

**REGISTERED CHARITY NUMBER: 1159115**

**Report of the Trustees and  
Unaudited Financial Statements for the Year Ended 31 March 2019  
for  
British Paediatric Neurology Association**

**Contents of the Financial Statements  
for the Year Ended 31 March 2019**

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**Report of the Trustees  
for the Year Ended 31 March 2019**

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The trustees present their report with the financial statements of the charity for the year ended 31 March 2019. 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).

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**President's Report**

I am pleased to introduce our annual report for the financial year 1 April 2018 to 31 March 2019. The BPNA charity continues to grow as we successfully fulfill our charitable aims. The BPNA runs a major educational programme for medical and allied healthcare professionals both within the United Kingdom and overseas. Our highly successful Paediatric Epilepsy Training (PET) courses have now trained almost 10,000 clinicians worldwide and we run courses in Africa, Asia, South America and Australasia as well as at home in the UK. The PET courses have been complemented by the development and implementation of training courses in Neonatal Neurology (NeoNATE), and Children's Headache (CHaT). The teaching materials of all these courses have been updated successfully by international teams in 2018.

The BPNA also run a successful distance learning course that is now being used in >60 countries. This course provides a comprehensive academic grounding in paediatric neurology and is undertaken by trainees wishing to specialise in child neurology. Individual units of the course are also taken by paediatricians who wish to develop a specialist interest in a particular area of neurology, and they complement our individual training courses in epilepsy, neonatal neurology and headache.

The BPNA is also actively promoting research in child neurology. It funds a PhD research Fellowship in partnership with Action Medical Research and it runs a surveillance unit (BPNSU) to help the study of rare neurological diseases. Additionally we are about to embark on a research priority setting exercise with the James Lind Alliance and hopefully the result of this will be a more targeted approach to child neurology research that leads to successful bids for external research funding.

The final important strand of our activity relates to professional support of our colleagues. The BPNA runs ten special interest groups that concentrate on a particular aspect of child neurology. Like-minded professionals come together to discuss difficult cases, new treatments and research initiatives. We provide particular support for trainees in Child Neurology, running a trainee group and organising an annual trainees meeting. We also participate in the selection of new trainees and oversee training by way of our collaboration with the Royal College of Paediatrics and Child Health through the RCPCCH Specialty Advisory Committee. Members of the BPNA also take a key role in the development of NHS NICE guidelines, specialist commissioning of new services (eg Children's Epilepsy Surgery Service) and new drugs (eg everolimus for treatment of tuberous sclerosis complex).

The extensive activities of the charity now mean that we have an annual turnover of close to £1,000,000. The finances of the charity are healthy and whilst we continue to spend our reserves and revenue on our charitable aims, we do keep a reserve to cover the value of 6-months salaries for the secretariat staff. All this activity depends upon the goodwill and voluntary unremunerated efforts of our members that comes under increasing pressure with reduced professional leave and increasing clinical demands from the NHS. We are immensely grateful to all our members for their efforts.

Professor Finbar O'Callaghan  
BPNA President (2018-2021)

**Report of the Trustees  
for the Year Ended 31 March 2019**

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**OBJECTIVES AND ACTIVITIES**

**Objectives and aims**

The British Paediatric Neurology Association (BPNA) is a charitable incorporated organisation registered with the Charity Commission for England and Wales on 6 November 2014 with the charity number 1159115.

The 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; and
- 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; and
  - 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 (BPNSU); and
  - Paediatric neurology research fellowship.
5. Provision of professional support through:
  - Mentoring;
  - Team support;
  - Special interest groups; and
  - Clinical governance

**Public benefit**

The trustees have had regard to the Charity Commission's guidance on public benefit in considering activities during 2018-19. 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'.

## OBJECTIVES AND ACTIVITIES

### Grantmaking

During the year the charity continued to provide a £30,000 (2018 - £30,000) research training fellowship, jointly funded with Action Medical Research. The first fellowship was awarded to Dr Apostolos Papandreou, who works at University College London.

## ACHIEVEMENT AND PERFORMANCE

### Charitable activities

#### 1. Training

##### 1.1 - Paediatric Neurology Sub-specialty Training

The BPNA continues to have responsibility for training paediatric neurologists in the UK with BPNA members serving on the Royal College of Paediatrics and Child Health (RCPCH) College Specialist Advisory Committee (CSAC) for neurology. The committee is Chaired by the BPNA President.

Much of the activity this year focused on the RCPCH approach to the GMC Shape of Training (SoT) plans. The RCPCH is concerned about the lack of general paediatricians in the country and is predominantly focused on improving this in the face of a shorter training programme. At present there is only one speciality in the RCPCH with all paediatric disciplines seen as sub-specialties, in contrast to the Royal College of Physicians where there are multiple specialities and few subspecialties. This poses a significant challenge to protecting and developing suitable training for paediatric neurologists as shorter training schemes that are focused on producing general paediatricians will not provide the protected training opportunities required to train a consultant paediatric neurologist who is able to deliver high quality care in a complex and rapidly evolving field. This is of grave concern to the neurology CSAC and we continue to work to explore options to secure training and standards in paediatric neurology for the future.

##### 1.2 - New curriculum

The RCPCH launched the 'Progress' syllabus in August 2018. The CSAC and BPNA produced a Training Guide to Neurology which provides more specific and detailed information on how to achieve the learning objectives and capabilities for level 3 neurology (grid) training. It is available on the RCPCH and BPNA websites. At interview, the trainees gave very positive feedback on the training guide.

##### 1.3 - Appointment of new Grid trainees

18 applications were received for the 2019 grid training programme. The standard was high, with 15 candidates shortlisted and 14 deemed suitable for appointment after interview in November 2018. There were 10 grid training schemes available all were filled. One successful candidate stepped out of the programme to complete a PhD shortly after her appointment and we were pleased to be able to fill that 'empty' training place with another suitable trainee.

##### 1.4 - Assessment and Support for Existing Trainees

23 trainees received face-to-face CSAC progression interviews in the last year, 17 at the annual trainees meeting in May 2018 and the remainder at the annual BPNA meeting in January 2019. All were deemed to be making good progress towards achieving their competencies and we were pleased to hear that all grid training centres were providing excellent training opportunities. There are challenges for some trainees to access outpatient activities in specific centres and we will support the local teams to address this.

##### 1.5 - Special Interest (SPIN) module in Epilepsy

In 2018, there were 19 new applications (2017=14, 2016=10, 2015=8) approved for epilepsy SPIN training and 3 candidates completed. The SPIN training programme has been reviewed with strategies to improve support and complete from 2018.

The Deputy National Training Advisor on CSAC leads on SpIN training. She is working with the RCPCH to overhaul and improve the current system for the epilepsy SpIN to ensure trainees have sufficient support and supervision to achieve their learning objectives. Previously many who registered for SpIN did not complete. In future the expectation will be that trainees will complete within 2-years and that they will have a more structured supervision with oversight from the CSAC and more formal documentation of their progress on the e-portfolio.

### 1.6 - Assessment of Equivalence in Training

9 requests were received to determine if an individual doctor's overseas neurology training has been equivalent to that of a grid trainee in the UK. Of these 2 were approved. In the majority, their training was judged not to be of the standard required for a grid trainee at the end of their neurology training. This is essential if suitable candidates are to be shortlisted for consultant jobs in future and ensures that BPNA membership and RCPCH, especially those with a role for evaluating training at appointment committees, are aware of this role the CSAC undertakes.

### 1.7 - Approval of New Posts

Job plans for all new consultant paediatric neurologist posts submitted by hospitals to the RCPCH for approval are reviewed by the neurology CSAC. The Generic Guide to Consultant Paediatric Neurologist Job Planning published by the BPNA in 2018 has been invaluable in supporting centres in ensuring their jobs are sustainable and will allow new consultants to meet the needs of children and young people with neurological disorders. Final approval for consultant paediatric neurology jobs is given by the RCPCH officer.

## **2. Education**

346 BPNA members directly contributed to the development and delivery of courses during 2018-19. This is 70% of UK ordinary members and 43% of overseas members. This demonstrates the strong motivation and engagement of members, and the trustees wholeheartedly appreciate this commitment to teaching and training.

### 2.1 - 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, we aim to deliver courses throughout the UK every year:

- 10 x PET1 (1-day course);
- 6 x PET2 (2-day course);
- 6 x PET3 (2-day course).

Since 2005 to 31 March 2019, 9,726 UK clinicians have attended a PET course (822 in 2018-19; 704 in 2017-18; 825 in 2016-17), contributing to improving the standards of diagnosis and management of children with epilepsy in the UK.

The PET123 course materials were updated by a team of international clinicians in 2018. The updated materials will be used in the UK from 2019. A Consultant Paediatrician with a special interest in epilepsy is employed for 4-hours per week to manage course development.

### 2.2 - 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.

CHaT course materials were updated by a UK team in 2018.

Four CHaT courses run per year around the UK and are extremely well received. Since 2012, 916 clinicians have attended CHaT (139 in 2018-19; 160 in 2017-18; 145 in 2016-17) During 2018-19 CHaT welcomed international attendees from Azerbaijan, Belgium, Portugal, Spain and Qatar.

## **ACHIEVEMENT AND PERFORMANCE**

### **Charitable activities**

#### 2.3 - 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 2-day course was introduced in 2014 to provide 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.

NeoNATE course materials were updated by a UK team in 2018.

The number of NeoNATE courses delivered each year was increased from two to three during 2018-19 to meet demand. Since 2014, 462 clinicians have attended NeoNATE (142 in 2018-19; 96 in 2017-18; 80 in 2016-17). During 2018-19 NeoNATE welcomed international attendees from Argentina, Australia, Costa Rica, Greece, Hong Kong, Italy, Lithuania, Sweden, The Netherlands, Turkey, United Arab Emirates. There is increasing demand to deliver the course in other areas of the world.

#### 2.4 - 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.

Expert to Expert: Movement Disorders took place in Bristol in October 2018. Feedback was excellent. There were 48 attendees with international delegates from Egypt, Saudi Arabia and Sweden.

Expert to Expert: Epilepsy will take place in November 2019.

#### 2.5 - 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, 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.

Course materials are under continual review and renewal. £19,100 is currently allocated from BPNA reserves to fund updating DL course materials, of which £4,983 has been used during this financial year. A Consultant Paediatric Neurologist is employed for 4-hours per week to direct and oversee the revision and rewriting process.

A total of 542 doctors have enrolled for the whole course since 2004 (2018-19, 46 enrolments; 2017-18, 43 enrolments; 2016-17, 39 enrolments).

There has been a total of 680 enrolments for individual units since they were launched in 2014. During 2018-19, there have been 207 enrolments, mainly for Unit 6 Epilepsy (88), Unit 3 Neurodevelopment (22), Unit 12 Headache (22), Unit 2 Neonatal Neurology (20), and a newly introduced Unit 1 Neurogenetics (19).

Following a survey of DL students, the Executive committee has agreed to pursue making the whole course an MSc, accredited through a UK university. This aim has continued to be developed through 2018-19.

## **ACHIEVEMENT AND PERFORMANCE**

### **Charitable activities**

#### 2.7 - International Short-Courses

A 4-year partnership was established between the BPNA and the International League Against Epilepsy (ILAE) to facilitate the roll-out of PET worldwide. The initial memorandum of understanding is for 4-years (2018-2021) to a value of £161,156. The first year of the partnership has been very successful.

Roll-out is achieved through a healthcare partnership with the national paediatric or epilepsy organisation. A UK faculty team delivers a 3-day launch programme in-country to faculty teams recruited locally, who commit to delivering a minimum of one PET1 per year for 5-years. The purpose of launch is to train the local team to deliver PET1 locally without any external faculty members being required in future.

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.

The total number of attendees outside the UK and Republic of Ireland is 4,037 (PET1 = 3,057; PET2 = 342; PET3 = 132; iPET = 346; Trained as faculty = 160).

#### 2.7.1 - 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 2018, PET1 and 2 were held in Dubai with a total of 22 attendees. The total number of attendees in the Middle East since 2012: PET1=156; PET2=119; PET3=71; PET EEG=32.

Sudan: During 2018-19, 2 PET1 courses and 1 PET2 courses were delivered in Khartoum. The total number of attendees in Sudan since 2014: PET1=289; PET2=109.

#### 2.7.2 - India

PET1 was launched in northern India in 2014 and southern India in 2016. Following an initially very high number of courses being delivered in India (2015-16, 13 courses; 2016-17, 16 courses) the number has fallen in 2017-18 to 8 courses and in 2018-19 to 1 course. The reasons for this have been explored and it is hoped that PET India will be re-established in 2019.

Total PET1 attendees in India since 2014: 1,452 (2018-19, 24 attendees; 2017-18, 289 attendees; 2016-17, 582 attendees).

#### 2.7.3 - Sub Saharan Africa

In 2016, a healthcare partnership was established with the Paediatric Neurology Development Association of Southern Africa (PANDA-SA). 36 faculty were trained to deliver PET1 from South Africa, Ghana, Kenya, Malawi, Nigeria, Tanzania, Uganda and Zimbabwe.

South Africa: During 2018-19, 4 PET1 courses were delivered. Since 2016, the total number of PET1 attendees is 282 (2018-19, 119 attendees; 2017-18, 27 attendees; 2016-17, 48 attendees).

In December 2017, the BPNA was awarded a grant in the sum of £114,808 from THET to extend access to PET Ghana, Uganda, Tanzania, Kenya and South Africa. This grant funded a launch programme in April 2018 to train faculty teams from all four countries, buy equipment to deliver courses and enable each team to run one course in their country before the end of December 2018. All aims were achieved, on budget and all outcomes measures were exceeded.



## **ACHIEVEMENT AND PERFORMANCE**

### **Charitable activities**

Ghana: During 2018-19, 3 PET1 courses were delivered to 133 attendees.

Kenya: During 2018-19, 3 PET1 courses were delivered to 120 attendees. Since 2017, the total number of PET attendees is 171 (2018-19, 120 attendees; 2017-18, 51 ).

Tanzania: During 2018-19, 3 PET1 courses were delivered to 110 attendees.

Uganda: During 2018-19, 2 PET1 courses were delivered to 92 attendees.

#### 2.7.4 - Myanmar

Year 5 of 5 of the BPNA funded project.

During 2018-19, Myanmar switched to delivering the standardised PET1 course, which their representative contributed to developing, from iPET. During the period local faculty delivered 3 PET1 courses. Total attendees since 2014: 314 (2018-19, 72 attendees; 2017-18, 70 attendees; 2016-17, 52 attendees).

#### 2.7.5 - South America

Brazil: Throughout 2016, a team of 3 paediatric neurologists in São Paulo translated PET1 into Portuguese. In 2017, a UK faculty travelled to Brazil to undertake the back-translation and develop a project plan to roll-out PET1 throughout Brazil. PET1 launched in São Paulo in June 2018. During 2018-19, 4 PET1 courses were delivered to 81 attendees.

Central & South America: During 2018-19, PET1 has been translated into Spanish for roll-out in Central and South America.

#### 2.7.6 - Australasia

New Zealand: PET1 and PET2 were launched in Auckland, New Zealand in May 2017. During 2018-19, 3 PET1, 1 PET2 and 2 PET courses were held.

PET1 attendance since 2017: 198 (2018-19, 109 attendees; 2017-18, 89 attendees).

PET2 attendance since 2017: 101 (2018-19, 40 attendees; 2017-18, 61 attendees).

PET3 attendance since 2018: 61 (2018-19, 61 attendees).

### **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.

The 2019 annual scientific meeting was held in Liverpool and had 391 attendees (2018 London, 479; 2017 Cambridge, 383). Opportunities to learn were provided by: 20 oral presentations, 220 posters, all selected from the 243 abstracts submitted; 9 keynote lectures; 4 clinical practice sessions; and 2 sponsored symposiums.

## ACHIEVEMENT AND PERFORMANCE

### Charitable activities

Prizes were awarded to:

Dr Suresh Pujar(UCL Great Ormond  
Street Institute of Child Health,  
London)

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.

Dr Mark O'Rahelly  
(Our Lady's Children's Hospital,  
Crumlin, Dublin)

Best oral presentation by a trainee.

Dr Charlotte Fuller  
(Malawi Liverpool Wellcome Trust,  
Blantyre, Malawi)

Best poster presentation by a trainee.

Dr Henriette van Ruiten  
(Newcastle Royal Victoria Infirmary)

BPNA "BAFTA" 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.

Miss Aphra Luchesa Smith  
(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.

## 4. Research

The BPNA research committee has a remit for oversight of the annual scientific meeting as outlined above, as well as for the speciality paediatric neurology session at the annual Royal College of Paediatrics and Child Health meeting. The research committee also oversees the development of research within the organisation to the benefit of children with neurological disease.

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

The BPNSU email list is continually reviewed and updated to optimise returns. Five studies are currently online.

### 4.2 - Paediatric Neurology Fellowship

Voluntary donations of members and income generated from sponsored symposia at the annual conference fund this fellowship.

## **ACHIEVEMENT AND PERFORMANCE**

### **Charitable activities**

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 WDR45. 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.

The Trustees are pleased to report that the partnership with AMR will continue for a further 3-years, to fund a second AMR BPNA Research Training Fellowship from September 2020-23.

#### 4.3 - Priority Setting Project

The BPNA has committed significant resources to undertaking a research priority setting project in paediatric neurology, facilitated by the James Lind Alliance. This project will run from 2019-20.

"Priority Setting Partnerships enable clinicians, patients and carers to work together to identify and prioritise evidence uncertainties that could be answered by research.

Focussing on specific conditions or healthcare settings, the JLA facilitates priority setting partnerships which:

- Bring patient, carer and clinician groups together on an equal footing;
- Identify evidence uncertainties;
- Work with all groups to joint prioritise identified uncertainties;  
Produce a final (top 10) list of jointly agreed research priorities, publicise them widely and make sure that other
- uncertainties are recorded and available for research and research funders to access; and
- Provide a rare and valuable opportunity for patients and clinicians to shape the health research agenda"

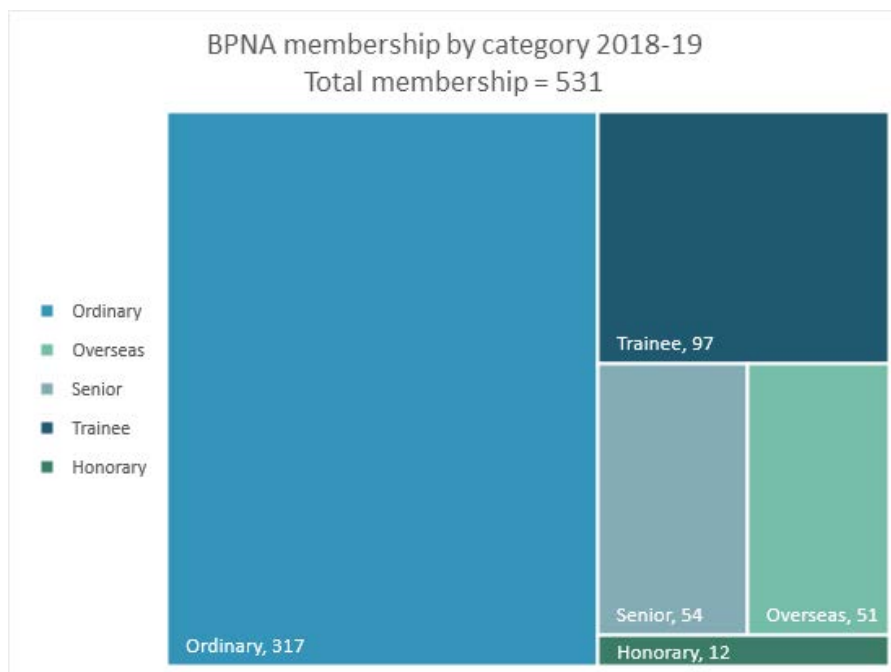
- James Lind Alliance website

## ACHIEVEMENT AND PERFORMANCE

### Charitable activities

#### 5. Professional Support

##### 5.1 - BPNA membership



##### 5.2 - 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 continued to develop during 2018-19. Currently there are 26 BPNA members volunteering as mentors.

##### 5.3 - Special Interest Groups (SIG)

###### 5.3.1 - British Paediatric Epilepsy Group

This group's interest is in the clinical area of paediatric epilepsies. The purpose of the group is to provide opportunities to discuss: anonymised complex and educational clinical cases; share updates in clinical developments, such as new research, treatment options and newly published guidelines; discuss implementation of clinical guidelines and identify opportunities for research. The group meet 3 times per year.

###### 5.3.2 - Cerebrovascular Special Interest Group

This group's interest is in the clinical area of neurovascular disorders such as paediatric stroke and other vascular disorders affecting the central nervous system. The groups meets 3 times per year.

The discussion points from meetings during the period mainly surround the challenges around implementation of the new RCPCH Paediatric Stroke guideline. The Cerebrovascular SIG has been supporting paediatric neurologists and paediatricians in regions across the country with the implementation of the new stroke guideline. This has been a huge challenge and there are further plans for the SIG to represent BPNA in engaging the Royal College of Radiology to provide additional support in future.

The main priority for the Cerebrovascular SIG has been to work towards establishing a National Paediatric Stroke Database. With this in mind, a small working group has been established to outline essential data we would like captured on a national database. This process is currently ongoing.

Plans are also in place for the organisation of a large international paediatric neurovascular study day in the summer of 2020 and the Cerebrovascular SIG will be involved with this.

## **ACHIEVEMENT AND PERFORMANCE**

### **Charitable activities**

#### 5.3.3 - Children's Headache Network (CHaN)

This group's interest is in the clinical area of primary and secondary headache disorders in children and young people. The group aims to bring together professionals who are members of the BPNA to come together to advance the clinical management, education and research in primary and secondary childhood headache disorders. The group meet twice per year.

#### 5.3.4 - Fetal & Neonatal

The aims of this group are to improve education, develop research, launch large scale service evaluations and audits, and produce guidelines for conditions in the area of perinatal medicine. We are at the beginning of this process, which requires liaison with neonatologists and other specialties, but feel we are making headway. With time, we hope this will standardise and improve care for sick neonates.

The Fetal and Neonatal SIG held a meeting in April 2018 in London, which was attended by around 100 clinicians. We reviewed current fetal neurology counselling services and interesting cases to discuss how we can move things forward in the UK, develop services, and to provide education. The training and discussion were helpful, and we are planning further meetings in Southampton in November 2019.

The SIG has also been supporting the NeoNATE course. As part of the 2018 NeoNATE course revision, it was decided to remove the fetal / antenatal counselling workshop sessions. The rationale was that counselling of families whose fetus has a neurological abnormality is a complex area of medicine, involving a wide range of conditions, difficult ethical and legal issues, and needs a discussion of counselling skills; the time available in the NeoNATE course was not sufficient to teach this properly. The BPNA Trustees accepted our proposal to develop a Fetal Neurology course. Families have a right to receive the best information they can at this stressful time, and this course will aim to: improve training for anyone involved in caring and counselling a family whose fetus has a neurological abnormality; promote collaboration between obstetric, neonatal, neurological and neurodisability colleagues; stimulate research and collaboration between these professional groups. The course will be aimed at neonatal, paediatric medical staff, obstetricians and midwives. A multi-disciplinary team is being convened to write the new course, which is aimed to launch in 2021.

BAPM (British Association of Perinatal Medicine) approached the BPNA to contribute to development of guidelines relating to neonates. We are in discussions to develop a working group with them to see whether we can review the evidence and produce a national guidelines.

#### 5.3.5 - British Paediatric Movement Disorder Special Interest Group

This group's interest is in the clinical area of paediatric movement disorders. The purpose of the group is to provide opportunities to: discuss anonymised complex and educational clinical cases; share updates in clinical developments; new research, new treatment options, newly published guidelines etc; discuss implementation of clinical guidelines and identify challenges; identify opportunities for research.

#### 5.3.6 - Muscle Interest Group

The main aim of the muscle interest group is to provide a forum for discussion of clinical cases. The meetings are for clinicians who look after children and adults with neuromuscular conditions. Members of the group include paediatric neurologists, paediatricians with an interest in neuromuscular disorders, adult neurologists, rehabilitation physicians, clinical geneticists and pathologists. The group 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, as well as important updates and news from the Neuromuscular teams. We also meet at the BPNA annual conference and again this is an important meeting to discuss national databases and future developments and clinical trial developments in both Spinal Muscular Atrophy and Duchenne muscular dystrophy.

## ACHIEVEMENT AND PERFORMANCE

### Charitable activities

#### 5.3.7 - Trainees' Special Interest Group

This group's interest is in all issues affecting paediatric neurology training within the UK, both within and outside of paediatric neurology grid training. The purpose of the group is to: hold an annual 2-day educational meeting for trainees with an interest in paediatric neurology; provide a network for those training within paediatric neurology in the UK; identify areas of excellence and areas of challenge within UK paediatric neurology training through an annual survey; work with the Neurology CSAC and BPNA to develop projects to promote excellent in paediatric neurology training.

#### 5.3.8 - UK-Childhood Inflammatory Demyelination

This group's interest is in the clinical area of acquired inflammatory white matter diseases (such as paediatric onset Multiple Sclerosis, MOG and AQP4 antibody driven disorders, the autoimmune mediated encephalitides) as well as other inflammatory brain conditions. The group meet five times per year.

#### 5.3.9 - UK Neurorehabilitation Special Interest Group

This group's interest is in the clinical area of acquired brain injury, acquired spinal injury and neurorehabilitation. The purpose of the group is to provide opportunities to: share updates in clinical developments: new research, new treatment options, newly published guidelines etc; discuss implementation of clinical guidelines and identify challenges; identify opportunities for research; discuss anonymised complex and educational clinical cases. The group meets twice per year.

#### 5.4 - Clinical Governance

BPNA has been consulted by NHS NICE to comment on guidelines and quality standards and by NHS England to comment on the new drug treatments. The following is a brief summary of the important consultations:

1. Cannabidiol for adjuvant treatment of seizures associated with Dravet syndrome [NICE ID1211]. To appraise the clinical and cost effectiveness. Currently ongoing.
2. Cannabidiol for adjuvant treatment of seizures associated with Lennox-Gastaut syndrome [NICE ID1308]. To appraise the clinical and cost effectiveness. Currently ongoing.
3. BPNA Interim guidance on the use of cannabis-based products for medicinal use in children and young people with epilepsy. Produced at the request of NHS England. Published 31 October 2019.
4. Cannabis-based medicinal products. NICE clinical guideline (NICE GUID-NG10124). Consultation currently ongoing.
5. Epilepsies in children, young people and adults. [NICE GUID-NG10112]. Consultation currently ongoing.
6. Prescribing valproate to female patients under 18-years of age. Guidance published 15 April 2019 jointly with Royal College of Paediatrics & Child Health.
7. Eteplirsen for treating Duchenne muscular dystrophy. [NICE ID1003]. Highly specialised technology appraisal. BPNA input was provided the neuromuscular disorders group special interest group. NICE suspended the appraisal of this programme in July 2018.
8. Everolimus for refractory focal onset seizures associated with tuberous sclerosis complex (ages 2 years and above). NHS England clinical commissioning policy published 6 July 2018.
9. Fenfluramine for treating Dravet syndrome. [NICE ID1109]. To appraise the clinical and cost effectiveness. Currently ongoing.
10. Nusinersen for treating Spinal Muscular Atrophy. Technology appraisal guidance [NICE TA588]. BPNA input was provided by the neuromuscular special interest group. Published 24 July 2019.

## **ACHIEVEMENT AND PERFORMANCE**

### **Internal and external factors**

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

- 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;

## **FINANCIAL REVIEW**

### **Financial position**

The balance sheet position shows net current assets of £391,923 (2018 - £333,985), resulting from a significant decrease in total creditors to £104,739 (2018 - £188,119) due to the decrease in both trade creditors in the year to £13,200 (2018 - £53,512) and the decrease in deferred income to £71,629 (2018 - £116,832). This has been further enhanced by the increase in cash at bank and in hand to £428,541 (2018 - £415,760).

At the year end the charity has unrestricted freely available current reserves of £391,923 (2018 - £302,505) which excludes tangible fixed assets of £7,414 (2018 - £9,396). Given the charity's current levels of expenditure this would allow for approximately just over five months (2018 - four months) of trading without further freely available reserves becoming available.

### **Principle funding sources**

The BPNA raises funds mainly through payments received for its educational activities, which include short-courses, annual conference, online distance-learning course; membership subscriptions; and sponsorship. We have also raised money through the voluntary contributions of members.

Total incoming resources for the year have increased to £999,753 (2018 - £975,347). This increase has arisen mainly from the increase in short courses to £369,659 (2018 - £324,001).

Donations and legacies have decreased in the year to £315,269 (2018 - £320,323). In particular the charity obtained significant grant funding in the year amounting to £87,650 (2018 - £91,062), sponsors of its annual conference symposiums generating funds of £20,000 (2018 - £30,000), and generating annual conference sponsorship income of £71,800 (2018 - £58,175).

### **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 the current and prior year the charity 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 both the distance learning and short courses.

As a result of recent financial performance, derived from additional incoming resources, the current level of reserves the BPNA holds cash balances amounting to £428,541 (2018 - £415,760) and is exploring investment opportunities for the reserves. Any interest earned will be utilised for research projects and other activities in line with the BPNA charitable objectives.

**Report of the Trustees  
for the Year Ended 31 March 2019**

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**FINANCIAL REVIEW**

**Reserves policy**

The total funds held at the year end were £399,337 (2018 - £343,381) and of which £nil (2018 - £31,480) is maintained within restricted funds for their detailed purposes as described in the notes to the financial statements. Further details of restricted funds are included within the notes to the financial statements.

Overall the financial position of the charity remains healthy, though the trustees continue to pay close attention to the mix of activities in order to ensure that in trying to achieve its objectives it does not lead to deterioration in the financial stability of the charity.

A substantial proportion of the reserves in the balance sheet are represented by the cash at bank and in hand totalling £428,541 (2018 - £415,760) in order to facilitate the continued activities of the charity by holding highly liquid assets.

The trustees regularly review the finances, budgets, and cash flows to aid effective stewardship of the charity.

The trustees recognise that the level of reserves fluctuates during periods of investment by the charity and ensure an adequate reserve is maintained. To this end the trustees have allocated an unrestricted contingency fund of £150,000 (2018 - £150,000) which is held in order to mitigate the risk of liquidity concerns. The trustees have agreed the level of funds held in this account based on the equivalent of six month's Secretariat salaries. This policy is reviewed every 12-months.

**Funds in deficit**

There were no funds in deficit as at the financial reporting date or the comparative financial reporting date.

**FUTURE PLANS**

In July 2018, the Home Secretary accepted the recommendations made by the Advisory Committee on Misuse of Drugs (ACMD) to reschedule cannabis-based medicinal products. It is anticipated that the BPNA will be significantly involved in providing guidance and advice following the rescheduling.

Children with abnormal muscle tone deserve prompt recognition and timely access to appropriate investigation and treatment, particularly with the availability of new therapies for neuromuscular conditions and cerebral palsy. In view of this, the BPNA has approved the development of a new BPNA short-course on tone management in children called 'Approaching Children's Tone' (ACT). This course will be developed during 2019-20.

During 2019-20 the BPNA will establish an office and meeting room facilities in London. This will be at 2 St Andrews Place, Regent's Park, London, on the Royal College of Physicians campus. BPNA educational activities will continue to be facilitated by the staff in Bolton and the Bolton office will be retained.

The BPNA has committed significant resources to undertaking a research priority setting project (PSP) in paediatric neurology, facilitated by the James Lind Alliance. This project will begin in 2019. The PSP enables clinicians, patients and carers to work together to identify and prioritise evidence uncertainties that could be answered by research. The outcome of the project will be a top 10 list of jointly agreed research priorities.

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Governing document**

The BPNA is governed by its constitution, approved on 3 December 2014. The Annual General Meeting held on 23 January 2019 approved the amendment of the constitution, specifically:

Clause 13 Appointment of charity trustees, sub clause (1), regarding terms of office for Trustees. The revised text reads "The trustees shall have a fixed term of office of 3-years. He/she may seek a second 3-year term for the same position, by election on one occasion only."

Clause 13 Appointment of charity trustees, sub clause (1), regarding the term of office for the President. The revised text reads "The President shall be appointed for 4-years and shall serve as President Elect for the first year and as President for 3-years."



**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 2019**

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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 specialty 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 2018-19**

<u>Executive:</u>	<u>Name</u>	<u>Term Expires</u>
President	Prof Finbar O'Callaghan	January 2021
Secretary	Dr Andrew Mallick	January 2022
Professional Support Officer	Dr Ailsa McLellan	January 2022
National Training Advisor	Dr Anne-Marie Childs	January 2021
Treasurer	Dr Sandeep Jayawant	April 2020
Chair, Education Quality & Standards	Dr Michael Griffiths	January 2022
Chair, Distance Learning	Dr Louise Hartley	January 2020
Chair, Research	Prof Manju Kurian	January 2022
Chair, International Education	Prof Martin Kirkpatrick	January 2022
Executive Director	Philippa Rodie	Ex-officio

<u>Paediatric Neurology Centers:</u>	<u>Name</u>	<u>Term Expires</u>
Belfast	Dr Sandya Tirupathi	December 2019
Dundee	Prof Martin Kirkpatrick	December 2021
Edinburgh	Dr Kenneth McWilliam	December 2021
Glasgow	Dr Iain Horrocks	December 2021
Newcastle-upon-Tyne	Dr Anna Basu	December 2020
Liverpool	Dr Ram Kumar	December 2022
Manchester	Dr Gary McCullagh	December 2019
Preston	Dr Christian De Goede	December 2021
Leeds	Dr Helen McCullagh	December 2019
Sheffield	Dr Archana Deskurkar	December 2021
Nottingham	Dr Manish Prasad	December 2019
Leicester	Dr Nahin Hussain	December 2021
Birmingham	Dr Ratna Kumar	December 2020
Cambridge	Dr Manali Chitre	December 2019
Oxford	Dr Sithara Ramdas	December 2021
Bristol	Dr Sam Amin	December 2020
Swansea	Dr Cathy White	December 2019
Cardiff	Dr Johann te Water Naude	December 2022
Southampton	Dr Neil Thomas	December 2020
Great Ormand Street Hospital, London	Dr Sanjay Bhate	December 2021
Chelsea & Westminster Hospital, London	Dr Naila Ismayilova	December 2021
Imperial College NHS Trust, London	Dr Sushil Beri	December 2021
The Royal London	Dr Louise Hartley	December 2021
Evelina London Children's Hospital	Dr Ming Lim (2nd term)	December 2021
St George's Hospital	Dr Antonia Clarke	December 2021

Special Interest Groups:

British Paediatric Epilepsy Group	Dr Sarah Aylett	May 2022
Cerebrovascular	Dr Dipak Ram	December 2021
Children's Headache Network	Dr Prab Prabhakar	December 2021
Fetal & Neonatal Neurology	Dr Anthony Hart	May 2022
Genetic White Matter Disorders	Dr John Livingston	December 2022

**Report of the Trustees  
for the Year Ended 31 March 2019**

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**STRUCTURE, GOVERNANCE AND MANAGEMENT**

**Organisational structure and decision-making**

British Paediatric Movement Disorders	Dr Daniel Lumsden	May 2022
Muscle Interest Group	Dr Tracy Willis	co-opted
UK Neurorehabilitation	Dr Peta Sharples	February 2021
UK-Childhood Inflammatory Demyelination	Dr Cheryl Hemmingway	May 2022
Trainees'	Dr Mary Chesshyre	TBA

<u>Co-opted Members:</u>	<u>Name</u>	<u>Term Expires</u>
Editor DMCN	Dr Bernard Dan	Co-opted
British Paediatric Neurosurgical Group Rep	Mr Dominic Thompson	Co-opted
Chair, Disability CSAC	Dr Katherine Martin	Co-opted
Paediatric Neurosciences CRG	Dr Anita Devlin	Co-opted
Neuropsychiatry Representative	Dr Ashley Liew	Co-opted
PET Course Development Manager	Dr Colin Dunkley	Co-opted
BPNA 2020 Belfast Organiser	Dr Sandya Tirupathi	January 2020

**Key management remuneration**

Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £74,592 (2018 - £72,025) and contributions to defined contribution pension schemes of £902 (2018 - £433).

**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	- resigned 23/1/2019
Dr F Gibbon	- resigned 23/1/2019
Dr L Hartley	
Dr S Jayawant	
Professor M Kirkpatrick	
Dr J-P Lin	- resigned 23/1/2019
Professor F J K O'Callaghan	
Dr M R Smith	- resigned 23/1/2019
Dr A Childs	
Dr M J Griffiths	- appointed 23/1/2019
Professor M Kurian	- appointed 23/1/2019
Dr A McLellan	- appointed 23/1/2019
Dr A Mallick	- appointed 23/1/2019

**REFERENCE AND ADMINISTRATIVE DETAILS**

**Independent examiner**

Jonathan Ward ACA FCCA  
ICAEW and ACCA  
HSA & Co  
Chartered Accountants  
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

Approved by order of the board of trustees on 13 Nov 2019 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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**Independent examiner's report to the trustees of British Paediatric Neurology Association**

I report to the charity trustees on my examination of the accounts of the British Paediatric Neurology Association (the Trust) for the year ended 31 March 2019.

**Responsibilities and basis of report**

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

**Independent examiner's statement**

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

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

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 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.

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.



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

Date: .....19/12/2019.....

**Statement of Financial Activities  
for the Year Ended 31 March 2019**

	Notes	Unrestricted funds £	Restricted funds £	2019 Total funds £	2018 Total funds as restated £
<b>INCOME AND ENDOWMENTS FROM</b>					
Donations and legacies	4	227,619	87,650	315,269	320,323
<b>Charitable activities</b>					
Annual conference	6	153,776	-	153,776	177,504
Short courses		369,659	-	369,659	324,001
Distance learning courses		81,085	-	81,085	82,970
International short courses		33,959	-	33,959	37,678
Research activities		800	-	800	1,800
EPNS recharges		44,117	-	44,117	30,826
Investment income	5	1,088	-	1,088	245
<b>Total</b>		<u>912,103</u>	<u>87,650</u>	<u>999,753</u>	<u>975,347</u>
<b>EXPENDITURE ON</b>					
Raising funds	7	286	-	286	346
<b>Charitable activities</b>					
Annual conference	8	180,862	-	180,862	158,045
Short courses		342,486	-	342,486	343,027
Distance learning courses		63,141	10,000	73,141	71,199
International short courses		66,404	109,130	175,534	126,243
Research activities		41,323	-	41,323	36,620
Membership and professional support		80,006	-	80,006	90,106
EPNS recharges		41,444	-	41,444	41,994
Governance Costs		8,715	-	8,715	-
<b>Total</b>		<u>824,667</u>	<u>119,130</u>	<u>943,797</u>	<u>867,580</u>
<b>NET INCOME/(EXPENDITURE)</b>		<u>87,436</u>	<u>(31,480)</u>	<u>55,956</u>	<u>107,767</u>
<b>RECONCILIATION OF FUNDS</b>					
<b>Total funds brought forward</b>		<u>311,901</u>	<u>31,480</u>	<u>343,381</u>	<u>235,614</u>
<b>TOTAL FUNDS CARRIED FORWARD</b>		<u><u>399,337</u></u>	<u><u>-</u></u>	<u><u>399,337</u></u>	<u><u>343,381</u></u>

**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 2019**

	Notes	Unrestricted funds £	Restricted funds £	2019 Total funds £	2018 Total funds as restated £
<b>FIXED ASSETS</b>					
Tangible assets	14	7,414	-	7,414	9,396
<b>CURRENT ASSETS</b>					
Stocks	15	8,126	-	8,126	2,056
Debtors	16	59,995	-	59,995	104,288
Cash at bank and in hand		428,541	-	428,541	415,760
		<u>496,662</u>	<u>-</u>	<u>496,662</u>	<u>522,104</u>
<b>CREDITORS</b>					
Amounts falling due within one year	17	(104,739)	-	(104,739)	(188,119)
		<u>391,923</u>	<u>-</u>	<u>391,923</u>	<u>333,985</u>
<b>NET CURRENT ASSETS</b>					
		<u>399,337</u>	<u>-</u>	<u>399,337</u>	<u>343,381</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>					
		<u>399,337</u>	<u>-</u>	<u>399,337</u>	<u>343,381</u>
<b>NET ASSETS</b>					
		<u>399,337</u>	<u>-</u>	<u>399,337</u>	<u>343,381</u>
<b>FUNDS</b>					
Unrestricted funds	19			399,337	311,901
Restricted funds				-	31,480
<b>TOTAL FUNDS</b>					
				<u>399,337</u>	<u>343,381</u>

The financial statements were approved by the Board of Trustees on 13 Nov 2019 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 2019**

	Notes	2019 £	2018 as restated £
<b>Cash flows from operating activities:</b>			
Cash generated from operations	1	12,182	97,842
<b>Net cash provided by (used in) operating activities</b>		<u>12,182</u>	<u>97,842</u>
<b>Cash flows from investing activities:</b>			
Purchase of tangible fixed assets		(489)	(979)
Interest received		1,088	245
<b>Net cash provided by (used in) investing activities</b>		<u>599</u>	<u>(734)</u>
<b>Change in cash and cash equivalents in the reporting period</b>			
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<u>415,760</u>	<u>318,652</u>
<b>Cash and cash equivalents at the end of the reporting period</b>		<u><u>428,541</u></u>	<u><u>415,760</u></u>

The notes form part of these financial statements



Notes to the Cash Flow Statement  
for the Year Ended 31 March 2019

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

	2019	2018
	£	as restated £
<b>Net income/(expenditure) for the reporting period (as per the statement of financial activities)</b>	55,956	107,767
<b>Adjustments for:</b>		
Depreciation charges	2,471	3,132
Interest received	(1,088)	(245)
(Increase)/decrease in stocks	(6,070)	6,655
Decrease/(increase) in debtors	44,293	(45,825)
(Decrease)/increase in creditors	(83,380)	26,358
	<u>12,182</u>	<u>97,842</u>
<b>Net cash provided by (used in) operating activities</b>	<u>12,182</u>	<u>97,842</u>

Notes to the Financial Statements  
for the Year Ended 31 March 2019

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1. PRESENTATION CURRENCY

The presentation currency 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.

**Income from grants and donations**

Donations and grants are recognised when they have been communicated and received in writing with notification of both the amount and settlement date. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

**Income from membership subscriptions**

Membership subscriptions are initially recognised in the period that the member pays the subscription to the charity. Membership subscriptions received in the year relating to the period after the reporting date are recognised as deferred income.

**Income from sponsorship agreements**

Sponsorship income is initially recognised when invoiced in line with the terms of the sponsorship agreement. Income received or invoiced in the year relating to the period after the reporting date are recognised as deferred income.

**Income from conferences**

Income in relation to conferences is initially recognised in the period in which the attendee pays the attendance fee. Income received for conferences taking place after the reporting date are recognised as deferred income.

**Income from courses**

Income in relation to courses is initially recognised at the point which the attendee has booked and paid for their attendance on the course. Income received for courses taking place after the reporting date are recognised as deferred income.

**Income from EPNS recharges**

Income in relation to EPNS recharges is initially recognised at the point which the EPNS is invoiced for the costs incurred by BPNA. Income not invoiced as at the reporting date is recognised as accrued income within the financial statements.

## 2. ACCOUNTING POLICIES - continued

### 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.

### Stocks

Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items.

### Taxation

The charity is exempt from 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.

### 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.

### Hire purchase and leasing commitments

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

### Pension costs and other post-retirement benefits

The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

**2. ACCOUNTING POLICIES - continued**

**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. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. The nature of estimation means that actual outcomes may however differ from those original estimates.

The trustees do not deem there to be any judgements, apart from those otherwise disclosed in the accounting policies or notes to the financial statements, which require highlighting to the readers as a result of having had a critical effect on amounts recognised in the financial statements.

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019**4. DONATIONS AND LEGACIES**

	2019	2018 as restated
	£	£
Donations	4,334	683
Grants	87,650	91,062
BPNA members subscriptions	84,485	85,060
Gift aid	-	1,843
Membership donations	13,000	13,750
Annual conference symposium sponsorship	20,000	30,000
Annual conference sponsorship	71,800	58,175
Short course sponsorship	34,000	39,750
	<u>315,269</u>	<u>320,323</u>

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

	2019	2018 as restated
	£	£
Buist Trust - Outcomes Measurement Pilot Project	-	10,000
International League Against Epilepsy (ILAE)	33,915	9,505
Department for International Development (DFID) via the Tropical Health and Education Trust (THET)	53,735	61,557
F. Hoffmann-La Roche AG	-	10,000
	<u>87,650</u>	<u>91,062</u>

**5. INVESTMENT INCOME**

	2019	2018 as restated
	£	£
Deposit account interest	<u>1,088</u>	<u>245</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019**6. INCOME FROM CHARITABLE ACTIVITIES**

	Annual conference	Short courses	Distance learning courses	International short courses
	£	£	£	£
Conferences and symposiums	153,776	-	-	-
Short courses	-	369,659	-	-
Distance learning	-	-	81,085	-
International short courses	-	-	-	33,959
CBR research co-ordinator provision	-	-	-	-
BPNSU fee income	-	-	-	-
EPNS recharges	-	-	-	-
	<u>153,776</u>	<u>369,659</u>	<u>81,085</u>	<u>33,959</u>

			2019	2018
	Research activities	EPNS recharges	Total activities	Total activities as restated
	£	£	£	£
Conferences and symposiums	-	-	153,776	177,504
Short courses	-	-	369,659	324,001
Distance learning	-	-	81,085	82,970
International short courses	-	-	33,959	37,678
CBR research co-ordinator provision	-	-	-	1,000
BPNSU fee income	800	-	800	800
EPNS recharges	-	44,117	44,117	30,826
	<u>800</u>	<u>44,117</u>	<u>683,396</u>	<u>654,779</u>

**7. RAISING FUNDS****Raising donations and legacies**

	2019	2018
	£	as restated £
Charity web hosting	70	130
JustGiving fees	216	216
	<u>286</u>	<u>346</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019**8. CHARITABLE ACTIVITIES COSTS**

	Direct costs	Grant funding of activities (See note 9)	Support costs (See note 10)	Totals
	£	£	£	£
Annual conference	132,784	-	48,078	180,862
Short courses	213,598	-	128,888	342,486
Distance learning courses	12,667	-	60,474	73,141
International short courses	95,112	-	80,422	175,534
Research activities	4,198	36,000	1,125	41,323
Membership and professional support	44,875	-	35,131	80,006
EPNS recharges	40,850	-	594	41,444
Governance Costs	90	-	8,625	8,715
	<u>544,174</u>	<u>36,000</u>	<u>363,337</u>	<u>943,511</u>

**9. GRANTS PAYABLE**

	2019	2018 as restated
	£	£
Research activities	<u>36,000</u>	<u>30,000</u>

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

	2019	2018 as restated
	£	£
Dr Apostolos Papandreou - via Action Medical Research	<u>36,000</u>	<u>30,000</u>

During the year the charity continued to provide a £36,000 (2018 - £30,000) research training fellowship, jointly funded with Action Medical Research. The BPNA provide a payment of £36,000 to Action Medical Research who subsequently cover the costs associated with Dr Apostolos Papandreou's employment. The first fellowship was awarded to Dr Apostolos Papandreou, who works at University College London.

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019

## 10. SUPPORT COSTS

	Management £	Information technology £	Human resources £
Annual conference	8,052	2,344	26,017
Short courses	806	7,829	87,585
Distance learning courses	11,470	1,167	38,397
International short courses	70	7,309	71,843
Research activities	35	293	561
Membership and professional support	193	1,495	27,709
EPNS recharges	-	-	560
Governance Costs	8,158	-	-
	<u>28,784</u>	<u>20,437</u>	<u>252,672</u>

	Other £	Governance costs £	Totals £
Annual conference	9,632	2,033	48,078
Short courses	27,753	4,915	128,888
Distance learning courses	8,306	1,134	60,474
International short courses	822	378	80,422
Research activities	236	-	1,125
Membership and professional support	4,742	992	35,131
EPNS recharges	34	-	594
Governance Costs	467	-	8,625
	<u>51,992</u>	<u>9,452</u>	<u>363,337</u>

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

	Annual conference £	Short courses £	Distance learning courses £	International short courses £	Research activities £
Trustees' remuneration etc	3,826	806	11,470	70	35
Meeting costs	-	-	-	-	-
Trustee accommodation	3,247	-	-	-	-
Accommodation and dinner	979	-	-	-	-
Trustee training	-	-	-	-	-
Software subscriptions	30	1,854	408	412	219
Computer repairs	192	501	107	-	-
Website hosting	95	204	53	36	9
Website development	697	1,488	388	6,458	65
Computer upgrades	921	2,827	-	86	-
Depreciation of tangible fixed assets	409	955	211	317	-
Employment costs	22,086	76,462	33,852	64,127	283
	<u>32,482</u>	<u>85,097</u>	<u>46,489</u>	<u>71,506</u>	<u>611</u>
Carried forward	32,482	85,097	46,489	71,506	611



Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019

## 10. SUPPORT COSTS - continued

	Annual conference	Short courses	Distance learning courses	International short courses	Research activities
	£	£	£	£	£
Brought forward	32,482	85,097	46,489	71,506	611
Social security	1,042	4,523	2,854	6,616	28
Pensions	261	973	223	612	4
Staff costs	566	1,212	316	105	53
Staff training	748	1,602	418	139	70
Recruitment costs	222	476	124	41	21
Casual staff	1,092	2,337	610	203	102
Rental costs	1,693	4,410	945	-	-
Business rates	169	442	95	-	-
Water rates	87	225	48	-	-
Gas and electric	793	2,067	443	-	-
Waste	268	695	149	-	-
Telephone	637	1,804	353	-	-
Indirect costs	5,916	17,947	6,229	814	214
Depreciation of tangible fixed assets	69	163	44	8	22
Auditors' remuneration for non audit work	2,033	4,915	1,134	378	-
Trustee elections	-	-	-	-	-
	<u>48,078</u>	<u>128,888</u>	<u>60,474</u>	<u>80,422</u>	<u>1,125</u>

				2019	2018
	Membership and professional support	EPNS recharges	Governance Costs	Total activities	Total activities as restated
	£	£	£	£	£
Trustees' remuneration etc	193	-	-	16,400	13,711
Meeting costs	-	-	6,658	6,658	1,902
Trustee accommodation	-	-	-	3,247	550
Accommodation and dinner	-	-	-	979	141
Trustee training	-	-	540	540	70
Software subscriptions	343	-	-	3,266	841
Computer repairs	94	-	-	894	786
Website hosting	47	-	-	444	260
Website development	340	-	-	9,436	3,615
Computer upgrades	450	-	-	4,284	-
Depreciation of tangible fixed assets	221	-	-	2,113	2,713
Employment costs	24,679	72	-	221,561	220,588
Social security	1,487	-	-	16,550	15,414
Pensions	258	-	-	2,331	1,574
Staff costs	277	105	-	2,634	1,984
Carried forward	<u>76,467</u>	<u>129,065</u>	<u>67,672</u>	<u>371,759</u>	<u>265,274</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019

## 10. SUPPORT COSTS - continued

			2019		2018
	Membership and professional support	EPNS recharges	Governance Costs	Total activities	Total activities as restated
	£	£	£	£	£
Brought forward	76,467	129,065	67,672	371,759	265,274
Staff training	366	139	-	3,482	-
Recruitment costs	109	41	-	1,034	-
Casual staff	533	203	-	5,080	390
Rental costs	827	-	-	7,875	8,375
Business rates	83	-	-	789	1,041
Water rates	42	-	-	402	386
Gas and electric	388	-	-	3,691	3,490
Waste	130	-	-	1,242	882
Telephone	303	-	-	3,097	2,407
Indirect costs	2,932	19	467	34,538	44,468
Depreciation of tangible fixed assets	37	15	-	358	419
Auditors' remuneration for non audit work	992	-	-	9,452	8,599
Trustee elections	-	-	960	960	-
	<u>35,131</u>	<u>594</u>	<u>8,625</u>	<u>363,337</u>	<u>334,606</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019**11. TRUSTEES' REMUNERATION AND BENEFITS**

	2019	2018 as restated
	£	£
Trustees' salaries	10,832	10,099
Trustees' social security	332	265
Trustees' pension contributions to money purchase schemes	96	42
	<u>11,260</u>	<u>10,406</u>

Remuneration paid to the trustees noted above was paid to Dr L Hartley for services rendered in relation to the development and provision of distance courses.

**Trustees' expenses**

	2019	2018 as restated
	£	£
Trustees' expenses	<u>13,109</u>	<u>10,790</u>

Within the expenses noted above are expenses paid to the following trustees in respect of direct charitable activity costs ie travel expenses teaching at courses, undertaken on behalf of the charity in the year:

	2019	2018
	£	£
Prof J Cross	-	160
Dr M Smith	98	-
Dr F Gibbon	222	205
Dr L Hartley	1,298	1,697
Dr S Jayawant	-	32
Prof M Kirkpatrick	4,158	3,199
Prof F O'Callaghan	-	378
Dr A Parker	-	44
Dr A Mallick	15	-
Dr A McLellan	1,924	-
Dr M Griffiths	178	-
Dr A Childs	76	1,771
	<u>7,969</u>	<u>7,486</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019**11. TRUSTEES' REMUNERATION AND BENEFITS - continued****Trustees' expenses - continued**

Within the expenses noted above are expenses paid to the following trustees in respect of support costs undertaken on behalf of the charity in the year:

	2019	2018
	£	£
Dr F Gibbon	347	357
Dr L Hartley	128	452
Dr S Jayawant	90	180
Prof M Kirkpatrick	3,171	1,633
Prof F O'Callaghan	210	-
Dr A Parker	-	80
Dr A McLellan	236	-
Dr M Smith	464	380
Dr A Childs	494	222
	<u>5,140</u>	<u>3,304</u>

**12. STAFF COSTS**

	2019	2018
	£	£
Wages and salaries	268,777	274,084
Social security costs	20,741	19,273
Pension schemes	3,034	1,476
	<u>292,552</u>	<u>294,833</u>

Included within creditors as at the reporting date is £nil (2018 - £nil) in relation to unpaid pension contributions.

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

	2019	2018
Management	4	2
Support staff	7	11
	<u>11</u>	<u>13</u>

The number of employees receiving gross remuneration, inclusive of the value of benefits-in-kind, greater than £60,000 per annum and to whom retirement benefits are accruing under defined contribution pension schemes were:

	2019	2018
£60,000 - £70,000	<u>1</u>	<u>1</u>
Total employees	<u>1</u>	<u>1</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019**13. PRIOR YEAR ADJUSTMENT**

The balances included within the Statement of Financial Activities for the year ended 31 March 2019 have been calculated using the allocation of support costs incurred in the financial year to the relevant activities of the charity. During the preparation of the financial statements it was noted that the allocation of support costs and activities provided limited detail of the activities of the charity in the financial statements previously prepared for the year ended 31 March 2018.

The comparative figures have therefore been restated to give a true and fair view of the nature of activities, as well as the income and expenditure relating to each activity undertaken by the charity.

There has been no change to the surplus or funds carried forward recorded in the year ended 31 March 2018 as a result of the restatement above.

**14. TANGIBLE FIXED ASSETS**

	Plant and machinery £	Fixtures and fittings £	Totals £
<b>COST</b>			
At 1 April 2018	20,273	3,295	23,568
Additions	322	167	489
	<u>20,595</u>	<u>3,462</u>	<u>24,057</u>
At 31 March 2019			
<b>DEPRECIATION</b>			
At 1 April 2018	12,145	2,027	14,172
Charge for year	2,113	358	2,471
	<u>14,258</u>	<u>2,385</u>	<u>16,643</u>
At 31 March 2019			
<b>NET BOOK VALUE</b>			
At 31 March 2019	<u>6,337</u>	<u>1,077</u>	<u>7,414</u>
At 31 March 2018	<u>8,128</u>	<u>1,268</u>	<u>9,396</u>

**15. STOCKS**

	2019 £	2018 as restated £
Stocks	<u>8,126</u>	<u>2,056</u>

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

	2019 £	2018 as restated £
Trade debtors	45,239	66,589
Other debtors	7	-
Prepayments and accrued income	14,749	37,699
	<u>59,995</u>	<u>104,288</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019**17. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2019	2018 as restated
	£	£
Trade creditors	13,200	53,512
Social security and other taxes	7,429	-
Other creditors	-	210
Deferred income	71,629	116,832
Accrued expenses	12,481	17,565
	<u>104,739</u>	<u>188,119</u>

The deferred income balance above includes income relating to training courses amounting to £71,164 (2018 - £81,207), membership subscriptions received in advance amounting to £465 (2018 - £1,710) and grant income received in advance of the relevant grant periods amounting to £nil (2018 - £33,915).

**18. LEASING AGREEMENTS**

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

	2019	2018 as restated
	£	£
Within one year	38,000	2,000
Between one and five years	68,000	-
	<u>106,000</u>	<u>2,000</u>

During 2019-20 the BPNA will establish a London office at 2 St Andrews Place, Regent's Park, London, on the Royal College of Physicians campus. It is expected that the initial lease will be for 3-years.

During the year the charity incurred expenditure under cancellable and non-cancellable operating lease agreements relating to office rental amounting to £7,875 (2018 - £8,375).

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019

## 19. MOVEMENT IN FUNDS

	At 1/4/18 £	Net movement in funds £	Transfers between funds £	At 31/3/19 £
<b>Unrestricted funds</b>				
General fund	126,511	94,856	(51,897)	169,470
Contingency fund	150,000	-	-	150,000
Distance learning development fund	19,100	(4,983)	-	14,117
iPET Myanmar fund	1,540	(3,245)	1,705	-
Research training fellowship fund	14,750	1,000	-	15,750
Tone Course Development	-	(192)	192	-
Priority Setting Project	-	-	50,000	50,000
	<u>311,901</u>	<u>87,436</u>	<u>-</u>	<u>399,337</u>
<b>Restricted funds</b>				
ILAE grant fund	9,505	(150)	(9,355)	-
THET grant fund	11,975	(21,330)	9,355	-
F. Hoffman-La Roche AG grant fund	10,000	(10,000)	-	-
	<u>31,480</u>	<u>(31,480)</u>	<u>-</u>	<u>-</u>
<b>TOTAL FUNDS</b>	<u>343,381</u>	<u>55,956</u>	<u>-</u>	<u>399,337</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	875,103	(780,247)	94,856
Research training fellowship fund	37,000	(36,000)	1,000
Distance learning development fund	-	(4,983)	(4,983)
iPET Myanmar fund	-	(3,245)	(3,245)
Tone Course Development	-	(192)	(192)
	<u>912,103</u>	<u>(824,667)</u>	<u>87,436</u>
<b>Restricted funds</b>			
ILAE grant fund	33,915	(34,065)	(150)
THET grant fund	53,735	(75,065)	(21,330)
F. Hoffman-La Roche AG grant fund	-	(10,000)	(10,000)
	<u>87,650</u>	<u>(119,130)</u>	<u>(31,480)</u>
<b>TOTAL FUNDS</b>	<u>999,753</u>	<u>(943,797)</u>	<u>55,956</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019

## 19. MOVEMENT IN FUNDS - continued

## Comparatives for movement in funds

	At 1/4/17 £	Net movement in funds £	Transfers between funds £	At 31/3/18 £
<b>Unrestricted Funds</b>				
General fund	15,144	92,641	18,726	126,511
Contingency fund	150,000	-	-	150,000
Short course development fund	20,000	(20,644)	644	-
Distance learning development fund	19,100	-	-	19,100
iPET Myanmar fund	12,000	(10,460)	-	1,540
iPET Nepal fund	19,370	-	(19,370)	-
Research training fellowship fund	-	14,750	-	14,750
	<u>235,614</u>	<u>76,287</u>	<u>-</u>	<u>311,901</u>
<b>Restricted Funds</b>				
ILAE grant fund	-	9,505	-	9,505
THET grant fund	-	11,975	-	11,975
F. Hoffman-La Roche AG grant fund	-	10,000	-	10,000
	<u>-</u>	<u>31,480</u>	<u>-</u>	<u>31,480</u>
<b>TOTAL FUNDS</b>	<u><u>235,614</u></u>	<u><u>107,767</u></u>	<u><u>-</u></u>	<u><u>343,381</u></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	849,534	(756,893)	92,641
Short course development fund	-	(20,644)	(20,644)
Research training fellowship fund	44,750	(30,000)	14,750
iPET Myanmar fund	-	(10,460)	(10,460)
	<u>894,284</u>	<u>(817,997)</u>	<u>76,287</u>
<b>Restricted funds</b>			
ILAE grant fund	9,505	-	9,505
THET grant fund	61,558	(49,583)	11,975
F. Hoffman-La Roche AG grant fund	10,000	-	10,000
	<u>81,063</u>	<u>(49,583)</u>	<u>31,480</u>
<b>TOTAL FUNDS</b>	<u><u>975,347</u></u>	<u><u>(867,580)</u></u>	<u><u>107,767</u></u>



Notes to the Financial Statements - continued  
for the Year Ended 31 March 2019

## 19. MOVEMENT IN FUNDS - continued

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

	At 1/4/17 £	Net movement in funds £	Transfers between funds £	At 31/3/19 £
<b>Unrestricted funds</b>				
General fund	15,144	187,497	(33,171)	169,470
Contingency fund	150,000	-	-	150,000
Short course development fund	20,000	(20,644)	644	-
Distance learning development fund	19,100	(4,983)	-	14,117
iPET Myanmar fund	12,000	(13,705)	1,705	-
iPET Nepal fund	19,370	-	(19,370)	-
Research training fellowship fund	-	15,750	-	15,750
Tone Course Development	-	(192)	192	-
Priority Setting Project	-	-	50,000	50,000
<b>Restricted funds</b>				
ILAE grant fund	-	9,355	(9,355)	-
THET grant fund	-	(9,355)	9,355	-
	-	-	-	-
<b>TOTAL FUNDS</b>	<u>235,614</u>	<u>163,723</u>	<u>-</u>	<u>399,337</u>

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	1,724,637	(1,537,140)	187,497
Short course development fund	-	(20,644)	(20,644)
Research training fellowship fund	81,750	(66,000)	15,750
Distance learning development fund	-	(4,983)	(4,983)
iPET Myanmar fund	-	(13,705)	(13,705)
Tone Course Development	-	(192)	(192)
	<u>1,806,387</u>	<u>(1,642,664)</u>	<u>163,723</u>
<b>Restricted funds</b>			
ILAE grant fund	43,420	(34,065)	9,355
THET grant fund	115,293	(124,648)	(9,355)
F. Hoffman-La Roche AG grant fund	10,000	(10,000)	-
	<u>168,713</u>	<u>(168,713)</u>	<u>-</u>
<b>TOTAL FUNDS</b>	<u>1,975,100</u>	<u>(1,811,377)</u>	<u>163,723</u>

**19. MOVEMENT IN FUNDS - continued**

Contingency fund

The contingency fund is held to support the staffing cost of running the BPNA Secretariat for a period of approximately six months (2018 - six months) should there be any contingency that might lead to a significant reduction in BPNA operational activities, this equates to £150k (2018 - £150k).

Short course development fund

The short course development fund is a designated fund set up by the trustees in order to preserve the anticipated level of funding incurred for short course development in the foreseeable future. This funding is provided from transfers from the general fund.

Distance learning development fund

The distance learning development fund is a designated fund set up by the trustees in order to preserve the anticipated level of funding incurred for distance learning course development in the foreseeable future. This funding is provided from transfers from the general fund.

iPET Myanmar fund

The iPET Myanmar fund is a designated fund set up in 2014 in order to provide suitable reserves for the anticipated expenditure that the BPNA shall incur in assisting with the staffing in Myanmar to become self-sufficient without the support of the UK by the 2019 financial year.

iPET Myanmar is the only international course funded by the BPNA. The anticipated costs to be incurred by the charity in relation to iPET Myanmar include travel, training, and course materials.

iPET Nepal fund

iPET Nepal was a BPNA funded PET course. The trustees agreed in the prior year that the course shall no longer run and therefore the funds were transferred to the general fund in the prior year.

International League Against Epilepsy (ILAE) grant fund

This fund represents the residual grant funding received from the ILAE, less expenditure incurred, that has restrictions placed upon it for the performance of delivering and developing international PET courses as agreed in a memorandum of understanding between the two organisations. The performance of these objectives are expected to take place between the period of 2018 to 2021 for which the organisations shall share the budgeted expenditure incurred by BPNA.

Tropical Health and Education Trust (THET) grant fund

This fund represents the residual grant funding received from the Department for International Development (DFID) via THET, less expenditure incurred, that has restrictions placed upon it in relation to the provision of training 24 paediatricians from four countries to deliver PET courses in their home countries, contribute to the development of PET courses in the UK, deliver PET courses for the first time in four African nations, and provide continuing education for African faculty.

Roche grant fund

This fund represents the residual grant funding received from F. Hoffman-La Roche AG, less expenditure incurred, that has restrictions placed upon it that restrict the use of the funds to supporting the running and development of distance learning courses.

Priority Setting Project

The BPNA has committed significant resources to undertaking a research priority setting project in paediatric neurology, facilitated by the James Lind Alliance. This project will run from 2019-20. Priority Setting Partnerships enable clinicians, patients and carers to work together to identify and prioritise evidence uncertainties that could be answered by research. The outcome of the project will be a top 10 list of jointly agreed research priorities, which are publicised widely, and other uncertainties are recorded and available for research and research funders to access.

**19. MOVEMENT IN FUNDS - continued**

**Transfers between funds**

The transfers between designated funds and the general fund have been undertaken in order to ensure a suitable level of reserves has been designated as at the reporting date for the purposes of the funds listed.

There have been no transfers between restricted funds and unrestricted funds in the current or prior year.

**20. RELATED PARTY DISCLOSURES**

There were no related party transactions for the year ended 31 March 2019 or the year ended 31 March 2018, except for the transactions with the trustees and remuneration paid to key management personnel as disclosed earlier in these notes.

**21. ULTIMATE CONTROLLING PARTY**

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