

REGISTERED COMPANY NUMBER: 06462720 (England and Wales)
REGISTERED CHARITY NUMBER: 1125795

**REPORT OF THE TRUSTEES AND
UNAUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2017
FOR**

**BRITISH SOCIETY OF BLOOD AND
MARROW TRANSPLANTATION**



J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION

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FOR THE YEAR ENDED 31 DECEMBER 2017**

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**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2017**

STRUCTURE, GOVERNANCE AND MANAGEMENT

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Company number

06462720 (England and Wales)

Registered Charity number

1125795

Registered office

Talbot House
Great Maze Pond
London
SE1 9RT

Trustees

Dr C Crawley
Dr J L Byrne
Dr G Cook (resigned 1 January 2017)
Dr F Dignan
Professor J Snowden (appointed 1 January 2017)

Company Secretary

Professor J Snowden

Independent examiner

P E Smith FCCA ACA
J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

Solicitors

Hempsons
Hempsons House
40 Villiers Street
London
WC2N 6NJ

Bankers

National Westminster Bank plc
56 St Andrew's Street
Cambridge
CB2 3DA

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2017**

STRUCTURE, GOVERNANCE AND MANAGEMENT

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 December 2017. The trustees have adopted the provisions of 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 (FRS102) (effective 1 January 2015).

Governing document

The British Society of Blood and Marrow Transplantation is a company limited by guarantee (registered number 06462720), which was incorporated on 3 January 2008 and achieved charitable status on 9 September 2008 (registered number 1125795).

The charitable company was established under a Memorandum of Association, which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the charitable company being wound up members are required to contribute an amount not exceeding £1.

Recruitment and appointment of new trustees

The charity's trustees also serve as directors and members of the charity's executive board.

In addition to the charity's trustees, the executive board also consists of named officers who may be recruited to serve as a trustee as required and determined by the executive board.

Members of the executive board, including officers and trustees, are elected by the members by postal ballot.

Elected terms of office are for a duration of 2 years.

All trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in the notes to the financial statements.

Induction and training of new trustees

New trustees and directors receive an informal induction and briefing from an existing member of the executive board or the outgoing officer as appropriate.

Training is also largely informal by peer exchange.

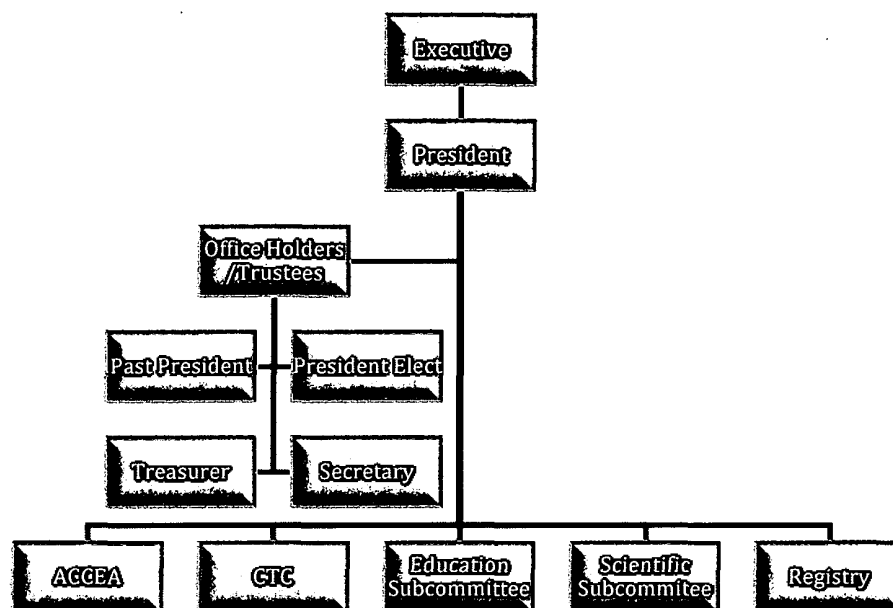
Attendance at relevant seminars or courses is arranged as appropriate

Organisational structure

The British Society of Blood and Marrow Transplantation is organised so that its executive board meets at a minimum of twice a year to manage the charity's affairs and formulate policy. The Society also holds biannual open meetings

During the year ended 31 December 2017 the organisational structure of the charity can be illustrated as follows.

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2017



Risk management

The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

The executive board has a responsibility to ensure that a suitable system of controls and checks are in place to manage the risks facing the charity. These include controls to provide reasonable assurance against fraud and error.

The executive board regularly reviews the financial and operational risks facing the charity and endeavour to identify new risks as and when they arise and manage them appropriately

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2017**

ACHIEVEMENTS AND PERFORMANCE

Charitable activities

In establishing the objectives and priorities for the society's activities the trustees have given and continue to give careful consideration to the Charity Commission's general guidance on public benefit.

All of the society's activities are focused on the development, education and improvement in outcomes for patients undergoing blood and marrow stem cell transplants within the United Kingdom.

The activities of the British Society of Blood and Bone Marrow Transplantation can be broadly divided into three main areas which include:

- Education of healthcare professionals, scientists, ancillary professionals and patients in all aspects of blood and marrow stem cell transplantation.
- Research into all aspects of blood and marrow stem cell transplantation including the direct sponsorship of research as well as supporting and facilitating collaborative research. This work includes comprehensive outcomes data collection on all stem cell transplant undertaken in the UK on an ongoing basis.
- Facilitating the ongoing development of stem cell transplant services within the UK.

Research

Research activity within the BSBMT falls into three main areas:

- Comprehensive outcome data analysis through the BSBMT transplant registry
- Retrospective and prospective studies run through the clinical trials committee
- Collaboration with partner organisations such as the EBMT, CIBMTR and Anthony Nolan.

Registry

The registry represents a unique and comprehensive database of all transplant activity undertaken in the UK and ROI. As activity continues to increase the work of the team at Guys has followed. In 2016 a total of 4398 transplants were undertaken across the UK and ROI transplant Centres. Ensuring the availability of the minimal essential data set for all transplants is an ongoing challenge, especially with the introduction of the Day 0 forms introduced in 2016 as a means of 'live' transplant activity reporting for transplants done from 1st January 2016. These forms must be entered or submitted to the registry within a week of transplant. Despite this, there continues to be improvements on data submission year-on-year by transplant centres.

The team at Guy's Hospital also provide support to individual transplant centres in the form of practical advice and information. Significant time is dedicated to training of data managers at individual transplant centres as well as a considerable amount of data entry for individual centres who do not submit data directly into the Promise system.

One of the major remits of the Guys team is to insure the quality and completeness of data within the registry. Data on every transplant is checked for internal consistency and errors. Queries are then followed up with individual transplant centres. There is time dedicated to running regular data quality reports to ensure the accuracy and completion of patient records within the database, these reports are run as and when required depending on the demands of the registry. In addition over 9,000 requests were made for missing follow-up data during 2016 with good responses from individual centres. An additional 9535 follow-up data requests were made during 2017.

In 2012 a benchmarking exercise was undertaken comparing UK and EU transplant outcomes in myelodysplasia. A manuscript was completed and submitted for publication. In 2013, a further benchmarking exercise was commenced looking at NHL autologous transplants in the over 60 population. A manuscript is under preparation, soon to be sent in for publication. A further benchmarking exercise looking at outcomes for AML not in CR1 completed data collection during 2015. This was accepted as an abstract at EBMT 2017. It has also just been submitted for publication. In 2017 we look at comparing UK and EU transplant outcomes in allogeneic transplants in non-transformed Follicular Lymphomas (FL). Data collection is now complete and a manuscript is in preparation.

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2017

Since 2017 the registry now runs annual data manager training days for all the 50+ centres across UK and ROI. These sessions give data management staff the skills and knowledge to carry out their roles as well as giving them a platform for networking. The registry also manages the www.bsbmt.org website. This site is dedicated to providing information on the BSBMT as well as providing information re BMT activity within the UK and ROI and BSBMT/Haematological meetings. It has dedicated areas for different professional roles within BMT.

The team structure at present comprises a Head of Registry at Band 8c at full time. There is one statistician at Band 7 0.8WTE. There are three Band 6 Senior data managers two which are 0.9WTE and one on 0.8WTE. Anthony Nolan fund a Band 6 0.8WTE of which the funds are allocated to the data management team and not to an individual.

Comprehensive outcome data

For the last eight years the society has been producing a comprehensive report on outcome of stem cell transplantation in the UK. This has been primarily for the benefit of Commissioners of healthcare services. The 8th annual report was published end of August 2017. This focused on longer term outcomes for transplants performed between 2009 and 2014 and a detailed analysis of transplant activity by type, disease indication and region in 2015. The data preparation for the 9th report is underway and will be submitted on 31/8/2018. This report will include outcomes for transplants performed between 2010 and 2015 as well as a detailed analysis for transplant activity in 2016.

BSBMT Clinical trials Committee (CTC)

The BSBMT CTC works to deliver both prospective and retrospective study work. Since 1st November 2017 the clinical trials are now delivered in partnership with IMPACT. IMPACT is the UK's first ever clinical trials partnership dedicated to improving the outcomes of stem cell transplant patients.

The BSBMT CTC is headed by Andrew Peniket as chair and Ram Malladi as secretary. The term of these office holders remains three years with the secretary acting as the chairman elect. The primary aim of the CTC remains the timely completion and publication of well conducted studies, with clearly stated hypotheses, to inform and direct clinical BMT practice within the UK.

The following is a summary of the work of the BSBMT CTC/IMPACT:

BSBMT CTC IMPACT Meeting 03: BSBMT Scientific Day. Wednesday 2nd May 2018, Cavendish Conference Centre, London W1G 9DT

BSBMT CTC IMPACT Meeting 02: Thursday 23rd November 2017. **Centre for Professional Development, Birmingham B15 2TT.**

BSBMT CTC IMPACT Meeting 01: Thursday 16th March 2017. De Vere West One, Marylebone, London W1B 1PR.

Publications

Outcome of Allografting for AML-CR2 is equivalent across the BSBMT and EBMT and is associated with encouraging OS and DFS across all age groups. Byrne, Jenny; Perry, Julia; Kirkland, Keiren; Pearce, Rachel; Jackson, Graham. Oral Poster presentation B224 EBMT Marseille March 2017

A Clinical Prognostic Index for Assessing Patients aged >60 Being Considered for High-Dose Therapy and Autologous Stem-Cell Transplant in Relapsed or refractory High-Grade Non-Hodgkin Lymphoma

Edwards, David; Kirkland, Keiren; Pearce, Rachel; Robinson, Stephen; Cook, Gordon. B290 EBMT Marseille March 2017

Recipient/donor HLA and CMV matching in recipients of T-cell-depleted unrelated donor haematopoietic cell transplants.

Shaw BE, Mayor NP, Szydlo RM, Bultitude WP, Anthias C, Kirkland K, Perry J, Clark A, Mackinnon S, Marks DI, Pagliuca A, Potter MN, Russell NH, Thomson K, Madrigal JA, Marsh SG.

Bone Marrow Transplant. 2017 Jan 16. doi: 10.1038/bmt.2016.352.

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FOR THE YEAR ENDED 31 DECEMBER 2017

Variations in practice in UK transplant centers: results of a related donor care survey.

Anthias C, Peniket A, Kirkland K, Madrigal JA, Shaw BE.

Bone Marrow Transplant. 2016 Dec;51(12):1612-1614. doi: 10.1038/bmt.2016.220. Epub 2016 Sep 5.

The effect of salvage autologous stem-cell transplantation on overall survival in patients with relapsed multiple myeloma (final results from BSBMT/UKMF Myeloma X Relapse [Intensive]): a randomised, open-label, phase 3 trial.

Cook G, Ashcroft AJ, Cairns DA, Williams CD, Brown JM, Cavenagh JD, Snowden JA, Parrish C, Yong K, Cavet J, Hunter H, Bird JM, Pratt G, Chown S, Heartin E, O'Connor S, Drayson MT, Hockaday A, Morris TC; National Cancer Research Institute Haemato-oncology Clinical Studies Group..

Lancet Haematol. 2016 Jul;3(7):e340-51. doi: 10.1016/S2352-3026(16)30049-7.

BCSH/BSBMT/UK clinical virology network guideline: diagnosis and management of common respiratory viral infections in patients undergoing treatment for haematological malignancies or stem cell transplantation.

Dignan FL, Clark A, Aitken C, Gilleece M, Jayakar V, Krishnamurthy P, Pagliuca A, Potter MN, Shaw B, Skinner R, Turner A, Wynn RF, Coyle P; Haemato-oncology Task Force of the British Committee for Standards in Haematology.; British Society for Blood and Marrow Transplantation and the UK Clinical Virology Network..

Br J Haematol. 2016 May;173(3):380-93. doi: 10.1111/bjh.14027. Epub 2016 Apr 7.

Polymorphism in TGFBI is associated with worse non-relapse mortality and overall survival after stem cell transplantation with unrelated donors.

Arrieta-Bolaños E, Mayor NP, Marsh SG, Madrigal JA, Apperley JF, Kirkland K, Mackinnon S, Marks DI, McQuaker G, Perry J, Potter MN, Russell NH, Thomson K, Shaw BE.

Haematologica. 2016 Mar;101(3):382-90. doi: 10.3324/haematol.2015.134999. Epub 2015 Nov 26.

Ongoing BSBMT CTC Studies

Approved Retrospective Studies

- a. Autologous HSCT in Multiple Sclerosis: the UK experience 2000-2017 – Prof John Snowden, Majid Kazmi, Basil Sharrack

Ongoing Retrospective Studies

- b. CTCR 15-02: Analysis of the genetic factors influencing outcome in unrelated donor haematopoietic stem cell transplants – Prof Steven Marsh, Rob Danby (Anthony Nolan joint with BSBMT)

Completed Studies

- a. CTCR 15-01: Comparison of outcomes for patients receiving BEAM or LEAM conditioned 1st autograft for Lymphoma (Nick Morley, Sheffield)
- b. CTCR 10-03: The influence of patient and donor KIR haplotypes on the clinical outcome after unrelated donor HSCT for patients suffering from AML – Jennifer Schellekens/Steven Marsh/ Bronwen Shaw
- c. CTCR 11-03: Pre-SCT Alemtuzumab therapy – Rachel Protheroe.
- d. CTCR 11-04 Outcome of second allografts – Robert Lown/ Bronwen Shaw
- e. CTCR 13-01 Impact of HLA matching on survival – Bronwen Shaw
- f. CTCR 14-01: Outcome of paediatric patients with AML with relapsed / refractory disease at the time of HSCT – Patricia O'Hare

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2017

IMPACT Trials

- a) PRO-DLI: A Phase II Prospective Trial of Prophylactic Donor Lymphocyte Infusions for the Prevention of Relapse post HSCT in patients with High Risk Myeloid Malignancy - **Chief Investigator: Dr Victoria Potter**
- b) COSI: A randomised trial of treatments to improve the outcome of adults with acute myeloid leukaemia and myelodysplasia who are undergoing allogeneic stem cell transplantation - **Chief Investigator: Professor Charles Craddock**
- c) ALL-RIC: A comparison of two low-intensity transplant regimens for the treatment of adults with acute lymphoblastic leukaemia (ALL) - **Chief Investigator: Professor David Marks**

Approved/Completed Prospective Studies

- a. CTC 04-02: Transplantation of UBC from MUD in patients with haematological disease using a non-myeloablative preparative regimen – Rachael Hough
- b. CTC 04-02b: To investigate the impact of immune reconstitution on the outcome of unrelated cord blood transplantation in the UK – Bronwen Shaw
- c. CTC 07-01: Prospective Phase II Study: BEAM-Campath RIC Allo for MCL (in 1st response) – Simon Rule, Nigel Russell
- d. CTCP 07-03 / 08-01: Prospective Phase II Study: Reduced Intensity Allografting for Chemosensitive Hodgkin Lymphoma – Karl Peggs, Emma Das Gupta
- e. CTCP 09-02: Prospective validation of pre-transplant co-morbidity assessments in the UK – Maria Gilleece and Gill Moore
- f. CTCP 10-01- Transplantation of UBC from MUD in patients with haematological disease using a myeloablative preparative regimen– Rachael Hough
- g. CTCP 10-02- Prospective Intracranial haemorrhage in thrombocytopenic haematology patients. A case-control study “InCiTe Study” – Simon Stanworth
- h. CTCP 11-01 - Haplo-transplant transplantation – Kavita Raj/Steve Mackinnon/Tony Pagliuca
- i. CTCP 13-01 FLAMSA-Bu Phase II study in Patients with High Risk AML and MDS – Charlie Craddock
- j. CTCP 14-01 ECP and acute GvHD-POSTAGE – Fiona Dignan (Manchester)
- k. CTCP 14-02 A single arm phase II trial of the use of 5-Azacididine for the treatment of refractory chronic graft-versus-host disease – Ram Malladi (Birmingham)
- l. CTCP 15-01: Myelofibrosis Transplant Trial – Adam Mead (Oxford)
- m. CTCP 15-02: A phase I study of targeted radiotherapy alone for stem cell transplant conditioning in systemic AL amyloidosis – Kim Orchard (Southampton)
- n. CTCP 15-03: A Phase II Prospective Trial of Prophylactic Donor Lymphocyte Infusions for the Prevention of Relapse post HSCT in patients with High Risk Myeloid Malignancy (Victoria Potter, Kings)

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2017**

Approved/Completed Surveys

- a) CTCS 13-01: Survey studies of EBV monitoring and treatment following allogeneic transplantation – Angela Hamblin / Andy Peniket
- b) CTCS 15-01: Survey of vaccination practice post-transplant – John Snowden / Paul Miller / Thushan De Silva
- c) CTCS 15-02: Provision of blood products to recipients of CMV seronegative allogeneic stem cell transplant recipients in the UK following 2012 SaBTO position statement: Survey – Suzy Hall / Mike Murhpy (NHSBT)
- d) CTCS 16-01: UK use of donor lymphocyte infusion (DLI) post-allogeneic bone marrow stem cell transplantation: Results of a NHSBT-BSBMT survey (Vanderson Rocha)
- e) CTCS 16-02: Survey on UK practice in the management of aGVHD – Rohini Radia (Nottingham)

Education

Education in all aspects of stem cell transplantation has been one of the major roles of the Society since its formation. There has been a focus in the past on education of clinicians but more recently there has been a move to broaden that remit to include other health care professionals.

The Society's Meetings

The Society runs two main meetings each year, a scientific meeting in May and educational meeting in October/November. In 2017, the scientific meeting in May included another successful abstract presentation session with prizes awarded for the best abstracts. The education meeting in November was also well attended.

Transplant accreditation

The society has always had a leading role in facilitating and developing the quality of stem cell transplant services within the UK. The majority of all allogeneic transplant centres and a large number of autologous centres are now JACIE accredited and the role for the transplant accreditation committee is therefore limited and this now meets as a virtual body to continue to support the accreditation process within the UK.

The Society's newsletter

The newsletters continue to be an important means of communication with the wider transplant community. Patrick Medd has now taken over from Maria Gilleece as editor.

Website

The re-designed website has proved successful and is an important focus for general communication for the society. The Registry pages provide data on the role of the Registry along with links to the MED A/B documents along with other information to facilitate completion of data submission. The website also provides access to the indications for transplant table which was primarily a document for clinical guidance but has also been adopted as a basis for health care commissioning. The website also provides a portal for other documents of interest to transplant centres as well keeping people informed of the society's activities. It also provides data showing the increase in transplant activity per year.

Development of and promotion of clinical guidelines.

The Society has been involved in the development of specific transplant-related guidelines since 2012 under the leadership of Dr Mike Potter. This has led to the publication in the British Journal of Haematology of the first guidelines for both acute and chronic graft-versus-host disease. These have been important in helping to unify the approaches to these complications and will be of value in the discussions regarding commissioning of treatments for these conditions. The guidelines group have also recently published guidelines on the management of cytomegalovirus infection and veno-occlusive disease and respiratory viral infections.

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2017

FINANCIAL REVIEW

Reserves policy

The policy of the trustees is to maintain a level of reserve that is sufficient to continue the operation of the charity's activities. The goal of the society has been to achieve reserve sufficient to allow continued operations for one year in the event of a major change in funding activities. This has been extremely difficult to achieve in previous years, however, in the past four years significant progress has been made and our current reserves are satisfactory.

Financial review

The statement of financial activities for the year ended 31-December 2017 shows incoming resources of £387,028 (2016 - £354,434) and resources expended of £317,799 (2016 - £305,883), generating net incoming resources totalling £69,229 (2016 - £48,551).

As a result, the net assets of the charity had increased from £499,951 as at 31 December 2016 to £569,180 as at 31 December 2017.

The two major sources of income for the charity remain funding from specialist commissioning service and individual transplant centre subscriptions and corporate sponsorship. The Health and Social Care Act has resulted in some of the most major reforms to the NHS in its history. BMT commissioning has moved to national commissioning as of April 13. The decision regarding ongoing funding will, therefore fall to NHS England and although the value of the database was recognised in a recent review a final decision on ongoing funding has not yet been taken. This uncertainty remains a significant financial risk. The trustees will continue to work to establish a formal contract with NHS England to ensure the longer term financial stability of the charity.

Corporate sponsorship has largely been maintained.

Individual transplant centre membership subscriptions are the other major source of income. We have progressively increased subscriptions over the last 5 years and this trend is likely to continue. As a consequence of pressure from commissioning bodies, there has been a general trend for transplant centres to amalgamate into larger centres. This is associated with a fall in the overall number of members but as yet has not been factored into the annual subscription fees. Centre subscriptions remained unchanged in 2012 & 13 but the fee for allogeneic transplant centres increased to £2000 in 2014. It has not increased further since then.

Trustees are also mindful about the need to maintain tight control of expenditure. The joint symposia with the Anthony Nolan and NHSBT have proven a cost effective way of delivering high-quality educational and scientific events and this is a model we will look to revisit.

Future directions

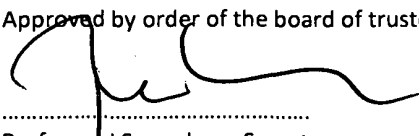
2017/18 will see new challenges for BSBMT. The role of the CTC remains a fundamental role of the society and under the leadership of Andy Peniket and Ram Malladi this will continue to develop.

The reorganization of commissioning arrangements in England and Wales will have significant implications for the provision of specialist services. In the short term we have negotiated a service level agreement with NHS England to ensure that we have a clear position on the requirements from commissioners and a secure funding stream in place.

The society will also work closely with the Clinical Review Groups and the Stem Cell Strategic oversight committee and other key stakeholders to develop and improve services and clinical outcomes.

We will also be working closely with our other partner organisations including the European Group for Blood and Marrow Transplantation. The PROMISE 3 database was introduced at the end of March 2015. In particular the roll out of the replacement for the PROMISE 2 database will present new challenges and new opportunities.

Approved by order of the board of trustees on 18/7/18 And signed on its behalf by:


.....
Professor J Snowden – Secretary

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF
BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION (REGISTERED NUMBER: 06462720)**

I report on the accounts for the year ended 31 December 2017 set out on pages eleven to eighteen.

Respective responsibilities of trustees and examiner

The charity's trustees (who are also the directors for the purposes of company law) are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year (under Section 144(2) of the Charities Act 2011 (the 2011 Act)) and that an independent examination is required. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of FCA.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- examine the accounts under Section 145 of the 2011 Act
- to follow the procedures laid down in the General Directions given by the Charity Commission (under Section 145(5)(b) of the 2011 Act); and
- to state whether particular matters have come to my attention.

Basis of the independent examiner's report

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statements below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that, in any material respect, the requirements
- to keep accounting records in accordance with Section 386 and 387 of the Companies Act 2006; and
 - to prepare accounts which accord with the accounting records, comply with the accounting requirements of Sections 394 and 395 of the Companies Act 2006 and with the methods and principles of the 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)

have not been met; or

- (2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.



P E Smith FCCA ACA
J W Hinks LLP
Chartered Accountants
19 Highfield Road
Edgbaston
Birmingham
West Midlands
B15 3BH

Date: 18 July 2018

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2017**

		2017 Unrestricted fund £	2016 Total funds £
INCOME AND ENDOWMENTS FROM	Notes		
Charitable activities	4		
Grants receivable		171,076	171,076
Other trading activities	2	205,631	183,030
Investment income	3	<u>47</u>	<u>328</u>
Total		376,754	354,434
 EXPENDITURE ON			
Charitable activities	5		
Direct costs		282,748	276,450
Support costs		<u>35,051</u>	<u>29,433</u>
Total		317,799	305,883
 NET INCOME		58,955	48,551
 RECONCILIATION OF FUNDS			
Total funds brought forward		499,951	451,400
 TOTAL FUNDS CARRIED FORWARD		<u>558,906</u>	<u>499,951</u>
 CONTINUING OPERATIONS			
All income and expenditure has arisen from continuing activities.			

The notes form part of these financial statements

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION (REGISTERED NUMBER: 06462720)

BALANCE SHEET
AT 31 DECEMBER 2017

		2017 Unrestricted fund £	2016 Total funds £
	Notes		
FIXED ASSETS			
Tangible assets	10	3,391	427
CURRENT ASSETS			
Debtors	11	-	18,290
Cash at bank		<u>620,775</u>	<u>591,829</u>
		620,775	610,119
CREDITORS			
Amounts falling due within one year	12	(65,260)	(110,595)
NET CURRENT ASSETS		<u>555,515</u>	<u>499,524</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		558,906	499,951
NET ASSETS		<u>558,906</u>	<u>499,951</u>
FUNDS	13		
Unrestricted funds		<u>558,906</u>	<u>499,951</u>
TOTAL FUNDS		<u>558,906</u>	<u>499,951</u>

The notes form part of these financial statements

BALANCE SHEET - CONTINUED
AT 31 DECEMBER 2017

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2017.

The members have not required the charitable company to obtain an audit of its financial statements for the year ended 31 December 2017 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- (a) ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

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

The financial statements were approved by the Board of Trustees on 18/7/18 and were signed on its behalf by:


.....
Dr F Dignan, Trustee

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2017

1. ACCOUNTING POLICIES

BASIS OF PREPARING THE FINANCIAL STATEMENTS

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

FINANCIAL REPORTING STANDARD 102 - REDUCED DISCLOSURE EXEMPTIONS

The charity has taken advantage of the following disclosure exemption in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows.

INCOME

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably. Where income is received that relates to subsequent periods, such income is treated as deferred income.

EXPENDITURE

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

ALLOCATION AND APPORTIONMENT OF COSTS

All costs are allocated between the expenditure categories of the Statement of Financial Activities on the basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis e.g. floor areas, per capita or estimated usage.

TANGIBLE FIXED ASSETS

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Office equipment	- 25% on cost
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TAXATION

The charity is exempt from corporation tax on its charitable activities.

FUND ACCOUNTING

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

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

OPERATING LEASES

Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the term of the lease.

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
FOR THE YEAR ENDED 31 DECEMBER 2017

2. OTHER TRADING ACTIVITIES

	2017	2016
	£	£
Database management funding	40,301	49,861
Meeting income	7,485	3,425
Subscriptions and fees	109,850	99,250
Corporate subscriptions	47,995	30,494
	<u>205,631</u>	<u>183,030</u>

3. INVESTMENT INCOME

	2017	2016
	£	£
Deposit account interest	<u>47</u>	<u>328</u>

4. INCOME FROM CHARITABLE ACTIVITIES

	Activity	2017	2016
		£	£
Grants	Grants receivable	<u>171,076</u>	<u>171,076</u>

Grants received, included in the above, are as follows:

	2017	2016
	£	£
NHS England - General fund	<u>171,076</u>	<u>171,076</u>

5. CHARITABLE ACTIVITIES COSTS

	Direct costs (See note 6)	Support costs (See note 7)	Totals
	£	£	£
Direct costs	282,748	-	282,748
Support costs	-	35,051	35,051
	<u>282,748</u>	<u>35,051</u>	<u>317,799</u>

6. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2017	2016
	£	£
Database management	245,823	242,206
Conference expenses	35,925	33,244
Prizes	1,000	1,000
	<u>282,748</u>	<u>276,450</u>

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION

**NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
FOR THE YEAR ENDED 31 DECEMBER 2017**

7. SUPPORT COSTS

	Management	Other	Governance costs	Totals
	£	£	£	£
Support costs	3,600	28,219	3,232	35,051
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Support costs are those costs that have been incurred by the charity in order to further the continued development of the charity's charitable activities.

Support costs, included in the above, are as follows:

	2017 Support costs £	2016 Total activities £
Management fee	3,600	3,600
Website and internet costs	6,430	3,500
Rent	12,000	12,000
Office costs	2,455	1,324
Travel and subsistence	5,170	5,420
Depreciation of tangible fixed assets	1,201	214
Loss on sale of tangible fixed assets	214	-
Accountancy	3,232	3,375
Legal fees	749	-
	<u>35,051</u>	<u>29,433</u>

8. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2017 £	2016 £
Depreciation - owned assets	1,201	214
Other operating leases	12,000	12,000
Deficit on disposal of fixed asset	214	-
	<u> </u>	<u> </u>

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2017 nor for the year ended 31 December 2016.

TRUSTEES' EXPENSES

Expense payments totalling £5,995 were made to trustees during the year ended 31 December 2017 (2016 - £1,060).

BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION

**NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
FOR THE YEAR ENDED 31 DECEMBER 2017**

10. TANGIBLE FIXED ASSETS

	Office equipment £
COST	
At 1 January 2017	4,016
Additions	4,379
Disposals	<u>(2,353)</u>
At 31 December 2017	<u>6,042</u>
DEPRECIATION	
At 1 January 2017	3,589
Charge for year	1,201
Eliminated on disposal	<u>(2,139)</u>
At 31 December 2017	<u>2,651</u>
NET BOOK VALUE	
At 31 December 2017	<u>3,391</u>
At 31 December 2016	<u>427</u>

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2017 £	2016 £
Other debtors	-	16,274
Prepayments	<u>-</u>	<u>2,016</u>
	<u>-</u>	<u>18,290</u>

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2017 £	2016 £
Other creditors	-	2,000
Deferred income	42,769	42,769
Accrued expenses	<u>22,491</u>	<u>65,826</u>
	<u>65,260</u>	<u>110,595</u>

Deferred income

Deferred income relates to fees invoiced in advance from statutory and related funders.

NOTES TO THE FINANCIAL STATEMENTS - CONTINUED
FOR THE YEAR ENDED 31 DECEMBER 2017**13. MOVEMENT IN FUNDS**

	At 1.1.17 £	Net movement in funds £	At 31.12.17 £
Unrestricted funds			
General fund	499,951	58,955	558,906
TOTAL FUNDS	<u>499,951</u>	<u>58,955</u>	<u>558,906</u>

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	376,754	(317,799)	58,955
TOTAL FUNDS	<u>376,754</u>	<u>(317,799)</u>	<u>58,955</u>

Purpose of unrestricted fundsGeneral fund

This fund represents the free funds of the charity that are not designated for particular purposes.

14. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2017 £	2016 £
Within one year	13,220	12,000
Between one and five years	<u>52,880</u>	<u>-</u>
	<u>66,100</u>	<u>12,000</u>

15. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 December 2017.

16. ULTIMATE CONTROLLING PARTY

The charity is controlled by the trustees as listed in the Report of the Trustees.