

**REGISTERED CHARITY NUMBER: 1159115**

**Report of the Trustees and  
Unaudited Financial Statements for the Year Ended 31 March 2017  
for  
British Paediatric Neurology Association**

**Contents of the Financial Statements  
for the Year Ended 31 March 2017**

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**Report of the Trustees  
for the Year Ended 31 March 2017**

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The trustees present their report with the financial statements of the charity for the year ended 31 March 2017. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

**OBJECTIVES AND ACTIVITIES**

**Objectives and aims**

The British Paediatric Neurology Association is charitable incorporated organisation (number 1159115) whose objectives are to promote the health and well-being of children with neurological disorders through:

- The training and education of professionals working in the field of paediatric neurosciences
- The promotion of research into the causes, effects and treatments of neurological disorders affecting children and young people
- The improvement of knowledge of professionals, the public and patients and their families through scientific and educational meetings
- The provision of professional support to members to facilitate the delivery of the above objectives and work with health service planners and providers to achieve this aim

**Main activities undertaken in relation to the purpose**

Please see full details of each activity provided in 'Achievement and performance'.

1. Training the next generation of paediatric neurologists in the UK
2. Educating professionals in the diagnosis and management of:
  - epilepsy, through provision of Paediatric Epilepsy Training (PET) and Expert to Expert: Epilepsy courses;
  - movement disorders, through provision of Expert to Expert: Movement Disorders;
  - headaches, through provision of Children's Headache Training (CHaT) courses;
  - neonatal neurology (NeoNATE) courses;
  - children with any type of neurological condition through its comprehensive online distance learning course.
3. Improvement of knowledge of professionals, the public, and patients through the annual scientific meeting held in January
4. Promotion of research through:
  - British Paediatric Neurology Surveillance Unit
  - Paediatric neurology research fellowship
5. Provision of professional support through:
  - Mentoring
  - Team support
  - Special interest groups

**Public benefit**

The trustees have had regard to the Charity Commission's guidance on public benefit in considering activities during 2016-17. They sought to meet the public benefit of promoting the health and wellbeing of children with neurological disorders in the UK and globally through the initiatives and projects listed in the section 'Main activities undertaken in relation to the purpose'.

## ACHIEVEMENT AND PERFORMANCE

### 1. Training

#### Paediatric Neurology Sub-specialty Training

The BPNA continues formal responsibility for training paediatric neurologists in the UK in collaboration with the Royal College of Paediatrics and Child Health (RCPCH) College Specialist Advisory Committee (CSAC).

2016/17 has been very good for training in paediatric neurology.

Steady investment in publicity/recruitment across the UK has correlated with a significant improvement of quantity and quality of applicants to the grid. We worked closely with neurodisability CSAC to attract applicants to our joint interview process. We also worked closely with the RCPCH to avoid some of the glitches that have been previously disrupted applications through the long listing process. In particular, encouraging applicants who have followed what the grid process judges as "unconventional" career paths (such as taking time out for research / maternity leave). We were surprised that these were seen as barriers to application- rather than strengths- the CSAC are much more confident that the majority of these have been overcome.

Matching the increased number of applicants, we had both a larger number of centres offering training programmes, as well as successful appointees.

Hopefully all members will be aware that we are now undertaking yearly progress review for grid trainees, which have been received enthusiastically according to trainee feedback.

We previously synchronised this with the trainees meeting in the autumn and have now moved this through to May, so that both the annual Trainees' Meeting and progress reviews synchronise approximately 4-weeks prior to each trainee getting their local ARCP. Although it is a very intensive 2-days for the national training advisors, it is brilliant for trainees as they only have to travel 30 seconds either way down the corridor from the training day lecture. Surprisingly, the RCPCH have not been supportive of these occurring outside the RCPCH building. We believe we need to do some work to build bridges between the CSAC and the college, without losing sight of the key goals which we must achieve.

We look forward to another recruitment round kicking off with interviews in the autumn and after 2 very good years of recruitment, the CSAC will need to carefully consider numbers. However, we would encourage all training centres to offer a post even if the final number of appointees are limited.

We are glad to announce that the updated syllabus led by Dr John Livingston, ably assisted by Anne Marie Childs, was reviewed and ratified by the Executive in June 2016. It is a fantastic piece of work which has brought together specialists across the UK to produce both plans for the very best training, and with practical guidance for trainees/trainers. Once more, it has been difficult to fit the requirements of paediatric neurologists into the predicated paperwork for both GMC and RCPCH. Nevertheless, we look forward to our practical guide launching in the near future and would encourage all trainees / consultant neurologists to have a good look through. Reading the syllabus from start to finish should only take some 20 -30 minutes, its structured very clearly and will produce a very good structure for subsequent appraisals/performance review.

The CSAC continued to review the opportunities in training centres. We noted barriers to progression in 6 centres in 2016, four in 2017. Despite a modicum of friction on our recommendations, we were glad to see that all of those identified in 2016 had been resolved positively, on reassessment in 2017. Regarding the new issues we picked up in 2017, we have already had encouraging responses. We hope that individual centres understand that the CSAC are aiming to produce the best training in their centre, but not at the cost of any clinical performance- solutions would also improve clinical care.

Lastly, Anne Marie Childs continues to work avidly in supervision for SPIN trainees across the UK, encouraging them both to undertake training but most importantly finish / gain accreditation. We have had consistent difficulties previously with trainees undertaking extensive and good training, but failing to do the final paper for work formal accreditation.



## ACHIEVEMENT AND PERFORMANCE

### 1. Training

In summary 2016/17 has been a very good year for training, key targets for the next year include - an honest discussion with the College about the working relationship with them and how it can be improved, continuing to encourage the largest number of high quality applicants to the grid, removing barriers to application, and some consideration for the actual numbers we may need and whether we can continue to recruit at such high numbers. We hope to give ongoing support for SPIN trainees with particular reference to improving the percentage who undergo the whole programme with formal accreditation at the end. Finally, to launch the new syllabus (or guide to training as the college have asked us to call it).

### 2. Education

206 BPNA members directly contributed to the development and delivery of courses during 2016-17. This is 66% of UK ordinary members and 67% of overseas members. This demonstrates the strong motivation and engagement of members, and the trustees wholeheartedly appreciate this commitment to teaching and training.

#### Paediatric Epilepsy Training (PET)

PET teaches safe standard epilepsy practice to clinicians, using consensus-based, peer-reviewed, standardised materials linked to internationally recognised clinical guidelines. Introduced to improve standards of care of children with epilepsy, 10 x PET1 (1-day course), 6 x PET2 (2-day course) and 6 x PET3 (2-day course) are delivered throughout the UK per year. Dr Colin Dunkley (Consultant Paediatrician with a special interest in epilepsy) is employed for 4-hours per week to manage course development.

Since 2005, 8,199 clinicians have attended a PET course (824 in 2016-17; 815 in 2015-16), contributing to improving the standards of diagnosis and management of children with epilepsy in the UK. The next 3-yearly update of PET materials is due in 2018.

#### Children's Headache Training (CHaT)

This one-day course is delivered by paediatric neurologists and paediatricians with an expertise in the management of headache. The purpose of CHaT is to improve knowledge and skills amongst health professionals who care for children and young people with headache. Four CHaT courses run per year around the UK and they have been extremely well received. The next course update of CHaT materials is due in 2018.

Since 2012, 616 clinicians have attended CHaT (145 in 2016-17, with international attendees from Greece, Switzerland, Ireland; 128 in 2015-16).

#### Neonatal Neurology Assessment and Treatment Education (NeoNATE)

Infants born at term or prematurely are susceptible to neurological conditions whose long-term outcomes can be much improved by effective early recognition and intervention. This practical two-day course was introduced in 2014 and runs twice per year. It provides training for paediatricians and neonatologists caring for newborn infants in district general hospitals. It is delivered by paediatric neurologists and neonatologists, and this unique course gives a complementary perspective on a wide range of neurological conditions.

Since 2014, 224 clinicians have attended NeoNATE (80 in 2016-17 with international attendees from Spain, Ireland, Switzerland, Palestine, Italy, New Zealand, Indonesia and Brazil; 74 in 2015-16). There is increasing demand to deliver the course in other areas of the world.

#### Expert to Expert

International keynote speakers and UK faculty deliver an annual 2-day course, providing continuing professional development for Consultant Paediatric Neurologists from the UK and globally. On alternate years, the course focuses on Epilepsy or Movement Disorders. Dr Andrea Whitney has taken over as lead for Expert to Expert: Epilepsy. The next course will take place in Bristol on 9-10 November 2017. Dr Lucinda Carr is leading the next Expert to Expert: Movement Disorders course, which will take place in 2018.

In 2016-17, 49 people attended Expert to Expert: Movement Disorders, with international attendees from Sweden (5), India (2), Germany (1), UAE (1), Nigeria (1), Argentina (1), Belgium (1). Feedback was excellent.

## ACHIEVEMENT AND PERFORMANCE

### 1. Training

#### Distance Learning in Paediatric Neurology

Distance Learning (DL) provides systematic and comprehensive learning, delivered online for trainee paediatric neurologists, paediatricians and established specialists. The course covers the whole of paediatric neurology and participants may enrol for one unit or the whole course.

We are indebted to the 81 Consultant Paediatric Neurologist volunteer tutors globally, who give their time to tutor trainees through the course; the 8 volunteer members of the steering committee; together with all those Consultants of varying subspecialties who have so generously contributed by speaking at study days.

DL course fees are differentiated by country according to the World Bank economic classification to widen access to doctors worldwide, in line with BPNA charitable aims. In 2015-16 the DL steering committee reduced the middle income country fee to that of low income countries, to enable middle income doctors to participate. This resulted in an increase of 10 enrolments from middle income countries during 2016-17.

Course materials are under continual review and renewal. £19,100 is currently allocated from BPNA reserves to fund updating DL course materials, of which £15,500 has been used during this financial year. Dr Louise Hartley (Consultant Paediatric Neurologist, Cardiff) is employed for 4-hours per week to direct and oversee the revision and rewriting process.

In 2016-17, a total of 39 doctors enrolled for the whole course (down from 64 in 2015-16; 65 in 2015-16). This is mainly due to lower number of groups enrolling. Individual unit enrolments continued to be mainly for Unit 6 Epilepsy 57 (44%), Unit 2 Neonatal Neurology 15 (10%), Unit 3 Neurodevelopment 15 (10%). Following a survey of currently enrolled students, the DL steering committee agreed to explore the possibility of making the whole course an MSc accredited through a UK university during 2016-17.

#### Trainees

In Birmingham in October 2016, the annual paediatric neurology trainees' study days were held. The theme was neuromuscular disorders, linked with the Distance Learning unit. We are grateful to all 12 world class speakers who contributed to the 2-day meeting, which was attended by 39-trainees. The Stuart Green Memorial Lecture was delivered by Dr Finbar O'Callaghan who gave an inspiring and thought provoking lecture about research. The CSAC progress reviews were conducted by Drs Childs and Parker during the meeting. The successful format of this meeting will now form the basis for next year's meeting.



**Report of the Trustees  
for the Year Ended 31 March 2017**

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**ACHIEVEMENT AND PERFORMANCE**

**International Short-Courses**

**Middle East & North Africa (MENA)**

A trained committed faculty from Qatar, United Arab Emirates, Sudan and Egypt work together to deliver PET with support from the UK.

United Arab Emirates: In May 2016, PET1 and 2 Abu Dhabi were held (Course Director Dr Hadi Al-Malik) with a total of 66 delegates. Tawam Hospital, Al-Ain provided generous funding. Total number of attendees in the Gulf since 2012-13: PET1 - 114; PET2 - 109; PET3 - 39; PET EEG - 32.

Sudan: Year 3 of 5, funded by Sadagaat, a Sudanese charity funded by members of the Sudanese diaspora. During 2016-17, the team have delivered 3 PET1 courses in Khartoum to 140 attendee's. In May 2016, the faculty from Sudan observed PET2 Abu-Dhabi and in March 2017 the team delivered PET2 Khartoum to 47 attendees. Total number of attendees in Sudan since Year 1 (2014-15): PET1 - 188; PET2 - 47.

**India**

In November 2014, a UK faculty team delivered a 3-day launch programme in Ahmedabad (north India), training 30 faculty teams from Ahmedabad, Mumbai, Delhi and Jaipur. Following the success of those teams, in March 2016 a UK faculty team delivered a second 3-day programme in Bengaluru (south India), training faculty teams from Kolkata, Chennai, Hyderabad, Cochin and Bengaluru. This was funded by Sanofi and ILAE. Local administrators are being identified to support courses.

During 2016-17, 16 PET1 courses have been delivered by local faculties across India, to a total of 582 attendees. Total PET1 attendees since Year 1 (2014-15): 1,139.

This has been thanks to the continuing dedication of Dr Arijit Chattopadhyay, Dr Pradnya Gadgil, Dr Jatinder Goraya, Dr Rakesh Jain, Dr Vivek Jain, Dr Ramesh Konanki, Prof Muhammed Kunju, Dr Lokesh Lingappa, Dr Ann Agnes Mathew, Dr Velayutham Murugan, Dr Siddharth Shah, Dr Vel Singara, Dr Nitish Vora, leading the Indian centres, and the commitment of faculty members.

**Southern Africa**

In February 2016 a 5-year healthcare partnership was established with the Paediatric Neurology Development Association of Southern Africa (PANDA-SA). A UK faculty team delivered a 3-day launch programme in Cape Town, training 36 new faculty (from South Africa, Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda and Zimbabwe) to deliver PET1. This was funded by ILAE, Sanofi, Novartis, PANDA-SA. A PANDA-SA administrator has been trained and is providing administrative support to pet across Southern Africa.

South Africa: During 2016-17, a local faculty, led by Dr Jo Wilmshurst (Cape Town) and Dr Gail Scher (Johannesberg), delivered PET1 Johannesburg to 48 attendees. Total PET1 attendees since Year 1 (2015-16): 136.

Kenya: PET1 Nairobi will take place in April 2017 (Course Director Dr Pauline Samia), bringing together faculty from Tanzania, Uganda and South Africa supporting local Kenyan faculty.

**Nepal**

Year 2 of 5 of the BPNA funded project. It was not possible to deliver the planned courses in Kathmandu in 2016-17.

**Myanmar**

Year 3 of 5 of the BPNA funded project. In February 2017, Dr Kyaw Linn (Yangon) and a local faculty, supported by a small UK team, delivered iPET in Yangon and Mandalay for a total of 52 attendees. Total attendees since Year 1 (2014-15) in Myanmar: 172.

**South America**

Brazil: Throughout 2016, a team of 3 paediatric neurologists in São Paulo, Dr Marilisa Guerreiro, Dr Ana Carolina Coan and Dr Kette Valente, translated PET1 into Portuguese (approximately 180 hours work). In March 2017, a UK faculty travelled to Brazil to undertake the back-translation and develop a project plan to roll-out PET1 throughout Brazil. A 3-day launch is planned for June 2018, subject to receipt of funding.

## ACHIEVEMENT AND PERFORMANCE

### International Short-Courses

Central & South America: Initial discussions took place with representatives from Central and south America with a view to translating PET1 into Spanish.

We are grateful to the Buist Trust for funding the 'Outcome Measures Project'. This pilot online survey aimed to identify and quantify changes in attitudes and practice of attendees ~6 months after attending PET1. The data gathered from the pilot has been analysed (see Table 1 below). The survey will be modified following the pilot and routinely sent to all attendees worldwide from 2018.

**Table 1 Outcome Measures Project sample results**

PET course attendance had prompted 74.77% of responders to try to improve their way their clinical service is set up to support children and young people with epilepsy's.

They had been able to introduce the following changes to services for children with epilepsy's:

	UK	India	Myanmar	UAE	Sudan
Increased number of children with epilepsy seen	23.53% (4)	28.13% (9)	33.33% (4)	50% (3)	60% (6)
Developed dedicated epilepsy clinic	5.88% (1)	12.5% (4)	25% (3)	16.67% (1)	10% (1)
Developed peer review meetings	17.65% (3)	6.25% (2)	33.33% (4)	0	40% (4)
Improvements in prolonged seizure management in your unit	35.29% (6)	59.38% (19)	66.67% (8)	50% (3)	60% (6)
Developed new local guidelines	23.53% (4)	31.25% (10)	41.67% (5)	16.67% (1)	30% (3)
Introduced/improved undergraduate and /or postgrad teaching	23.53% (4)	43.75% (14)	66.67% (8)	33.33% (2)	50% (5)
Introduced co-morbidities clinic	5.88% (1)	15.63% (5)	8.33% (1)	0	10% (1)
Other	35.29% (6)*	12.5% (4)+	0	16.67% (1)	0

\* Sharing information in a more coherent fashion. Educated parents and education staff better. Working closer with epilepsy nurse.

+ Planning to make an epilepsy care team. Improved diagnosis. Syndromic diagnosis.

Asked had they been able to teach your local colleagues about epilepsy since attending PET:

	UK	India	Myanmar	UAE	Sudan
Yes	65.31% (32)	64.71% (22)	91.67% (11)	100% (5)	100% (5)
No	34.69% (17)	35.29% (12)	8.33% (1)	0	0

### Future developments

Trustees are cognisant of the need to ensure international launch and delivery of courses is sustainable and that all courses meet our defined quality standards. In order to mitigate the financial and reputational risks associated with this expansion, the Trustees are working establishing a partnership with the International League Against Epilepsy (ILAE). They are equally enthusiastic about PET and have already contributed to launch costs for Bengaluru and Cape Town.



## ACHIEVEMENT AND PERFORMANCE

### 3. Annual Scientific Conference

Oversight of the scientific content of the annual meeting, including abstract scoring and awarding of the MacKeith Prize, rests with the Research Committee (chaired by Professor Helen Cross).

The 2017 annual scientific meeting was held in Cambridge, providing the opportunity to learn from the MacKeith Guest Lecturer, Dr Adam Kirton (Alberta Children's Hospital, Calgary, Canada), 7 keynote lectures, 35 platform and 231 poster presentations selected from abstracts submitted.

Prizes were awarded to:

Dr Sukhvir Wright(Birmingham Children's Hospital)

The Ronnie MacKeith Prize. Awarded to the person who has made the most significant contribution to paediatric neurology as judged by published work and who is <40 years old or within 5-years of obtaining CCT  
Best oral presentation by a trainee

Dr Katharina Vezyroglou(Great Ormond Street Hospital, London)

Dr Henriette Van Ruiten(Newcastle-Upon-Tyne)

Dr Min Tsui Ong (Nottingham Children's Hospital)

&Miss Laura Markham (Medical Student, University of Bristol)

Best poster presentation by a trainee

"BAFTA" BPNA Award for Fabulous Trainee Action.

Awarded to the trainee who has best contributed to service improvement which significantly impacted on their local and/or national practice or any other innovative contribution

Mr Vignesh Gopalan(University College London)

Best medical student presentation

The BPNA indirectly facilitates the dissemination of information to children and young people with neurological conditions, their families and their carers, through its members, regionally and locally. The trustees are considering opportunities to develop teaching to be delivered directly to children and young people with neurological conditions, their families and their carers.

## ACHIEVEMENT AND PERFORMANCE

### 4. Research

The BPNA research committee has a remit for oversight of the annual scientific meeting as outlined above, and also the development and oversight of research within the organisation to the benefit of children with neurological disease.

#### British Paediatric Neurology Surveillance Unit (BPNSU)

The BPNSU email list is continually reviewed and updated to optimise returns. Two studies are currently online, and a further three applications are being considered.

#### Paediatric Neurology Fellowship

A partnership was established in 2015 with Action Medical Research (AMR) to jointly fund a 3-year AMR-BPNA Research Training Fellowship. In 2016, the first fellowship was awarded to Dr Apostolos Papandreou (University College London). He is dedicated to helping children suffering from BPAN (beta-propeller protein-associated neurodegeneration). BPAN is an X-linked subtype of Neurodegeneration with Brain Iron Accumulation (NBIA) caused by mutations in the gene CHECK. Affected patients present with a progressive neurological disorder consisting of early-onset developmental delay and epilepsy, followed by neurological regression, dementia and parkinsonian features in adolescence or early adulthood. His project aims to increase understanding of what causes BPAN brain cells to malfunction and also to find chemical compounds that can ameliorate or reverse the phenotype we see in patient cells compared to controls. The most promising of these compounds can be then taken forward to pre-clinical or clinical trials, with the ultimate aim to improve treatment options for these children and alleviate the disability associated with the disease.

#### Clinical studies group

The administrative support for the NIHR CRN (paediatrics) CRG for neurosciences has ceased. The idea is we take over this role; this has been agreed in principle. The plan was for nurse and lay members to continue on the Research Committee. This is under review. Final arrangements to ensure appropriate assessment of studies to be undertaken.

#### Proposed priority setting exercise

This is seen as a priority, and doable within the resources of the BPNA. A project time line and budget has been developed. Although it is likely existing resources would contribute significantly, grant applications are in progress. It is anticipated this would be initiated in the next financial year.

### 5. Professional Support

#### BPNA membership

At 31 March 2017, the BPNA has the following:

313 Ordinary UK members  
46 Overseas members  
94 Trainee members  
48 Senior members  
501 Total members

#### Mentoring and Team Support

In 2015-16 Trustees identified a need for members to have access to mentoring services, and it was agreed that the BPNA should contribute to fulfilling this need. This initiative began in 2016 and will be developed over 2017-18.

#### Special Interest Groups (SIG)

##### Cerebrovascular

Cerebrovascular SIG meetings are an opportunity to discuss complex cases, research opportunities, service developments and collaborative audit.



## ACHIEVEMENT AND PERFORMANCE

During 2016-17, 3 meetings were held. In Leeds in May 2016, guest speakers were Dr Jenny Thomson, a geneticist whose area of expertise is genetic cerebrovascular disorders, and Dr Andrew Mallick, Consultant Paediatric Neurologist (Bristol), who talked about the South of England Stroke Study. In Manchester, September 2016, a 2-day meeting was held, the first day with the typical format and on the second day covering "Neurovascular cases in Paediatric Neurosciences: why the holistic multidisciplinary team approach?". In Cambridge, at the BPNA conference.

### Epilepsy

British Paediatric Epilepsy Group (BPEG) meetings are an opportunity to discuss complex cases, research, PET courses, service developments and collaborative audit.

During 2016-17 BPEG held 3 meetings: London, Dublin (prior to the ILAE annual meeting) and Cambridge (at the BPNA annual meeting). BPEG continues to evolve and is looking at ways to link in with established epilepsy networks across the UK. The Organisation of Epilepsy Networks (OPEN) was established in 2015 and BPEG chair has represented the BPNA on this group.

### Inherited white matter diseases (IWMD)

The inherited white matter diseases (IWMD) interest group/network has now been in existence for 2-years and continues to evolve. We have met 3 times in the past year with two standalone meetings and a joint meeting with the neurogenetics club held in Manchester. The initial focus of the group has been on diagnosis of suspected IWMD. Increasing availability of NGS diagnostics has made diagnosis possible for many previously uncharacterised disorders. This was reflected at our June meeting in Leeds where many of the cases presented had a molecular diagnosis several of which were novel or were surprising given the phenotype. This emphasizes not only the challenges which NGS bring but also the need for systematic data collection, dissemination of findings and research.

Negotiating national commissioning for IWMD services with NHSE continues to progress slowly and it may not. In this context we need to press forward with national collaborative working.

In 2017 we are hoping to launch a surveillance study and establish a disease register. We would also like to formalize our association with international colleagues through the GLIA (Global Leukodystrophy Initiative) consortium.

### Movement Disorders

The BPNA Movement Disorders Clinical Research Network has been very active if not formally meeting. Members have been developing new clinical-diagnostic paths ways focussing on better genetic ascertainment, clinical management strategies involving medication and Neuromodulation (DBS), methods for recording clinical severity and extreme conditions such as status dystonicus.

### Muscle Interest Group

The Muscle SIG holds two meetings each year: one is a stand-alone meeting that rotates around a number of centres, and the other meeting is a session that is held at the annual meeting of the British Myology Society. Members of the group present and discuss challenging and educational clinical cases. An anonymous summary of the cases is circulated after the meetings. The meetings are also used as an opportunity to discuss issues from the NorthStar and SMARtNet National Neuromuscular databases networks.

The NorthStar clinical neuromuscular network meeting was held in April 2016 in London, led by Dr Adnan Manzur. This is a joint meeting with the neuromuscular clinicians and research physiotherapists. The importance of maintaining our collection of natural history data via the NorthStar database was reviewed as well as developing outcome measures which are relevant over the time span of clinical trials. The network continues to evolve to develop quality measures. Current and forthcoming trials in DMD and SMA were discussed, together with current initiatives to enhance research support and trial access.

In July 2016, Ataluren (Translarna) was approved by NICE for ambulant children with nonsense-mutation DMD. This is being funded by NHS England under a managed access agreement. The NorthStar group has been instrumental in agreeing the process of monitoring outcomes required by the MAA.



**Report of the Trustees  
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**ACHIEVEMENT AND PERFORMANCE**

The 9th annual meeting of the British Myology Society was held in Oxford in September 2016 and included an MIG session where adult and paediatric solved and unsolved cases were discussed. Further topics discussed at the meeting included the NHS framework for funding and development for drugs in rare disease, and the uses and challenges of the new genetic screening programmes. Feedback from the paediatric training day prior to 2015 BMS meeting was very good; this will alternate with an adult neuromuscular training day from now on.

**FINANCIAL REVIEW**

**Financial position**

The financial report takes the form of unaudited financial statements prepared by an independent examiner for the 12-month period from 1 April 2016 to 31 March 2017.

**How we raise money**

The figure for Total funds carried forward is £235,614. In this report, Voluntary income includes funds already held by the BPNA, and our membership subscriptions.

The BPNA raises funds mainly through the membership subscriptions of its members and the payments received for the delivery of its educational activities, which include an annual conference, short-courses, and a modular distance-learning course. Many members also make an annual donation under the Gift Aid scheme.

The sum of Total incoming resources (turnover) for this period was £773,918.

According to BPNA policy, the costs associated with running the conferences and courses was approximately that of the income obtained from course enrolment fees. The Support costs include the employment of staff at the Secretariat, printing and postage, rent and upkeep of the secretariat building, accountancy and bank fees, and web development. For this accounting period, there were bad debts of £8,237. These were mainly due to candidates enrolling for the Distance Learning Course but failing to pay for and start study on later sections of the course.

**Significant events during this financial year**

The figure of £318,652 for Cash at bank and in hand at 31 March 2017 is similar to that of the previous financial year. The Creditors category includes payment for courses that have not yet been delivered. For courses paid in advance this amounted to £83,140 (2015-16 £49,428).

During this accounting period, the BPNA employed 9 staff at the Secretariat and the equivalent of 6.33 full-time staff. Staff pensions are provided through the NEST scheme. Employee pension contributions will increase over the next financial year.

**Report of the Trustees  
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**FINANCIAL REVIEW**

**Investment policy and objectives**

The policy of the BPNA is to invest its reserves in the further development of its charitable aims. In particular, in 2015-16 it committed a total of £90,000 over a 3-year period to the support of an education and research fellowship co-funded by Action Medical Research. In 2016-17 it spent £30,000 as budgeted. The funding stream for this has been identified from members' donations and sponsorship. The BPNA has also committed reserves to the sustainability and further development of the BPNA Distance Learning Course.

Over the last 2 financial years the BPNA had a deficit budgeted in the accounts. In 2015-16 this was due to a change in accounting procedure, which recognized membership subscriptions paid in February 2016 for the 2017 year of membership (£67,002) as income in 2016-17. In 2017 the subscription payment date was moved to April so that it is recognized in the correct year. However for 2017-18 it has budgeted for a surplus. It has currently sufficient reserves but there may be increasing demands on it due to employee pension contributions going up over the coming financial year.

BPNA contingency policy is to hold in reserves the equivalent of 6-month's Secretariat salaries. This policy is reviewed every 12-months.

As a result of the current level of reserves the BPNA holds it is exploring investment opportunities for the reserves. Any interest earned will be utilized for research projects and other activities in line with the BPNA's charitable objectives.

**Main risks identified by the charity trustees**

The trustees maintain a risk register. We have currently identified the following factors as being the main risks to the BPNA:

- Falling revenue from distance learning course. There has been a decrease in enrolments during 2016-17. Steps to mitigate include reviewing the marketing strategy to ensure the course is appropriately targeted and meets their needs, and promotion is effective. £19,100 is allocated in reserves to provide for the update of course materials during 2017-18.
- Pressure from NHS Trusts on BPNA members to increase the number of clinics/patients and limit other activities. This has the potential to impact on the voluntary time given by BPNA members to lecture, tutor and mentor at short-courses, distance-learning, and mentoring. Our consultant members have remained robust and enthusiastic in this support and we hope that this will remain the case, but it is clear that the BPNA would be unable to continue in delivering education without this generously donated time. This is being monitored by Education, Quality & Standards committee and Professional Support Committee.
- The growth of international courses taking resources from BPNA core activities. For the second year, the number of PET attendees internationally is greater than the number attending in the UK. We believe that further growth is not sustainable without the establishment of effective partnerships with appropriate organisations, providing core and project funding. In order to mitigate the financial and reputational risks associated with expansion, the Trustees are working to establish a partnership with the International League Against Epilepsy, will begin submitting grant proposals with our healthcare partners during 2017-18, and are working to transfer the administrative workload to local administrators.



**Report of the Trustees  
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**FACTORS LIKELY TO AFFECT THE FINANCIAL POSITION IN FUTURE**

The future financial position of the BPNA depends upon the continued support of its members, and the continued enthusiasm of healthcare professionals in the UK and internationally for attending the annual conference, short-courses and enrolling on the distance learning course. Although BPNA members pay an annual subscription, and many make an additional voluntary donation, the trustees appreciate that they make in many ways a greater contribution, in the voluntary time they commit: to teaching, tutoring and writing materials for BPNA courses; and the time committed to academic and administrative aspects of the annual conference. During 2016-17, 73% (229) of all ordinary members and 67% (31) of all overseas members made direct contributions of this nature. Given the pressures on time for all NHS consultants, and similar pressures on colleagues resident overseas; and given that the BPNA would be unable to continue to provide these courses at their current modest prices, it is clear that the financial position of the BPNA rests heavily on the good will and generously devoted time of its members.

During 2016-17, the BPNA received a total of £65,735 sponsorship from pharmaceutical companies. This is not guaranteed year to year. We are grateful to Desitin Pharmaceuticals for sponsoring PET in the UK during 2016-17 (£27,000) and their commitment to continue during 2017-18. Actelion has supported the annual trainees' meeting (£5,000) for many years. Conference sponsorship for 2016-17 totalled £33,735, in line with previous years.

We currently hold healthy reserves. The BPNA has budgeted for a surplus in the next financial year and will explore investment opportunities to ensure maximum returns on our reserves.

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Incorporation**

The charitable incorporated organisation was incorporated on 6 November 2014 and commenced trading on the same date.

**Governing document**

The BPNA is governed by its Constitution, approved at an extraordinary general meeting on 3 December 2014.

**Method of appointment of trustees**

The management of the Association is ultimately the responsibility of the trustees who are elected by BPNA members and appointed under the terms of the Constitution.



**Report of the Trustees  
for the Year Ended 31 March 2017**

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**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Organisational structure and decision-making**

The trustees meet four times per year (January, April, June, October) when strategic decisions and business matters are discussed. Any urgent decisions are made by way of telephone conference calls.

Council is a larger body that meets twice per year (January and June), consisting of regional paediatric neurology representatives from around the UK and co-opted members from all related disciplines. The Deanery Advisers are responsible for supporting the education and training of doctors in this speciality in their own areas. Co-opted members ensure that there is an exchange of information and ideas with key organisations related to the care of children and young people with neurological conditions.

**Members of BPNA Council Serving During 2016-17**

<b>EXECUTIVE:</b>	<b>NAME</b>	<b>TERM EXPIRES</b>
President	Dr Jean-Pierre Lin	January 2018
President Elect	Prof Finbar O'Callaghan	January 2022
Secretary	Dr Martin Smith	January 2019
Professional Support Officer	Dr Frances Gibbon	January 2019
National Training Advisor	Dr Alasdair Parker	January 2018
Treasurer	Dr Sandeep Jayawant	April 2020
Chair, Education Quality & Standards	Prof Martin Kirkpatrick	January 2019
Chair, Distance Learning	Dr Louise Hartley	January 2020
Chair, Research	Prof Helen Cross	January 2019
Executive Director	Philippa Rodie	Co-opted
<b>DEANERY ADVISERS:</b>		
East Anglia	Manali Chitre	December 2019
Merseyside	Ram Kumar	December 2018
London (North)	Cheryl Hemingway (2nd term)	December 2018
London (South)	Ming Lim	December 2018
North East	Robert McFarland (2nd term)	December 2017
Northern Ireland	Sandya Tirupathi	December 2019
North West	Gary McCullagh	December 2019
Oxford	Saleel Chandratre	December 2018
Scotland	Mary O'Regan (2nd term)	December 2018
South West	Anirban Majumdar	December 2017
Trent	Gabby Chow	December 2017
Wales	Cathy White	December 2017
Wessex	Katharine Forrest	December 2018
West Midlands	Shakti Agrawal	December 2017
Yorkshire	Helen McCullagh	December 2019
<b>CO-OPTED MEMBERS:</b>		
Chair, British Paediatric Epilepsy Group	Ailsa McLellan	Co-opted
Clinical Effectiveness Co-ordinator	Gayatri Vadlamani	Co-opted
BPNSU Lead	Richard Chin	Co-opted
Editor DMCN	Bernard Dan	Co-opted
British Myology Society Representative	Tracey Willis	Co-opted
British Paediatric Neurosurgical Group Rep	Dominic Thompson	Co-opted
Chair, Disability CSAC	Charlie Fairhurst	Co-opted
Neuropsychiatry Representative	Ashley Liew	Co-opted
Chair, BPNA Scientific Meetings Committee	Evangeline Wassmer	Co-opted
PET Course Development Manager	Colin Dunkley	Co-opted
BPNA 2017 Annual Conference organiser	Alasdair Parker	January 2017
Trainee Representative, Paediatric Neurology	Sam Amin	January 2017
Trainee Representative, Disability	Vacant	Co-opted

**Report of the Trustees  
for the Year Ended 31 March 2017**

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**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Risk management**

The trustees have assessed the major strategic, business and operational risks to which the Association is exposed, and are satisfied that systems and procedures are in place to monitor and control those risks in order to mitigate any impact they might have on the Association. A risk register is maintained and updated regularly.

**REFERENCE AND ADMINISTRATIVE DETAILS**

**Registered Charity number**

1159115

**Principal address**

The Coach House  
Rear of 22 Chorley Road  
Bolton  
Lancashire  
BL1 4AP

**Trustees**

Professor J H Cross

Dr F Gibbon

Dr L Hartley

- appointed 11/1/2017

Dr S Jayawant

- appointed 11/1/2017

Prof M Kirkpatrick

Dr J-P Lin

Dr J H Livingston

- resigned 11/1/2017

Dr A L Lux

- resigned 11/1/2017

Prof FJK O'Callaghan

Dr A Parker

Dr M R Smith

**Independent examiner**

Jonathan Ward ACA FCCA

ICAEW and ACCA

HSA & Co

Chartered Accountants and Statutory Auditors

Lewis House

Great Chesterford Court

Great Chesterford

Essex

CB10 1PF

**Executive Director**

Philippa Rodie

**Bankers**

Barclays Bank PLC

15 Bene't Street

Cambridge

CB2 3PZ

**Report of the Trustees  
for the Year Ended 31 March 2017**

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**TRUSTEES RESPONSIBILITY STATEMENT**

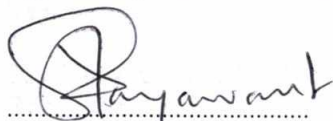
The trustees are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

The law applicable to charities in England and Wales, the Charities Act 2011, Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charity for that period. In preparing those financial statements, the trustees are required to

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charity SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by order of the board of trustees on .....11/12/17..... and signed on its behalf by:



Dr S Jayawant - Trustee



**Independent Examiner's Report to the Trustees of  
British Paediatric Neurology Association**

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I report on the accounts for the year ended 31 March 2017 set out on pages seventeen to twenty eight.

**Respective responsibilities of trustees and examiner**

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

It is my responsibility to:

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

**Basis of the independent examiner's report**

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

**Independent examiner's statement**

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

- (1) which gives me reasonable cause to believe that, in any material respect, the requirements

- to keep accounting records in accordance with Section 130 of the 2011 Act; and
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act

have not been met; or

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



Jonathan Ward ACA FCCA  
ICAEW and ACCA  
HSA & Co  
Lewis House  
Great Chesterford Court  
Great Chesterford  
Essex  
CB10 1PF

Date: 12/12/17

**Statement of Financial Activities  
for the Year Ended 31 March 2017**

		Year Ended 31/3/17 Unrestricted funds £	Period 6/11/14 to 31/3/16 Total funds £
<b>INCOME AND ENDOWMENTS FROM</b>	Notes		
Donations and legacies	3	154,034	431,294
<b>Charitable activities</b>	5		
Conferences, courses and recharges		608,282	542,748
Grants		11,500	-
Investment income	4	102	149
<b>Total</b>		<b>773,918</b>	<b>974,191</b>
 <b>EXPENDITURE ON</b>			
Raising funds	6	5,003	8,317
<b>Charitable activities</b>	7		
Support Costs		2,892	-
Research		63,285	22,554
Grants		-	7,500
Annual Conference		151,411	141,831
Short Courses		295,388	319,457
International Short Courses		66,881	61,112
Distance Learning		79,818	59,884
EPNS Recharges		26,623	30,540
BPNA Membership Expenses		87,599	82,400
<b>Total</b>		<b>778,900</b>	<b>733,595</b>
 <b>NET INCOME/(EXPENDITURE)</b>		<b>(4,982)</b>	<b>240,596</b>
 <b>RECONCILIATION OF FUNDS</b>			
<b>Total funds brought forward</b>		<b>240,596</b>	<b>-</b>
 <b>TOTAL FUNDS CARRIED FORWARD</b>		<b>235,614</b>	<b>240,596</b>

**CONTINUING OPERATIONS**

All income and expenditure has arisen from continuing activities.

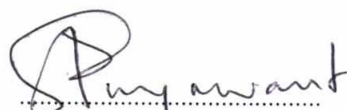
The notes form part of these financial statements

**British Paediatric Neurology Association**

**Balance Sheet**  
**At 31 March 2017**

		2017 Unrestricted funds £	2016 Total funds £
	Notes		
<b>FIXED ASSETS</b>			
Tangible assets	12	11,549	13,845
<b>CURRENT ASSETS</b>			
Debtors	13	67,174	104,447
Cash at bank and in hand		318,652	303,558
		<u>385,826</u>	<u>408,005</u>
<b>CREDITORS</b>			
Amounts falling due within one year	14	(161,761)	(181,254)
<b>NET CURRENT ASSETS</b>		<u>224,065</u>	<u>226,751</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		235,614	240,596
<b>NET ASSETS</b>		<u>235,614</u>	<u>240,596</u>
<b>FUNDS</b>	15		
Unrestricted funds		235,614	240,596
<b>TOTAL FUNDS</b>		<u>235,614</u>	<u>240,596</u>

The financial statements were approved by the Board of Trustees on .....11/12/17..... and were signed on its behalf by:

  
.....  
Dr S Jayawant -Trustee

The notes form part of these financial statements



**Cash Flow Statement  
for the Year Ended 31 March 2017**

		Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
<b>Cash flows from operating activities:</b>	Notes		
Cash generated from operations	1	16,567	324,705
Interest paid		(17)	-
<b>Net cash provided by (used in) operating activities</b>		<u>16,550</u>	<u>324,705</u>
<b>Cash flows from investing activities:</b>			
Purchase of tangible fixed assets		(2,029)	(21,779)
Sale of tangible fixed assets		471	483
Interest received		102	149
<b>Net cash provided by (used in) investing activities</b>		<u>(1,456)</u>	<u>(21,147)</u>
<b>Change in cash and cash equivalents in the reporting period</b>		<u>15,094</u>	<u>303,558</u>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<u>303,558</u>	<u>-</u>
<b>Cash and cash equivalents at the end of the reporting period</b>		<u><u>318,652</u></u>	<u><u>303,558</u></u>

The notes form part of these financial statements

Notes to the Cash Flow Statement  
for the Year Ended 31 March 2017

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

	Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
<b>Net income/(expenditure) for the reporting period (as per the statement of financial activities)</b>	(4,982)	240,596
<b>Adjustments for:</b>		
Depreciation charges	3,854	7,451
Interest received	(102)	(149)
Interest paid	17	-
Decrease/(increase) in debtors	37,273	(104,446)
(Decrease)/increase in creditors	(19,493)	181,253
<b>Net cash provided by (used in) operating activities</b>	<u>16,567</u>	<u>324,705</u>

**1. PRESENTATION CURRENCY**

The presentation current of the financial statements is the Pound Sterling (£).

**2. ACCOUNTING POLICIES**

**Basis of preparing the financial statements**

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. 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.

Donations are recognised at the date of receipt.

Membership subscriptions are recognised in the period to which they relate. Membership subscriptions included in the accounts for the year ended 31 March 2017 cover the period 1 April 2016 to 31 March 2017.

Income in relation to conferences and courses is recognised in the period in which the conference or course is run.

**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.

Grants offered subject to conditions which have not been met at the balance sheet date are noted as a commitment but not accrued as expenditure.

**Tangible fixed assets**

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

Plant and machinery	- 25% on reducing balance
Fixtures and fittings	- 25% on reducing balance

The tangible fixed assets of the charity are reviewed by the charity's executive director and the trustees for impairment on a regular basis and during the preparation of the financial statements.

**Taxation**

The charity is exempt from tax on its charitable activities.



**Notes to the Financial Statements - continued**  
**for the Year Ended 31 March 2017**

**2. ACCOUNTING POLICIES - continued**

**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.

**Foreign currencies**

Assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the rate of exchange ruling at the date of transaction. Exchange differences are taken into account in arriving at the operating result.

**Financial instruments**

A financial asset or a financial liability is recognised only when the entity becomes a party to the contractual provisions of the instruments.

Basic financial instruments are initially recognised at the transaction price, unless the arrangement constitutes, in effect, a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Debt instruments are subsequently measured at amortised cost.

Other financial instruments are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument. Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised in profit or loss immediately.

Any reversals of impairment are recognised in profit or loss immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

**3. DONATIONS AND LEGACIES**

	Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
Donation from BPNA unincorporated to BPNA charity	-	269,290
Donations	-	3,470
Donations - Research	12,098	43,941
BPNA Members Subscriptions	76,201	68,593
Sponsorships received	65,735	46,000
	<u>154,034</u>	<u>431,294</u>

Donations for the year ended 31 March 2016 included a one off donation from BPNA unincorporated charity of £269,290.

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2017

## 4. INVESTMENT INCOME

	Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
Deposit account interest	102	149

## 5. INCOME FROM CHARITABLE ACTIVITIES

	Conferences, courses and recharges £	Grants £	Total activities £	Total activities £
Conferences	148,869	-	148,869	107,037
Short Courses	334,081	-	334,081	308,255
International Short Courses	27,481	-	27,481	11,710
Distance Learning	70,932	-	70,932	87,356
EPNS Recharges	26,919	-	26,919	28,390
Grants	-	11,500	11,500	-
	<u>608,282</u>	<u>11,500</u>	<u>619,782</u>	<u>542,748</u>

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

	Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
Buist Trust - Outcomes Measurement Pilot Project	10,000	-
Skills Funding Agency Apprenticeship Grant	1,500	-
	<u>11,500</u>	<u>-</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2017

## 6. RAISING FUNDS

## Raising donations and legacies

	Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
BPNA Membership expenses	4,933	7,557
Research	70	760
	<u>5,003</u>	<u>8,317</u>

## 7. CHARITABLE ACTIVITIES COSTS

	Direct costs £	Support costs (See note 9) £	Totals £
Research	32,684	30,601	63,285
Annual Conference	105,333	46,078	151,411
Short Courses	182,895	112,493	295,388
International Short Courses	13,635	53,246	66,881
Distance Learning	22,653	57,165	79,818
EPNS Recharges	24,685	1,938	26,623
BPNA Membership Expenses	47,092	40,507	87,599
Support Costs	-	2,892	2,892
	<u>428,977</u>	<u>344,920</u>	<u>773,897</u>

## 8. GRANTS PAYABLE

	Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
Grants	-	7,500
	<u>-</u>	<u>7,500</u>



**Notes to the Financial Statements - continued**  
**for the Year Ended 31 March 2017**

**8. GRANTS PAYABLE - continued**

The total grants paid to individuals during the year was as follows:

	Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
Individuals	-	7,500

During the year there were no grants awarded. During the prior period funds of £7,500 were awarded to Dr Hannah Nash at the School of Psychology, University of Leeds for pilot work on a study entitled 'Using a portable, objective measure of sleep to investigate the relationship between sleep, cognition and psychosocial well-being in paediatric narcolepsy.'

**9. SUPPORT COSTS**

	Human resources £	Other £	Governance costs £	Totals £
Support Costs	366	2,526	-	2,892
Research	30,508	93	-	30,601
Annual Conference	26,748	17,136	2,194	46,078
Short Courses	70,997	37,595	3,901	112,493
International Short Courses	53,246	-	-	53,246
Distance Learning	47,386	8,641	1,138	57,165
EPNS Recharges	1,845	93	-	1,938
BPNA Membership Expenses	32,804	6,809	894	40,507
	<u>263,900</u>	<u>72,893</u>	<u>8,127</u>	<u>344,920</u>

**10. TRUSTEES' REMUNERATION AND BENEFITS**

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

**Trustees' expenses**

Trustees have been reimbursed for the costs of travel and accommodation expenses incurred in attending various meetings..

Expenses totalling £1,844 were reimbursed to 6 (2016: 5) Trustees during the year.

	No	2017 £	2016 £
Travel and subsistence	6	1,844	1,815

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2017**11. STAFF COSTS**

	2017 £	2016 £
Wages and salaries	255,928	187,128
Social security costs	18,410	13,223
Pension costs	1,113	-
Total	<u>275,451</u>	<u>200,351</u>

The average monthly number of employees during the period was as follows:

Support staff	13	11
---------------	----	----

No employees received enoluments in excess of £60,000.

**12. TANGIBLE FIXED ASSETS**

	Plant and machinery £	Fixtures and fittings £	Totals £
<b>COST</b>			
At 1 April 2016	18,125	3,171	21,296
Additions	2,029	-	2,029
Disposals	(736)	-	(736)
At 31 March 2017	<u>19,418</u>	<u>3,171</u>	<u>22,589</u>
<b>DEPRECIATION</b>			
At 1 April 2016	6,367	1,084	7,451
Charge for year	3,330	524	3,854
Eliminated on disposal	(265)	-	(265)
At 31 March 2017	<u>9,432</u>	<u>1,608</u>	<u>11,040</u>
<b>NET BOOK VALUE</b>			
At 31 March 2017	<u>9,986</u>	<u>1,563</u>	<u>11,549</u>
At 31 March 2016	<u>11,758</u>	<u>2,087</u>	<u>13,845</u>

**13. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2017 £	2016 £
Trade debtors	48,628	83,500
Other debtors	65	-
Prepayments and accrued income	18,481	20,947
	<u>67,174</u>	<u>104,447</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2017**14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2017 £	2016 £
Trade creditors	55,158	56,595
Social security and other taxes	-	4,829
Payments in advance	83,140	116,430
Accrued expenses	23,463	3,400
	<u>161,761</u>	<u>181,254</u>

Payments in advance relate to training courses £83,140 (2016 - £49,428), and membership subscriptions received in advance £0 (2016 - £67,002).

**15. MOVEMENT IN FUNDS**

	At 1/4/16 £	Net movement in funds £	Transfers between funds £	At 31/3/17 £
<b>Unrestricted funds</b>				
General fund	2,756	30,876	(18,488)	15,144
iPET Myanmar	19,370	(2,456)	(4,914)	12,000
DL Development	19,100	(15,500)	15,500	19,100
Contingency	120,000	-	30,000	150,000
Research Training Fellowship	60,000	(17,902)	(42,098)	-
iPET Nepal	19,370	-	-	19,370
Short course development fund	-	-	20,000	20,000
	<u>240,596</u>	<u>(4,982)</u>	<u>-</u>	<u>235,614</u>
<b>TOTAL FUNDS</b>	<u>240,596</u>	<u>(4,982)</u>	<u>-</u>	<u>235,614</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	761,820	(730,944)	30,876
iPET Myanmar	-	(2,456)	(2,456)
DL Development	-	(15,500)	(15,500)
Research Training Fellowship	12,098	(30,000)	(17,902)
	<u>773,918</u>	<u>(778,900)</u>	<u>(4,982)</u>
<b>TOTAL FUNDS</b>	<u>773,918</u>	<u>(778,900)</u>	<u>(4,982)</u>



**15. MOVEMENT IN FUNDS - continued**

iPET and DL Development funds are held to support the provision of courses overseas and the distance learning programme. Funds are disclosed separately to monitor income and costs allocated to each course.

The Contingency fund is held to support the cost of running the BPNA Secretariat for a period of at least 6 months should there be any contingency that might lead to a significant reduction in BPNA operational activities.

There are no restrictions imposed on each type of fund which is why they are held in unrestricted funds.

**16. RELATED PARTY DISCLOSURES**

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

**17. ULTIMATE CONTROLLING PARTY**

The trustees consider there not to be one ultimate controlling party of the British Paediatric Neurological Association in the current or prior year.

**18. LEASING AGREEMENTS**

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

	2017	2016
	£	£
Within one year	7,875	7,375
Between one and five years	2,000	9,875
	<u>9,875</u>	<u>17,250</u>

**19. FIRST YEAR ADOPTION**

The transition to the Charities SORP (FRS 102) has resulted in the governance costs of the charity being included within "Expenditure on charitable activities" on the Statement of Financial Activities in accordance with the presentational format requirements of the new SORP. The balances reclassified are shown within the Reconciliation of Income and Expenditure for the year ended 31 March 2016.

There have been no other transitional adjustments made to the comparative information disclosed in the financial statements from that provided in the financial statements for the year ended 31 March 2016.

**British Paediatric Neurology Association**

**Detailed Statement of Financial Activities  
for the Year Ended 31 March 2017**

	Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
<b>INCOME AND ENDOWMENTS</b>		
<b>Donations and legacies</b>		
Donation from BPNA unincorporated to BPNA charity	-	269,290
Donations	-	3,470
Donations - Research	12,098	43,941
BPNA Members Subscriptions	76,201	68,593
Sponsorships received	65,735	46,000
	<u>154,034</u>	<u>431,294</u>
<b>Investment income</b>		
Deposit account interest	102	149
<b>Charitable activities</b>		
Conferences	148,869	107,037
Short Courses	334,081	308,255
International Short Courses	27,481	11,710
Distance Learning	70,932	87,356
Grants	11,500	-
EPNS Recharges	26,919	28,390
	<u>619,782</u>	<u>542,748</u>
<b>Total incoming resources</b>	<u>773,918</u>	<u>974,191</u>
<b>EXPENDITURE</b>		
<b>Raising donations and legacies</b>		
BPNA Membership expenses	4,933	7,557
Research	70	760
	<u>5,003</u>	<u>8,317</u>
<b>Charitable activities</b>		
Research	32,684	19,881
BPNA Membership expenses	47,092	50,810
Annual conference	105,333	98,928
Short courses	182,895	221,173
International short courses	13,635	43,297
Distance learning	22,653	17,152
EPNS recharges	24,685	28,384
Carried forward	<u>428,977</u>	<u>479,625</u>

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**British Paediatric Neurology Association**

**Detailed Statement of Financial Activities  
for the Year Ended 31 March 2017**

	Year Ended 31/3/17 £	Period 6/11/14 to 31/3/16 £
<b>Charitable activities</b>		
Brought forward	428,977	479,625
Grants to individuals	-	7,500
	<u>428,977</u>	<u>487,125</u>
<b>Support costs</b>		
<b>Human resources</b>		
Employment costs	263,900	151,468
<b>Other</b>		
Bad Debts	8,327	11,841
Bank charges	7,028	5,737
Bookkeeping	596	663
Computer expenses	2,345	2,583
Copyright licence	650	659
Electricity and gas	2,046	2,086
Legal and professional fees	442	620
Printing, postage and phone	11,687	11,993
Insurance	3,005	731
Rates and water	1,256	1,064
Recruitment costs	7	920
Refuse and cleaning	1,662	1,202
Rent	7,000	7,050
Repairs	186	4,051
Staff training and welfare	12,203	789
Web development	4,745	11,114
Depreciation	3,854	7,451
Loss on disposal	471	483
Marketing	5,366	5,844
Interest payable	17	-
	<u>72,893</u>	<u>76,881</u>
<b>Governance costs</b>		
Independent examination costs	2,400	2,400
Independent examiner's fees for other accounting services	5,727	7,404
	<u>8,127</u>	<u>9,804</u>
<b>Total resources expended</b>	<u>778,900</u>	<u>733,595</u>
<b>Net (expenditure)/income</b>	<u>(4,982)</u>	<u>240,596</u>

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