

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 2022
FOR
BRITISH SOCIETY OF BLOOD
AND MARROW TRANSPLANTATION AND CELLULAR
THERAPY**

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

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**BRITISH SOCIETY OF BLOOD
AND MARROW TRANSPLANTATION AND CELLULAR
THERAPY**

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FOR THE YEAR ENDED 31 DECEMBER 2022**

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**BRITISH SOCIETY OF BLOOD
AND MARROW TRANSPLANTATION AND CELLULAR
THERAPY**

**REFERENCE AND ADMINISTRATIVE DETAILS
FOR THE YEAR ENDED 31 DECEMBER 2022**

TRUSTEES	Dr F Dignan Professor J A Snowden Dr K Orchard (resigned 31.12.22) Dr D S Richardson Professor E Olavarria Dr H Kaur (appointed 3.1.23)
COMPANY SECRETARY	Dr F Dignan
REGISTERED OFFICE	5th Floor Tabard House Talbot Yard, Guy's Hospital Great Maze Pond London SE1 9RT
REGISTERED COMPANY NUMBER	06462720 (England and Wales)
REGISTERED CHARITY NUMBER	1125795
INDEPENDENT EXAMINER	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	Barclays Bank Plc Leicester Leicestershire LE87 2BB

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

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2022**

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 2022. 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 (FRS 102) (effective 1 January 2019).

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2022**

ACHIEVEMENT 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 and the Republic of Ireland (ROI).

The activities of the British Society of Blood and Bone Marrow Transplantation and Cellular Therapy 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 BSBMTCT falls into three main areas:

- Comprehensive outcome data analysis through the BSBMTCT transplant registry
- Retrospective and prospective studies and surveys run through the clinical trials sub committee
- Collaboration with partner organisations such as the EBMT, Anthony Nolan, NHSBT, and other specialities such as Obstetrics & Gynaecology and Cardiology.

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 data registry team has followed. In 2021 a total of 4,279 transplants were undertaken across the UK and ROI transplant centres. The BSBMTCT registry now holds over 85,700 registrations to date which includes transplant data and more recently data on cellular therapies, i.e. CAR-T.

The BSBMTCT registry team dedicate a significant amount of time entering data for centres, correcting missing and incorrect data entries, providing training to centres on the registry database, providing data management specific training days, and more recently creating an online induction module for new and existing staff to provide staff with a good foundation of this role within BMT. The Induction Module will be launched in 2023, modules and new content will be added when they are ready to those that are subscribed. The registry also provides centres with practical advice and information.

One of the major remits of the registry 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 have been run quarterly since May 2018 to ensure that when the new BMT registry goes live the data migrated over will be of a good standard. In addition, requests for missing registrations and follow ups for the period of 2017 to 2021 inclusive have been made in November 2021 in preparation for the annual commissioners report due to be finished by early September 2023.

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Since 2017 the registry team launched its annual data manager (DM) training days which is a day dedicated to data management staff. 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 DM day that happened in September 2019 was a success. The registry held a very successful virtual meeting in September 2021 and November 2022 with high levels of attendees. There will be another virtual meeting in the Autumn of 2023.

The registry now produces three data management related newsletters a year to keep staff updated with all registry based activities including updates from the EBMT.

The registry also manages the www.bsbmtct.org website and the Twitter feed. This Web site is dedicated to providing information on the BSBMTCT as well as providing information re BMT activity within the UK and ROI and BSBMTCT/Haematological meetings. It has dedicated areas for different professional roles within BMT. More recently it holds valuable guidelines and information for health professionals and patients alike on COVID-19 including vaccination recommendations.

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 thirteen 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 13th annual report was published beginning of September 2022. This focused on longer term outcomes for transplants performed between 2016 and 2019 and a detailed analysis of transplant activity by type, disease indication and region in 2020. The data preparation for the 14th report is underway and will be submitted in early September 2023. This report will include outcomes for transplants performed between 2017 and 2018 as well as a detailed analysis for transplant activity in 2021.

BSBMTCT Clinical trials Sub Committee (CTSC)

The BSBMTCT CTSC since January 2019 is headed by Ram Malladi and Victoria Potter 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 and surveys, with clearly stated hypotheses, to inform and direct clinical BMT practice within the UK.

The BSBMTCT CTSC works to deliver retrospective study work and surveys. Since 1st November 2017 the clinical trials and prospective studies 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 initiative's pilot phase concluded in December 2021, and plans have been agreed to ensure the completion of open IMPACT trials. The CTSC will still be involved in the future of prospective studies.

The BSBMTCT CTSC will hold two meetings a year, the focus of these will be retrospective studies and surveys. The last meeting was held virtually on 16th May 2022. The focus of these will be retrospective studies and surveys. There was a meeting held virtually on 16th May 2022 and also a joint meeting with IMPACT on the 20th October 2022. The next meetings will be in the Spring and Autumn of 2023.

Ongoing studies are listed below:

<https://bsbmtct.org/ctc-clinical-trials-committee/>

1. Approved BSBMT Retrospective Studies (in progress)

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FOR THE YEAR ENDED 31 DECEMBER 2022**

- a. CTCR-2102: Outcomes of germ cell tumour patients treated with high dose chemotherapy/autologous stem cell transplants in the UK - Robin Young/John Snowden/Dan Stark
 - b. CTCR-1801: Retrospective study of autologous HSCT in MS in the UK -John Snowden/Maj Kazmi/Basil Sharrack
 - c. CTCR-2001 A study of the impact of cryopreservation of allogenic haematopoietic cell grafts during the COVID-19 pandemic - Rob Danby/Rachel Pawson
 - d. Anthony Nolan Patient/Donor project
2. Approved BSBMTCT Surveys (in progress)
- a. CTCS-1901: A multicentre survey to look at current clinical practises in the pre-transplant identification of metabolic and nutritional risk factors for adult transplant patients. -Laura Miller
 - b. CTCS-2101: Survey of conditioning regimens for myelofibrosis - Emma Kempshall
 - c. CTCS-2102: Survey for feasibility of transplant for low-risk MDS study - Victoria Potter/Anjum Khan
3. Completed retrospective studies/surveys - manuscript/analysis stage
- a. CTCR-2101 Haematopoietic stem cell transplant for teenage and young adult patients with haematological malignancies in the UK: Trends in practice, and outcome comparison with adult patients -Graham McIlroy/Ben Carpenter/Anna Castleton/Ram Malladi
 - b. CTCS-2201: UK Cardiovascular screening survey for HSCT - Muhammad Saif/David Gent
 - c. CTCR 1902 Case matched study evaluating the impact of prior PD1/PDL1 inhibition on transplant outcomes in patients with Hodgkin Lymphoma undergoing T-deplete alloTx -Karl Peggs
 - d. Survey for Clinicians re current pre-pregnancy and antenatal counselling and management for women who have previously had BMT/TBI - Kate Birchenall
 - e. Risk of preterm birth in women who conceive following bone marrow transplantation -Melanie Griffin/Victoria Grandage
 - f. CTCS-2001: UK Physicians Perspectives on Palliative Care -Chiara DeBiase
 - g. CTCS-2103: Screening and treatment for LTBI and subsequent TB infections in BMT units in UK: Survey - Rajesh Alajangi
4. Approve BSBMTCT retrospective studies (upcoming)
- a. CTCR-2102: Alemtuzumab based conditioning for unrelated and matched sibling donor transplants in SAA - Austin Kulasekararaj/Victoria Potter
 - b. CTCR-2104 UK experience of CMML - Pramila Krishnamurth
5. Studies in proposal stages (not yet approved)
- a. Classical HL undergoing ASCT with Brentuximab Vedotin - Nick Morley/Jack Goddard
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b. A study of the impact of treosulfan-based allogeneic stem cell transplantation (HSCT) for patients with myeloid disorders (Anjum Khan)

c. Post-Transplant Cyclophosphamide Haploidentical versus Alemtuzumab Matched Unrelated Donor or Alemtuzumab Mismatched (9/10) unrelated Donor Reduced Intensity Transplantation in Acute Myeloid Leukaemia (Alexandros Kanellopoulos)

2. IMPACT Prospective Trials (<https://www.impactpartnership.org.uk/the-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: An International Randomised Clinical Trial of Therapeutic Interventions with the Potential to Improve Outcome in Adults with Acute Myeloid Leukaemia and High Risk Myelodysplasia 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

d) AMADEUS: A Double-Blind, Phase III, Randomised Study to Compare the Efficacy and Safety of Oral Azacitidine (CC-486) Versus Placebo in Subjects with Acute Myeloid Leukaemia or Myelodysplastic Syndromes as Maintenance after Allogeneic Haematopoietic Stem Cell Transplantation
Chief Investigator: Professor Charles Craddock

e) MoTD: A multi-centre phase II trial of GVHD prophylaxis following unrelated donor stem cell transplantation comparing Thymoglobulin vs. Calcineurin inhibitor or Sirolimus-based post-transplant Cyclophosphamide
Chief Investigator: Professor Ronjon Chakraverty

f) COVID19_BMT: A prospective non interventional study to evaluate the role of immune and inflammatory response in recipients of allogeneic haematopoietic stem cell transplantation (SCT) affected by severe COVID19 infection
Chief Investigator: Dr Giovanna Lucchini

g) RATinG: Risk Adapted Therapy in Acute GvHD; Investigating the use of Lenzilumab for treating high-risk acute graft versus host disease following allogeneic stem cell transplantation
Chief Investigator: Dr Adrian Bloor

Publications

All publications can be found on our website <https://bsbmtct.org/publications/>

OBSERVATIONAL TRENDS IN GVHD DATA SUBMISSIONS; DO CENTRES HAVE A DATA COLLECTION PROCESS AND IS THIS RESPONSIBLE FOR SUBMISSION IMPROVEMENTS?

Clementina Abamba, Julia Lee, Rachel M Pearce, Marie C Wilson, Ruth E Paul, John A Snowden
EBMT Congress March 2022, Poster Presentation.

IMPACT OF PET-CT STATUS ON PROGRESSION-FREE SURVIVAL FOR RELAPSED FOLLICULAR LYMPHOMA PATIENTS UNDERGOING AUTOLOGOUS STEM CELL TRANSPLANT

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FOR THE YEAR ENDED 31 DECEMBER 2022**

Toby A Eyre 1, Sally F Barrington 2, Jessica Okosun 3, Clementina Abamba 4, Rachel M Pearce 4, Julia Lee 3, Ben Carpenter 5, Charles R Crawley 6, Adrian J C Bloor 7, Maria Gilleece 8, Emma Nicholson 9, Nimish Shah 10, Kim Orchard 11, Ram Malladi 6, William M Townsend 5
Haematologica 2022 May 19. doi: 10.3324/haematol.2021.280287.

VARIATIONS IN PROVISION OF PSYCHOLOGICAL CARE TO HEMATOPOIETIC CELL TRANSPLANT RECIPIENTS: RESULTS OF A NATIONAL SURVEY OF UK TRANSPLANT CENTERS
Rosalina Naidoo, Joseph Low, Michael Rennoldson, Robert Danby, Hayley Leonard, Alejandro Madrigal, Julia Lee, and Chloe Anthias
Bone Marrow Transplantation, accepted 31/05/2022.

THE IMPACT OF COVID-19 ON RELATED-DONOR ALLOGENEIC STEM CELL HARVEST PROCESSES: A BRITISH SOCIETY OF BLOOD AND MARROW TRANSPLANTATION AND CELLULAR THERAPY SURVEY
Julia Wolf, Julia Lee, Rachel Pearce, Marie Wilson, John A. Snowden, Kim Orchard
British Journal of Haematology, published June 2022.

DOES GRAFT CRYOPRESERVATION AFFECT THE OUTCOMES OF ALLOGENEIC HAEMATOPOIETIC CELL TRANSPLANTS? A UK MULTICENTRE CASE CONTROL STUDY DURING COVID19 PANDEMIC
R. Maniuste1, A. Pryce1, R. Pearce2, J.A. Snowden3, R. Malladi4, V. Potter5, J. Lee2, M. Wilson6, R. Pawson7, R. Danby1
Oral abstract presentation, EBMT Congress 2022.

THE NICE COVID-19 RAPID GUIDELINE ON HAEMATOPOIETIC STEM CELL TRANSPLANTATION: DEVELOPMENT, IMPLEMENTATION AND IMPACT
Kim Orchard 1, Fiona L Dignan 2, Julia Lee 3, Rachel Pearce 3, Monica Desai 4, Emma McFarlane 4, Angela Parkin 4, Peter Shearn 4, John A Snowden 5 6
Br J Haematol . 2021 Jan 20. doi: 10.1111/bjh.17280.

SARS-COV-2 SCREENING FOR ASYMPTOMATIC HEALTH CARE WORKERS IN UK STEM CELL TRANSPLANT UNITS
Adrian J C Bloor 1, Fiona L Dignan 2, Julia Lee 3, Kim H Orchard 4
Br J Haematol . 2021 Jan;192(2):e37-e38.

SURVIVORSHIP CARE FOR ALLOGENEIC TRANSPLANT PATIENTS IN THE UK NHS: CHANGES CENTRE PRACTICE, IMPACT OF HEALTH SERVICE POLICY AND JACIE ACCREDITATION OVER 5 YEARS
Fiona Dignan, Angela Hamblin, Amelia Chong, Julia Lee, Michelle Kenyon, Paul Miller, Maria Gilleece, Hannah Hunter, and John Snowden
Paper #BMT-2020-721RR.

SUBSTITUTING CARMUSTINE FOR LOMUSTINE IS SAFE AND EFFECTIVE IN THE TREATMENT OF RELAPSED OR REFRACTORY LYMPHOMA - A RETROSPECTIVE STUDY FROM THE BSBMT (BEAM VERSUS LEAM)
Philippa Kelsey, Rachel Pearce, Julia Perry, Keiren Kirkland, Ruth Paul, Jonathan Lambert, Andrew Peniket, Ram Malladi, John Snowden, and Nick Morley
#BMT-2020-226RR.

PRESENCE OF DONOR-ENCODED CENTROMERIC KIR B CONTENT INCREASES THE RISK OF INFECTIOUS MORTALITY IN RECIPIENTS OF MYELOABLATIVE, T-CELL DEplete, HLA-MATCHED HCT TO TREAT AML
Steven Marsh, Will Bultitude, Jennifer schellekens, Richard Szydlo, Chloe Anthias, Sarah Cooley, Jeffrey Miller, Daniel Weisdorf, Bronwen Shaw, Chrissy Roberts, Christian Garcia-Sepulveda, Julia Perry, Rachel Pearce, Marie Wilson, Mike Potter, Jenny Byrne, Nigel Russell, Stephen Mackinnon, Adrian Bloor, Amit Patel, Grant McQuaker, Ram Malladi, Eleni Tholouli, Kim Orchard, Victoria Potter, Alejandro Madrigal, and Neema Mayor
Bone Marrow Transplant. 2020 Mar 13.

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE)

John Snowden, Riccardo Saccardi, Kim Orchard, Per Ljungman, Rafael Duarte, Myriam Labopin, Eoin McGrath, Nigel Brook, Carmen Ruiz de Elvira, Debra Gordon, Hélène Poirel, Francis Ayuk, Yves Beguin, Francesca Bonifazi, Alois Gratwohl, Noël MILPIED, John Moore, J passweg, J Douglas Rizzo, Stephen Spellman, Jorge Sierra, Carlos Solano, Fermin M Sanchez-Guijo, Nina Worel, Andreu Gusi, Gillian Adams, Theodor Balan, Helen Baldomero, Gilles Macq, Evelyne Marry, Florence Mesnil, Elena Oldani, Rachel Pearce, Julia Perry, Nicole Raus, Urs Schanz, Steven Tran, Leonie Wilcox, Grzegorz Basak, Christian CHABANNON, Selim Corbacioglu, Harry Dolstra, Jürgen Kuball, Mohamad Mohty, Arjan Lankester, Silvia Montoto, Arnon Nagler, Jan Styczynski, i agha, Nicolaus Kroger, Ronald Brand, Liesbeth de Wreede, Erik van Zwet, Hein Putter, and Regis Peffault de Latour
Bone Marrow Transplant. 2020 Apr;55(4):681-694.

ARE TRANSPLANTS TRULY AVAILABLE TO ALL, REGARDLESS OF GEOGRAPHY, SOCIOECONOMIC STATUS AND ETHNIC GROUP? A BSBMTCT REPORT.

Rachel Pearce, Julia Lee, Ruth Paul, Marie Wilson, Clementina Abamba, Kim Orchard
Virtual EBMT 2020 29th August to 1st Sept 2020. Poster Presentation (B476) Data Management.

THE IMPACT OF CYTOGENETICS ON DURATION OF RESPONSE AND OVERALL SURVIVAL IN PATIENTS WITH RELAPSED MULTIPLE MYELOMA (LONG-TERM FOLLOW-UP RESULTS FROM BSBMT/UKMF MYELOMA X RELAPSE [INTENSIVE]): A RANDOMISED, OPEN-LABEL, PHASE 3 TRIAL.

Cook G, Royle KL, O'Connor S, Cairns DA, Ashcroft AJ, Williams CD, Hockaday A, Cavenagh JD, Snowden JA, Ademokun D, Tholouli E, Andrews VE, Jenner M, Parrish C, Yong K, Cavet J, Hunter H, Bird JM, Pratt G, Drayson MT, Brown JM, Morris TCM; National Cancer Research Institute Haemato-oncology Clinical Studies Group.
Br J Haematol. 2019 May;185(3):450-467. doi: 10.1111/bjh.15782. Epub 2019 Feb 6.

RECIPIENTS RECEIVING BETTER HLA-MATCHED HEMATOPOIETIC CELL TRANSPLANTATION GRAFTS, UNCOVERED BY A NOVEL HLA TYPING METHOD, HAVE SUPERIOR SURVIVAL: A RETROSPECTIVE STUDY.

Mayor NP, Hayhurst JD, Turner TR, Szydlo RM, Shaw BE, Bultitude WP, Sayno JR, Tavarozzi F, Latham K, Anthias C, Robinson J, Braund H, Danby R, Perry J, Wilson MC, Bloor AJ, McQuaker IG, MacKinnon S, Marks DI, Pagliuca A, Potter MN, Potter VT, Russell NH, Thomson KJ, Madrigal JA, Marsh SGE.
Biol Blood Marrow Transplant. 2019 Mar;25(3):443-450. doi: 10.1016/j.bbmt.2018.12.768.

OUTCOME OF ALLOGRAFTING FOR AML-CR2 IS EQUIVALENT ACROSS BSBMT AND EBMT AND IS ASSOCIATED WITH ENCOURAGING OS AND DFS ACROSS ALL AGE GROUPS.

Byrne J, Pearce R, Perry J, Crawley C, Jackson G.
Bone Marrow Transplant. 2019 Jul;54(7):1151-1154. doi: 10.1038/s41409-019-0439-y. Epub 2019 Jan 24.

CURRENT PRACTICE IN VITAMIN D ASSESSMENT AND MANAGEMENT ACROSS ADULT AND PAEDIATRIC ALLOGENEIC HAEMATOPOIETIC STEM CELL TRANSPLANT CENTRES: A SURVEY BY THE TRANSPLANT COMPLICATIONS WORKING PARTY OF THE EBMT.

J. Ros-Soto, J.A. Snowden, N. Salooja, M. Gilleece, A. Parker, DM. Greenfield, C. Anthias, A. Alfred, A. Harrington, C. Peczynski, K. Peggs, A. Madrigal, G.W. Basak, H. Schoemans
Oral Poster presentation A092 EBMT Frankfurt March 2019 (Ran through BSBMT CTC as Survey).

BENCHMARKING OF SURVIVAL OUTCOMES FOLLOWING HAEMATOPOIETIC STEM CELL TRANSPLANTATION: A REVIEW OF EXISTING PROCESSES AND THE INTRODUCTION OF AN INTERNATIONAL SYSTEM FROM THE EUROPEAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION (EBMT) AND THE JOINT ACCREDITATION COMMITTEE OF ISCT AND EBMT (JACIE).

Snowden JA, Saccardi R, Orchard K, Ljungman P, Duarte RF, Labopin M, McGrath E, Brook N, de Elvira CR, Gordon D, Poirel HA, Ayuk F, Beguin Y, Bonifazi F, Gratwohl A, Milpied N, Moore J, Passweg J, Rizzo JD, Spellman SR, Sierra J, Solano C, Sanchez-Guijo F, Worel N, Gusi A, Adams G, Balan T, Baldomero H, Macq G, Marry E, Mesnil F, Oldani E, Pearce R, Perry J, Raus N, Schanz U, Tran S, Wilcox L, Basak G, Chabannon C, Corbacioglu S, Dolstra H, Kuball J, Mohty M, Lankester A, Montoto S, Nagler A, Styczinski J, Yakoub-Agha I, de la Tour RP, Kroeger N, Brand R, de Wreede LC, van Zwet E, Putter H.

Bone Marrow Transplant. 2019 Oct 21. doi: 10.1038/s41409-019-0718-7.

A smooth Transition to MACRO: A Training Plan by the British Society of Blood and Marrow Transplantation Data Registry (BSBMTDR) for Centre Data Managers (DMS) Wilson M, Paul R, Abamba C, Pearce R and Perry J. Oral Poster presentation A365 EBMT Frankfurt March 2019.

Current practice in vitamin D assessment and management across adult and paediatric allogeneic haematopoietic stem cell transplant centres: a survey by the Transplant Complications Working Party of the EBMT. J. Ros-Soto, J.A. Snowden, N. Salooja, M. Gilleece, A. Parker, DM. Greenfield, C. Anthias, A. Alfred, A. Harrington, C. Peczynski, K. Peggs, A. Madrigal, G.W. Basak, H. Schoemans Oral Poster presentation A092 EBMT Frankfurt March 2019 (Ran through BSBMT CTC as Survey).

The impact of cytogenetics on duration of response and overall survival in patients with relapsed multiple myeloma (long-term follow-up results from BSBMT/UKMF Myeloma X Relapse [Intensive]): a randomised, open-label, phase 3 trial. Cook G, Royle KL, O'Connor S, Cairns DA, Ashcroft AJ, Williams CD, Hockaday A, Cavenagh JD, Snowden JA, Ademokun D, Tholouli E, Andrews VE, Jenner M, Parrish C, Yong K, Cavet J, Hunter H, Bird JM, Pratt G, Drayson MT, Brown JM, Morris TCM; National Cancer Research Institute Haemato-oncology Clinical Studies Group. Br J Haematol. 2019 Feb 6. doi: 10.1111/bjh.15782.

Outcome of allografting for AML-CR2 is equivalent across BSBMT and EBMT and is associated with encouraging OS and DFS across all age groups. Byrne J, Pearce R, Perry J, Crawley C, Jackson G. Bone Marrow Transplant. 2019 Jan 24. doi: 10.1038/s41409-019-0439-y.

Changing trends in haemopoietic stem cell transplantation in the UK: 40 years of data from the British Society for Blood and Marrow Transplantation (BSBMT) Jennifer Byrne, Julia Perry, Charles Crawley, Kim Orchard, Rachel Pearce. Oral Poster presentation P461 EBMT Lisbon March 2018.

BEAM versus LEAM conditioning chemotherapy for autologous transplantation in lymphoma . A retrospective study from the BSBMT Nick Morley, John Snowden, Rachel Pearce, Julia Perry, Ruth Paul, Keiren Kirkland, Jonathan Lambert, Ram Malladi, Andy Peniket. Oral Poster Presentation P153 EBMT Lisbon March 2018.

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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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.

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 registry holds a Data Management Day open to all Data Management and Quality Management staff on an annual basis. It will also be launching its very first Induction Module specifically designed for data management staff in 2023.

The Society's Meetings

Since 2022, the Society now runs three main meetings each year, a scientific meeting in May and educational meeting in October/November and a new Scientific Showcase meeting showcasing the latest in the Advanced Cellular Therapy arena in June. In 2022, the scientific meeting in May included another successful abstract presentation session with prizes awarded for the best abstracts. The education meeting in October 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 Monthly Bulletins

Since January 2021, Professor John Snowden along with the other Trustees and Head of Registry produces a monthly Bulletin which is sent to all the membership which includes updates on the societies work. This has continued into 2022 with Professor Eduardo Olavarria taking over as the new BSBMTCT President in January 2022.

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2022**

Website

The 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. The website has an area dedicated to COVID including guidelines and vaccination. The website is slowly being modernised to include some of the changes within the society and registry.

Twitter

The society has its on twitter account @BSBMTCT where it shares vital information and meetings to the BMT community.

Development of and promotion of clinical guidelines

The Society has been involved in the development of specific transplant-related guidelines since 2012. 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. The guidelines Sub Committee from 2022 will be led by Dr Andrew Clark.

New Sub Committees formations

The society has created a number of new sub committees which include the Workforce Sub Committee, the Advanced Cellular Therapy Sub Committee and the Indications Sub Committee. These are all vital workstreams which all feed into the BSBMTCT Executive Committee. The Sub Committees all now have Terms of Reference which are available to view on the website.

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2022**

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 reserves 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 2022 shows incoming resources of £376,137 (2021: £341,732) and resources expended of £425,366 (2021: £393,617), generating net expenditure totalling £49,229 (2021: net expenditure totalling £51,885).

As a result, the net assets of the charity have decreased from £560,720 as at 31 December 2021 to £511,491 as at 31 December 2022.

The three major sources of income for the charity remain funding from specialist commissioning service, 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 five 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.

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

2022/23 will see new challenges for BSBMTCT. With the new name change and the inclusion of Cellular Therapy, the society will play a key role in understanding the role these novel therapies play. The society has also begun its modernisation processes to align with modern charities.

The role of the CTSC remains fundamental to the society and under the leadership of Ram Malladi and Victoria Potter this will continue to develop.

The reorganisation 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.

**BRITISH SOCIETY OF BLOOD
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**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2022**

We will also be working closely with our other partner organisations including the European Group for Blood and Marrow Transplantation, NHSBT, Anthony Nolan, NHSBT and other Donor Registries. Once the new EBMT registry systems goes live, it will present new challenges and opportunities for the society also.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The British Society of Blood and Marrow Transplantation and Cellular Therapy 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.

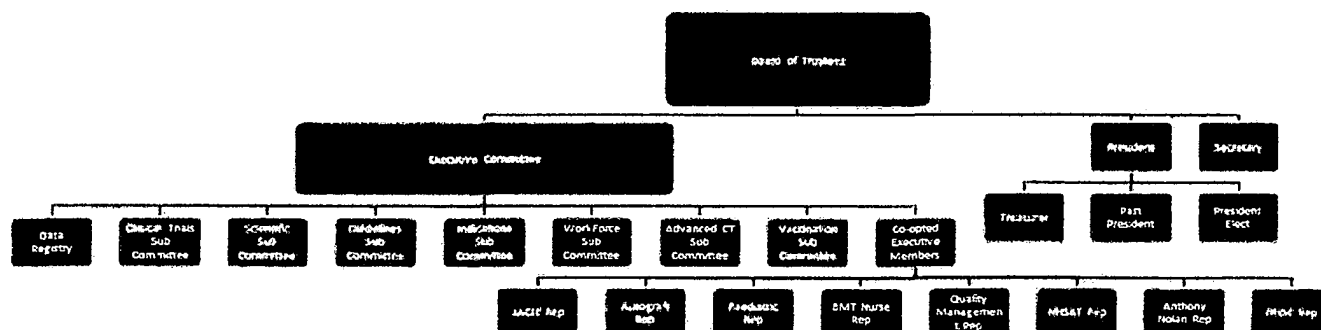
Elected terms of office are for a duration of two years.

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.

Organisational structure

The British Society of Blood and Marrow Transplantation and Cellular Therapy is organised so that its Board of Trustees (BOT) meets monthly and its executive board meets at a minimum of twice a year to manage the charity's affairs and formulate policy.

During the year ending 31 December 2022, the organisational structure of the charity can be illustrated as follows. There has been changes in the structure of the charity, with the additional of some new sub-committees as well as the addition of representatives from other organisations such as Anthony Nolan.



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**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2022**

STRUCTURE, GOVERNANCE AND MANAGEMENT

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.

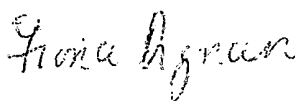
Risk management

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.

Approved by order of the board of trustees on 15 September 2023 and signed on its behalf by:



Dr F Dignan - Secretary

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

Independent examiner's report to the trustees of British Society of Blood and Marrow Transplantation and Cellular Therapy ('the Company')

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2022.

Responsibilities and basis of report

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under Section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under Section 145(5) (b) of the 2011 Act.

Independent examiner's statement

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by Section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of Section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



James Cruse ACA, FCCA, BSc (Econ) Hons

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

15 September 2023

**BRITISH SOCIETY OF BLOOD
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THERAPY**

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2022**

		2022 Unrestricted fund £	2021 Total funds £
INCOME AND ENDOWMENTS FROM	Notes		
Charitable activities	4		
Grants receivable		188,207	183,416
Other trading activities	2	187,928	158,307
Investment income	3	2	9
Total		<u>376,137</u>	<u>341,732</u>
EXPENDITURE ON			
Charitable activities	5		
Direct costs		343,876	331,937
Support costs		81,490	61,680
Total		<u>425,366</u>	<u>393,617</u>
NET INCOME/(EXPENDITURE)		(49,229)	(51,885)
RECONCILIATION OF FUNDS			
Total funds brought forward		560,720	612,605
TOTAL FUNDS CARRIED FORWARD		<u>511,491</u>	<u>560,720</u>

The notes form part of these financial statements

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

**BALANCE SHEET
31 DECEMBER 2022**

	Notes	2022 Unrestricted fund £	2021 Total funds £
FIXED ASSETS			
Tangible assets	10	754	768
CURRENT ASSETS			
Debtors	11	319,318	206,194
Cash at bank		<u>393,463</u>	<u>487,251</u>
		712,781	693,445
CREDITORS			
Amounts falling due within one year	12	<u>(202,044)</u>	<u>(133,493)</u>
NET CURRENT ASSETS		<u>510,737</u>	<u>559,952</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>511,491</u>	<u>560,720</u>
NET ASSETS		<u>511,491</u>	<u>560,720</u>
FUNDS	14		
Unrestricted funds		<u>511,491</u>	<u>560,720</u>
TOTAL FUNDS		<u>511,491</u>	<u>560,720</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2022.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2022 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.

The notes form part of these financial statements

**BRITISH SOCIETY OF BLOOD
AND MARROW TRANSPLANTATION AND CELLULAR
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**BALANCE SHEET - continued
31 DECEMBER 2022**

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on 15 September 2023 and were signed on its behalf by:



D S Richardson - Trustee

15.09.2023

The notes form part of these financial statements

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 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

FINANCIAL REPORTING STANDARD 102 - REDUCED DISCLOSURE EXEMPTIONS

The charitable company has taken advantage of the following disclosure exemptions 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

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.

**BRITISH SOCIETY OF BLOOD
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**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2022**

1. ACCOUNTING POLICIES - continued

FUND ACCOUNTING

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.

COMPANY STATUS

The charity is a company limited by guarantee. The members of the company are the trustees named on the company information page. In the event of the charity being wound up the liability in respect of the guarantee is limited to £1 per member of the charity.

2. OTHER TRADING ACTIVITIES

	2022	2021
	£	£
Database management funding	42,158	42,158
Meeting income	970	-
Subscriptions and fees	104,050	88,500
Corporate subscriptions	40,750	27,649
	<u>187,928</u>	<u>158,307</u>

3. INVESTMENT INCOME

	2022	2021
	£	£
Deposit account interest	<u>2</u>	<u>9</u>

**BRITISH SOCIETY OF BLOOD
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**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2022**

4. INCOME FROM CHARITABLE ACTIVITIES

		2022	2021
	Activity	£	£
Grants	Grants receivable	<u>188,207</u>	<u>183,416</u>

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

	2022	2021
	£	£
NHS England - General fund	175,867	171,076
NHS Scotland - General fund	<u>12,340</u>	<u>12,340</u>
	<u>188,207</u>	<u>183,416</u>

5. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 6)	Support costs (see note 7)	Totals
	£	£	£
Direct costs	343,876	-	343,876
Support costs	<u>-</u>	<u>81,490</u>	<u>81,490</u>
	<u>343,876</u>	<u>81,490</u>	<u>425,366</u>

6. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2022	2021
	£	£
Database management	313,659	316,242
Conference expenses	29,072	14,695
Prizes	<u>1,145</u>	<u>1,000</u>
	<u>343,876</u>	<u>331,937</u>

**BRITISH SOCIETY OF BLOOD
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**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2022**

7. SUPPORT COSTS

	Management	Finance	Other	Governance	Totals
	£	£	£	costs	£
	£	£	£	£	£
Support costs	<u>23,868</u>	<u>116</u>	<u>19,305</u>	<u>38,201</u>	<u>81,490</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:

	2022	2021
	Support	Total
	costs	activities
	£	£
Training	1,377	230
Postage and stationery	7	24
Subscriptions	-	40
Legal and professional fees	-	4,480
Management fee	22,484	10,200
Bank charges	116	186
Rent	13,265	13,257
Website costs	5,014	8,912
Travel and subsistence	153	9
Depreciation of tangible fixed assets	873	659
Consultancy fees	34,925	20,347
Sundries	-	36
Accountancy and Independent Examiners		
Fees	<u>3,276</u>	<u>3,300</u>
	<u>81,490</u>	<u>61,680</u>

8. NET INCOME/(EXPENDITURE)

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

	2022	2021
	£	£
Depreciation - owned assets	873	659
Other operating leases	<u>13,265</u>	<u>13,257</u>

**BRITISH SOCIETY OF BLOOD
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**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2022**

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2022 nor for the year ended 31 December 2021.

TRUSTEES' EXPENSES

Expense payments totalling £nil were made to trustees during the year ended 31 December 2022 (2021: £nil).

10. TANGIBLE FIXED ASSETS

	Office equipment £
COST	
At 1 January 2022	8,676
Additions	<u>859</u>
At 31 December 2022	<u>9,535</u>
DEPRECIATION	
At 1 January 2022	7,908
Charge for year	<u>873</u>
At 31 December 2022	<u>8,781</u>
NET BOOK VALUE	
At 31 December 2022	<u>754</u>
At 31 December 2021	<u>768</u>

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022 £	2021 £
Other debtors	48,658	31,618
Prepayments and accrued income	<u>270,660</u>	<u>174,576</u>
	<u>319,318</u>	<u>206,194</u>

**BRITISH SOCIETY OF BLOOD
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**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2022**

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	2021
	£	£
Trade creditors	18,523	10,599
Deferred income	-	45,854
Accrued expenses	183,521	77,040
	<u>202,044</u>	<u>133,493</u>

Deferred income

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

13. LEASING AGREEMENTS

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

	2022	2021
	£	£
Within one year	6,610	13,220
Between one and five years	-	6,610
	<u>6,610</u>	<u>19,830</u>

14. MOVEMENT IN FUNDS

	At 1.1.22	Net movement in funds	At 31.12.22
	£	£	£
Unrestricted funds			
General fund	560,720	(49,229)	511,491
	<u>560,720</u>	<u>(49,229)</u>	<u>511,491</u>
TOTAL FUNDS	<u>560,720</u>	<u>(49,229)</u>	<u>511,491</u>

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

	Incoming resources	Resources expended	Movement in funds
	£	£	£
Unrestricted funds			
General fund	376,137	(425,366)	(49,229)
	<u>376,137</u>	<u>(425,366)</u>	<u>(49,229)</u>
TOTAL FUNDS	<u>376,137</u>	<u>(425,366)</u>	<u>(49,229)</u>

**BRITISH SOCIETY OF BLOOD
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**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2022**

14. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1.1.21 £	Net movement in funds £	At 31.12.21 £
Unrestricted funds			
General fund	612,605	(51,885)	560,720
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>612,605</u>	<u>(51,885)</u>	<u>560,720</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	341,732	(393,617)	(51,885)
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>341,732</u>	<u>(393,617)</u>	<u>(51,885)</u>

A current year 12 months and prior year 12 months combined position is as follows:

	At 1.1.21 £	Net movement in funds £	At 31.12.22 £
Unrestricted funds			
General fund	612,605	(101,114)	511,491
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>612,605</u>	<u>(101,114)</u>	<u>511,491</u>

**BRITISH SOCIETY OF BLOOD
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**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2022**

14. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	717,869	(818,983)	(101,114)
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>717,869</u>	<u>(818,983)</u>	<u>(101,114)</u>

Purpose of unrestricted funds
General fund

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

15. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 December 2022.

16. ULTIMATE CONTROLLING PARTY

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