

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 2024  
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

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

**CONTENTS OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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	<b>Page</b>
<b>Reference and Administrative Details</b>	<b>1</b>
<b>Report of the Trustees</b>	<b>2 to 20</b>
<b>Independent Examiner's Report</b>	<b>21</b>
<b>Statement of Financial Activities</b>	<b>22</b>
<b>Statement of Financial Position</b>	<b>23 to 24</b>
<b>Statement of Cash Flows</b>	<b>25</b>
<b>Notes to the Statement of Cash Flows</b>	<b>26</b>
<b>Notes to the Financial Statements</b>	<b>27 to 34</b>

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

**REFERENCE AND ADMINISTRATIVE DETAILS  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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<b>TRUSTEES</b>	Dr F Dignan Professor J A Snowden (resigned 31.12.24) Dr D S Richardson Professor E Olavarria Dr H Kaur Dr V T Potter (appointed 31.12.24)
<b>REGISTERED OFFICE</b>	BSBMTCT Data Registry C/O Guy's Hospital Great Maze Pond London SE1 9RT
<b>REGISTERED COMPANY NUMBER</b>	06462720 (England and Wales)
<b>REGISTERED CHARITY NUMBER</b>	1125795
<b>INDEPENDENT EXAMINER</b>	J W Hinks LLP Chartered Accountants 19 Highfield Road Edgbaston Birmingham West Midlands B15 3BH
<b>SOLICITORS</b>	Hempsons Hempsons House 40 Villiers Street London WC2N 6NJ
<b>BANKERS</b>	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 2024**

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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 2024. 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 2024**

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**Achievement and performance**

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 Marrow Transplantation and Cellular Therapy (BSBMTCT) 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 specialties such as Obstetrics & Gynaecology and Cardiology.

**Data 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 2023 a total of 4722 transplants were undertaken across the UK and ROI transplant centres. The BSBMTCT registry now holds over 90,000 patient records with over 100,000 treatment records which includes transplant data, cellular therapy data, immunosuppressive therapies data and also now collecting gene therapy data.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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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 registry also provides centres with practical advice and information. One of the major remits of the registry team is to ensure 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 2019 to 2023 inclusive have been made in November 2024 in preparation for the annual commissioners report due to be finished by the end of 2025.

In August 2023, the new single registry capturing both transplant and cellular therapy data was launched and went live for all users. This included a new set of data collection forms for users to familiarise themselves with. There have been some key issues with the new system and the registry staff have been key to supporting both the migration teams and the centre staff with troubleshooting and queries. The issues with the new registry system have had a significant impact in the usual running of the registry and its core functions and work. This has caused delays and extra work for the registry team as they have sought to find solutions while the issues are resolved.

There was a delay in the production of the 2024 commissioners report due to the issues with the new registry system and the lack of a usable reporting and exporting function. The registry team were able to deliver centre reports to centres before the end of the year which was a huge achievement given the challenges and complexities of the new EBMT registry.

The registry team have continued to deliver annual data manager (DM) training days dedicated to data management staff. These sessions give data management staff the skills and knowledge to carry out their roles as well as providing opportunities for networking and knowledge sharing. Each of these days has a theme and meetings have been well attended, received and valued. November 2024 marked the BSBMTCT registry's 7th successful DM training day, with 84 attendees and excellent feedback on the agenda and the speakers for the day. In 2025 we hope to plan our 8th DM training day, the theme has yet to be decided.

BSBMTCT has also developed an Induction Module accessible via a username and password through the website. There are currently 5 core modules on the platform which are:

Module 1 Introduction to the BSBMTCT  
Module 2 General duties of Bone Marrow Transplant Data Management Staff  
Module 3 Introduction to Haematopoietic Stem Cell Transplantation  
Module 4 Allogeneic HSCT  
Module 10 Retrospective studies and clinical trials.

There are also modules on the platform including Introduction to the BSBMTCT Induction Manual, Introduction to the Glossaries, Glossary 1: Acronyms and Abbreviations, Glossary 5: Donor Registries and ION codes, The Induction Manual Extra section, and BSBMTCT Abstracts, Posters and Presentations. We have also recently included a Recommended reading section.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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There are currently over 50 registered users on the platform who have either completed all modules on the system or have completed parts of them.

Following the completion of each module, a certificate of completion is generated and awarded. Feedback is requested after each module to allow the registry to make improvements where appropriate. There will be more modules and material added to the website as they are created, and existing material will be updated to reflect current and developments in practice. The team has also begun talks with the Quality Management (QM) Teams to developing modules that are tailored and relevant to the QM Teams.

The registry produces 3 data management related newsletters a year to keep staff updated with all registry-based activities including updates from the EBMT. They are available on the website on the DM dedicated pages following distribution.

All DM related material can be found on the DM pages <https://bsbmtct.org/data-managers/>

The registry also manages the [www.bsbmtct.org](http://www.bsbmtct.org) website. This website 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 and provides valuable guidelines and information for health professionals.

The team structure at present comprises:

Head of Registry (FT).

Statistician (0.8WTE)

3 x Senior data Managers, two which are 0.9WTE and one being 0.8WTE

**Comprehensive outcome data**

Since 2010 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 15th annual report is delayed due to EBMT registry issues previously discussed but was on track to be delivered in January 2025. This focused on longer term outcomes for transplants performed between 2018 and 2022 and a detailed analysis of transplant activity by type, disease indication and region in 2022. The data preparation for the 16th report is underway and will be submitted by the end of December 2025. This report will include outcomes for transplants performed between 2019 and 2023 as well as a detailed analysis for transplant activity in 2023.

**BSBMTCT Sub Committees**

The BSBMTCT currently has 10 Sub Committees, each with a chair who is elected for a period of 3 years, and reports into the Executive Committee as a member of the Committee.

There are collaborations between sub committees where their aims and objectives overlap. Each subcommittee has agreed Terms of Reference which are published on the website.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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Our subcommittees are as follows:

Clinical Trials Sub Committee (CTSC)

Chair: Dr Ram Malladi

Secretary: Dr Victoria Potter

The primary aim of the CTSC 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 and the RoI.

The CTSC in the future will also be involved with prospective trials and Industry partnerships and contracts.

The BSBMTCT CTSC hold two meetings a year focused upon retrospective studies and surveys. At least one of these meetings will include an invitation to submit new study proposals.

During 2024, two meetings were held in May and November. Due to the challenges with the new EBMT registry and also due to resourcing issues, progress with studies has been slower than we would have hoped, and there has not been any invitation of new proposals during 2024. The priority of the CTSC during 2024 was to ensure that all current studies progressed to publication. The list of ongoing studies remains unchanged. We hope during 2025, in line with our Strategic Plan, to be able to progress these studies more quickly.

Ongoing studies are listed below:

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

1. Approved BSBMTCT Retrospective Studies (in progress)

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 Krishnamurthy

c. Anthony Nolan Patient/Donor project (ongoing project)

2. Completed retrospective studies/surveys - manuscript/analysis stage

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-2001 A study of the impact of cryopreservation of allogenic haematopoietic cell grafts during the COVID-19 pandemic - Rob Danby/Rachel Pawson

c. CTCR-1801: Retrospective study of autologous HSCT in MS in the UK -John Snowden/Maj Kazmi/Basil Sharrack

d. 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

e. 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

f. Survey for Clinicians re current pre-pregnancy and antenatal counselling and management for women who have previously had BMT/TBI - Kate Birchenall

g. Risk of preterm birth in women who conceive following bone marrow transplantation -Melanie Griffin/Victoria Grandage

3. Approve BSBMTCT retrospective studies (upcoming)

a. **CTCR-2301** 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**

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b. **CTCR-2302** Physical, psychological and social outcomes following Haemopoietic stem cell transplantation (HSCT) for children diagnosed with leukaemia, beta thalassaemia (?Thal) and Sickle Cell Disease (SCD) living in the North of England.-

**Beki James/Richard Feltbower**

4. Studies in proposal stages (not yet approved)

a. **A study of the impact of treosulfan-based allogeneic stem cell transplantation (HSCT) for patients with myeloid disorders (Anjum Khan)**

Publications from CTSC and data registry (Since 2020)

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

a) **Health professional attitudes and perceptions of prehabilitation and nutrition before haematopoietic cell transplantation.** Miller LJ, Halliday V, Snowden JA, Aithal GP, Lee J, Greenfield DM. *J Hum Nutr Diet.* 2024 Aug;**37(4):1007-1021.** doi: 10.1111/jhn.13315. Epub 2024 May 2.

b) Benchmarking of survival outcomes following Haematopoietic Stem Cell Transplantation (HSCT): an update of the ongoing project of the European Society for Blood and Marrow Transplantation (EBMT) and Joint Accreditation Committee of ISCT and EBMT (JACIE). Saccardi R, Putter H, Eikema DJ, Busto MP, McGrath E, Middelkoop B, Adams G, Atlija M, Ayuk FA, Baldomero H, Beguin Y, de la Cámara R, Cedillo Á, Balari AMS, Chabannon C, Corbacioglu S, Dolstra H, Duarte RF, Dulery R, Greco R, Gusi A, Hamad N, Kenyon M, Kröger N, Labopin M, Lee J, Ljungman P, Manson L, Mensil F, Milpied N, Mohty M, Oldani E, Orchard K, Passweg J, Pearce R, de Latour RP, Poirel HA, Rintala T, Rizzo JD, Ruggeri A, Sanchez-Martinez C, Sanchez-Guijo F, Sánchez-Ortega I, Trnková M, Ferreiras DV, Wilcox L, de Wreede LC, Snowden JA. *Bone Marrow Transplant.* 2023 Jun;**58(6):659-666.** doi: 10.1038/s41409-023-01924-6. Epub 2023 Mar 9. PMID: 36894635

c) 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

d) **Impact of PET-CT status on progression-free survival for relapsed follicular lymphoma patients undergoing autologous stem cell transplant.** Toby A Eyre, Sally F Barrington, Jessica Okosun, Clementina Abamba, Rachel M Pearce, Julia Lee, Ben Carpenter, Charles R Crawley, Adrian J C Bloor, Maria Gilleece, Emma Nicholson, Nimish Shah, Kim Orchard, Ram Malladi, William M Townsend. *Haematologica* 2022 May 19. doi: 10.3324/haematol.2021.280287.

e) **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

f) **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

g) DOES GRAFT CRYOPRESERVATION AFFECT THE OUTCOMES OF ALLOGENEIC HAEMATOPOIETIC CELL TRANSPLANTS? A UK MULTICENTRE CASE CONTROL STUDY DURING COVID19 PANDEMIC. R. Maniushy, A. Pryce, R. Pearce, J.A. Snowden, R. Malladi, V. Potter, J. Lee, M. Wilson, R. Pawson, R. Danby. Oral abstract presentation, EBMT Congress 2022.

REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024

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

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

j) 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

k) 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

l) 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. Will P. Bultitude, Jennifer Schellekens, Richard M. Szydlo, Chloe Anthias, Sarah A. Cooley, Jeffrey S. Miller, Daniel J. Weisdorf, Bronwen E. Shaw, Chrissy h. Roberts, Christian A. Garcia-Sepulveda, Julia Lee, Rachel M. Pearce, Marie C. Wilson, Michael N. Potter, Jenny L. Byrne, Nigel H. Russell, Stephen MacKinnon, Adrian J. Bloor, Amit Patel, I. Grant McQuaker, Ram Malladi, Eleni Tholouli, Kim Orchard, Victoria T. Potter, J. Alejandro Madrigal, Neema P. Mayor & Steven G. E. Marsh

m) Benchmarking of survival outcomes following Haematopoietic Stem Cell Transplantation (HSCT): an update of the ongoing project of the European Society for Blood and Marrow Transplantation (EBMT) and Joint Accreditation Committee of ISCT and EBMT (JACIE). Riccardo Saccardi, Hein Putter, Dirk-Jan Eikema, María Paula Busto, Eoin McGrath, Bas Middelkoop, Gillian Adams, Marina Atlija, Francis Ayuketang Ayuk, Helen Baldomero, Yves Beguin, Rafael de la Cámara, Ángel Cedillo, Anna María Sureda Balari, Christian Chabannon, Selim Corbacioglu, Harry Dolstra, Rafael F. Duarte, Rémy Dulery, Raffaella Greco, Andreu Gusi, Nada Hamad, Michelle Kenyon, Nicolaus Kröger, Myriam Labopin, Julia Lee, Per Ljungman, Lynn Manson, Florence Mensil, Noel Milpied, Mohamad Mohty, Elena Oldani, Kim Orchard, Jakob Passweg, Rachel Pearce, Régis Peffault de Latour, Hélène A. Poiriel, Tuula Rintala, J. Douglas Rizzo, Annalisa Ruggeri, Carla Sanchez-Martinez, Fermin Sanchez-Guijo, Isabel Sánchez-Ortega, Marie Trnková, David Valcárcel Ferreiras, Leonie Wilcox, Liesbeth C. de Wreede & John A. Snowden

n) 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.

Scientific Sub Committee

Chair: Prof. Matthew Collin

The main objective of the Scientific Sub Committee is to construct the programme of the BSBMTCT Scientific Day each year, including organising the John Goldman Prize competition each year.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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Guidelines Sub Committee

Chair: Dr Andrew Clark

Terms of Reference can be found on the website: <https://bsbmtct.org/guidelines-sub-committee/>

Latest Publications:

**Management of patients with germline predisposition to haematological malignancies considered for allogeneic blood and marrow transplantation: Best practice consensus guidelines from the UK Clinical Genetics Group (UKCGG), CanGene-CanVar, NHS England Genomic Laboratory Hub (GLH) Haematological Malignancies Working Group and the British Society of Blood and Marrow Transplantation and cellular therapy (BSBMTCT). Andrew Clark, Sally Thomas, Angela Hamblin, Polly Talley, Austin Kulasekararaj, Jacob Grinfeld, Beverley Speight, Katie Snape, Terri P McVeigh, John A Snowden. Br J Haematol . 2023 Feb 14.**

Indications Sub Committee

Chair: Dr Victoria Potter

Terms of Reference and the latest indications for both adult and paediatrics can be found on the website: <https://bsbmtct.org/indications-sub-committee/>

Workforce Sub Committee

Chair: Dr Eleni Tholouli

Terms of Reference can be found on the website: <https://bsbmtct.org/bsbmtct-workforce-sub-committee/>

Advanced Cellular Therapy Sub Committee

Chair: Dr Sara Ghorashian

Terms of Reference can be found on the website: <https://bsbmtct.org/advanced-cellular-therapy-act-sub-committee/>

Latest Publications:

**Practice guideline: Preparation for CAR T-cell therapy in children and young adults with B-acute lymphoblastic leukaemia. Mishra AK, BurrIDGE S, Espuelas MO, O'Reilly M, Cummins M, Nicholson E, Wheldon S, Bonney D, Shenton G, Marks DI, Amrolia PJ, Hough R, Ghorashian S.Br J Haematol. 2024 May;204(5):1687-1696. doi: 10.1111/bjh.19381. Epub 2024 Mar 15.**

Vaccinations Sub Committee

Chair: Prof. Thushan de Silva

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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Terms of Reference and publication and guidelines can be found on the website:  
<https://bsbmtct.org/vaccination-sub-committee/>

JACIE Sub Committee

Chair: Dr Charles Crawley

Terms of Reference will soon be available on the website.

Complications Sub Committee

Chair: Dr Francesca Kinsella

Terms of Reference will soon be available on the website.

National Clinical Impact Awards Sub Committee

Chair: Prof. Gordon Cook

During November 2024, the Executive Committee decided to disband this subcommittee, due to changes within the National Clinical Impact Awards secretariat to no longer allow citations and additional support to applicants that are members of societies.

Information regarding the process remains still available on our website: <https://bsbmtct.org/ncia/>

**Education**

Education in all aspects of stem cell transplantation has been one of the major roles of the society since its formation. In the past, this has been focused on the education of clinicians, but more recently, there has been a move to broaden that remit to include other health care professionals. This also forms a major part of our new Strategic Plan. The registry holds a Data Management Day open to all Data Management and Quality Management staff on an annual basis. Our e-learning Induction Manual for DMs has since uploaded more modules and content on the website. This was launched in 2023. More information is found in the data registry section.

**The Society's Meetings**

The society now runs three main meetings each year, which include a scientific meeting during May, an educational meeting in October/November and a Scientific Showcase meeting showcasing the latest in the Advanced Cellular Therapy arena during June. In 2024, the scientific meeting in May included another successful abstract presentation session with prizes awarded for the best abstracts. The education meeting in November was also well attended. The scientific showcase also proved to be a major success.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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**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. The BSBMTCT has a JACIE Sub Committee.

**The Society's Monthly Bulletins**

The society continues to produce a monthly Bulletin providing updates for the membership on the work of the Society.

**Website**

The website has become a valued resource 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 new registry system and the new data collection forms. 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. There are also now pages for each BSBMTCT Sub Committee on the website which includes each sub committees' Terms of Reference and relevant documents.

**Development of and promotion of clinical guidelines.**

The society has been involved in the development of specific transplant-related guidelines since 2012 working with the British Society for Haematology (BSH). The Guidelines Subcommittee is led by Dr Andrew Clark. More information regarding guidelines can be found via the website: <https://bsbmtct.org/guidelines-sub-committee/>

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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**Reserves policy**

The policy of the trustees is to maintain a level of reserves that is sufficient to continue the operation of the charity's activities for six months enabling the Trustees to meet all known financial commitments and achieve a well-managed closure in the event of unforeseen changes in funding circumstances.

**Financial review**

The statement of financial activities for the year ended 31st, December 2024 shows incoming resources of £540,723 (2023: £393,699) and resources expended of £533,402 (2023: £459,698), generating net incoming resources totalling £7,321, compared with a net outgoing resource position of £65,999 during 2023.

As a result, the net assets of the charity have increased from £445,492 at the close of 2023 to £452,813 at the close of 2024.

During 2024, grant income from NHS England remained static, but grant income from NHS Scotland increased to £21,078.50. Income from membership fees increased from £118,141 to £213,952 and sponsorship income increased from £41,000 to £57,000. The society also generated new income from a pharmaceutical company contract of £25,000.

Sufficient and sustainable funding is a prerequisite for the society's survival and success. Static income limits the society's ability to pursue new opportunities and constrains its ability to expand and improve its current offer to meet members' needs. Whilst increases to membership subscription rates and corporate sponsorship fees during 2024 have gone some way towards stabilising the society's financial position, income overall has remained relatively flat, and our costs rise every year. To better fulfil our purpose and meet members' needs, investment is required to build capacity and capability. This means there is a pressing need to both diversify and grow the society's income.

**BSBMTCT Strategic Plan**

BSBMTCT conducted a detailed Strategic review during 2024 which led to the development and approval of our new Strategic Plan (2025 - 2030) at the close of 2024.

It is clear that our members and partners value the important role that the BSBMTCT plays in advancing the field of stem cell transplantation and cellular therapy. It is clear, too, that they want to see the BSBMTCT do and provide more. Areas where there are opportunities to build on the society's strengths, and to address some of its development needs, include:

Education and training

- Providing more L&D support to clinicians in the earlier stages of their career, particularly to develop research skills.
- Broadening the provision of education and training to Allied Health Professionals (AHPs), Data Managers and Quality Managers.
- Offering more in-depth and 'self-service' resources on specific clinical topics.
- Expanding the provision of education and training relating to novel cellular therapies.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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Developing and promoting clinical guidance

- Expanding the development of guidance, protocols and pathways relating to novel cellular therapies.
- Developing and publishing guidance at a greater pace, to better reflect the dynamic operating environment and breadth of areas e.g. transplantation, vaccinations and cellular therapy.

Networking, collaboration and knowledge-exchange

- Providing more opportunities to clinicians and AHPs at earlier stages of their careers.
- Extending support to Data Managers and Quality Managers and supporting those who are new to the field.
- Engaging and collaborating more with those beyond the BSBMTCT community, including the international community.

Advocacy and influencing

- Reacting quickly to pre-empt and influence opportunities and risks.
- Developing enduring relationships with policymakers and ensuring a 'seat at the table' when policy is being formulated.
- Partnering with patient organisations to establish a more direct relationship with patients, which will bolster the credibility of BSBMTCT's efforts to advocate on their behalf.

Maintaining and developing the Registry

- Enhancing the capacity and capability of the Registry team, to provide more value-adding services and support to the community, e.g. bespoke reporting and statistical analysis and new databases.
- Exploring opportunities to improve the functionality of the Registry, including self-service and the integration of data sets.
- Having a greater presence 'on the ground' in transplant centres, supporting data managers to further improve data quality and completeness.

Facilitating research

- Streamlining and accelerating the processes and decision-making relating to appraising and selecting studies, and accessing data for retrospective studies.
- Enhancing the capacity and capability of the Registry team so it further improves its services as a value-adding partner to researchers.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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- Increasing the number and type of studies the society facilitates, including more retrospective and prospective studies; playing a greater role in relation to clinical trials.

- Acting as a research 'hub' for the community by prioritising research hypotheses, facilitating research partnerships and supporting the translation of research into practice.

The insights that arose out of our strategic review process have been funnelled into our first Strategic Plan, with a restating of our Purpose, Vision, Mission and Values as follows.

**Our Purpose**

The BSBMTCT exists to improve patient outcomes - both survival and quality of life - by advancing the fields of blood and marrow transplantation and cellular therapy.

**Our Vision**

The BSBMTCT strives for a world where all transplant and cellular therapy patients receive the highest-quality and most effective treatments and care they need to live well.

**Our Mission**

To fulfil its purpose and in pursuit of its vision, the BSBMTCT:

" Serves as the representative voice and advocate for transplantation and cellular therapy professionals.

" Maintains a registry of all stem cell transplants and cellular therapies in the UK and Republic of Ireland, and provides data and insight to inform research, commissioning, policy and clinical practice.

" Undertakes, facilitates and contributes to pioneering research and clinical trials that improve the outcomes of treatment and care.

" Provides education and training to transplantation and cellular therapy professionals and promotes the sharing of knowledge and good practice across the clinical community.

" Develops guidelines, protocols and quality standards that safeguard and enhance the interests of transplantation and cellular therapy patients and professionals.

" Provides data and insight to patients and the public, to educate and empower them as they make decisions about their treatment and care.

**Our Values**

We are led by our values. We are:

- Patient-focussed and caring.
- Inclusive and collaborative.
- Quality-driven
- Innovative
- Committed to improving outcomes.



**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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**Our enablers of success**

To better fulfil our purpose, to advance the society's journey towards the realisation of its vision, and to be able to do and provide more to meet members' needs, we have identified three fundamental enablers. These are significant changes to the way the BSBMTCT works, reflecting the challenges we face and the opportunity to do more and better for our members, our community and ultimately for patients. These are a continuation of our work to modernise and professionalise the society, to grow and diversify our income, and to forge partnerships with like-minded organisations. These fundamental enablers are interdependent and mutually-reinforcing. For example, forging strategic partnerships will support the BSBMTCT to modernise, professionalise and to appraise a viable commercial offer.

Modernise and professionalise

In recent years, good progress has been made towards clarifying and strengthening the BSBMTCT's governance and ways-of-working, including the development of new Articles of Association, a Governance Handbook, clear and transparent processes for elections, the creation of role descriptions and Terms of Reference for committees and subcommittees, and the development and implementation of new policies and procedures. However, the society's governance, structures and ways-of-working still do not fully reflect the complexity of our work, nor the scale of our ambition. This includes a voluntary leadership model that relies heavily on senior clinicians to strategically lead and operationally manage the society.

It is essential that the BSBMTCT has the leadership and operational capability, and capacity needed to fulfil our purpose and deliver our mission. It is also vital to have fit-for-purpose resources, robust structures and efficient processes that support the society to meet the needs of members and expectations of partners. To this end, the Trustees have appointed a half time Interim Chief Executive.

Grow and diversify income

Whilst the BSBMTCT's financial position is relatively sound and stable, limited financial resources hinder the society's ability to do more or to do things differently in line with members' needs and expectations. We are also heavily reliant on grants from government to deliver many of our core Registry activities, and there is uncertainty about the sustainability of this funding in the medium-to-longer term.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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Our members have highlighted the need for increased investment in the functions and services that add most value to the community, and which contribute most explicitly to achieving the society's core purpose. In particular, investment in the BSBMTCT's research 'offer' would allow us to expand the number and type of studies the society facilitates, including more retrospective studies and playing a greater role in prospective studies and clinical trials.

Harnessing the commercial potential of the BSBMTCT Registry data and the society's clinical knowledge and expertise has been highlighted as an opportunity to grow and diversify income. Our Registry is a valuable asset, which could form the basis of products and services that are attractive to industry. Income generated from commercial activity would be reinvested into the BSBMTCT's functions and services, allowing expansion and improvement in line with stakeholders' needs and priorities.

Forge partnerships

The BSBMTCT's strengths and assets - particularly the registry and high-quality clinical expertise - position it as an attractive partner to many organisations in the transplant and cellular therapy ecosystem. Indeed, throughout our history, the society has successfully collaborated with many UK and international partners in pursuit of our shared goals.

Taking a more strategic and proactive approach to forging mutually beneficial alliances will further enhance our impact and the society's ability to fulfil its purpose into the future. Depending on the scope and nature of these partnerships, they could also allow the BSBMTCT to share 'back-office' functions such as finance and comms, as well as to secure support with secretariat, management, administrative functions, IT network and database hosting. They may also be a gateway to accessing the skills, capacity and investment required to appraise, develop and implement a portfolio of commercial products and services. It may also be possible to increase our statistical analysis and data analysis capacity and expertise through sharing the resources of other partner organisations.

Overall, forging strategic partnerships will help to ensure coherence and collective endeavour between all those who have a role to play in improving patient outcomes - with the BSBMTCT playing a leading role.

**Our strategic aims**

Our plans to modernise and professionalise; to grow and diversify the BSBMTCT's income, and to forge strategic partnerships are not ends in themselves. They are the **fundamental enablers** of an ambitious strategy to invest in, improve and expand the society's functions and services, propelling us to the realisation of our Vision and supporting us to fulfil our Purpose. We have heard loud and clear from our members, colleagues and partners that they want the BSBMTCT to do more, and they want us to do it better. They want us to harness the considerable opportunities arising from the dynamic operating environment in which we - and they - operate.

Our Strategic Aims set out our ambition to meet these needs and expectations. Achieving these depends on our success in making the strategic shifts set out above so that we have the resources, capacity and capabilities we need. For each Strategic Aim, we will create a detailed delivery plan setting out what we will do, invest and achieve over the lifetime of our strategy. The pace and sequencing of delivery will adapt according to the availability of required resources, capacity and capability.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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**Strategic Aim**

1. Develop and enhance the BSBMTCT Registry so that it efficiently provides high-quality, timely data and insight that informs commissioning, policy, research and clinical practice.

2. Facilitate pioneering research and clinical trials that improve the outcomes of treatment and care.

3. Serve as the representative voice and advocate for transplant and cellular therapy professionals, ensuring their interests – and the interests of patients – are protected and promoted.

4. Provides high-quality and impactful education & training to transplant and cellular therapy professionals, and facilitate the sharing of knowledge

**Outcomes: what will be different and better by 2030?**

- Registry established as an integral and value-adding component of an enhanced, accessible and sustainable model for transplant and cellular therapy data.
  - Advanced Registry functionality accelerating the process of deriving actionable insight from data, including self-service and bespoke analysis.
  - The development of 'in house' databases.
  - More 'on the ground' support to data managers, driving improvements to data quality.
  - A robust framework for novel cellular therapy data, providing high-quality insight for use in clinical trials, market authorisation, HTAs, pricing and reimbursement.
  - Improved interoperability so that datasets can be integrated.
  - Patients having access to data and insight to inform their choices.
- 
- Streamlined processes and accelerated decision-making for approving studies and accessing Registry data.
  - BSBMTCT contributing to and facilitating an expanded portfolio of retrospective and prospective studies, including novel cellular therapies.
  - Increased capacity and capability in the Registry team to support research studies, including statistical analysis.
  - Award of BSBMTCT research grants and Fellowships.
  - Integration of Registry data with PROMs and PREMs data.
- 
- Patient and Public Involvement / Engagement (PPI/E) embedded in the society's work.
  - A future-focussed influencing strategy that responds to risks and opportunities in the BSBMTCT's environment.
  - Proactive publication of policy positions and recommendations, reflecting evidence and insight from the clinical and research front line.
  - BSBMTCT representation and participation in sector alliances and networks.
  - Strengthened relationships with commissioners, policymakers, Parliament and regulators.
- 
- Expanded provision of Learning & Development to include paediatric-specific resources; support to clinicians in the earlier stages of their careers, and education opportunities for Allied Health Professionals, Data Managers and Quality Managers.
  - Education to support clinicians and AHPs to develop clinical research skills, including clinical trials.
  - A robust L&D offer specific to novel cellular therapies.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Governing document**

The British Society of Blood and Marrow Transplantation and Cellular Therapy (BSBMTCT) is a company limited by guarantee, incorporated on 3 January 2008 (registered number 06462720), and entered on the register of charities on 9 September 2008 (registered number 1125795).

The society is governed by a Memorandum and Articles of Association, was incorporated on 3 January 2008 and registered as a charity on 9 September 2008.

The society maintains a register of members. The directors of the company are also trustees of the charity and are drawn from member centres. The Board of Trustees is legally accountable for the work of the society.

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 Board of Trustees is made up of members of the Society who have been duly elected by the membership to become Trustees. The Memorandum and Articles of Association require that there are five Trustees on the Board. On the Board there is a President who acts as Chair, a President Elect, a Past President, a Secretary and the Treasurer. Post holders will serve terms of office as defined within the Articles of Association to a maximum Trustee tenure of twelve years to ensure that the Board is regularly refreshed.

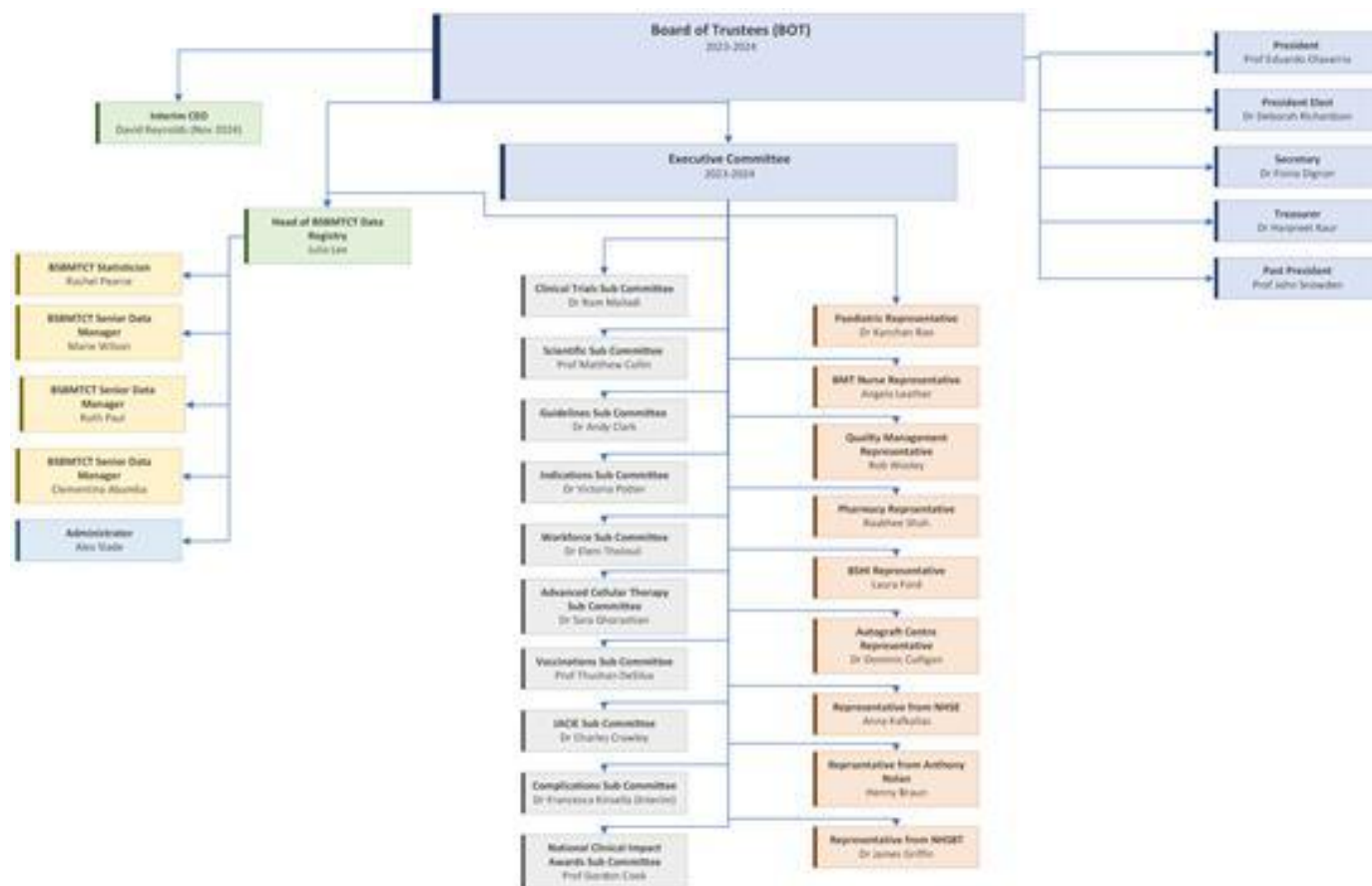
The charity's trustees also serve as members of the charity's Executive Committee. Members of the Executive Committee are elected by the members by postal ballot for a period of three years from the 1st January following their election.

**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

**Organisational structure**

The Board of Trustees of British Society of Blood and Marrow Transplantation and Cellular Therapy meets on a monthly basis and its Executive Committee meets at a minimum of twice a year.

During 2024, the structure of the charity remained largely unchanged. During November 2024, the Board of Trustees appointed a half time Interim Chief Executive Officer for a fixed period to the end of March 2026, to implement the society's new 5-year Strategic Plan (2025 to 2030). The organisational structure to the end of December 2024 was as follows:



**REPORT OF THE TRUSTEES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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**Induction and training of new trustees**

New trustees and directors receive an induction from the Interim Chief Executive and Head of Registry, along with a briefing from an existing member of the executive board or the outgoing officer as appropriate. New Trustees are also given a copy of the BSBMTCT Governance Handbook and a copy of Charity Commission guidance CC3 The Essential Trustee: What you need to know.

Trustees are encouraged to attend seminars and relevant training courses as appropriate, and information is also exchanged informally by peer-to-peer contact.

**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 mitigate risk where possible. The Board of Trustees reviews the BSBMTCT Risk Register on a six-monthly basis considering Governance, External, Regulatory and Compliance, Financial and Operational Risks. The Board approves the Risk Register and agrees actions that endeavour to reduce risk scores to an identified target level.

**Conflicts of Interest**

The Trustees, and all committee and subcommittee members have a legal obligation to act in the best interests of the society and manage potential conflicts of Interest transparently and well.

The society maintains a Register of Interests, which is updated regularly. Trustees, committee and subcommittee members submit declarations of interest under the society's Conflict of Interest Policy. At the start of each meeting, attendees are asked to declare if they have any updated to the Register of Interests, and whether they have any conflicts of interest relating to each meeting agenda.

Report of the trustees, incorporating a strategic report, approved by order of the board of trustees, as the company directors, on 15<sup>th</sup> August 2025, and signed on the board's behalf by:



.....  
Dr Harpreet Kaur - Treasurer

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

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**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 2024.

**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 FCA, FCCA, BSc (Econ) Hons

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

Date: 15/08/2025

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

**STATEMENT OF FINANCIAL ACTIVITIES  
FOR THE YEAR ENDED 31 DECEMBER 2024**

		<b>2024 Unrestricted fund £</b>	<b>2023 Total funds £</b>
<b>INCOME AND ENDOWMENTS FROM</b>	Notes		
<b>Charitable activities</b>	4		
Grants receivable		<b>200,362</b>	192,200
Other trading activities	2	<b>340,229</b>	201,499
Investment income	3	<u><b>132</b></u>	<u>-</u>
<b>Total</b>		<u><b>540,723</b></u>	<u><b>393,699</b></u>
 <b>EXPENDITURE ON</b>			
<b>Charitable activities</b>	5		
Direct costs		<b>442,949</b>	408,795
Support costs		<u><b>90,453</b></u>	<u><b>50,903</b></u>
<b>Total</b>		<u><b>533,402</b></u>	<u><b>459,698</b></u>
 <b>NET INCOME/(EXPENDITURE)</b>		<b>7,321</b>	(65,999)
 <b>RECONCILIATION OF FUNDS</b>			
Total funds brought forward		<u><b>445,492</b></u>	<u>511,491</u>
 <b>TOTAL FUNDS CARRIED FORWARD</b>		<u><b>452,813</b></u>	<u><b>445,492</b></u>

The notes form part of these financial statements



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

**STATEMENT OF FINANCIAL POSITION  
31 DECEMBER 2024**

		<b>2024 Unrestricted fund £</b>	<b>2023 Total funds £</b>
	Notes		
<b>FIXED ASSETS</b>			
Tangible assets	10	<b>4,009</b>	1,018
<b>CURRENT ASSETS</b>			
Debtors	11	<b>99,982</b>	76,783
Cash at bank		<b><u>448,889</u></b>	<u>648,701</u>
		<b>548,871</b>	725,484
<b>CREDITORS</b>			
Amounts falling due within one year	12	<b>(100,067)</b>	(281,010)
<b>NET CURRENT ASSETS</b>		<b><u>448,804</u></b>	<u>444,474</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>452,813</b>	445,492
<b>NET ASSETS</b>		<b><u>452,813</u></b>	<u>445,492</u>
<b>FUNDS</b>	13		
Unrestricted funds		<b><u>452,813</u></b>	<u>445,492</u>
<b>TOTAL FUNDS</b>		<b><u>452,813</u></b>	<u>445,492</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 December 2024.

The members have not required the company to obtain an audit of its financial statements for the year ended 31 December 2024 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

**STATEMENT OF FINANCIAL POSITION - continued  
31 DECEMBER 2024**

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The financial statements were approved by the Board of Trustees and authorised for issue on the 15<sup>th</sup> August 2025, and were signed on its behalf by:



.....  
Dr Harpreet Kaur - Treasurer

The notes form part of these financial statements

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

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 31 DECEMBER 2024**

	Notes	2024 £	2023 £
<b>Cash flows from operating activities</b>			
Cash generated from operations	1	<u>(195,408)</u>	<u>256,023</u>
Net cash (used in)/provided by operating activities		<u>(195,408)</u>	<u>256,023</u>
<b>Cash flows from investing activities</b>			
Purchase of tangible fixed assets		(4,536)	(785)
Interest received		<u>132</u>	<u>-</u>
Net cash used in investing activities		<u>(4,404)</u>	<u>(785)</u>
<b>Change in cash and cash equivalents in the reporting period</b>		<b>(199,812)</b>	<b>255,238</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<b><u>648,701</u></b>	<b><u>393,463</u></b>
<b>Cash and cash equivalents at the end of the reporting period</b>		<b><u>448,889</u></b>	<b><u>648,701</u></b>

The notes form part of these financial statements

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

**NOTES TO THE STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 31 DECEMBER 2024**

**1. RECONCILIATION OF NET INCOME/(EXPENDITURE) TO NET CASH FLOW FROM OPERATING ACTIVITIES**

	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>
<b>Net income/(expenditure) for the reporting period (as per the Statement of Financial Activities)</b>	<b>7,321</b>	<b>(65,999)</b>
<b>Adjustments for:</b>		
Depreciation charges	1,545	521
Interest received	(132)	-
(Increase)/decrease in debtors	(23,199)	242,535
(Decrease)/increase in creditors	<u>(180,943)</u>	<u>78,966</u>
<b>Net cash (used in)/provided by operations</b>	<b><u>(195,408)</u></b>	<b><u>256,023</u></b>

**2. ANALYSIS OF CHANGES IN NET FUNDS**

	<b>At 1.1.24</b>	<b>Cash flow</b>	<b>At 31.12.24</b>
	<b>£</b>	<b>£</b>	<b>£</b>
<b>Net cash</b>			
Cash at bank	<u>648,701</u>	<u>(199,812)</u>	<u>448,889</u>
	<u>648,701</u>	<u>(199,812)</u>	<u>448,889</u>
<b>Total</b>	<b><u>648,701</u></b>	<b><u>(199,812)</u></b>	<b><u>448,889</u></b>

The notes form part of these financial statements

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2024**

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**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.

**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 2024**

**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**

	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>
Database management funding	<b>44,277</b>	42,158
Meeting income	-	200
Subscriptions and fees	<b>238,952</b>	118,141
Corporate subscriptions	<b><u>57,000</u></b>	<u>41,000</u>
	<b><u>340,229</u></b>	<u>201,499</u>

**3. INVESTMENT INCOME**

	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>
Deposit account interest	<b><u>132</u></b>	<u>-</u>

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

**NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2024**

**4. INCOME FROM CHARITABLE ACTIVITIES**

		<b>2024</b>	<b>2023</b>
	Activity	£	£
Grants	Grants receivable	<b><u>200,362</u></b>	<b><u>192,200</u></b>

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

	<b>2024</b>	<b>2023</b>
	£	£
NHS England - General fund	<b>181,471</b>	179,860
NHS Scotland - General fund	<b><u>18,891</u></b>	<b><u>12,340</u></b>
	<b><u>200,362</u></b>	<b><u>192,200</u></b>

**5. CHARITABLE ACTIVITIES COSTS**

	Direct Costs (see note 6)	Support costs (see note 7)	Totals
	£	£	£
Direct costs	<b>442,949</b>	-	<b>442,949</b>
Support costs	<b><u>-</u></b>	<b><u>90,453</u></b>	<b><u>90,453</u></b>
	<b><u>442,949</u></b>	<b><u>90,453</u></b>	<b><u>533,402</u></b>

**6. DIRECT COSTS OF CHARITABLE ACTIVITIES**

	<b>2024</b>	<b>2023</b>
	£	£
Database management	<b>349,730</b>	343,564
Conference expenses	<b>71,362</b>	64,231
Prizes	<b><u>21,857</u></b>	<b><u>1,000</u></b>
	<b><u>442,949</u></b>	<b><u>408,795</u></b>

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

**NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2024**

**7. SUPPORT COSTS**

	Management	Finance	Other	Governance	Totals
	£	£	£	costs	£
	£	£	£	£	£
Support costs	<u>24,037</u>	<u>102</u>	<u>8,695</u>	<u>57,619</u>	<u>90,453</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:

	2024	2023
	Support costs	Total activities
	£	£
Management fee	24,037	13,646
Bank charges	102	104
Rent	-	(11,062)
Website costs	6,608	4,430
Sundries	542	-
Depreciation of tangible fixed assets	1,545	521
Consultancy fees	54,475	40,084
Accountancy and Independent Examiners Fees	<u>3,144</u>	<u>3,180</u>
	<u>90,453</u>	<u>50,903</u>

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

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

	2024	2023
	£	£
Depreciation - owned assets	1,545	521
Other operating leases	<u>-</u>	<u>(11,062)</u>



**NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2024**

**9. TRUSTEES' REMUNERATION AND BENEFITS**

There were no trustees' remuneration or other benefits for the year ended 31 December 2024 nor for the year ended 31 December 2023.

**TRUSTEES' EXPENSES**

Expense payments totalling £nil were made to trustees during the year ended 31 December 2024 (2023: £nil).

**10. TANGIBLE FIXED ASSETS**

	Office equipment £
<b>COST</b>	
At 1 January 2024	<b>10,320</b>
Additions	<b>4,536</b>
Disposals	<b><u>(8,676)</u></b>
At 31 December 2024	<b><u>6,180</u></b>
<b>DEPRECIATION</b>	
At 1 January 2024	<b>9,302</b>
Charge for year	<b>1,545</b>
Eliminated on disposal	<b><u>(8,676)</u></b>
At 31 December 2024	<b><u>2,171</u></b>
<b>NET BOOK VALUE</b>	
At 31 December 2024	<b><u>4,009</u></b>
At 31 December 2023	<b><u>1,018</u></b>

NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2024

11. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024	2023
	£	£
Other debtors	54,546	31,618
Prepayments and accrued income	<u>45,436</u>	<u>45,165</u>
	<u>99,982</u>	<u>76,783</u>

12. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024	2023
	£	£
Trade creditors	12,105	10,870
Deferred income	5,270	3,085
Accrued expenses	<u>82,692</u>	<u>267,055</u>
	<u>100,067</u>	<u>281,010</u>

**Deferred income**

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

13. MOVEMENT IN FUNDS

	At 1.1.24 £	Net movement in funds £	At 31.12.24 £
<b>Unrestricted funds</b>			
General fund	445,492	7,321	452,813
	<u>445,492</u>	<u>7,321</u>	<u>452,813</u>
<b>TOTAL FUNDS</b>	<u>445,492</u>	<u>7,321</u>	<u>452,813</u>

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

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
General fund	540,723	(533,402)	7,321
	<u>540,723</u>	<u>(533,402)</u>	<u>7,321</u>
<b>TOTAL FUNDS</b>	<u>540,723</u>	<u>(533,402)</u>	<u>7,321</u>

NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2024

13. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1.1.23 £	Net movement in funds £	At 31.12.23 £
<b>Unrestricted funds</b>			
General fund	511,491	(65,999)	445,492
	<hr/>	<hr/>	<hr/>
<b>TOTAL FUNDS</b>	<u>511,491</u>	<u>(65,999)</u>	<u>445,492</u>

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

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
General fund	393,699	(459,698)	(65,999)
	<hr/>	<hr/>	<hr/>
<b>TOTAL FUNDS</b>	<u>393,699</u>	<u>(459,698)</u>	<u>(65,999)</u>

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

	At 1.1.23 £	Net movement in funds £	At 31.12.24 £
<b>Unrestricted funds</b>			
General fund	511,491	(58,678)	452,813
	<hr/>	<hr/>	<hr/>
<b>TOTAL FUNDS</b>	<u>511,491</u>	<u>(58,678)</u>	<u>452,813</u>

NOTES TO THE FINANCIAL STATEMENTS - continued  
FOR THE YEAR ENDED 31 DECEMBER 2024

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**13. 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 £
<b>Unrestricted funds</b>			
General fund	934,422	(993,100)	(58,678)
	<hr/>	<hr/>	<hr/>
<b>TOTAL FUNDS</b>	<u>934,422</u>	<u>(993,100)</u>	<u>(58,678)</u>

**Purpose of unrestricted funds**

General fund

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

**14. RELATED PARTY DISCLOSURES**

During the year ended 31 December 2024 the charity received income of £42,277 from another charity, Anthony Nolan, in which Dr V T Potter is also a trustee.

As Dr V T Potter has only been a trustee of British Society of Blood and Marrow Transplantation and Cellular Therapy on 31 December 2024, comparative transactions have not been recorded above.

As at 31 December 2024, £11,246 was due to the charity by Anthony Nolan.

**15. ULTIMATE CONTROLLING PARTY**

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