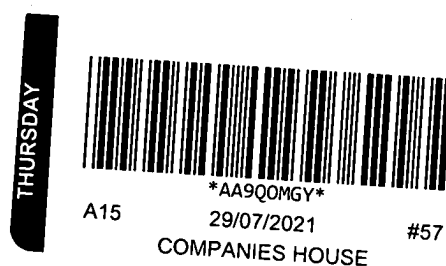


REGISTERED COMPANY NUMBER: 06462720 (England and Wales)
REGISTERED CHARITY NUMBER: 1125795

**REPORT OF THE TRUSTEES AND
UNAUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020
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 2020**

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**BRITISH SOCIETY OF BLOOD AND
MARROW TRANSPLANTATION**

**REFERENCE AND ADMINISTRATIVE DETAILS
FOR THE YEAR ENDED 31 DECEMBER 2020**

TRUSTEES	Dr J L Byrne Dr F Dignan Professor J Snowden Dr K Orchard Dr D S Richardson
COMPANY SECRETARY	Dr F Dignan
REGISTERED OFFICE	Talbot House 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 (REGISTERED NUMBER: 06462720)**

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2020**

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 2020. 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 2020**

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 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 and surveys run through the clinical trials committee
- Collaboration with partner organisations such as the EBMT, CIBMTR and Anthony Nolan and other donor registries

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 2019 a total of 4580 transplants were undertaken across the UK and ROI transplant centres. The BSBMT registry now holds over 76,000 registrations to date which includes transplant data and more recently data on cellular therapies, i.e. CAR-T.

The BSBMT registry team at Guy's Hospital dedicate a significant amount of time entering data for centres, correcting missing and incorrect data entries, and more recently providing training to individual centres. The registry also provides centres with practical advice and information. The BSBMT registry has now planned and successfully delivered MACRO (the new BMT registry system) training to over 90% of BSBMT member centres. The system has yet to "Go Live" but is expected sometime in the near future.

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 have been run quarterly since May 2018 to ensure that when the new BMT registry MACRO 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 2014 to 2019 inclusive have been made in November 2020 in preparation for the annual commissioners report due to be finished by end of August 2021.

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2020**

Since 2012, an annual benchmarking exercise comparing UK and EU and International transplant outcomes are undertaken. The AML not in CR1 benchmarking exercise was accepted in the journal Bone Marrow Transplantation. The FL manuscript is being prepared and soon will be submitted. The next benchmarking exercise will focus on NHLs over 60 years.

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 again a success, and the registry is hoping to hold a virtual DM Training day in September 2021. Due to the current pandemic the 2020 DM Training day was postponed.

The registry also manages the www.bsbmtct.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. More recently it holds valuable guidelines and information for health professionals and patients alike on COVID-19.

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 ten 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 11th annual report was published beginning of September 2020. This focused on longer term outcomes for transplants performed between 2012 and 2017 and a detailed analysis of transplant activity by type, disease indication and region in 2018. The data preparation for the 12th report is underway and will be submitted on 31/8/2021. This report will include outcomes for transplants performed between 2014 and 2018 as well as a detailed analysis for transplant activity in 2019.

BSBMTCT Clinical trials Committee (CTC)

The BSBMTCT CTC 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, with clearly stated hypotheses, to inform and direct clinical BMT practice within the UK.

The BSBMTCT CTC 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 BSBMTCT CTC will now be holding two meetings separate from the BSBMTCT CTC IMPACT meetings, the focus of these will be retrospective studies and surveys. The next BSBMTCT meeting will be held virtually on Tuesday 4th May 2021 to discuss new proposals and existing studies and surveys.

Ongoing studies are listed below:

1. Approved BSBMT Retrospective Studies and Surveys (<https://bsbmtct.org/ctc-clinical-trials-committee/>)

- a) Risk of preterm birth in women who conceive following bone marrow transplantation -Melanie Griffin/Victoria Grandage
 - b) Survey for Clinicians re current pre-pregnancy and antenatal counselling and management for women who have previously had BMT/TBI - Kate Birchenall
 - c) CTR-1502: Analysis of the genetic factors influencing outcome in unrelated donor haematopoietic stem cell transplants -Neema Mayor
-

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2020**

- d) CTCR-1801: Retrospective study of autologous HSCT in MS in the UK -John Snowden/Maj Kazmi/Basil Sharrack
- e) 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
- f) CTCR-1901: Analysis of outcomes and impact of PET status for patients undergoing ASCT for relapsed follicular lymphoma in the current era in the UK -Toby Eyre, Will Townsend
- g) CTCS-1902: Psychological care of haematopoietic stem cell transplant recipients in the UK: models of care and caregiver perceptions- Rosa Naidoo
- h) 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
- i) CTCR-1903: Outcomes of Second allografts for relapsed haematological malignancies in children and young people under 18y in the UK and Eire between 1996 and 2016 -Denise Bonney
- j) CTCS-2001: UK Physicians Perspectives on Palliative Care -Chiara DeBiase
- k) CTCR-2001 A study of the impact of cryopreservation of allogenic haematopoietic cell grafts during the COVID-19 pandemic - Rob Danby/Rachel Pawson
- l) 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

2. IMPACT/CTC 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 allogenic stem cell transplantation
Chief Investigator: Dr Adrian Bloor

Publications

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.

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2020**

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 Poirol, 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.

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2020**

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.

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 TGFB1 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.

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2020**

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 2020, 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 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 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 2020**

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 31st December 2020 shows incoming resources of £388,043 (2019: £350,288) and resources expended of £335,364 (2019: £372,213), generating net incoming resources totalling £52,679 (2019: net expenditure totalling £21,925).

As a result, the net assets of the charity had increased from £559,926 as at 31 December 2019 to £612,605 as at 31 December 2020.

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

2020/21 will see new challenges for BSBMT. A name change is planned to include Cellular Therapy, the society will play a key role in understanding the role these novel therapies play. With the name change we will be called The British Society of Blood and Marrow Transplantation and Cellular Therapy (BSBMTCT).

The role of the CTC 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.

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2020**

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

STRUCTURE, GOVERNANCE AND MANAGEMENT

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.

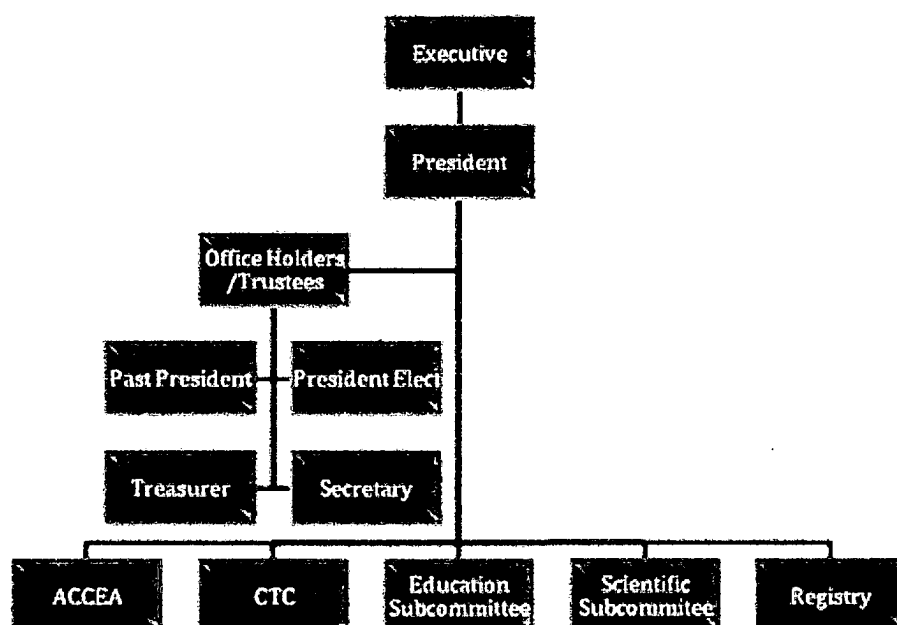
Elected terms of office are for a duration of 2 years.

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.

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 ending 31 December 2020 the organisational structure of the charity can be illustrated as follows.



**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2020**

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 14 July 2021 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 (REGISTERED NUMBER: 06462720)**

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

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 December 2020.

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.

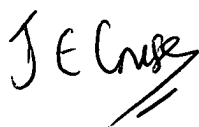
Independent examiner's statement

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 registered member of ICAEW 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

Date: 14 July 2021

**BRITISH SOCIETY OF BLOOD AND
MARROW TRANSPLANTATION**

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2020**

		2020 Unrestricted fund £	2019 Total funds £
INCOME AND ENDOWMENTS FROM	Notes		
Charitable activities	4		
Grants receivable		180,331	183,416
Other trading activities	2	207,566	166,018
Investment income	3	146	654
Other income		-	200
Total		388,043	350,288
 EXPENDITURE ON			
Charitable activities	5		
Direct costs		299,910	333,280
Support costs		35,454	38,933
Total		335,364	372,213
 NET INCOME/(EXPENDITURE)		52,679	(21,925)
 RECONCILIATION OF FUNDS			
Total funds brought forward		559,926	581,851
 TOTAL FUNDS CARRIED FORWARD		<u>612,605</u>	<u>559,926</u>

The notes form part of these financial statements

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

**BALANCE SHEET
31 DECEMBER 2020**

		2020 Unrestricted fund £	2019 Total funds £
	Notes		
FIXED ASSETS			
Tangible assets	10	1,427	3,072
CURRENT ASSETS			
Debtors	11	31,618	-
Cash at bank		<u>689,809</u>	<u>626,496</u>
		721,427	626,496
CREDITORS			
Amounts falling due within one year	12	(110,249)	(69,642)
NET CURRENT ASSETS		<u>611,178</u>	<u>556,854</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		612,605	559,926
NET ASSETS		<u>612,605</u>	<u>559,926</u>
FUNDS	14		
Unrestricted funds		<u>612,605</u>	<u>559,926</u>
TOTAL FUNDS		<u>612,605</u>	<u>559,926</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2020.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2020 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.

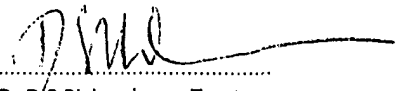
The notes form part of these financial statements

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

BALANCE SHEET - continued
31 DECEMBER 2020

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 14 July 2021 and were signed on its behalf by:


.....
Dr D/S Richardson - Trustee 14.7.2021

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.

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

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2020**

1. ACCOUNTING POLICIES - continued

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

	2020	2019
	£	£
Database management funding	85,815	45,437
Meeting income	250	2,088
Subscriptions and fees	87,000	82,502
Corporate subscriptions	<u>34,501</u>	<u>35,991</u>
	<u>207,566</u>	<u>166,018</u>

3. INVESTMENT INCOME

	2020	2019
	£	£
Deposit account interest	<u>146</u>	<u>654</u>

4. INCOME FROM CHARITABLE ACTIVITIES

	2020	2019
	£	£
Grants	<u>180,331</u>	<u>183,416</u>

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

	2020	2019
	£	£
NHS England - General fund	171,076	171,076
NHS Scotland - General fund	<u>9,255</u>	<u>12,340</u>
	<u>180,331</u>	<u>183,416</u>

**BRITISH SOCIETY OF BLOOD AND
MARROW TRANSPLANTATION**

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2020**

5. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 6) £	Support costs (see note 7) £	Totals £
Direct costs	299,910	-	299,910
Support costs	-	35,454	35,454
	<u>299,910</u>	<u>35,454</u>	<u>335,364</u>

6. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2020 £	2019 £
Database management	280,176	272,696
Conference expenses	19,734	59,584
Prizes	-	1,000
	<u>299,910</u>	<u>333,280</u>

7. SUPPORT COSTS

	Management £	Other £	Governance costs £	Totals £
Support costs	<u>6,960</u>	<u>25,374</u>	<u>3,120</u>	<u>35,454</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:

	2020 Support costs £	2019 Total activities £
Management fee	3,600	3,600
Legal and professional fees	3,360	-
Rent	13,667	14,001
Office costs	112	744
Website and internet costs	4,200	4,700
Travel and subsistence	5,750	11,113
Depreciation of tangible fixed assets	1,645	1,751
Accountancy and Independent Examiners Fees	<u>3,120</u>	<u>3,024</u>
	<u>35,454</u>	<u>38,933</u>

**BRITISH SOCIETY OF BLOOD AND
MARROW TRANSPLANTATION**

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2020**

8. NET INCOME/(EXPENDITURE)

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

	2020	2019
	£	£
Depreciation - owned assets	1,645	1,751
Other operating leases	<u>13,667</u>	<u>14,001</u>

9. TRUSTEES' REMUNERATION AND BENEFITS

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

TRUSTEES' EXPENSES

Expense payments totalling £190 were made to trustees during the year ended 31 December 2020 (2019: £1,911).

10. TANGIBLE FIXED ASSETS

	Office equipment £
COST	
At 1 January 2020 and 31 December 2020	<u>8,676</u>
DEPRECIATION	
At 1 January 2020	5,604
Charge for year	<u>1,645</u>
At 31 December 2020	<u>7,249</u>
NET BOOK VALUE	
At 31 December 2020	<u>1,427</u>
At 31 December 2019	<u>3,072</u>

**BRITISH SOCIETY OF BLOOD AND
MARROW TRANSPLANTATION**

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2020**

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2020	2019
	£	£
Other debtors	<u>31,618</u>	<u>-</u>

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2020	2019
	£	£
Deferred income	45,854	42,769
Accrued expenses	<u>64,395</u>	<u>26,873</u>
	<u>110,249</u>	<u>69,642</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:

	2020	2019
	£	£
Within one year	13,220	13,220
Between one and five years	<u>19,830</u>	<u>33,050</u>
	<u>33,050</u>	<u>46,270</u>

14. MOVEMENT IN FUNDS

	At 1.1.20	Net movement in funds	At 31.12.20
	£	£	£
Unrestricted funds			
General fund	559,926	52,679	612,605
	<u>559,926</u>	<u>52,679</u>	<u>612,605</u>
TOTAL FUNDS	<u>559,926</u>	<u>52,679</u>	<u>612,605</u>

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2020**

14. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	388,043	(335,364)	52,679
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>388,043</u>	<u>(335,364)</u>	<u>52,679</u>

Comparatives for movement in funds

	At 1.1.19 £	Net movement in funds £	At 31.12.19 £
Unrestricted funds			
General fund	581,851	(21,925)	559,926
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>581,851</u>	<u>(21,925)</u>	<u>559,926</u>

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	350,288	(372,213)	(21,925)
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>350,288</u>	<u>(372,213)</u>	<u>(21,925)</u>

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

	At 1.1.19 £	Net movement in funds £	At 31.12.20 £
Unrestricted funds			
General fund	581,851	30,754	612,605
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>581,851</u>	<u>30,754</u>	<u>612,605</u>

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 31 DECEMBER 2020**

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	738,331	(707,577)	30,754
	<hr/>	<hr/>	<hr/>
TOTAL FUNDS	<u>738,331</u>	<u>(707,577)</u>	<u>30,754</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 2020.

16. ULTIMATE CONTROLLING PARTY

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