Report of the Trustees and

Unaudited Financial Statements for the Year Ended 31 March 2021

for

British Paediatric Neurology Association

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The trustees present their report with the financial statements of the charity for the year ended 31 March 2021. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

President's Report

It is a great pleasure to introduce the BPNA Annual Report.

The BPNA has had a strong year, despite having to reconfigure activities due to the pandemic.

We have carefully and continually supported families / children affected by neurological disorders through the support we supply to our members.

We have provided extensive training as evidenced in a number of areas - in particular with national leadership for our specialist interest groups in epilepsy, headache, movement, inflammation and brain injury amongst others. We have developed key guidance in response to questions posed by families. These have involved both multi-disciplinary assessments and production, as well as engagement with stakeholders.

Recruitment to all paediatric specialities has reduced with a shortfall at all stages of training. For the BPNA this has very significantly reduced the number of doctors entering higher specialist training with the likely impact of inadequate numbers gaining accreditation in Paediatric Neurology, shortfall in applicants for Consultant posts, consequent impact on clinical services due to inadequate manpower at some regional centres.

The BPNA were extremely concerned about this issue and have addressed recruitment as one of our main priorities. We initiated a recruitment team with regular meetings, targets and pathways to improve this, resulting in a significant increase in applicants to higher specialist training. We have also worked closely with the Royal College of Paediatrics and Child Health using their interest and ability to improve access to neurology training at all stages. It is likely that we can improve recruitment into consultant posts, but not immediately.

This has led to very significant challenges in service delivery and required rapid reconfiguration. The BPNA, through the professional support arm, have been closely involved with these centres and will continue to support both the individual Members as they deliver their service in a safe and sustainable pattern, but also their employing Trusts.

Professional support will continue to be a very important issue for the BPNA. An invited review process has been established to fulfil the requirements of the Academy of Medical Royal Colleges 'A framework of operating principles for managing invited reviews within healthcare' (2016).

During 2020-2021 all courses were remote. At present, feedback is strong and therefore longer-term strategy to consider the possibility of face to face, purely remote and hybrid courses has been discussed. At present, there is enthusiasm for all three models and as the UK leaves the pandemic, our consideration will be given for how our courses are delivered.

This has particular resonance for our international portfolio which have continued to grow in support of individual countries, but also our collaboration with non-governmental organisations - in particular the International League Against Epilepsy.

The BPNA and our Members continue to have notable research interests. Highlights include our joint Fellowships with Action Medical Research.

Report of the Trustees for the Year Ended 31 March 2021

The BPNA continues to hear the voice of patients and families, but doing so for the very large number of different disorders our Members care for, as well as the wider geographical, cultural and ethnic variations is always going to require careful consideration and investment of time. A key element of the longer term strategy identified during 2021 is to engage the expert multidisciplinary teams in special interest groups to link with families in an equitable way, identifying priorities for research, guidance and management. We look forward to continuing close collaboration with a large number of different charitable organisations who represent families.

2020-2021 was a successful year for the British Paediatric Neurology Association, reflecting an immense amount of hard work by our Members across the UK. They have been ably supported by a strong, enthusiastic and professional secretariat. Special interest groups, council and executive leads have given a large amount of their time, unpaid and with little in the way of formal thanks. Their work has enormously benefitted children affected by neurological disorders and deserves proper recognition.

Yours sincerely,

Dr Alasdair Parker BPNA President (2021-2024)

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.

Report of the Trustees for the Year Ended 31 March 2021

OBJECTIVES AND ACTIVITIES

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
 - Abnormal muscle tone, through provision of the Approaching Children's Tone (ACT) courses
 - Children with any type of neurological condition through its comprehensive online distance learning
- 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

Public benefit

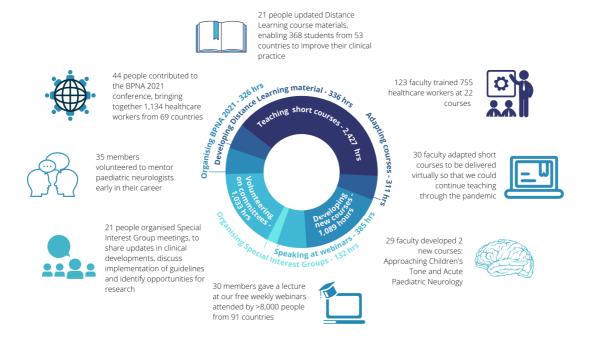
The trustees have had regard to the Charity Commission's guidance on public benefit in considering activities during 2020-21. They sought to meet the public benefit of promoting the health and wellbeing of children with neurological disorders in the UK and globally through the initiatives and projects listed in the section 'Main activities undertaken in relation to the purpose'.

Grantmaking

During 2020-21 there was no fellow appointed to the joint Action Medical Research BPNA research training fellowship and therefore no grant paid (2019-20 £0; 2018-19 £36,000). It is hoped a fellow will be appointed to start in 2021-22.

ACHIEVEMENT AND PERFORMANCECharitable activities

During 2020-21, 256 BPNA members and friends gave more than 6,000 hours of their spare time to help BPNA to meet its charitable aims. Below are some of the ways they did so.



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.

The GMC and RCPCH Shape of Training (SoT) plans on paediatric neurology training are currently in discussion. At present it has been agreed that neurology GRID trainees will still have 3.5 years to meet learning objectives even if there is a change in training duration in the future.

1.2 - New curriculum

Trainees and their educational supervisors are becoming more familiar with the level 3 neurology 'Progress' syllabus, which was launched in August 2018. The BPNA Training Guide to Neurology, published on the RCPCH website, continues to provide more specific and structured information on how to achieve the learning objectives and capabilities for level 3 neurology (grid) training. The CSAC has developed an Annual Progression Form which incorporates the curriculum and trainees have provided positive feedback regarding this.

1.3 - Appointment of new Grid trainees

For the 2021 paediatric neurology grid training programme, there were 11 grid training schemes available, but only 4 candidates were deemed suitable for appointment at the November 2020 interviews. Twelve applications were received for the available 11 places. Four places were filled to commence 2021, of which one is an academic post. A further trainee, already successful in their appointment as an academic clinical fellow, met the criteria for grid appointment. One trainee rejected the offer and chose to pursue neurodisability training instead.

There has also been a change in number of attempts at GRID applications. Unlimited attempts are now being allowed, provided the trainee has had equivalent training up to the stage of entry and has at least 12 months left of training at the point of commencing their GRID post.

In 2020, the BPNA established a Recruitment Working Group to develop strategies to encourage junior doctors to consider a career in paediatric neurology. Various initiatives are being implemented to aid prospective trainees in making successful applications.

1.4 - Assessment and Support for Existing Trainees

There are currently 31 grid trainees in the UK, out of which 7 are out of programme doing research. All clinical trainees received virtual CSAC progression interviews in the last year at the annual BPNA meeting in January 2021 and Trainees meeting in May 2021. Most were deemed to be making good progress towards achieving their competencies despite COVID-19 challenges, with only 1 trainee deferring their CCT date as a result of this. There are challenges for some trainees to access outpatient activities in specific centres and we have been supporting the local teams to address this.

1.5 - Special Interest (SPIN) module in Epilepsy

There are currently 45 SPIN trainees. The Neurology CSAC 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 their training and competencies to be able to be singed off. The expectation will be that trainees will complete their SPIN module 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. The Neurology CSAC is working with RCPCH regarding appropriate accredited courses as part of the SPIN training module.

1.6 - Assessment of "Non Grid" Training

Doctors who haven't completed the UK paediatric neurology GRID training programme, but who can show they have knowledge, skills and experience equivalent to the approved curriculum, can request entry on the GMC specialty register via the Certificate of Eligibility for Specialist Registration (CESR) route, if part of their training was done overseas. The neurology CSAC has a role in evaluating CESR applications. If the GMC approve the initial application, then the CSAC will review the neurology component of their training and determine whether it is equivalent to that of a UK GRID trainee. Typically, only training in the 5-years prior to the CESR application can be considered, and, if successful, the applicant will be entered on to the GMC specialist register.

If a trainee cannot apply for CESR accreditation, they can apply to the CSAC to determine whether their training has been 'equivalent' to that of a UK GRID trainee. Given the difficulty in adequately assessing training via the generic NHS shortlisting programme and /or during a brief interview, this is a more robust method of supporting the RCPCH representative on Advisory Appointments Committees (AAC) in ensuring that candidates applying for a consultant paediatric neurology post are suitably trained to fulfil the role. Of note, a 'CSAC approval of training' in those NOT in an established UK GRID training post or applying for CESR does not allow entry on the specialist register.

In 2020-21, the CSAC received 8 requests to assess a doctor's neurology training. Of these 3 have been approved and the remainder are in progress.

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 Training Services team.

2. Education

346 BPNA members directly contributed to the development and delivery of courses during 2019-20. 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.

The BPNA's face-to-face courses were cancelled from March 2021 due to coronavirus restrictions. However, we acted swiftly to adapt course materials and train faculty to teach virtually, with the first PET1 virtual being delivered in early June 2020.

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:

During the coronavirus pandemic PET1 and PET2 courses have been adapted for virtual delivery (PET3 will follow, with its first virtual course in May 2021). However, the pandemic has resulted in a reduced number of PET courses being held in 2020-21:

- PET1 (1-day) 6 courses (2019-20=10)
- PET2 (2-days) 1 course (2019-20=6)
- PET3 (2-days) 0 courses (2019-20=6)

Since 2005 to 31 March 2021, 10,715 UK clinicians have attended a PET course (2020-21=300; 2019-20=689; 2018-19=822), contributing to improving the standards of diagnosis and management of children with epilepsy in the UK. Feedback from virtual courses has been excellent.

The PET123 course materials were updated by a team of international clinicians in 2018. The updated materials were 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.

During the coronavirus pandemic CHaT was adapted for virtual delivery. In 2020-21, three virtual CHaT courses were held (compared to the average 4 courses per year), each with more attendees than would usually attend a face-to-face course. Feedback has been excellent, with many attendees preferring virtual. During 2020-21 CHaT welcomed international attendees from Botswana, Canada, Iraq, Netherlands, Qatar, Saudi Arabia, South Africa and Spain.

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

Since 2012, 1,162 clinicians have attended CHaT (2020-21=117; 2019-20=137; 2018-19=139).

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.

During the pandemic, the NeoNATE course has not been adapted for virtual delivery and therefore no courses have taken place since November 2019.

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

Since 2014, 556 clinicians have attended NeoNATE (2020-21=0; 2019-20=94; 2018-19=142).

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 virtually on 4-5 March 2021 with 48 attendees. International delegates attended from Australia, India, Iraq, Malta, New Zealand, Poland, Portugal, South Africa and Sweden.

Expert to Expert: Epilepsy was planned autumn 2021 however, due to coronavirus restrictions, has now been postponed to autumn 2022.

2.5 - Approaching Children's Tone (ACT)

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 developed a new short-course on tone management in children called 'Approaching Children's Tone' (ACT). Development has been funded through educational grants received from: Avexis, Biogen, PTC Therapeutics, Roche, Sarepta.

The first ACT course took place virtually on 23-24 March 2021 with 36 attendees. Feedback was excellent and further courses will take place in 2021-22.

2.6 Acute Paediatric Neurology

It is estimated that about a third of all paediatric emergencies are neurological. We are aware of the volume of children attending emergency departments with neurological presentations, and of the anxiety this can create for the receiving paediatricians and trainees, who often feel inadequately trained in acute paediatric neurology.

In view of this, during 2020-21 the BPNA in collaboration with the Association of Paediatric Emergency Medicine have been developing a new 1-day course called Acute Paediatric Neurology. The first course will take place virtually in November 2021.

2.7 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 or more units. DL fees are differentiated by country according to the World Bank economic classification to widen access to doctors worldwide, in line with BPNA charitable aims.

Distance Learning complements BPNA short-courses, providing depth and extending the knowledge gained at a one and two day course. Working with respective short-course development teams, explicit links are being provided in DL units to reinforce the learning provided in the related short-courses. Thus we encourage PET course attendees to study Unit 6 (Epilepsy), NeoNATE attendees to study Unit 2 (Neonatal Neurology), CHaT attendees to study Unit 12 (Headache) and attendees at the new ACT (Tone course) to study Units 4 and 5 (Neuromuscular and Central Motor Disorders).

A Consultant Paediatric Neurologist is employed for 4-hours per week to direct and oversee the constant revision and rewriting process. The Distance Learning Steering Group was reconvened in 2020 with one or two BPNA expert members overseeing each unit. During 2020-21, the following have been updated and uploaded to moodle: Unit 0, Unit 2, Unit 3, Unit 6. Units are increasingly making use of recorded lectures. At 1 April 2020, £8,116 remained in the allocated BPNA reserves to fund updating DL course materials. This has been spent in 2020-21 and a new fund of £75,000 has been allocated for 2021-2024.

During 2020-21, significant resources have been utilised to enable easy enrolment onto the course, more efficient collection of feedback and access to certificates of completion, which has been appreciated by students. We have also grouped individual units together to form four 'bundles', each aimed at specific job roles, to provide a cost effective way to enrol onto multiple units. Those wishing to complete whole course enrol on all four bundles.

In the period there have been 1,269 enrolments on distance learning units, by 368 people from 53 countries. The highest proportion of these enrolments are from the UK, 44% (556 of 1,269). Additionally, a total of 348 bundles were bought in 2020-21, of which 204 were from high income countries and 144 from low and middle income countries.

We are indebted to the 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.

Due to redirection of resources to respond to issues arising, we are not currently pursuing making the whole course an MSc accredited through a UK university.

2.8 - Webinar Lecture Series

Covid-19 led to a change in grid trainee's working patterns that resulted in them having restricted access to appropriate teaching. In response, the BPNA President launched a free weekly Webinar Lecture Series.

The first lecture was given on 14 May 2020 and lectures have been delivered weekly since, with a couple of short breaks for holidays. This would not have been possible without the generocity of BPNA members giving their time. We are grateful to them all for preparing and delivering such excellent lectures on wide range of topics and for remaining until all the questions have been answered. Recordings of lectures are available in the BPNA members' area and are also provided on the distance learning platform for enrolled students to access.

During 2020-21, the webinar lecture series has been attended by both trainees and consultants worldwide. 8,059 doctors and allied health professionals from 91 countries have attended 35 BPNA weekly webinar lectures.

BPNA webinar lecture series was launched as a free weekly virtual learning resource for child health professionals, in particular those working in paediatric neurosciences worldwide.

2.9 - International Short-Courses

2020-21 posed huge challenges for the international short courses programme due to coronavirus restrictions. PET is typically rolled out in new countries through a 3-day launch programme, which takes place face-to-face. Restrictions on international travel prevented us from undertaking any of our planned launches. The pandemic also resulted in challenges for those countries where PET has already been established; travel restrictions, social distancing measures and the additional pressure on healthcare workers meant that many were unable to run courses during the year. We were pleased, however, to work with a number of countries to deliver PET courses virtually, enabling healthcare workers around the world to continue to attend courses during the pandemic.

This was the third year of BPNA's four-year partnership (2018-19 - 2021-22) with the International League Against Epilepsy (ILAE), which was formed to facilitate the roll-out of PET worldwide. The initial memorandum of understanding has a value of £161,156, which has been vital to supporting the international programme throughout the pandemic. 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 4,610 (PET1=3,610; PET2=369; PET3=197; iPET=274; Trained as faculty=160).

2.9.1 - 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.

Middle East: The total number of attendees in the UAE and Qatar since 2012: PET1=156; PET2=119; PET3=71; PET EEG=32.

North Africa:

Egypt: During 2020-21 a group of 10 attendees from Egypt joined a virtual course being run in the UK.

Sudan: The total number of attendees in Sudan since 2014: PET1=289; PET2=109.

2.9.2 - Sub Saharan Africa

South Africa in partnership with the Paediatric Neurology Development Association of Southern Africa. No courses were delivered during 2020-21. Since 2015-16, the total number of PET1 attendees is 324 (2020-21=0; 2019-20=42; 2018-19=119).

Ghana in partnership with the Paediatric Society of Ghana. During 2020-21, one virtual PET1 course was delivered to 40 attendees. Since 2018, the total number of PET1 attendees is 220 (2020-21=40; 2019-20=47; 2018-19=133).

Kenya in partnership with the Kenya Paediatric Association. During 2020-21, two virtual PET1 courses were delivered to 50 attendees. Two attendees also joined a virtual PET2 course being run in the UK. Since 2017, the total number of PET attendees is 253 (2020-21=52; 2019-20=30; 2018-19=120).

Tanzania in partnership with the Paediatric Association of Tanzania. During 2020-21, one PET1 course was delivered to 33 attendees. Since 2018, the total number of PET1 attendees is 143 (2020-21=33; 2019-20=0; 2018-19=110)

Uganda in partnership with the Uganda Paediatric Association. No courses were delivered during 2020-21. Since 2018, the total number of PET1 attendees is 127 (2020-21=0; 2019-20=35; 2018-19=92).

2.9.3 - Asia

India in partnership with Raindrops Children's Foundation. PET1 was launched in northern India in 2014 and southern India in 2016. No courses were held in 2020-21. Total PET1 attendees in India since 2014: 1,499 (2020-21=0; 2019-20=47; 2018-19=24 attendees).

Myanmar: PET1 was launched in Myanmar in 2014. Since then, 313 people have attended PET1 (2021=1; 2019-20=0; 2018-19=72).

Singapore in partnership with KK Women's and Children's Hospital. PET1 and PET2 were due to be launched in Singapore in February 2020. This was postponed due to coronavirus restrictions.

However, during 2020-21 we ran a virtual PET1 course for healthcare workers from across the South east Asia region. There was a total of 33 attendees, including: Indonesia (7), Singapore (7), Cambodia (6), Malaysia (5), Hong Kong (4), India (2), Egypt (1), the Maldives (1).

2.9.4. Central & South America

Brazil in partnership with Liga Brasileira de Epilepsia. 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 2020-21, one virtual PET1 course was delivered to 17 attendees. Since 2018-19, PET1 has been delivered to 139 attendees (2020-21=17; 2019-20=41; 2018-19=81).

Central & South America: During 2018-19, PET1 was translated into Spanish for roll-out in Central and South America. A launch for Colombia, Chile and El Salvador planned for May 2020 was postponed due to coronavirus restrictions.

2.9.5 - Australasia

New Zealand in partnership with the New Zealand League Against Epilepsy and the Starship Foundation. PET1 and PET2 were launched in Auckland, New Zealand in May 2017. During 2020-21, one PET1 course and 1 PET3 course were held, both face-to-face courses.

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PET1 attendance since 2017: 280 (2020-21=27; 2019-20=45; 2018-19=109). PET2 attendance since 2017: 139 (2020-21=0; 2019-20=38; 2018-19=40). PET3 attendance since 2018: 126 (2020-21=32; 2019-20=33; 2018-19=61).
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Australia in partnership with the Australia and New Zealand Child Neurology Society (ANZCNS), PET1 and PET2 were due to launch in July 2020. This was postponed due to coronavirus.

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 47th annual scientific meeting was hosted by Oxford and held virtually in January 2020. There were 1,134 delegates from 68 countries. Technology facilitated record delegate numbers (2020 Belfast=427; 2019 Liverpool=391) and geographic access. Opportunities to learn were provided by: 18 oral presentations and 236 posters (selected from 272 abstracts submitted); 14 keynote lectures; 4 clinical practice sessions; and 6 sponsored symposiums.

Prizes were awarded to:

Professor Francesco Saverio Tedesco (University College London, Great Ormond Street Hospital for Children and The Francis Crick Institute, 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 Joseph Symonds (Glasgow)

Best oral presentation by a trainee.

Dr Kenneith Yong (Edinburgh)

Best poster presentation by a trainee.

Dr Sannia Jayawant (Edinburgh)

Best poster audio narrative by a trainee.

Dr Mary Chesshyre (Great Ormond Street Hospital, London) 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.

Mr Tony Fono

Best medical student presentation.

Mr Tony Feng (University of Glasgow)

4. Patient and Public Involvement

We were delighted that 18 paediatric neurology related charities attended the conference and took up the opportunity to have a virtual exhibition stand to engage with BPNA members and the other attendees.

During the conference, the BPNA hosted the second Paediatric Neurology Charities Meeting, with 20 charities in attending. The purpose of this one-day meeting was to provide the opportunity for paediatric neurology related charities to share information about their work, learn from each other and identify opportunities to work together to improve the lives of children with neurological disorders. A number of helpful links were forged between charities and BPNA special interest groups. BPNA look forward to hosting the meeting again at the 2022 conference.

In September 2020, BPNA hosted its second meeting of 8 epilepsy charities and paediatric neurologists to discuss the cannabis based medicinal products guidance and progress of the clinical trial grant application. At the previous meeting, this group had provided very helpful input into the trial design. Since then, the clinical trial grant application has been submitted to the National Institute for Health Research (NIHR) by BPNA members.

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.

5. 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.

The BPNA Research Committee is chaired by Professor Manju Kurian. Members have a wide range of clinical and scientific expertise, and come from a broad range of UK and Irish Paediatric Neurology Centres. The research committee has been working to develop the agreed research strategy of the BPNA, focused on building research capacity within paediatric neurology and promoting research training within the paediatric neurology trainee community.

5.1 - British Paediatric Neurology Surveillance Unit (BPNSU)

In 2006, the BPNA set up the BPNSU to target surveillance of rare neurological conditions in a cost-effective and efficient manner with the sample population being UK consultant members of the BPNA. Since 2006, 27 studies have been conducted using BPNSU.

During 2020-21, one project was added onto the BPNSU system (2019-20=1; 2018-19=1; 2017-18=3). At 31 March 2021 four projects were active on BPNSU system.

BPNSU fees were increased in 2020-21 to £1,200 for up to 2-years, which is still significantly less than other surveillance studies. Additional years are charged £600 per annum.

The BPNSU website has been redeveloped to provide increased efficiencies and consistency of information.

In 2020-21, an audit of all past studies was carried out. Since 2014, there have been 15 conference abstracts and 10 peer-reviewed publications resulting from BPNSU studies. Journal publications have been in Developmental Medicine and Child Neurology, Neurology, and Lancet Child and Adolescent Health. One PhD was awarded and one project reported 4 invited international talks in which BPNSU data were part of the presentation. There were four successful grant applications arising from BPNSU studies, with a total grant income of £1,237,949: 1 MRC Developmental Pathway Funding Scheme award, 1 NIHR/GOSH Clinical Fellowship, 1 KESS2 (Knowledge Economy Skills Scheme) Studentship, and a donation from the Alternating Hemiplegia of Childhood UK Charity. Public engagement varied from parental groups informing study design, results informing genetic counselling for families, to results being presented or planned to be presented.

The BPNSU email list is continually reviewed and updated to optimise returns.

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

The second fellowship has been awarded to Dr Michael Eyre. His 3-year fellowship was due to commence in September 2020, however the start date has been deferred to March 2021 due to Covid-19. In his project, 'Developing magnetic resonance measures of neurobiological dysfunction in early recovery from NMDAR-antibody encephalitis', Michael will investigate if advanced MRI techniques can help predict recovery from NMDAR-antibody encephalitis in children and young people, paving the way for new treatment approaches for the condition in future.

The third fellowship will be advertised in 2021 for commencement in 2022.

Previous AMR BPNA Research Training Fellows:

2016-19 Dr Apostolos Papendreou Beta-propeller protein-associated neurodegeneration

5.3 - Priority Setting Project

The BPNA has committed £50,000 to undertaking a research priority setting project (PSP) in paediatric neurology, facilitated by the James Lind Alliance. This partnership aims to shape future research on paediatric neurological conditions by bringing together patients, their parents and carers and health care professionals to identify and prioritise unanswered research questions around treatments, therapies or procedures. The outcome of the project will be a list of the top 10 jointly agreed research priorities. These priorities will then be promoted to research funding organisations to influence future research.

The PSP commenced October 2019, aiming to complete September 2020, however due to Covid-19, the project has been extended to March 2022. During 2020-21, the survey was promoted to clinicians, patients and carers to complete online. It asked them to identify their top 3 research priorities in paediatric neurology. In 2021-22 the responses will be analysed and filtered for a final survey to be sent out again and re-analysed. This will be followed by prioritisation workshops being held with various stakeholder groups before the finalised top 10 research questions are published.

6. Professional Support

Coronavirus resulted in a significant increase in demand for Professional Support: Covid-19 related clinical guidance; personal support; and meeting the needs of trainees, whose access to training were limited as an unintended consequence of the NHS response to Covid-19. To meet these needs BPNA has developed Covid-19 paediatric neurology guidance, increaed mentoring capacity, provided additional resources to Special Interest Groups and additional training resources to Trainees.

6.1 - BPNA membership

Membership numbers have increased steadily during 2020-21, supported by our dedicated Membership Engagement Manager, Philip Levine. A new category of membership 'Allied Health Professional' was introduced. This category has minimal subscription fees to encourage engagement and no voting rights. We have welcomed 13 specialist nurses, physiotherapists, speech & language therapists, dieticians and physician associates. The Webinar Lecture Series has also encouraged new members.



Report of the Trustees for the Year Ended 31 March 2021

6.2 - 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. The mentoring programme began in 2016.

During 2020-21 the mentoring programme was expanded to paediatric neurology and neurodisability GRID trainees within 12 months of CCT to provide additional support through the pandemic. At 31 March 2021, there are 35 BPNA members volunteering as mentors (2020=26) with 33 mentees (2020=16).

In November 2020 BPNA commissioned the Royal College of Physicians to deliver a training day for mentors. The training taught different models of mentorship and was very well received.

6.3 - Special Interest Groups (SIG)

Both the number of special interest group meetings and the number of attendees attending meetings has increased in this year. During the pandemic meetings and study days were moved online, which enabled easy attendance.

6.3.1 - British Paediatric Epilepsy Group

The interest of this group is in the clinical area of childhood epilepsy, and members have particular expertise in this aspect of paediatric neurology. The group meets 3 times a year with a focus on the development and implementation of guidelines for epilepsy in children, to share updates in audit and research and to discuss anonymised complex and educational cases.

BPEG contributed to the BPNA Cannabis Based Medicinal Products guidance, and represented the BPNA at the valproate stakeholder's network meeting both of which are important issues for children with epilepsy and their families.

A presentation regarding the work of the group was made at the BPNA 2021 Paediatric Neurology Charities' meeting, which provided the opportunity for charities representing childhood epilepsy to discuss how we may work together for the further benefit of patients.

6.3.2 - 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 group members meet 3 times a year and has been meeting virtually during the pandemic.

The cerebrovascular SIG has been supporting paediatric neurologists and paediatricians across the country with the implementation of the RCPCH Childhood Stroke Guidelines. As a priority, the group members have been working towards the development of a National Childhood Arterial Ischaemic Stroke Database. As part of this process, members have been engaging with stakeholders and charities to provide a funding stream for this project. The cerebrovascular SIG presented this idea to multiple charities at the BPNA 2020 and 2021 Paediatric Neurology Charities Meetings. The SIG anticipates that this database will provide valuable information about childhood stroke in the UK and how services could be enhanced in future.

During 2020-21 members of the SIG have updated the BPNA Distance Learning cerebrovascular unit.

Plans are also in place for an International Paediatric Neurovascular Study Day in April 2021.

6.3.3 - 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 usually meet twice per year.

CHaN has adapted to the social distancing requirements of the Covid-19 pandemic and held virtual meetings facilitated by the BPNA secretariat. During 2020-21, three meetings were held plus an study day on Idiopathic Intracranial Hypertension (IIH) hosted by the Cambridge team in November 2020.

Meetings have allowed for updates on current projects notably the Delphi on the diagnosis of psedotumour cerebri syndrome (PTCS) and IIH and the management of IIH in children and young people, led by Dr Sam Amin. This will inform the evidence-based guideline development, led by Dr Deepa Krishnakumar, which now has nominal support from the RCPCH and the Royal College of Ophthalmology. We have also had guest lectures on various headache topics, clinical case discussions, and updates on the status of clinical trials, whether on-going or in set-up.

6.3.4 - Fetal & Neonatal Neurology Special Interest Group

The Fetal and Neonatal Specialist Interest Group aims to fulfil the BPNA's aims with a focus on the fetus and neonate. The group provides education on neonatal neurology via the BPNA NeoNATE course.

The fetal neonatal neurology SIG has spent the last year working with the British Association of Perinatal Medicine on a guideline relating to neonatal and fetal neuroimaging, and we are in discussion about supporting one BPNA member in a research project.

We hope to restart face-to-face NeoNATE courses in 2022, assuming Covid rules allow. The NeoNATE committee voted not to develop a virtual course because of logistical difficulties and the design of the course does not easily lend itself to virtual teaching.

We are planning two half-day training days later in 2021 for neonatal and fetal neurology, which will be advertised to the wider community.

We hope the begin to develop the Fetal neurology course after a hiatus caused be the COVID pandemic, which we aim for launch in 2023.

6.3.5. Inherited White Matter Disorders (Leukodystrophies) special interest group

We are all witness to Professor John Livingston's hard work, dedication over years to get IWMD service in the UK. NHSE has started the provider selection process for National IWMD Diagnostic and Management Service (all ages). There is a proposal for three paediatric IWMD centres and two adult IWMD centres in England. We are also thankful to all other colleagues who have worked endlessly to draft and re-draft the service specifications and attended numerous meetings with NHSE to make this possible.

The specification includes a national all age IWMD registry and database. Setting up the registry has also taken significant effort from the IWMD working group and SIG members. This registry will be going for a pilot phase in 2021-22.

In addition, there had been consultation from various PPV groups, and we hope that this helps us understand these rare IWMDs better and help us develop better care for our patients. Service specifications for paediatric lots (Lot 3, 4, 5) are live and online. The proposed deadline for starting the IWMD service is April 2022.

We hosted three National IWMD clinical meetings (adult and paediatrics) in October 2020, March 2021 and July 2021. The recording of the July meeting is available in the BPNA members' area. We had eminent speakers focusing on emerging therapies. Professor Van Der Knapp updated us regarding the "Guanabenz Trial is Vanishing White Matter Disease." The trial is open, and patients from the UK are eligible. Dr Amy Waldman from Children's Hospital Philadelphia updated us on the "IONIS trial for Alexander's disease." GOSH will be the trial site, but recruitment has not yet started. Professor Yanick Crow updated the forum regarding the various trials in AGS. Dr Nicole Wolff updated us regarding "Trials in MLD-enzyme replacement therapy and gene therapy in MLD". Gene therapy is currently not available in the UK. We are awaiting the outcome of the NICE consultation for the use of gene therapy in the UK. Many more trials, including gene therapy in Canavan's Disease, is evolving.

Colleagues from metabolic medicine (both adult and paediatric), adult neurology colleagues, genetics, and neuroradiologists are integral parts of the IWMD service. Our meetings are an learning opportunity for all of us, and we would encourage trainees to attend. The leukodystrophy charity ALEX TLC always provide an update in this National forum and has been a firm family voice. They will be a key stakeholder in this new service. We are looking forward to ongoing support.

We are aiming to develop a national consensus, guidelines for the investigation and treatment of Mitochondrial WMDs.

6.3.6 - British Paediatric Movement Disorder Special Interest Group

The British Paediatric Movement Disorder Group focuses upon children and young people with movement disorders in childhood. The group usually meets 3 times per year. An increased number of virtual meetings have been held during the pandemic.

The SIG aims to meet three times a year but met once this year (January).

6.3.7 - Muscle Interest Group

The muscle SIG works closely with the neuromuscular charities, in particular the Muscular Dystrophy UK (MDUK), Action Duchenne, Duchenne UK, SMA UK, DMD HUB. These partnerships have helped accelerate research funding research fellow posts, access to clinical trials, improved staffing at peripheral sites for trial set up and supported meetings to improve standards of care and data collection and dissemination.

This year key involvements have been with SMA UK and MDUK in helping to implement the gene therapy programme in SMA, Zolgensma, following approval by NICE and NHSE on 8 March 2021. Focus was then directed to neuromuscular sites submitting a bid to be an infusion centre (4 to be appointed) and these were published in April 2021 as Bristol Royal Hospital for Children, Sheffield Children's Hospital, Evelina London Children's Hospital and Royal Manchester Children's Hospital.

From the Northstar group; Ataluren MAA -now extended to January 2023 (next data cut September 2021.)

HUB DMD; has continued close working with clinicians to enable trial readiness and liaison with the pharma companies to look at what is needed per site to continue trials. Many require MRI both muscle and cardiac and therefore work looking at which sites can offer this has been useful. Whilst some trials were paused in 2020, some continued with home dosing and virtual clinical assessments and remote monitoring.

Following on from the 'Gene therapy ready' study day; looking at all the institutions in the UK and what was needed to deliver gene therapy safely, this has resulted in Pfizer DMD gene therapy trials starting in the UK 2021 in Newcastle and GOSH.

As a SIG we have continued in 2020 and 2021 to meet regularly virtually; both paediatric and adult northstar meetings (DMD) and paediatric and adult SMA REACH meetings (SMA), especially developing the nusinersen delivery to adults and assessments, British Myology society, Translational research meeting UK (all virtual) and World muscle society meeting (virtual), the muscle interest group has met 4 times virtually for case discussions and topic led presentations over the 12 months.

The charities also sponsor, along with pharma companies, the muscle group's main annual meetings such as the British Myology society, Translational research meeting UK, Northstar and SMA REACH meetings within the UK. They work together with the clinicians on various patient initiatives; patient leaflets, e-learning modules, patient days, children's transition days and camps; and support the various neuromuscular teams in their individual areas; such as NM networks, local educational meetings and trial set ups.

6.3.8 - Trainees' Special Interest Group

The BPNA trainees' special interest group (SIG) is a group of all the BPNA trainee members and those interested in paediatric neurology training in the UK. This group meets twice a year, once at the BPNA conference, normally held in January, and once at a 2-day educational trainees' meeting normally held in May.

Due to the postponement of the May 2020 meeting due to Covid-19, a 1-day virtual study day on paediatric neuroinflammatory disorders was held in November 2020. This was well attended and we thank the speakers for their time. Recordings of selected sessions are available to watch in the BPNA trainees' SIG area of the website for those who could not attend. The May 2021 trainees' meeting will be held virtually on the topic of paediatric movement disorders.

During 2020-21, the group has also successfully worked with the BPNA Distance Learning leads and authors to run virtual study groups in 3 distance learning units. Participants worked through the units together, meeting weekly virtually. The groups are open to all trainees and the recent groups included Grid trainees, epilepsy SPIN trainees, trainees from overseas, and recently-qualified consultants completing units to achieve SPIN accreditation. Three groups ran in February to August 2021, working through the epilepsy, neuromuscular and cerebrovascular/trauma/coma units. Further virtual study groups are planned to start in September 2021.

The NHS response to the Covid-19 pandemic resulted in changes to working rotas for trainees. The unintended consequence of this was limiting access to teaching for trainees. In response, the Trainees' SIG set up the BPNA trainees' paediatric neurology teaching network. This project shares weekly free-to-join video-based paediatric neurology teaching from UK paediatric neurology centres. Sessions are primarily aimed at paediatric neurology trainees and are open to all BPNA members.

Through 2020-21 the trainees' SIG has also contributed to the work of the BPNA paediatric neurology recruitment working group aiming to improve recruitment to paediatric neurology Grid training. We have held Grid application and interview webinars to support candidates through the process. These are available in the careers area of the BPNA website.

The paediatric neurology Grid trainees' annual survey will take place in April 2021 and the anonymised results of which will be fed back to all centres over the summer. During 2020-21 we have completed a project evaluating the usefulness of out-of-hours training for paediatric neurology Grid trainees.

6.3.9 - 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 UK-CNID has continued to meet regularly over the past 12-months to promote the health and wellbeing of children with neuro-inflammatory brain disorders. Owing to the pandemic, all 6 meetings over the past year have been held virtually and with full support from the BPNA secretariat. The meetings are held on the third Friday afternoon of every second month, from 13.00-17.00 and all follow a very similar structure. The first hour of the meeting is formally educational, with invited updates about new medications and treatments as well as updates on current research. The second part of the meeting consists of case discussions. Cases need to be submitted formally on an agreed template and MRI imaging transferred to the host centre for review. The clinical case is then presented by the submitting organisation, the imaging reviewed and the discussion documented. The completed documentation is then returned to the host unit for future reference. On average 40 to 60 attendees join the meeting, with 8 to 15 cases discussed.

This year, the membership reflected on the name of the special interest group, the format of the meeting, and the nature of cases for discussion, and voted on proposed changes. It was agreed to restrict case discussions to conditions of an inflammatory nature affecting mainly the central nervous system. Isolated inflammatory peripheral nerve and muscle disorders will not be included in the remit. We also agreed to change the name of the special interest group, from UK Childhood Inflammatory Disorders (UK-CID) to UK- Childhood Neuroinflammatory Disorders (UK-CNID). We also agreed that for the near future, all meetings will be held virtually, with the aim of moving to meeting once a year face to face.

The UK-CNID has also worked to update specific guidelines on demyelination and have worked with NHSE to revisit policy proposals that make access to various medications challenging (IVIG for relapsing MOG, Rituximab for MS and disease modifying treatments for Paediatric Onset MS in those who are pre-pubertal).

We have produced guidance for Covid related changes on the use of disease modifying treatments in the face of the pandemic, for Covid vaccination in MS patients on DMTs, for those who were advised to shield, and for advice on returning to school.

We have established collaborations with the National MS Society in USA and in UK the MS Trust and MS Society to enhance professional networks. We have worked to produce both written educational material and patient videos.

With the support from the BPNA, we have hosted educational training days for healthcare professionals on Neuroinflammation every 6 months.

6.3.10 - UK Neurorehabilitation Special Interest Group

The paediatric neurorehabilitation SIG is a multidisciplinary group supported by representatives from England, Scotland, Wales and Norther Ireland. We aim to:

- Share good practice
- Develop an equitable paediatric neurorehabilitation service nationally
- Support research and improve the evidence base in paediatric neurorehabilitation for acquired CNS injury.
- Link with other groups (third sector) and parents / users affected by aquired brain injury

During 2020-21, several meetings have been held. The main agreed objectives have been to: streamline Units' data collection measurements to enable sharing a common dataset and to write a paediatric Neuro-Rehabilitation guideline in presence of COVID 19.

Report of the Trustees for the Year Ended 31 March 2021

Nottingham (June 2020): This agenda was dictated by the paediatric neurorehabilitation impact of COVID 19. Around 50 SIG members attended a virtual meeting with representation from all units apart from Belfast . The meeting agreed to consider to write a consensus guideline on the subject which has now been ratified by BPNA.

Bristol (September 2020): 16/17 units presented unit profiles; strengths and areas for development. We discussed assessment methods for disordered levels of consciousness in CYP with acquired CNS injuries from which discussions ensued regarding a proposal for a BPSU study. The event was attended by 34 members from a variety of specialty group - neurology, neurodisability and rehabilitation, therapist and psychologists.

Cambridge (October 2020): This meeting was hosted virtually by Cambridge colleagues. The agenda focussed on COVID 19 neurorehabilitation recovery plan and the potential role of specialist paediatric neurorehabilitation services. Plus our Cambridge colleagues were celebrating 10-years of delivering a community paediatric neuropsychology service for paediatric neurorehabilitation. 33 delegates attended from a range of specialist groups (including 12 paediatric neurologists).

6.4 - 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 during 2020-21:

- 1. Fenfluramine for treating seizures associated with Dravet syndrome. [NIC ID1109]. To appraise the clinical and cost effectiveness. In development. Expected publication date: to be confirmed.
- 2. Epilepsies in children, young people and adults. [NICE GID-NG10112]. In development. Expected publication date: 9 March 2022.
- 3. Meningitis (bacterial) and meningococcal septicaemia in under 16s: recognition, diagnosis and management [to update CG102]. Invitation to guideline scoping. Expected publication date: 23 June 2022.
- 4. NHS England consultation. Stroke thrombectomy service for acute ischaemic stroke. [Service specification 1868].
- 5. Headaches in over 12s: diagnosis and management. [NICE CG150]. Updated 12 May 2021...
- 6. Risdiplam for treating spinal muscular atrophy in children and adults. [NICE ID1631]. In development [GID-TA10612]. Expected publication date: to be confirmed.
- 7. OTL-200 for treating metachomatic leukodystrophy PID1666]. In development [GID-HST 10028]. Expected publication date: to be confirmed.

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 £676,594 (2020 - £469,421), resulting from a significant increase in the cash at bank to £797,980 (2020 - £512,618). This has been accompanied by a decrease in debtors to £36,008 (2020 - £72,633), and increase in creditors to £173,741 (2020 - £132,177).

At the year end the charity has unrestricted freely available current reserves of £666,594 (2020 - £457,808) which excludes tangible fixed assets of £9,550 (2020 - £12,568). Given the charity's current levels of expenditure this would allow for approximately just over fifteen months (2020 - five 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 decreased to £724,379 (2020 - £958,667). This decrease has arisen mainly from the decrease in short courses to £82,111 (2020 - £313,020). This is directly attributable to cancellation of courses due to coronavirus restrictions.

Donations and legacies have increased in the year to £351,105 (2020 - £326,807). In particular the charity obtained significant grant funding in the year amounting to £128,970 (2020 - £63,575), sponsors of its annual conference symposiums generating funds of £60,000 (2020 - £30,000), and generating annual conference sponsorship income of £42,000 (2020 - £83,000). See "Note 4 Donations and Legacies" within the notes to the financial statements for a detailed breakdown of income received in the year.

Investment policy and objectives

The policy of the BPNA is to invest its reserves in the further development of its charitable aims.

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 £797,980 (2020 - £512,618) 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.

Reserves policy

The total funds held at the year end were £686,144 (2020 - £481,989) and of which £10,000 (2020 - £11,613) 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 £797,980 (2020 - £512,618) 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, in 2020-21 the trustees kept the unrestricted contingency fund to £180,000 (2020 - £180,000) 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 plus one-year London office rent. This policy is reviewed every 12-months.

Report of the Trustees for the Year Ended 31 March 2021

FINANCIAL REVIEW

Funds in deficit

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

FUTURE PLANS

During 2021-22 emphasis on increasing recruitment to paediatric neurology will continue. The Acute Paediatric Neurology course, developed in collaboration with the Association of Paediatric Emergency Medicine, will launch.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The BPNA is governed by its constitution, approved on 3 December 2014 and amended at the AGM on 23 January 2019.

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.

Organisational structure and decision-making

The trustees meet five times per year (January, April, June, September, November) when strategic decisions and business matters are discussed. Monthly telephone conferences are also held.

Council is a larger body that meets twice per year (January and June). During 2018-19, Council was expanded to include representation from every UK paediatric neurology tertiary centre and the Chairs of the special interest groups together with the representatives co-opted from related organisations. The purpose of Council is to ensure a good exchange of information and ideas related to the care of children and young people with neurological conditions and paediatric neurology education and training between Centres and other key organisations.

STRUCTURE, GOVERNANCE AND MANAGEMENT

	Members of BPNA	Council Serv	ing During 2020-21
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Members of BPNA Council Serving During 2020-		T .
Executive	Name	Term Expires
President	Prof Finbar O'Callaghan	January 2021
	From Jan 21 - Dr Alasdair Parker	January 2024
President Elect	Dr Alasdair Parker	January 2021
Treasurer	Dr Sandeep Jayawant (2nd term)	April 2023
Secretary	Dr Andrew Mallick	January 2022
Professional Support Officer	Dr Ailsa McLellan	January 2022
National Training Advisor	Dr Anne-Marie Childs	January 2021
	From Jan 21 - Dr Dipak Ram	January 2024
Chair, Education Quality & Standards	Dr Michael Griffiths	January 2022
Chair, Distance Learning	Dr Louise Hartley (2nd term)	January 2023
Chair, Research	Prof Manju Kurian	January 2022
Chair, International Education	Prof Martin Kirkpatrick	January 2022
Executive Director	Philippa Rodie	Ex-officio
Paediatric Neurology Centres	Representative	3-year term
Belfast	Dr Sandya Tirupathi (2nd term)	December 2022
Dundee	Prof Martin Kirkpatrick	December 2021
Edinburgh	Dr Kenneth McWilliam	December 2021
Glassgow	Dr Iain Horrocks	December 2021
Newcastle-upon-Tyne	Dr Anna Basu (2nd term)	December 2023
Liverpool	Dr Ram Kumar (2nd term)	December 2021
Manchester	Dr Gary McCullagh (2nd term)	December 2022
Preston	Dr Christian De Goede	December 2021
Leeds	Dr Helen McCullagh (2nd term)	December 2022
Sheffield	Dr Archana Deskurkar	December 2021
Nottingham	Dr Manish Prasad (2nd term)	December 2022
Leicester	Dr Nahin Hussain	December 2021
Birmingham	Dr Ratna Kumar (2nd term)	December 2023
Cambridge	Dr Manali Chitre (2nd term)	December 2022
Oxford	Dr Sithara Ramdas	December 2021
Bristol	Dr Sam Amin (2nd term)	December 2023
Swansea	Dr Cathy White (2nd term)	December 2022
Cardiff	Dr Johann te Water Naude	December 2022
Southampton	Dr Georgina Bird-Lieberman	December 2022
London: Great Ormand Street Hospital	Dr Sanjay Bhate	December 2021
London: Chelsea & Westminster Hospital	Dr Naila Ismayilova	December 2021
London: Imperial College NHS Trust	Dr Sushil Beri	December 2021
London: The Royal London	Dr Louise Hartley	December 2021
London: Evelina London Children's Hospital	Dr Ming Lim (2nd term)	December 2021
London: St George's Hospital	Dr Antonia Clarke	December 2021
Special Interest Groups	<u>Chair</u>	3-year term
British Paediatric Epilepsy Group	Dr Sarah Aylett	May 2022
Cerebrovascular	Dr Dipak Ram	December 2021
Children's Headache Network	Dr William Whitehouse	December 2021
Fetal & Neonatal Neurology	Dr Anthony Hart	May 2022
Inherited White Matter Disorders	Dr Rahul Singh	July 2023
British Paediatric Movement Disorders	Dr Daniel Lumsden	May 2022
Muscle Interest Group	Dr Tracey Willis	May 2022
UK Neurorehabilitation	Dr Peta Sharples	February 2021
UK-Childhood Inflammatory Demyelination	Dr Cheryl Hemmingway	May 2022
Trainees' Chair	Dr Mark Atherton	July 2022
Trainees' Deputy Chair	Dr Eusra Hassan	July 2022

Report of the Trustees for the Year Ended 31 March 2021

STRUCTURE, GOVERNANCE AND MANAGEMENT

Co-optedRepresentativeEditor DMCNDr Bernard DanBritish Paediatric Neurosurgical GroupMr Guirish SolankiChair, Disability CSACDr Katherine MartinPaediatric Neuroscienses CRGDr Anita DevlinNeuropsychiatryDr Ashley LiewPET Course Development ManagerDr Colin Dunkley

BPNA 2022 Dublin Organising Team Dr Kathleen Gorman January 2022

Key management remuneration

Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £77,897 (2020 - £74,995) and contributions to defined contribution pension schemes of £3,271 (2020 - £2,792).

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

2 St Andrews Place Regent's Park London NW1 4LB

Trustees

Dr L Hartley Dr S Jayawant

Professor M Kirkpatrick

Professor F J K O'Callaghan (resigned 20/1/2021)

Dr A Childs (resigned 20/1/2021)

Dr M J Griffiths

Professor M Kurian

Dr A McLellan

Dr A Mallick

Dr A Parker

Dr D Ram (appointed 20/1/2021)

Independent Examiner

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

Report of the Trustees for the Year Ended 31 March 2021

REFERENCE AND ADMINISTRATIVE DETAILS

Executive Director

Philippa Rodie

Bankers

Barclays Bank PLC 15 Bene't Street Cambridge CB2 3PZ

Approved by order of the board of trustees on $\frac{24}{11} \frac{2021}{2021}$ and signed on its behalf by:

Dr S Jayawant Trustee

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 British Paediatric Neurology Association (the Trust) for the year ended 31 March 2021.

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

Data: 6/12/21

Statement of Financial Activities for the Year Ended 31 March 2021

		Unrestricted funds	Restricted funds	2021 Total funds	2020 Total funds
	Notes	£	£	£	£
INCOME AND ENDOWMENTS FROM					
Donations and legacies	4	236,395	114,710	351,105	326,807
Charitable activities	6				
Annual conference		62,660	-	62,660	166,079
Short courses		82,111	-	82,111	313,020
Distance learning courses		132,528	-	132,528	71,969
International short courses		5,780	-	5,780	12,226
Research activities		2,400	-	2,400	800
EPNS recharges		50,207	-	50,207	48,722
Professional support		36,420	-	36,420	17,325
Investment income	5	1,168	_	1,168	1,719
Total		609,669	114,710	724,379	958,667
EXPENDITURE ON					
Raising funds	7	250	-	250	316
Charitable activities	8				
Annual conference		62,548	17,394	79,942	187,574
Short courses		56,915	39,054	95,969	369,030
Distance learning courses		86,493	5,973	92,466	81,983
International short courses		21,990	30,339	52,329	41,834
Research activities		19,275	133	19,408	26,483
Membership and professional support		91,605	1,828	93,433	119,256
EPNS recharges		46,925	1,020	46,925	47,398
Governance Costs		17,895	21,607	39,502	2,141
Total		403,896	116,328	520,224	876,015
NET INCOME/(EXPENDITURE)		205,773	(1,618)	204,155	82,652
RECONCILIATION OF FUNDS					
Total funds brought forward		470,376	11,613	481,989	399,337
TOTAL FUNDS CARRIED FORWARD		676,149	9,995	686,144	481,989
TOTAL FUNDS CARRIED FURWARD		070,149	7,773	000,177	701,909

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

The notes form part of these financial statements

Balance Sheet 31 March 2021

FIXED ASSETS Tangible assets	Notes	Unrestricted funds £ 9,550	Restricted funds £	2021 Total funds £ 9,550	2020 Total funds £ 12,568
CURRENT ASSETS Stocks Debtors Cash at bank and in hand	13 14	16,347 36,008 787,980 840,335	10,000 10,000	16,347 36,008 797,980 850,335	16,347 72,633 <u>512,618</u> 601,598
CREDITORS Amounts falling due within one year NET CURRENT ASSETS	15	(173,741) 	10,000	(173,741) 	(132,177) ———————————————————————————————————
TOTAL ASSETS LESS CURRENT LIABILITIES NET ASSETS		676,144	10,000	686,144	481,989
FUNDS Unrestricted funds Restricted funds TOTAL FUNDS	17	<u>,</u>		676,144 10,000 686,144	470,376 11,613 481,989

The financial statements were approved by the Board of Trustees and authorised for issue on24/ii/2021....... and were signed on its behalf by:

S Jayawant - Trustee

Cash Flow Statement for the Year Ended 31 March 2021

	Notes	2021 £	2020 £
Cash flows from operating activities Cash generated from operations	1	284,364	91,711
Net cash provided by operating activities		284,364	91,711
Cash flows from investing activities Purchase of tangible fixed assets Interest received Net cash provided by/(used in) investing a	activities	(170) 1,168 998	(9,353) 1,719 (7,634)
Change in cash and cash equivalents in the reporting period Cash and cash equivalents at the beginning of the reporting period		285,362 512,618	84,077 428,541
Cash and cash equivalents at the end of the reporting period	f	<u>797,980</u>	512,618

The notes form part of these financial statements

1.	RECONCILIATION OF NET INCOME TO NET C. ACTIVITIES	ASH FLOW FROM O	PERATING	
	ACTIVITIES		2021 £	2020 £
	Net income for the reporting period (as per the State	ment of Financial		
	Activities)		204,155	82,652
	Adjustments for:			
	Depreciation charges		3,188	4,199
	Interest received		(1,168)	(1,719)
	Increase in stocks		-	(8,221)
	Decrease/(increase) in debtors		36,625	(12,638)
	Increase in creditors		41,564	27,438
	Net cash provided by operations		284,364	91,711
2.	ANALYSIS OF CHANGES IN NET FUNDS			
		At 1/4/20 £	Cash flow £	At 31/3/21 £
	Net cash Cash at bank and in hand	512,618	285,362	797,980
		512,618	285,362	797,980
	Total	512,618	285,362	797,980

The notes form part of these financial statements

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 2019)', 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.

Going concern

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charities forecasts and projections and have taken account of pressures on income, particularly in the light of the impact of the COVID-19 pandemic which occurred before these financial statements were approved and is explained in more detail in the trustees report. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future.

As such the charity can expect to be able to meet its liabilities as they fall due in the period of at least 12 months from the date of approval of these accounts. However, there can be no certainty in relation to these matters.

On this basis the Trustees have concluded that the charity is a going concern. The financial statements do not include any adjustments that would result from the charity not being able to meet its liabilities as they fall due.

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.

2. ACCOUNTING POLICIES - continued

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.

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.

Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off 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.

2021

2020

4. DONATIONS AND LEGACIES

	2021	2020
	£	£
Donations	9,087	5,521
Grants	128,970	63,575
BPNA members subscriptions	94,446	85,754
Gift aid	963	1,752
Membership donations	12,200	12,600
Annual conference symposium sponsorship	60,000	30,000
Annual conference sponsorship	42,000	83,000
Short course sponsorship	3,000	44,000
Miscellaneous income	439	605
	351,105	326,807

4. DONATIONS AND LEGACIES - continued

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

	2021	2020
	£	£
International League Against Epilepsy (ILAE)	39,242	38,575
Development of Approaching Children's Tone course	-	25,000
Furlough income	14,260	-
Charities Aid Foundation	65,468	-
GW Pharma (development of virtual Instructor Training Day and PET1 virtual Colombia)	10,000	-
virtual Colombia)		
	128,970	63,575

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

Company name	Course sponsorship £	Conference sponsorship £	Sponsored symposia £	2021 Totals £	2020 Totals £
Avexis	£ _	9,000	10,000	19,000	23,000
Biocodex	_	3,000	10,000	13,000	4,000
Bial	_	-	-	-	4,000
Biogen	_	3,000	10,000	13,000	14,000
Biomarin	_	3,000	10,000	13,000	7,000
Destin	3,000	3,000	-	6,000	34,500
Ephypharm	=	-	-	-	4,000
GW Pharma	-	3,000	10,000	13,000	16,000
Ipsen	-	-	-	· <u>-</u>	4,000
Livanova	-	-	-	-	4,000
Neurodiem	-	-	-	-	4,000
Nightwatchn	-	3,000	-	3,000	-
Novartis	-	-	=	-	7,000
Proveca	-	3,000	-	3,000	4,000
Roche	-	3,000	-	3,000	4,000
Sarepta	-	3,000	-	3,000	4,000
Takeda	-	-	-	-	4,000
UCB Pharma	-	3,000	-	3,000	4,000
Zogenix	-	3,000	10,000	13,000	4,000
Total Sponsorship	3,000	42,000	60,000	105,000	149,500

5. INVESTMENT INCOME				2021	2020
Deposit account interest				£ 1,168	£ 1,719
6. INCOME FROM CHARITA	BLE ACTIVIT	IES		D : .	
		Annual conference £	Short courses £	Distance learning courses £	International short courses £
Conferences and symposiums Short courses		62,660	- 82,111	- -	-
International short courses Distance learning		-		132,528	5,780
EPNS recharges Professional support BPNSU fee income		- - 	- - 	- - 	- -
		62,660	82,111	132,528	5,780
	Research activities £	EPNS recharges	Professional support	2021 Total activities £	2020 Total activities £
Conferences and symposiums	æ -	ئد -	-	62,660	166,079
Short courses International short courses	-	-	-	82,111 5,780	313,020 12,226
Distance learning EPNS recharges	- -	50,207	- - 26 420	132,528 50,207	71,969 48,722
Professional support BPNSU fee income	2,400	<u>-</u>	36,420	36,420 2,400	17,325 800

50,207

36,420

372,106

630,141

2,400

7.	RAISING FUNDS			
	Raising donations and legacies			
			2021	2020
			£	£
	Charity web hosting		70	100
	JustGiving fees		<u>180</u>	216
			<u>250</u>	316
8.	CHARITABLE ACTIVITIES COSTS			
			Support	
		Direct	costs (see	
		Costs	note 9)	Totals
	Annual conference	£ 34,797	£	£ 79,942
	Short courses	10,543	45,145 85,426	79,942 95,969
	Distance learning courses	23,307	69,159	93,969
	International short courses	(1,612)	53,941	52,329
	Research activities	5,350	14,058	19,408
	Membership and professional support	58,919	34,514	93,433
	EPNS recharges	46,488	437	46,925
	Governance Costs	3,864	35,638	39,502
		181,656	338,318	519,974
9.	SUPPORT COSTS			
			Information	Human
		Management	technology	resources
		£	£	£
	Annual conference	-	1,544	28,664
	Short courses	-	5,896	55,446
	Distance learning courses	11,780	2,187	48,488
	International short courses Research activities	-	1,187	47,017
	Membership and professional support	-	612 1,426	13,143 24,046
	EPNS recharges	-	1,420	24,040
	Governance Costs	-	-	28,763
	22.22.22.20		·	

12,962

11,780

245,811

9.	SUPPORT	COSTS -	continued

Carried forward

SUPPORT COSTS - continue	ed				
				Governance	
			Other	costs	Totals
			£	£	£
Annual conference			12,947	1,990	45,145
Short courses			19,290	4,794	85,426
Distance learning courses			5,800	904	69,159
International short courses			5,375	362	53,941
Research activities			303	-	14,058
Membership and professional s	support		8,047	995	34,514
EPNS recharges			83	-	437
Governance Costs			6,875	<u> </u>	35,638
			59 720	0.045	220 210
			58,720	9,045	338,318
Support costs, included in the a	bove, are as follo	ws:			
- of f	,		Distance	International	
	Annual	Short	learning	short	Research
	conference	courses	courses	courses	activities
	£	£	£	£	£
Trustees' remuneration etc	-	_	11,780	-	-
Meeting costs	-	_	, -	_	_
Trustee accommodation	-	-	-	-	-
Accommodation and dinner	-	-	-	-	-
Trustee training	-	-	-	-	-
Software subscriptions	-	2,491	1,415	736	396
Computer repairs	103	267	47	_	_
Website hosting	-	122	69	36	19
Website development	839	1,756	382	305	115
Computer upgrades	-	-	-	-	-
Depreciation of tangible					
fixed assets	602	1,260	274	110	82
Employment costs	24,406	49,097	40,841	40,860	11,509
Social security	1,943	2,423	4,731	4,007	925
Pensions	969	1,113	2,305	1,906	526
Staff costs	(3)	(7)	(2)	(1)	(1)
Staff training	1,349	2,820	613	245	184
Recruitment costs	-	-	-	-	-
Casual staff	-	-	-	-	-
Rental costs	8,337	8,429	3,789	4,484	-
Business rates	180	557	82	-	-
Water rates	100	310	46	-	-
Gas and electric	174	538	79	-	-
Waste	104	322	47	-	-
Telephone	290	752	132	-	-
Office insurance	303	632	137	55	41
Data protection costs	85	204	39	15	-
Health and safety costs	-	-	-	-	-
Marketing	78	138	30	12	9
Office repairs and renewals	47	143	-	-	-
Photocopier	246	379	56	139	117
Postage	41	108	19		

40,193

73,854

66,911

52,909

13,922

9. SUPPORT COSTS - continued

SUPPORT COSTS - continu	iea		D: .	T 1	
		G1	Distance	International	
	Annual	Short	learning	short	Research
	conference	courses	courses	courses	activities
	£	£	£	£	£
Brought forward	40,193	73,854	66,911	52,909	13,922
Printing and stationery	121	313	55	-	-
Indemnity insurance	=	-	-	-	-
Credit card charges	1,479	3,562	672	269	-
Bank charges	195	468	88	35	-
Bad Debt	-	(52)	-	-	-
Travel insurance	-	=	-	-	-
Miscellaneous	(50)	(105)	(23)	(9)	(7)
Computer and internet	851	1,777	386	309	116
Staff welfare	106	221	48	19	14
Copyright licence	161	387	73	29	_
Depreciation of tangible					
fixed assets	99	207	45	18	13
Auditors' remuneration for		_0,			10
non audit work	1,990	4,794	904	362	_
non addit work	1,770	1,771			
	45,145	85,426	69,159	53,941	14,058
	15,115	03,120	07,137	33,711	11,030
				2021	2020
	Mambanahin			2021	2020
	Membership				
	and	EDMG		T . 1	m . 1
	professional	EPNS	Governance	Total	Total
	support	recharges	Costs	activities	activities
_	£	£	£	£	£
Trustees' remuneration etc	-	-	-	11,780	16,380
Meeting costs	=	=	=	-	1,711
Trustee accommodation	=	=	=	-	2,766
Accommodation and dinner	-	-	-	-	2,483
Trustee training	-	-	-	-	340
Software subscriptions	623	-	-	5,661	2,645
Computer repairs	52	=	-	469	837
Website hosting	30	-	-	276	180
Website development	420	-	-	3,817	3,995
Computer upgrades	_	-	_	-	357
Depreciation of tangible					
fixed assets	301	110	_	2,739	3,598
Employment costs	20,757	-	27,317	214,787	220,396
Social security	1,686	_	993	16,708	17,162
Pensions	931	_	453	8,203	7,216
Staff costs	(2)	(1)	-	(17)	3,702
Staff training	674	245	_	6,130	2,384
Recruitment costs	-	213	_	0,130	3,022
Casual staff	_	_			23,986
Rental costs	5,978	-	6,875	37,892	38,479
Business rates	3,710	-	0,073	819	806
	-	-	-	456	421
Water rates	-	-	-		
Gas and electric	-	=	-	791	3,774
Waste			_	473	1,184
Carried forward	31,450	354	35,638	310,984	357,824

9.	SUPPORT COSTS - continu	o.d				
9.	SUPPORT COSTS - continu	ea			2021	2020
		Membership			_0_1	_0_0
		and				
		professional	EPNS	Governance	Total	Total
		support	recharges	Costs	activities	activities
		£	£	£	£	£
	Brought forward	31,450	354	35,638	310,984	357,824
	Telephone	145	-	-	1,319	3,187
	Office insurance	151	55	-	1,374	1,306
	Data protection costs	42	-	-	385	239
	Health and safety costs	-	-	-	-	460
	Marketing	33	-	-	300	18,744
	Office repairs and renewals	21	-	-	211	469
	Photocopier	178	-	-	1,115	3,795
	Postage	21	-	-	189	555
	Printing and stationery	60	-	-	549	2,884
	Indemnity insurance	=	-	-	-	2,019
	Credit card charges	739	-	-	6,721	8,137
	Bank charges	97	-	-	883	954
	Bad Debt	=	-	-	(52)	3,481
	Travel insurance	-	-	-	-	513
	Miscellaneous	(25)	(9)	-	(228)	291
	Computer and internet	425	-	-	3,864	390
	Staff welfare	53	19	-	480	505
	Copyright licence	80	-	-	730	937
	Depreciation of tangible					
	fixed assets	49	18	-	449	601
	Auditors' remuneration for					
	non audit work	995			9,045	9,643
		34,514	437	35,638	338,318	416,934
10.	TRUSTEES' REMUNERAT Trustees' salaries	ION AND BENE	EFITS		2021 £ 11,199	2020 £ 11,199
	Trustees' social security				333	355

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.

248

11,780

245

11,799

Trustees' pension contributions to money purchase schemes

Trustees' expenses		
	2021	2020
	£	£
Trustees' expenses	6,425	6,698

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:

10.	TRUSTEES	REMUNERATION A	AND BENEFITS -	continued
-----	----------	----------------	----------------	-----------

	2021	2020
	£	£
Dr L Hartley	31	409
Dr S Jayawant	-	66
Prof M Kirkpatrick	2,694	364
Dr A Parker	-	396
Dr A McLellan	3,700	607
Dr M Griffiths	-	<u>275</u>
	6,425	2,117

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:

	2021	2020
	£	£
Dr L Hartley	=	168
Prof M Kirkpatrick	-	1,879
Prof F O'Callaghan	-	410
Dr A Parker	-	43
Dr A Mallick	=	535
Dr A McLellan	-	950
Prof M Kurian	-	274
Dr A Childs	_	322
	-	4,581

11. STAFF COSTS

	2021 £	2020 £
Wages and salaries	274,778	269,692
Social security costs	21,406	21,583
Pension schemes	10,160	9,009
Total	306,344	300,285

Included within creditors as at the reporting date is £1,550 (2020 - £1,327) in relation to unpaid pension contributions.

.

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

Management	2021	2020 4
Support staff	6	8
	10	12

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:

11.	STAFF COSTS - continued			
	£60,000 - £70,000		2021 1	2020 1
	Total employees		1	1
	Total chip.cyclo			
12.	TANGIBLE FIXED ASSETS			
		Plant and machinery	Fixtures and fittings	Totals
	COST	£	£	£
	At 1 April 2020 Additions	28,625 170	4,785 	33,410 170
	At 31 March 2021	28,795	4,785	33,580
	DEPRECIATION At 1 April 2020 Charge for year	17,856	2,986	20,842
	Charge for year	2,739	449	3,188
	At 31 March 2021	20,595	3,435	24,030
	NET BOOK VALUE			
	At 31 March 2021	<u>8,200</u>	1,350	9,550
	At 31 March 2020	10,769	1,799	12,568
13.	STOCKS			
			2021 £	2020 £
	Stocks		16,347	16,347
14.	DEBTORS: AMOUNTS FALLING DUE WITHIN ONE Y	EAR		
			2021 £	2020 £
	Trade debtors		27,131	52,806
	Other debtors Prepayments and accrued income		348 8,529	57 19,770
			36,008	72,633

15. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

CREDITORS, MINOCHISTREELING DEE WITHIN ONE TERM		
	2021	2020
	£	£
Trade creditors	13,062	41,858
Social security and other taxes	-	5,418
Other creditors	1,550	63,337
Deferred income	135,311	5,596
Accrued expenses	23,818	15,968
	173,741	132,177

The deferred income balance above includes income relating to training courses amounting to £60,892 (2020 - £5,571), membership subscriptions received in advance amounting to £74,419 (2020 - £25).

16. LEASING AGREEMENTS

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

	2021	2020
	£	£
Within one year	33,333	38,000
Between one and five years	-	30,000
	33,333	68,000

During 2019-20 the BPNA established a London office at 2 St Andrews Place, Regent's Park, London, on the Royal College of Physicians campus. 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 £37,892 (2020 - £38,479).

17. MOVEMENT IN FUNDS

		Net	Transfers	
		movement	between	At
	At 1/4/20	in funds	funds	31/3/21
	£	£	£	£
Unrestricted funds				
General fund	150,660	174,708	27,346	352,864
Contingency fund	180,000	-	-	180,000
Distance learning development fund	8,117	(9,649)	1,532	-
Research training fellowship fund	58,350	45,793	(2,630)	101,513
Priority Setting Project	49,246	(10,618)	(29,428)	9,200
Acute Neurology course development	11,773	(836)	-	10,937
Fetal Neurology course development	12,230	(100)	-	12,130
International Faculty Education Fund	-	4,440	(2,040)	2,400
Kenya Fellowship Travel Fund	-	-	1,000	1,000
Kenya PET	-	-	150	150
Fellow Travel Bursary Fund		2,030	4,070	6,100
	470,376	205,768	_	676,144
Restricted funds	.,,,,,,	200,700		0,0,1
Development of Approaching Children's				
Tone course	11,613	(11,613)	-	-
Development of virtual Instructor Training				
Day and PET1 virtual Colombia		10.000		10.000
	-	10,000	_	10,000
	11,613	(1,613)	-	10,000
	<u> </u>			
TOTAL FUNDS	481,989	204,155	<u> </u>	686,144

17. MOVEMENT IN FUNDS - continued

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

	Incoming resources	Resources expended	Movement in funds
	£	£	£
Unrestricted funds			
General fund	557,407	(382,699)	174,708
Distance learning development fund	-	(9,649)	(9,649)
Research training fellowship fund	45,793	-	45,793
Priority Setting Project	-	(10,618)	(10,618)
Acute Neurology course development	(1)	(835)	(836)
Fetal Neurology course development	-	(100)	(100)
International Faculty Education Fund	4,440	-	4,440
Fellow Travel Bursary Fund	2,030		2,030
	609,669	(403,901)	205,768
Restricted funds			
ILAE grant fund	39,242	(39,242)	-
Development of Approaching Children's			
Tone course	-	(11,613)	(11,613)
CAF (Charities Aid Foundation)	65,468	(65,468)	-
Colombia Launch	10,000		10,000
	114,710	(116,323)	(1,613)
TOTAL FUNDS	724,379	(520,224)	204,155

17. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	Net	Transfers	
	movement	between	At
At 1/4/19	in funds	funds	31/3/20
£	£	£	£
169,470	35,458	(54,268)	150,660
150,000	-	30,000	180,000
14,117	(6,000)	-	8,117
15,750	42,600	-	58,350
50,000	(754)	-	49,246
-	(457)	12,230	11,773
	_	12,230	12,230
399,337	70,847	192	470,376
-	11,805	(192)	11,613
399,337	82,652	<u> </u>	481,989
	£ 169,470 150,000 14,117 15,750 50,000 399,337	movement in funds £ 169,470	At 1/4/19 movement in funds £ between funds £ 169,470 35,458 (54,268) 150,000 - 30,000 14,117 (6,000) - 15,750 42,600 - 50,000 (754) - - (457) 12,230 399,337 70,847 192 - 11,805 (192)

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

	Incoming	Resources	Movement
	resources	expended	in funds
	£	£	£
Unrestricted funds			
General fund	848,492	(813,034)	35,458
Distance learning development fund	-	(6,000)	(6,000)
Research training fellowship fund	42,600	-	42,600
Priority Setting Project	4,000	(4,754)	(754)
Acute Neurology course development		(457)	(457)
	895,092	(824,245)	70,847
Restricted funds			
ILAE grant fund	38,575	(38,575)	-
Development of Approaching Children's			
Tone course	25,000	<u>(13,195</u>)	11,805
	63,575	(51,770)	11,805
TOTAL FUNDS	958,667	(876,015)	82,652

Contingency fund

The contingency fund is held to support the staffing cost of running the BPNA Secretariat for a period of approximately six months (2020 - six months) should there be any contingency that might lead to a significant reduction in BPNA operational activities, this equates to £180,000 (2020 - £150,000).

17. MOVEMENT IN FUNDS - continued

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.

Approaching Children's Tone (ACT) Course Development

The ACT course development fund is a restricted fund set up by the trustees to fund development a new 2-day course designed to teach paediatricians and allied health professionals to recognise abnormal tone in children, so that they will ensure timely referral to specialists and access to appropriate investigations and treatment. Funding has been provided through educational grants.

Acute Neurology

The Acute Neurology course development fund is a designated fund set up by the Trustees to fund development of a new 1-day course designed to teach paediatric emergency medicine staff, paediatricians and trainees to recognise acute neurological conditions and manage appropriately. This funding is provided from transfers from the general fund.

Fetal Neurology Course Development

The Fetal Neurology course development fund is a designated fund set up by the Trustees to fund development of a course designed to improve training for anyone involved in caring and counselling a family whose fetus has a neurological abnormality. This funding is provided from transfers from the general fund.

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.

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.

Kenya PET Fund

Kenya PET Fund receives PET Kenya course income from attendees booking through the BPNA system. This money is held to fund Kenyan doctors accessing other BPNA education.

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.

Notes to the Financial Statements - continued for the Year Ended 31 March 2021

18. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 March 2021 or the year ended 31 March 2020, except for the transactions with the trustees and remuneration paid to key management personnel as disclosed earlier in these notes.

19. 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.

Detailed Statement of Financial Activities for the Year Ended 31 March 2021

	2021	2020
	£	£
INCOME AND ENDOWMENTS		
Donations and legacies		
Donations	9,087	5,521
Grants	128,970	63,575
BPNA members subscriptions	94,446	85,754
Gift aid Membership denstions	963 12,200	1,752 12,600
Membership donations Annual conference symposium sponsorship	60,000	30,000
Annual conference sponsorship	42,000	83,000
Short course sponsorship	3,000	44,000
Miscellaneous income	439	605
	351,105	326,807
T		
Investment income Deposit account interest	1,168	1,719
Deposit decount interest	1,100	1,717
Charitable activities		
Conferences and symposiums	62,660	166,079
Short courses	82,111	313,020
International short courses	5,780	12,226
Distance learning EPNS recharges	132,528 50,207	71,969 48,722
Professional support	36,420	17,325
BPNSU fee income	2,400	800
	372,106	630,141
Total incoming resources	724,379	958,667
EXPENDITURE		
Raising donations and legacies		
Charity web hosting	70	100
JustGiving fees	180	216
	250	216
	250	316
Charitable activities		
Trustees' expenses	6,425	2,117
Wages	40,414	38,097
Social security	4,365	4,067
Pensions Developmental Medicine and Child Neurology	1,709	1,548
(DMCN) Journal	35,638	38,708
DMCN - other costs	3,576	600
Carried forward	92,127	85,137
	,	,

Detailed Statement of Financial Activities for the Year Ended 31 March 2021

	2021	2020
	£	£
Charitable activities		
Brought forward	92,127	85,137
Venue costs	(881)	43,327
Accommodation	327	63,135
Catering	(786)	120,563
Courier	10	5,797
Short course development manager	11,469	8,601
Course development	18,174	20,209
Course materials	3,180	12,521
Travel	11,256	36,674
AV Hire	-	4,930
Conference app	12,454	11,945
Professional support	4,438	17,178
Speakers' Honoraria & Prizes	4,151	2,530
Steering meeting costs	714	2,742
Subscriptions	985	1,075
Website development	6,161	6,640
Miscellaneous	315	141
BPNSU research	2,018	2,449
Insurance - conference	-	1,278
Bank charges	137	299
BPNA newsletter & annual report	-	215
Casual staff	-	1,617
Website hosting	-	227
Meeting costs	-	3,268
Priority setting research	2,618	4,754
EPNS recharges	-	1,513
Conference overtime	8,378	-
Insurance - Travel	547	-
Insurance - Indemnity	2,019	-
Trustee meetings	1,845	-
	181,656	458,765
Support costs		
Management		
Trustees' salaries	11,199	11,199
Trustees' social security	333	355
Trustees' pension contributions	248	245
Trustees' expenses	- -	4,581
Meeting costs	-	1,711
Trustee accommodation	-	2,766
Accommodation and dinner	-	2,483
Trustee training	<u> </u>	340
	11,780	23,680
Information technology		
Information technology Software subscriptions	5,661	2,645
Software subscriptions Carried forward	5,661	2,645 2,645
Carried for ward	3,001	2,043

Detailed Statement of Financial Activities for the Year Ended 31 March 2021

	2021	2020
	£	£
Information technology		
Brought forward	5,661	2,645
Computer repairs	469	837
Website hosting	276	180
Website development	3,817	3,995
Computer upgrades	-	357
Plant and machinery	2,739	3,598
	12,962	11,612
Human resources		
Employment costs	214,787	220,396
Social security	16,708	17,162
Pensions	8,203	7,216
Staff costs	(17)	3,702
Staff training	6,130	2,384
Recruitment costs	-	3,022
Casual staff	<u>-</u>	23,986
	245 811	277 969
	245,811	277,868
Other		
Rental costs	37,892	38,479
Business rates	819	806
Water rates	456	421
Gas and electric	791	3,774
Waste	473	1,184
Telephone	1,319	3,187
Office insurance	1,374	1,306
Data protection costs	385	239
Health and safety costs	-	460
Marketing	300	18,744
Office repairs and renewals	211	469
Photocopier	1,115	3,795
Postage	189	555
Printing and stationery	549	2,884
Indemnity insurance	- 6 721	2,019
Credit card charges	6,721	8,137
Bank charges Bad Debt	883	954 3,481
Travel insurance	(52)	513
Miscellaneous	(228)	291
Computer and internet	3,864	390
Staff welfare	480	505
Copyright licence	730	937
Fixtures and fittings	449	601
	58,720	94,131
Governance costs		
Auditors' remuneration for non audit work	9,045	9,643

Detailed Statement of Financial Activities for the Year Ended 31 March 2021

	2021 £	2020 £
Total resources expended	520,224	876,015
Net income	204,155	82,652