometriosis have access to timely diagnosis, appropriate treatment, care and support; and
- increased funding is available for research into endometriosis.

About endometriosis

Endometriosis is a medical condition affecting an estimated 1.5 million women in the UK (1 in 10). We do not know the percentage severely disabled by it. There is currently no cure. Endometriosis is a gynaecological condition where tissue similar to the lining of the womb grows in other areas of the body. This tissue responds to the hormonal cycle but instead of it being shed, it remains within the body where it bleeds and forms lesions, cysts and scar tissue (adhesions).

This can result in inflammation, severe pain, painful sexual intercourse, infertility, bowel and digestive problems, bladder problems and a wide range of other symptoms. None of the symptoms are exclusive to endometriosis and, despite being the second most common gynaecological disease, it is very difficult to diagnose as surgery is currently the only way of diagnosing it definitively. Endometriosis UK's own patient surveys have found that on average it takes 7.5 years from first symptoms to being diagnosed (January 2011). Whilst this is an improvement on the 2005 survey (11 years of delay), it is still unacceptably long. Additionally there is a general lack of awareness about it: fewer than 50% of people asked in our latest Awareness Week survey (Feb 2013) were aware of the condition and even fewer knew what it was.

There is no wholly satisfactory drug therapy and in many cases the best treatment is surgery, although for many this has to be repeated. The repercussions can be enormous: it can affect every aspect of a woman's life, from her work, her ability to conceive, to relationships and a woman's overall quality of life. Since the condition is hard to see and problematic to diagnose, women can often feel very isolated – coping with persistent pain, infertility and other unpleasant symptoms can also lead to depression.

Whilst endometriosis is a condition from which women suffer, it also affects partners and family members and all those affected may need support. This is evident from the number of partners and family members who contact the charity.

Endometriosis has been described by some medical practitioners as a benign cancer due to the way it manifests and develops in the body. It is also called a 'social disease' – thanks to better diet, earlier puberty, fewer pregnancies and longer life expectancy, the number of periods the average woman can expect to have in the course of her lifetime increased tenfold during the 20th century. In the past, endometriosis was little known but it is now increasingly common and symptoms can occur at a young age, even from a girl's first period.

Review of developments and activities during the year

Overview

2012-13 was an exceptional year for Endometriosis UK from many perspectives. Charitable output, in terms of our information and events, increased significantly and we continued to attract considerable interest in our social media. Thanks to outstanding efforts from our dedicated staff team, we saw exciting steps in securing funds from the Dept of Health’s Health and Social Care Volunteering Fund (HSCVF) to ensure we can reach even more women in the future. We conducted several surveys and made progress in consolidating relationships with key professional bodies such as the British Society of Gynaecological Endoscopy (BSGE). Again, we are delighted with the constancy and reliability of our dedicated trustees, staff and volunteers who continue to provide high quality information and support services to women with endometriosis.

However, we cannot afford to be complacent. Securing higher streams of income to help us achieve our aims remains a pressure – a common issue for small medical charities like us. Yet we remain optimistic. Sadly, the challenges of endometriosis in the UK show no sign of abating: if anything, we are needed now more than ever before. Prioritising our efforts to ensure we deliver the best possible outputs at the lowest possible cost – to reach the highest number of the most vulnerable women – is constantly uppermost in our minds.

Priorities for 2012-13

	Our aims for 2012 – 13	What we achieved
Governance	Conclude the European Network on Endometriosis project	<ul style="list-style-type: none"> • CEO and Treasurer met with EU and resubmitted financial summary based on remaining questions. All work completed by July 2012; sign off by partners and remaining payments made by December 2012 • Confirmation received that ENE project is completed and Endometriosis UK’s duties as lead partner have been fully discharged
Support and information	<p>Review and improve office and administrative infrastructure, with specific focus on IT including the website and office database solutions, to ensure maximum efficiency</p> <p>Conduct a member and user survey to ensure services are aligned to member/user needs</p> <p>Evaluate, maintain and improve support and information services and assess future development opportunities</p> <p>Conduct awareness activity with a specific focus on awareness week</p>	<ul style="list-style-type: none"> • Communications officer in post • Website review completed • Database structure and plan in place by March 2013 • Member survey conducted April 2012 • Support survey conducted October 2012 • Leaflet review completed May 2012 • Virtual support groups (VSG) up and running on a monthly basis from July 2012 • Website visits increased by nearly 75% to over 370,000 • HealthUnlocked site membership increased to over 2,500 • ‘Don’t take it lying down’ Awareness Week campaign • Q&A sessions online with medical professionals and support group volunteers • Social media activity on Twitter and Facebook: Awareness Week activity increased reach by 300%

<p>Volunteers</p>	<p>Continue to train and support our volunteers as a vital part of our work</p>	<ul style="list-style-type: none"> • Volunteer training held in Manchester in April 2012 and in London in October 2012 with 24 new volunteers trained in all and 12 existing volunteers attended refresher training. • Further volunteer training planned for May 2013 in London and October 2013 in Birmingham
<p>Moving forward</p>	<p>Develop the fundraising strategy to cope with the challenges faced by a small healthcare charity</p> <p>Consider our campaigning role and assess how to develop this further</p>	<ul style="list-style-type: none"> • CEO and Trustee (who works as a fundraiser) involvement in developing the strategy • Staff away day in Summer 2012 to debate membership proposition, charity focus and future development • Secured grant funding from the Department of Health's Health and Social Care Volunteering Fund to perform regional development work to enhance support services • CEO established relationships with leading figures in the endometriosis world and represented EUK at several conferences about Endometriosis UK's work, including the BSGE in Cardiff in April 2012, Women's Health Concern Annual Symposium Nov 2012, Unison Women's Conference in Liverpool February 2013 and Women of the World Festival March 2013 • Input into the NHS England specialised services guidance on severe endometriosis, ensuring that all women who have been diagnosed with severe endometriosis have access to clinical nurse specialists who provide support and information and commented on the needs of Patients with Long-term conditions • CEO coordinated our responses to and spoke at the APPG meetings convened by the Patients' Association to improve the NHS Constitution

Essential services to women with endometriosis

Endometriosis UK seeks to raise awareness and provide information and support through providing up-to-date, concise and easily accessible information, electronic forums and one-to-one or group support as follows:

- **Publications:** Information packs, Factsheets, Posters and leaflets, 'Living with Endometriosis' booklet (sponsored by Takeda), Endolink magazine
- **Electronic media:** Website, HealthUnlocked, E-newsletter, Facebook, Twitter
- **Helpline; Support groups** including the newly developed **Virtual Support Groups;** and **Events**

Publications: high quality, clear, accessible information

The table below details the quantity of publications distributed:

Endometriosis UK Publications	2012-13	2011-12
Total information packs and factsheets distributed	22,760	25,938
Of which:		
Information packs: (Launched March 2010)		
• Pre-diagnosis	1,344	1,293
• Recently diagnosed	3,476	3,033
• Fertility	1,853	1,570
• Hysterectomy	640	552
Total information packs	7,313	6,448
Factsheets	15,447	19,490
'Living with Endometriosis' booklets by Takeda	11,500	9,020
Endolink quarterly magazine for members	6000+	7,000+

Highlights 2012-13

We completed a review of all information packs and factsheets, releasing the revised leaflets in April and May 2012. A new factsheet, 'Finding a consultant', was released at the start of 2012-13. This has proved a popular leaflet. In December 2012, we reissued our leaflet on disability and benefits as this continues to prove an area of considerable challenge to women. In response to the wide-ranging e-petitions on this topic, we also issued a comprehensive statement outlining Endometriosis UK's position on endometriosis as a disability. During early 2013, we took the decision to withdraw our complementary therapy leaflets pending a re-write in 2013-14, which meant lower leaflet orders, but requests for packs have increased.

During the prior year, we established the terms of reference for our new patient advisory committee as well as appointing the chair, Kay Logan, from amongst the trustee board; due to the need to establish funding to widen the group, this is currently a small group of volunteers across the country. We undertook a survey during the year to see what our members and e-newsletter readers wanted from us. In terms of our information, this showed that 75% of our supporters had accessed our information packs, rating them good-excellent.

'Living with Endometriosis', published and distributed by Takeda for free to hospitals, continues to be an outstanding source of information and support, particularly to women who are newly diagnosed. Our CEO had the opportunity to promote this to a large number of consultant gynaecologists during the year, notably at the BSGE conference in Cardiff in April 2012, and distribution of this colourful and well-written booklet now exceeds 900 per month across all channels. We thank Takeda for their continued support for this excellent booklet with an update planned for 2013

Four editions of Endolink magazine for members were released as follows:

- Is it normal? What every teenager and young woman needs to know – Spring 2012
- Endometriosis and the bladder – Summer 2012
- A review of the year – Autumn 2012
- Endometriosis and the immune system – Spring 2013

During the year, we reviewed our membership proposition and asked our members what they expected from membership, particularly in view of the falling number of members and the increased cost of delivering hard copies of Endolink. It was extremely encouraging to see how highly members rated Endolink in their benefits but the delivery of this could be electronic.

Our Awareness Week campaign in March 2013 focussed on speaking out about endometriosis – ‘Don’t take it lying down’. We held two very popular online question and answer sessions, the first with medical professionals ‘Endometriosis: the medical aspects’ and the second, ‘Coping with endometriosis’, with a range of volunteers who provide support to women. We answered 77 questions on a wide range of issues, from aspects of surgery to nutrition. In addition, we launched a high profile social media flash mob by asking women to tweet or post Facebook messages stating ‘Over 1.5 million women in the UK suffer from endometriosis. I am one of them and I won’t take it lying down’. We also had a great response on our EndoGallery and posted some 65 responses from women with endometriosis.

Areas of focus 2013-14

We will review the complementary health leaflets and consider how best to take these forward. In addition, we plan to review and update the ‘Living with Endometriosis’ booklet subject to funding. Leaflets will be developed on other topics as needed; in particular, our survey highlighted the need to provide more information for women post menopause. We will continue to ensure that information is reviewed and approved by our newly formed medical advisory panel.

We aim to recruit and train more women for the patient advisory committee that can be the ‘eyes and ears’ in our communities across the UK.

We will continue to seek support to ensure our information is accessible early on to women experiencing issues that may indicate endometriosis. We see this as an important mechanism for reducing diagnosis times, which are still too long. We will deliver Endolink electronically in order to keep costs low and maximise the opportunity for women to obtain this. Central to our ability to distribute information is our website; this will be continue to be a key focus in the coming year as we endeavour to refresh one of our most important information tools.

Electronic media: getting our messages across

Endometriosis UK electronic media	2012-13	2011-12
Website traffic		
• Total visits*	372,464	214,415
• Unique visitors	327,391	168,626
• Bounce rate (no. who visit home page and leave immediately)	52%	37%
HealthUnlocked		
• Members	2,403	790
• Posts per day	10	4
Message board*		
• Visits per day (average)	2,210	5,988
• Posts per day (average)	2	11
• Members	6,845	6,695
E-newsletter monthly distribution (end of year total)	20,996	17,346
Facebook members		
• Members on general page	6,626	4,100
• Members on discussion page (new in 2012)	952	n/a
• Members on volunteers page	37	43
Twitter		
• Followers	3,310	1,993
• the messageboard is being phased out, having been replaced with the newer technology of HealthUnlocked		

Highlights 2012-13

The biggest highlight of the year has been the massive increase in the visitors to our website – an increase of nearly 75% - supported by a Google grant, worth about £5,000. We have also seen an increased ‘bounce’ rate meaning that visitors often only look at the home page before moving from the site. The technical restrictions of the current site greatly impede our ability to change this situation but work completed in this year has led to detailed plans being developed to modernise our website, which are now being implemented. We would like to thank the Garfield Weston Foundation for the funding that enabled this to take place.

The new HealthUnlocked site, offering a more up-to-date technology versus our message board, continues to grow in popularity. We have continued to see an increase in e-newsletter distribution as well as in the usage of our Facebook page, new discussion group and Twitter. We have recruited and trained 3 volunteers to moderate our forums.

Our other electronic media continues to provide support and information to increasing numbers of women; the delivery of information over the internet continues to allow us to help and support far more women, their partners and families in a much more cost effective way than we would otherwise have been able to.

We were pleased to note that many of our service users didn’t feel overwhelmed by the frequency of our communications, with 81% of respondents saying that the current level of communication is just right. During the year, we produced a communications plan to ensure information is tailored to individual needs.

Areas of focus 2013-14

Our main focus for the year ahead will be the execution of our new website plan, enabling us to offer support to the widest possible range of women, in a manner that is quick, efficient and clear. This will be in conjunction with a new database, which will allow us to tailor communications better.

Helpline, support groups and events: phone or face-to-face support and information for women

Endometriosis UK helpline, support groups, events and membership statistics	2012-13	2011-12
Helpline		
• Number of callers	1,905	1,996
• Calls during opening hours	876	945
• Calls connected	724	804
• Days when helpline had a session	78% (285 days)	72% (264 days)
• Connection rate: all calls	38%	40%
• Number of trained helpline volunteers	16	15
Support groups		
• Number of active local groups	33	36
• Total number of meetings by all groups	104	105
• Total attendances all groups/ all meetings	1,859	1,715
• Group enquiries	1,251	1,138
• New groups during the year	6	8
• Closed groups	9	4
• Virtual support group meetings	7	3
Information days		
Manchester – April 2012 attendees	95	n/a
London – October 2012/11 attendees	78	128
Volunteer training events		
London – October 2012/11		
• New volunteers trained	24	8
• New trustees trained	0	4
• Existing volunteers refresher training	12	5
Endometriosis UK membership	1,673	1,587
Number of trained and active volunteers	69	66
Approximate worth of activity of all volunteers (£100/day)	£41,400	£39,340

Highlights 2012-13

Although the volume of callers to the helpline has fallen slightly, the coverage of days with helpline sessions has increased to 78%. There is more promotion of the opening hours and more sessions being offered. This is a service that is invaluable to women who may be feeling isolated.

We worked with hospitals to increase the number of support groups being co-lead with health professionals with an interest in endometriosis. There are now 12 groups running in hospitals with nurse specialist support. The number of support groups, group enquiries and meetings held remains high, however we are acutely aware that many women are in areas where no support group is available, hence we are now offering a regular monthly virtual support group (VSG) as a result of the funding from Awards for All. A closed Facebook group is also available.

During October 2012, we undertook a survey to ask women what they thought of our support services. It was extremely encouraging that 85% of group attendees and 74% of helpline callers rated the service provided as good or excellent.

We held two national Information Days during the year: one in Manchester in April 2012, with talks from medical professionals on surgery, medical treatments and pain management, as well as sessions on fertility and work & disability. We held our second Information Day at UCLH Education Centre in October 2012, which allowed us to offer more women and their partners the opportunity to come and hear people with considerable experience in the field speak about endometriosis, its possible causes, treatment options and the future, as well as workshops on topics such as nutrition and disability.

As part of the HSCVF project, we held a regional Information Day in Guildford in March 2013, which included talks on the surgical management of endometriosis, the latest developments in the field, nutrition and personal stories. There was also time for women to talk to each other. All attendees giving feedback would attend another one and 89% said it had increased their understanding about endometriosis.

Alongside these Information Days, we trained 24 new volunteers as well as 4 new members of staff. 12 existing volunteers attended refresher training.

Areas of focus 2013-14

We will look to increase the number of support groups closely linked to hospitals, especially where there is an endometriosis nurse specialist with whom we can work alongside to co-lead a group. This will help to give local support to the volunteer and increase both the quality of input and stability for each group and its members.

In addition, we will look to improve on the quality of support services, with the aim of increasing positive feedback on groups and helpline services to 90% and 85% respectively.

Fundraising and awareness raising activity

A number of fundraising and awareness raising events and initiatives took place in 2012-13, including:

- 18 people, including four of our trustees, took part in the technically challenging Snowdon Horseshoe Pink Pants challenge in May 2012, raising over £10,000;
- The Cross London Pink Pants challenge in September 2012 saw 20 people trek 30km along the Thames path from Blackheath to Richmond, raising £2,500 along the way, as well as lots of attention;
- We were delighted to have large teams running in the British 10k and 5k races in July and September 2012 respectively. In addition, we had several runners in the Brighton and London marathons in April 2012;
- September 2012 also saw a small team of very brave people – including our own intrepid CEO, Helen North, and Chair, Trevor Dahl, jumping 10,000 feet out of a perfectly good plane! Together their efforts raised over £3,000 to help support women with endometriosis;
- Our members and supporters continue to be active in organising a variety of diverse and imaginative events to raise awareness and funds to help women with endometriosis, ranging from a Cornish cream tea event, cycle races, gala events, walks, runs and other challenging activities that people undertake for our charity.

We are extremely grateful for all the time and effort our staff, members and supporters put into raising funds and awareness as without their collective work, our task would be impossible.

Research

Whilst Endometriosis UK has not funded any research directly in 2012-13 due to the costs involved, it remains an objective for the charity. The Trustees have determined that the immediate priorities should be support, information and awareness raising with research being a medium to long-term objective for the charity. However we have continued to engage with researchers where possible and involve ourselves in organisations and committees that have influence in this area.

During the year, our CEO was involved in a clinical research group established through the RCOG looking at all aspects of

menstrual disorders and we look forward, through this medium, to becoming more closely involved with research projects and activities. We have been involved in the Endopart study, led by the School of Applied Social Sciences at De Montfort University, Leicester, which looked at the impact of endometriosis on couples. This included in depth interviews with 22 women with endometriosis and their partners, as well as a review of 42 papers on the social and psychological impact of endometriosis on women's lives.

We also agreed to be a partner in a research application looking into the benefits of the use of reversible contraceptives after conservative surgery to treat endometriosis. The PRE-EMPT study led in partnership by University of Aberdeen, Birmingham University and others received approval for funding from NIHR and we are pleased to be working with the research team to develop and deliver this far-reaching study.

Some excellent guidelines for assessing research projects were established in 2008-09 so that, funds permitting, we can seek to support some research in the future. Through the charity's involvement in the European Network on Endometriosis, funded by the EU, we supported a comprehensive pan-European epidemiological study looking at health, quality of life and socio-economic impacts of endometriosis, the results of which were published in Fertility and Sterility in July 2011.

For the coming year we will aim to work with volunteers to review current and recent research into any aspect of endometriosis treatment and management. We will be reporting back to members and website visitors when these reviews are available. We also continue to disseminate the results of research in the field via e-news and Endolink as well as attend relevant conferences to keep abreast of recent developments.

Governance

Financial review

The trustee board oversees the charity's finances.

The charity has continued to make excellent progress in terms of charitable output this year, particularly in the delivery of our information electronically – including expanding new services like HealthUnlocked – as well as important events such as the Information Days and training weekend for volunteers. It does continue to be a challenging financial climate. However, during the year we made a profit of £60,102 (2011-12: loss of £41,413). Income increased from £150,806 to £265,840, with the main increase being the HSCVF grant income of £98,955. Much of the spend against this will occur in 2013-14, in terms of funding a regional development worker to expand the volunteering activities. This will be in one region and will ascertain whether spend on regional activities proves to be a viable model going forward.

The long-term strategic objectives of the charity are restrained to some degree by the challenge of having limited resources to meet what continues to be a very significant and important task – the challenge endometriosis poses to society shows no sign of abatement. The staff and trustees continue to look for ways of increasing fundraising activities in the current climate in order to grow our support services. We are extremely grateful for the contribution of many funders who have supported us during the year including Sovereign Healthcare (£7,500), Freemasons' Grand Charity (£5,000) and the Brewer family (£5,000).

Reserves

The target is to have unrestricted reserves that cover between 3 to 6 months of total annual expenditure. The year-end unrestricted reserves, which amount to £66,372 (2009-10 - £76,494), represent approximately 4 months of normal unrestricted expenditure based on our budget for the year ahead. Given the pervading difficult economic environment, the need to find new sources of funding in order to preserve and grow services remains pressing.

Public Benefit Statement

The Trustees confirm that they have complied with the duty set out under section 4 of the Charities Act 2006 to have due regard to the Charity Commission's guidance on public benefit 'Charities and Public Benefit' in developing the objectives for the year and in planning activities.

Risk assessment

The charity reviewed risks during 2012-13, covering the key aspects of the charity’s work including finance, governance and management, operational and external factors. The major risks to which the charity is exposed, as identified by the trustees, will continue to be regularly reviewed and systems have been established to mitigate those risks as far as possible.

Priorities for 2013-14

The tactical priorities for the coming year are as follows:

- Fundraising: consolidate income levels;
- Install and populate a new database and develop the new website;
- Establish named contacts and visit BSGE Accredited and Provisional centres
- Evaluate, maintain and improve support and information services (with positive feedback levels at 90% and 85% respectively for groups and the helpline) and assess future development opportunities;
- Continue to train and support our volunteers as a vital part of our work;
- Conduct awareness activity with a specific focus on awareness week; and
- Consider our campaigning role and assess how to develop this further.

Statement of Directors’ responsibilities

The Directors are required 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 results for that period. In preparing those financial statements, the Directors are required to:

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

The Directors are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Society and to enable them to ensure that the financial statements comply with relevant legislation. They are also responsible for safeguarding the assets of the Society and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Directors confirm that they have taken appropriate steps to make themselves aware of any relevant audit information and to establish that the auditors are aware of such information. As far as the Directors are aware, there is no relevant audit information which has not been disclosed to the auditors.

APPROVAL

This report was approved by the Board of Directors and Trustees on 23rd September 2013 and signed on their behalf by:

.....
Trevor Dahl (Chair)

.....
Carol Pearson (Trustee)

INDEPENDENT AUDITORS' REPORT TO THE
MEMBERS OF THE ENDOMETRIOSIS UK
(Formerly: The National Endometriosis Society)

We have audited the financial statements of Endometriosis UK (formerly: The National Endometriosis Society) for the year ended 31st March 2013 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the Charity'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 Charity'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 Charity and the Charity's members as a body, for our audit work, for this report or for the opinion we have formed.

Respective responsibilities of trustees and auditor

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

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's [APB's] Ethical Standards for Auditors.

Scope of the audit of the financial statements

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

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31st March 2013 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion 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.

Matters on which we are required to report by exception

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 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.

8/9 Well Court
 London
 EC4M 9DN
 2013

Kevin Lally (Senior Statutory Auditor)
 For and on behalf of Knox Cropper
 Chartered Accountants and Statutory Auditors

Knox Cropper is eligible to act as an auditor in terms of Section 1212 of the Companies Act 2006.

ENDOMETRIOSIS UK
(Formerly: The National Endometriosis Society)

STATEMENT OF FINANCIAL ACTIVITIES
(INCORPORATING THE INCOME AND EXPENDITURE ACCOUNT)

FOR THE YEAR ENDED 31ST MARCH 2013

	Notes	Restricted Funds £	Unrestricted Funds £	Total 2013 £	Total 2012 £
INCOMING RESOURCES					
Incoming Resources from Generated Funds					
Voluntary Income					
Grants and Donations	3	110,240	70,032	180,272	67,143
Activities for Generating Funds	4	-	57,982	57,982	54,573
Investment Income and Interest		-	123	123	194
Incoming Resources from Charitable Activities					
Membership Fees		-	23,508	23,508	28,610
Publications		-	3,598	3,598	286
Other Income		-	357	357	-
TOTAL INCOMING RESOURCES		<u>110,240</u>	<u>155,600</u>	<u>265,840</u>	<u>150,806</u>
RESOURCES EXPENDED					
Cost of Generating Funds					
Cost of Generating Voluntary Income		-	32,919	32,919	21,075
Fundraising Trading and Event Costs	4	-	8,432	8,432	11,840
		-	41,351	41,351	32,915
Charitable Activities					
	5				
Helpline and Support Services		8,344	72,709	81,053	76,599
Information Services		11,500	44,636	56,136	76,096
Executive Agency for Health & Consumers (EAHC)		4,000	1,197	5,197	-
Health and Social Care Volunteering Fund (HSCVF)		16,172	-	16,172	-
		40,016	118,542	158,558	152,695
Governance	7	-	5,829	5,829	6,609
TOTAL RESOURCES EXPENDED		<u>40,016</u>	<u>165,722</u>	<u>205,738</u>	<u>192,219</u>
Net Income / (Expenditure)	2	70,224	(10,122)	60,102	(41,413)
BALANCES BROUGHT FORWARD 01/04/2012					
		<u>17,559</u>	<u>76,494</u>	<u>94,053</u>	<u>135,466</u>
BALANCES CARRIED FORWARD 31/03/2013					
		<u>£87,783</u>	<u>£66,372</u>	<u>£154,155</u>	<u>£94,053</u>

The Company has no recognised gains and losses other than those disclosed above and, therefore, no separate statement of total recognised gains and losses has been prepared.

None of the Company's activities were acquired or discontinued during the financial period.

ENDOMETRIOSIS UK
(Formerly: The National Endometriosis Society)

BALANCE SHEET

AS AT 31ST MARCH 2013

	Notes	2013		2012	
		£	£	£	£
FIXED ASSETS	10		-		-
CURRENT ASSETS					
Debtors	11	13,779		13,914	
Cash at Bank and In Hand	12	155,104		134,636	
		<u>168,883</u>		<u>148,550</u>	
Creditors : Amounts Falling due within one year	13	<u>(14,728)</u>		<u>(54,497)</u>	
			<u>154,155</u>		<u>94,053</u>
NET ASSETS			<u>£154,155</u>		<u>£94,053</u>
FUNDS					
Restricted Funds	15		87,783		17,559
Unrestricted Funds : General Reserve	16		66,372		76,494
			<u>£154,155</u>		<u>£94,053</u>

Approved on 23rd September 2013 and signed on behalf of the board

.....
Trevor Dahl (Director)

.....
Carol Pearson (Director)

Company Registration Number: 2912853

ENDOMETRIOSIS UK
(Formerly: The National Endometriosis Society)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2013

1. **ACCOUNTING POLICIES**

a. **Basis of Preparation of Accounts**

The Financial Statements have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice for Charities (2005).

b. **Tangible Fixed Assets and Depreciation**

Tangible fixed assets are stated at cost less depreciation.

Depreciation is provided on a straight-line basis as follows:

Office Equipment: 25% on Cost

c. **Income and Expenditure**

All relevant income and expenditure is stated excluding recoverable Value Added Tax.

d. **Grants and Donations**

Grants and donations are recorded in the accounts when the Charity is unconditionally entitled to the amounts receivable.

e. The company is not required to produce a cash flow statement in accordance with Financial Reporting Standard 1.

2. **NET INCOME / (EXPENDITURE)**

	2013	2012
	£	£
Net Income/ (Expenditure) is arrived at after charging		
Auditors' remuneration	1,500	1,450
Depreciation of fixed assets	-	13
Directors' Reimbursed expenses:		
Travel and Subsistence	521	939
	521	939

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2013

3. **GRANTS AND DONATIONS**

	2013 £	2012 £
Awards for All / Big Lottery	-	5,288
Sovereign Health Care	7,500	7,500
Brewer Family	5,000	5,000
Health and Social Care Volunteering Fund (HSCVF)	98,955	-
Freemasons' Grand Charity	5,000	-
Garfield Weston	-	7,500
	<u>116,455</u>	<u>25,288</u>
Other Donations	<u>63,817</u>	<u>41,855</u>
	<u>£180,272</u>	<u>£67,143</u>

4. **ACTIVITIES FOR GENERATING FUNDS**

Income

Challenge Events	19,857	11,812
Raffles and Christmas Cards	-	3,267
Other Fundraising Activities (See Note below)	38,125	39,494
	<u>£57,982</u>	<u>£54,573</u>

Expenditure

Challenge Events	3,612	2,947
Raffles and Christmas Cards	-	2,020
Other	4,820	6,873
	<u>£8,432</u>	<u>£11,840</u>

Note: Other Fundraising Activities represent members and supporters raising funds on behalf of the charity.

5. **CHARITABLE ACTIVITIES**

	----- 2013 -----			2012
	Direct Costs	Support Costs (Refer Note 6)	Total	Total
	£	£	£	£
Helpline and Support Services	65,819	15,234	81,053	76,599
Information Services	37,093	19,043	56,136	76,096
Executive Agency for Health & Consumers (EAHC) (Refer Note b)	5,197	-	5,197	-
Regional Volunteer Development (Refer Note c)	16,172	-	16,172	-
	<u>£124,281</u>	<u>£34,277</u>	<u>£158,558</u>	<u>£152,695</u>

Note a: "Information Services" relate to advancing the education of the general public and health professionals regarding endometriosis as set out on page 2. "Helpline and Support Services" relate to providing services to women for the relief of endometriosis as set out on page 2.

Note b: Executive Agency for Health & Consumers (EAHC) expenditure represents refund to EAHC of underspent grant following completion of project.

Note c: Volunteer Development is funded by the Department of Health, Health and Social Care Volunteering Fund (HSCVF).

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2013

6. **SUPPORT COSTS**

	-----2013-----				2012
	Helpline and Support Services	Information Services	Governance	Total	Total £
Staff Costs	2,396	2,995	599	5,990	1,486
Office Costs	1,140	1,425	285	2,850	4,439
Premises Costs	8,177	10,220	2,044	20,441	19,536
Accounting	3,218	4,022	804	8,044	9,980
Other	303	381	76	760	6,749
	£15,234	£19,043	£3,808	£38,085	£42,190

7. **GOVERNANCE**

	2013	2012
	£	£
Trustee Expenses	521	939
Audit Fee	1,500	1,450
Support Costs (Refer Note 6)	3,808	4,220
	£5,829	£6,609

8. **STAFF COSTS**

Wages and Salaries (including temporary staff)	96,655	50,321
Social Security Costs	9,378	4,667
	£106,033	£54,988
The average number of staff employed during the year was:	3.83	2.33

No member of staff earned in excess of £60,000.

9. **DIRECTORS****Emoluments of the Directors**

Total emoluments as directors	-	-
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All Directors are also trustees and do not receive any benefits or remuneration for their services. Their reimbursed expenses are set out in note 2.

ENDOMETRIOSIS UK
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2013

10. **TANGIBLE FIXED ASSETS**

		Office Equipment £
Cost		
At 1 st April 2012		7,284
Additions		-
Written off		-
At 31 st March 2013		£7,284
Depreciation		
At 1 st April 2012		7,284
Charged for the year		-
Written off		-
At 31 st March 2013		£7,284
Net Book Value		
At 31 st March 2013		£ -
At 31 st March 2012		£ -

11. **DEBTORS**

	2013	2012
	£	£
Prepayments	7,445	5,563
Accrued income and other debtors	6,334	7,458
VAT	-	893
	£13,779	£13,914

12. **CASH AT BANK AND IN HAND**

Bank Balances	155,104	92,185
Bank Balance held in respect of the EAHC grant	-	42,451
	£155,104	£134,636

13. **CREDITORS: Amounts falling due within one year**

Grants received in advance:		
EAHC	-	42,868
Accruals	1,800	3,667
Other Creditors	10,120	4,603
PAYE and VAT	2,808	3,359
	£14,728	£54,497

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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2013

14. **SHARE CAPITAL**

The company is limited by guarantee and therefore does not have any share capital. The liability of the members on the winding up of the company will not exceed £1.

15. **RESTRICTED FUNDS**

	Balance 31/03/12	Incoming Resources	Resources Expended	Balance 31/03/13
	£	£	£	£
Ferring Pharmaceuticals	-	1,000	1,000	-
EAHC Project	-	4,000	4,000	-
HSCVF	-	98,955	16,172	82,783
Awards for All / Big Lottery	5,059	-	5,059	-
Garfield Weston (Information)	7,500	-	7,500	-
Brewer Family	5,000	5,000	5,000	5,000
The Ernest Kleinwort Charitable Trust	-	1,285	1,285	-
	<u>£17,559</u>	<u>£110,240</u>	<u>£40,016</u>	<u>£87,783</u>

Restricted funds represent donations and grants restricted for use on particular areas of the charity's work.

16. **UNRESTRICTED FUNDS**

	Balance 31/3/12	Net (Outgoing) / Incoming Resources	Allocation Released	Balance 31/3/13
	£	£	£	£
General Reserve	76,494	(10,122)	-	66,372
	<u>£76,494</u>	<u>£(10,122)</u>	<u>£-</u>	<u>£66,372</u>

17. **COMMITMENTS UNDER OPERATING LEASE**

The company has a licence agreement at its premises for £1,735 per month (with a two month notice period) with an inflationary increase from December each year. The company also has a photocopier lease for £1,393 payable within one year.

18. **ANALYSIS OF NET ASSETS BETWEEN FUNDS**

	Restricted	Unrestricted	Total
	£	£	£
Tangible Fixed Assets	-	-	-
Net Current Assets	87,783	66,372	154,155
	<u>£87,783</u>	<u>£66,372</u>	<u>£154,155</u>

19. **RELATED PARTIES**

The Trustees make unrestricted donations to the Charity on an on-going basis. In the current year, Trevor Dahl and Carol Pearson each made a restricted donation of £2,000 each for the purpose of funding the final expenditure on the EAHC project.