



Blood and Transplant

NHS Blood and Transplant

Trust Fund

ANNUAL REPORT AND ACCOUNTS
for the financial year ended 31 March 2020

OFFICE AND REGISTERED ADDRESS :

NHS Blood and Transplant
Finance Operations Team
Bridle Path
Leeds
LS15 7TW

Registered Charity No.1061771

BANKERS :

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This Report is a public Document, copies of which may be ordered from:
Rob Bradburn, Finance Director at the registered address.



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1. Foreword

The Corporate Trustee, NHS Blood and Transplant, presents the charitable funds' Annual Report together with the Financial Statements for the year ended 31 March 2020.

The Charity's Annual Report and Accounts for the year ended 31 March 2020 have been prepared by the Corporate Trustee in accordance with the Charities Act 2011.

The Report provides detail of the funds held on charitable trust by the Trustee. The report describes and explains the matters involved in the management of those funds, informs the reader as to how the funds have been used during the year and should be read in conjunction with the annual accounts on pages 14 to 25.

2. Reference and Administrative Details

NHS Blood and Transplant is a statutory body that was established under Statutory Instrument 2005 No. 2529 and No. 2531 on 1 October 2005. The authority was formed from the merger of the National Blood Authority and UK Transplant and, by virtue of the powers vested in it through the NHS and Community Care Act 1990, is able to hold funds on trust, as a Corporate Trustee. Charitable Funds held by the National Blood Authority were transferred to NHS Blood and Transplant under a Deed of Variation executed under seal by the Charity Commission. There were no charitable funds held by UK Transplant.

The charitable funds are registered under an umbrella registration with the Charity Commission in accordance with the Charities Act 2011. The registered Charity Number is 1061771. The Charitable Trust name is: NHS BLOOD AND TRANSPLANT TRUST FUND

The charity is constituted of three individual funds as at 31 March 2020 (2018/2019: 3), and the notes to the accounts distinguish the types of fund held. For accounting purposes, the umbrella registration has permitted the production of a single report and set of accounts. This does not obviate the requirement to manage each fund as a separate trust for the purpose of maintaining books for accounts and for investment management.

The Corporate Trustee is NHS Blood and Transplant, and the Board acts as an agent of the Corporate Trustee. Members of the Board of NHS Blood and Transplant who served during the year are shown overleaf:

3. Authority Board NHSBT 2019 - 2020

Chair Ms Millie Banerjee

Non-executive Directors Ms Helen Fridell
Mr Jeremy Monroe
Mr Keith Rigg
Mr Charles St John
Professor Paresh Vyas
Mr Piers White
Lord Jonathan Oates – left February 2020

Executive Directors Ms Betsy Bassis – Chief Executive and Accounting Officer
Mr Rob Bradburn – Director of Finance
Mr Anthony Clarkson – Director of Organ Donation and Transplantation
Mr Greg Methven – Director of Manufacturing and Logistics
Dr Gail Mifflin – Chief Medical Officer and Director of Clinical Services

4. Trust Fund Committee

The NHS Blood and Transplant Board, the corporate trustee, delegates responsibility for the on-going management. The members of the Trust Fund Committee during the year 2019/20 were as follows:

Mr Charles St John	Chair and Non-Executive Director
Mr Rob Bradburn	Finance Director NHS Blood and Transplant
Dr Gail Mifflin	Chief Medical Officer and Director of Clinical Services NHS Blood and Transplant
Ms Katherine Robinson	Director of People NHS Blood and Transplant

In regular attendance:

Ms Linda Haigh	Assistant Director Finance Operations NHS Blood and Transplant and Secretary to the Committee
Dr Nick Watkins	Assistant Director Research and Development NHS Blood and Transplant

Acting for the Corporate Trustee, the Trust Fund Committee is responsible for the overall management of the charitable fund. The Committee is required to:

- control, manage and monitor the use of the fund's resources;
- manage and monitor the receipt of all income;
- ensure that 'best practice' is followed in the conduct of all its affairs, fulfilling all of its legal responsibilities;
- ensure that the approved investment policy endorsed by the Board as Corporate Trustee is adhered to and that performance is reviewed on a regular basis; and
- keep the Board of the Corporate Trustee fully informed on the activity, performance and risks of the charity.

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

The law applicable to charities in England & Wales requires the trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustee is required to:

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

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

The Corporate Trustee is also responsible for the maintenance and integrity of the charity and financial information included on the NHSBT website.

Although NHSBT Trust Funds are able to hold non-charitable funds on trust, to do so would be to incur additional Trustee and related administrative responsibilities. The Trust Fund held no non-charitable funds on trust during the year.

5. Structure, Governance and Management

The Department of Health and Social Care appoints Non-Executive members of the Board. Executive members of the Board are recruited by the Board of NHS Blood and Transplant. Members of the Board and the Trust Fund Committee are not individual trustees under Charity Law but act as agents on behalf of the Corporate Trustee.

The Committee agrees an annual work plan and held four meetings during the financial year 2019/20. The Committee was chaired by Charles St John. Attendance at meetings is shown below:

Meeting Dates	May 2019	July 2019	November 2019	February 2020
Charles St John	✓	✓	✓	✓
Rob Bradburn	✓	✓	-	✓
Gail Mifflin	✓	✓	-	✓
Katherine Robinson	-	✓	✓	✓

All members of the Trust Fund Committee are provided with a copy of Committee terms of reference, procedure and guidance notes, copies of the annual report and accounts, and information about trusteeship. Updated guidance and news from the Charity Commission is also circulated to Committee members. At the end of the financial year the Committee provides the NHSBT Board with an annual report on the work undertaken during the year.

The Charity holds a single unrestricted general fund and two restricted funds, the Howard Ostin Bequest and the British Bone Marrow Donor Appeal (BBMDA). The total value of charitable funds held on trust at the end of the year, with investment assets valued at market value, was £112k (£161k 31 March 2019).

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund, and by designating funds the Trustee ensures that the wishes of donors are respected.

The Trust Fund Committee considers all applications for funding. For research applications a 'peer review' process by the NHSBT Clinical Services Senior Management Team occurs prior to submission to the Trust Fund Committee. All spending during the year is authorised by the Trust Fund Committee under delegated authority from the Board. Decisions to spend funds take into account whether the purpose of the request meets the charity's objectives and whether there are funds available to meet that expenditure.

NHSBT's corporate strategy

NHS Blood & Transplant (NHSBT) is a Special Health Authority in England and Wales and is also accountable to the Scottish and Northern Ireland Health Departments for providing UK wide services in support of Organ Donation and Transplantation.

NHSBT's mission

NHSBT's mission is to save and improve lives. It does this by providing a safe and sustainable supply of blood components, organs, stem cells, tissues and related diagnostic services to the National Health Service

NHSBT's Strategic Ambition

NHSBT's aspiration is to save and improve even more lives in the years ahead by:

Improving clinical outcomes, by gearing people, processes and systems around patient needs;

Improving the experience of donors, colleagues and customers through user-centred design and a focus on diversity and inclusion;

Enhancing agility by clarifying accountabilities and delegating decision making;

Removing duplication to reduce the cost of complexity and to maximise synergies and valuable resources;

Embracing innovation through horizon scanning, investment in R&D, digital and new technology, and a culture of curiosity and learning; and

Optimising the transfusion and transplantation systems through data insight and working proactively with NHS colleagues.

NHSBT is one of the largest services of its type in the world. NHSBT has changed how it is organised in the year.

NHSBT's evolving business model

NHSBT has a proud track record of operational delivery. To **save and improve even more lives**, it will hold tight to its values of **caring, expert** and **quality**, but be prepared to challenge the status quo and to adapt to the changing world in which it operates.

In the last year NHSBT has made significant changes to its organisational model to ensure it remains fit for purpose and fully prepared for the challenges ahead.

The key changes have been:

New directorate	Change	Impact
Donor Experience	Combined the teams responsible for the recruitment and retention of our donors	Created a single point of accountability for ensuring that the right mix and volume of donors are available to meet patient needs – today and in the future.

	(Marketing, Communications and Donor Relationship Services) into a new Donor Experience directorate.	This will build a clearer view of existing and potential donors, including their motivations and behaviours. NHSBT will use this to modernise and improve the donor experience.
Blood Supply	Brought together blood collections, manufacturing, testing, hospital services and logistics into an end-to-end Blood Supply directorate.	This team is responsible for ensuring the safe, reliable and efficient supply of blood components and products to meet hospital demand. The new team has clear accountability of the end to end blood supply chain, giving integrated management from donor collections through to hospital deliveries.
Organ and Tissue Donation and Transplantation	Combined responsibility for Organ Donation and Transplantation (ODT) and Tissue and Eye Services (TES) under a single directorate.	To better coordinate our efforts in respect of deceased donors, their families and the transplant and surgical community, and to increase the number and quality of tissues and organs available for transplant.
Clinical Services	Clinical Services directorate now includes the diagnostic and therapeutic services teams	In bringing these clinical and scientific teams together, NHSBT seeks to strengthen our ties with clinical decision makers in hospitals and to accelerate innovation in what and how we deliver. This team will provide clinical and scientific leadership to internal operational teams and, externally, to the transfusion and transplantation community. As a national provider, NHSBT have a responsibility to take the lead in optimising the end-to-end system and improving patient outcomes.
Strategy	A new Strategy and Transformation team has been formed with a new Director of Strategy,	This team will oversee the development and delivery of NHSBT's overall strategic direction.

NHSBT's annual report and accounts is also a public document, a copy of which can be requested from the NHSBT Finance Office at the address below:

**NHS Blood and Transplant
Finance Operations Team Bridle Path Leeds LS15 7TW**

6. Fund Objectives and Activities

The General Fund (£111k) is an **unrestricted** income fund and the property therein may be used at the discretion of the Trustee for charitable purposes, wholly or mainly for the services provided by NHS Blood and Transplant. Part of the unrestricted fund may be earmarked for a particular project and designated as a separate fund for administrative purposes. £22k has been separately designated by the Trustee in this manner.

The General Fund receives donations that can be used for any charitable purpose relating to the NHS. This flexibility has been used to fund recognition awards for those staff members with over 20 years' service with NHS Blood and Transplant (including service with the National Blood Authority), and staff winter celebrations. Staff recognition awards for those staff working in the Birmingham area are funded from the Howard Ostin Fund.

The Howard Ostin Bequest (£nil) is a **restricted** fund and has the following objective:

"The object of the charity is to further such charitable purposes of NHS Blood and Transplant as the trustee thinks fit. In furthering such purposes, the trustee shall first consider and have regard to the needs in the area of Birmingham and the surrounding district".

The British Bone Marrow Donation Appeal (BBMDA) (£1k) is a **restricted** fund.

The objective of this fund is to improve the infrastructure for searching and accessing the Registry by clinicians, registry managers and patients.

As the balances of the restricted funds are now negligible, the Trustee will seek to dissolve their separate legal registrations during the 2020/21 financial year. Any remaining cash balances and associated commitments will be reallocated to the General Fund but remain separately designated in accordance with Section 222 National Health Service Act 2006.

Public Benefit

The aim of the Charity is to save and improve patients' lives. Thus the Charity will support non-commercial research in areas where the Corporate Trustee has considerable expertise with a view to improving blood, tissue and organ safety. In planning the activities of the Charity and agreeing a budget for the year the Trustee has given careful consideration to the Charity Commission's guidance on public benefit. The Charity has achieved its aims with a focus on funding research projects that meet the specific objectives of each of the funds and providing funding for loyal service awards to staff with over 20 years of service.

7. Achievements and Performance

Review of Activities undertaken for the Public Benefit and furtherance of the Charity's objectives

There were nine research projects active during the course of 2019/20 which had previously received awards from the Trust Funds.

Notable highlights included:

Factors predicting unrelated haematopoietic stem cell donor's availability at the verification typing and work-up stage

A research paper was published in a leading journal in the haematopoietic stem cell transplantation field. Findings showed that machine learning can predict the availability of donors with a high degree of accuracy. The team propose the use of Bayesian Decision Theory (BDT) machine learning approach to predict the availability of British Bone Marrow Registry (BBMR) donors and use the predictive scores during the haematopoietic stem cell transplantation (HSCT) process, to ensure patients with blood cancers or disorders receive a transplant at the optimum time. The BBMR has already incorporated the machine learning model in donor typing improvement to maximise the chance for BBMR donors to be selected.

Rare Haematopoietic Stem Cell Donors

The data on donor selection were retrospectively collected and validated from 2013 to 2018. The project showed that by focusing on selecting rare human leukocyte antigen (HLA) donors the gap in haematopoietic stem cell transplant could be filled which would prevent shortages of rare haematopoietic stem cell donors. It is of high importance to have an available panel of rare donors to ensure that patients who require lifesaving rare haematopoietic stem cells can receive them. BBMR will carry on with the research to explore genetic factors associated with rare haematopoietic stem cell donors, e.g., geographical origin, ethnic background or genealogy of the donors and publish research findings in peer reviewed journal.

Trust, Altruism, Social Inclusion and BAME Blood Donor Recruitment

Based on other themes and ideas emerging from the focus groups and the surveys, the study team suggested using a voluntary reciprocal altruism message delivered by Black celebrities and/or local community leaders on several platforms (TV, social media). Other recommendations arising from the focus groups and surveys include changing the wording on the Donor Health Check questionnaire, increasing convenience through use of mobile donation vans/ buses in the community and more BAME staff in centres.

No new grant awards were made during 2019/20 due to the Committee's wish for any funds issued to be enough to make a sizeable impact on the area of work in question. Proposals for a new research grant are now due to be put to the Committee in November 2020.

The Committee also recognised the importance of the contribution of the staff of NHS Blood and Transplant, supporting both long service and general recognition awards.

Investment Performance

The Trust Fund (General Fund) holds 994 ordinary shares in National Grid. Their value increased by 11% during 2019/20 (2018/19 6% decrease) reflecting the market uncertainty caused by Brexit throughout much of the 2019 calendar year.

Associated Charities and Other Bodies

Each of the three funds must be seen as 'associated' with the other funds. The Authority (NHSBT) as a public body, and principal beneficiary of the funds held on trust, has considerable influence on how the funds are used.

Thank You

The Corporate Trustee would like to thank patients, relatives and other members of the public who have made charitable donations which have in turn improved services for patients and funded recognition awards for staff.

Annual Accounts

The Regulations, the Charity Statement of Recommended Practice (SORP 2015) and the Accounting and Reporting Standards have specified three components to the final accounts:

- i. Statement of Financial Activities (SOFA) (page 14)
- ii. Balance Sheet (page 15)
- iii. Notes to the Accounts (pages 16-25)



8. Financial Review

Income

The Charity relies on donations, legacies and investment income as the main sources of income. The Trustee does not actively fund raise. This means that future donations are likely to remain at relatively low levels.

The main sources of income in the year are investment income £2k (2018/19 £8k) earned in interest and dividends through prudent management of funds not immediately required. We have also received donations from individuals or grateful relatives and friends totalling £20k (2018/19 £11k), and £nil legacies (2018/19 £23k).

Expenditure

Expenditure during the year was £74k less £3k in returned grants, giving a final total of £71k (2018/19 £216k) which was mainly spent on staff welfare activities.

The Trust Fund supported long service awards to staff with over 20 years' service, including service with the National Blood Authority and UK Transplant. The long service awards help retain a motivated and stable workforce and so support the advancement of health and saving lives. Expenditure on such awards amounted to £25.9k (2018/19 £20.4k). The Trust Fund also provided funding of £44.8k (2018/19 £31.6k) for NHSBT staff winter celebrations at Christmas, and a further £2.5k (2018/19 £1.8k) to fund recognition events.

The Committee have agreed that 2019/20 is the final year that the Trust funds will fund staff welfare costs.

No grants were awarded (2018/19 £158k) and £3k was returned/credited (2018/19 £9k) giving a net total to grant expenditure this year of (£3k) (2018/19 £149k) on an accruals basis. See note 4 for detail of grants.

The Committee have decided that no independent examination of these accounts will be held in 2019/20, resulting in £nil governance costs (2018/19 £2.7k). Fees relating to investments totalled £0.1k (2018/19 est. £0.1k).

Investments

The investment balance of £9k (2019 £8k) relates to a holding in National Grid shares. The Committee has decided that these shares should be sold as part of the process of simplifying the Funds and this is anticipated to happen during the first half of 2020/21.

Net current assets

The accounts show £97k (2019 £73k) held as cash at bank plus £147k (2019 £431k) cash held on deposit in a high interest bearing account. Short term creditors of £139k (2019 £311k) relate primarily to research grants, of which NHS Blood and Transplant is owed £111k (2019 £192k) and other Grantees are owed £28k (2019 £119k). Debtors are £nil (2019 £nil).

Income funds

The unrestricted general-purpose fund is valued at £111k (2019 £160k) and can be spent at the discretion of the Trustee. In respect of the restricted funds relating to the Howard Ostin Bequest £nil (2019 £nil) and the British Bone Marrow Donor Appeal £1k (2019 £1k), all expenditure is within the specific objectives of these funds as described on page 7.

Movement in funds

The net assets of the Charitable Funds as at 31 March 2020 were £112k (31 March 2019 £161k). Overall net assets reduced by £49k as the result of an excess of expenditure over income.

Movement in each of the three funds of the Charity are summarised below:

Fund Name	Fund Balance B/F £k	Incoming Resources £k	Outgoing Resources £k	Realised Gain/ (Loss) on Investment Assets £k	Rounding Correction £k	Fund Balance C/F £k
General Fund	160	22	(71)	1	(1)	111
Howard Ostin	-	-	-	-	-	-
BBMDA	1	-	-	-	-	1

The Charity does not employ any staff. Trustees do not charge for their time and the Trust Fund incurs no expenses relating to the work of the Trustee. The day to day administration of funds is undertaken by the NHSBT Finance department and no recharge is made for this work as costs are not material.

Risk Management

Previously, the most significant risk to the Charity was a potential loss from a fall in the value of investments. A review was undertaken to ensure that all commitments were covered by liquid assets (cash on deposit and in hand). This led to the decision to sell all investments, thereby reducing the risk profile of the Fund. The uncommitted reserves balance continues to be reviewed at each meeting to consider if grants can be made or if investments should be considered to balance the financing risks and opportunities. Other risks are considered and managed as part of the control and risk management processes that operate throughout NHS Blood and Transplant.

Reserves Policy

The Trustee's policy is to keep funds to the minimum required to cover approved commitments in the belief that donations are made with the intention and expectation that they will be spent accordingly. In order to avoid the risk of the Charity's reserves becoming overdrawn it is considered prudent to hold a level of funds that at a minimum covers a) the commitments made and b) the annual management and administration costs including independent examiner's fees for the period of those commitments, together with the costs to close (including an appropriate level of contingency). The reserves available to spend balance is reviewed at each committee meeting prior to any new commitments being made.

The reserves policy is reviewed at least annually.

Future Commitments, Activities and Plans

The Trust Fund Committee works very closely with the Corporate Trustee to determine funding policy. Spending on research remains the main focus in expenditure plans for the medium term with funding for staff development and welfare ceasing from 2019/20.

9. Independent Examination

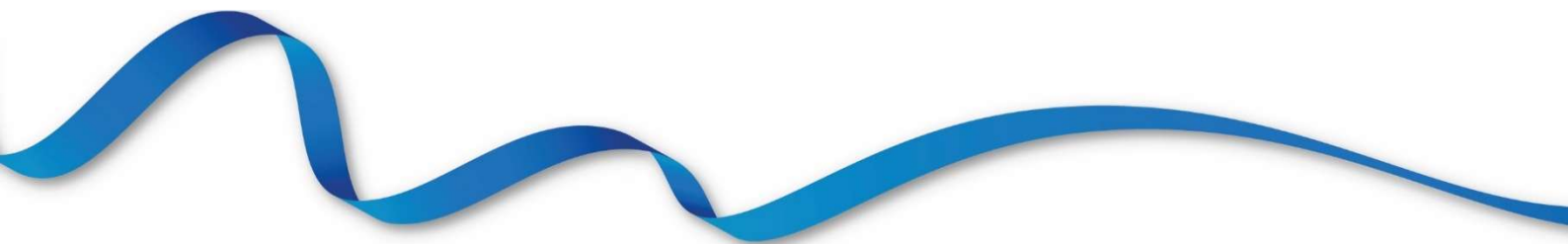
The Trust Fund accounts are not required to undergo an independent examination in 2019/20 due to the Funds' combined gross income falling below the UK Charity Commission threshold of £25k. The Committee have elected for this exemption to be upheld in light of the practical challenges that completing an examination during the coronavirus pandemic would entail.

SIGNED FOR AND ON BEHALF OF THE CORPORATE TRUSTEE

.....
Ms Millie Banerjee CBE

Chair of the NHSBT Board

Date:



Charitable Funds Trust Account – NHS Blood and Transplant 2019 - 2020

Statement of Financial Activities Year ended 31 March 2020

	2019-20			2018-19		
	Unrestricted Funds	Restricted Funds	Total Funds	Unrestricted Funds	Restricted Funds	Total Funds
	£k	£k	£k	£k	£k	£k
INCOME FROM:						
Donations and legacies (2)	20	-	20	34	-	34
Investments (3)	2	-	2	7	1	8
TOTAL INCOME	<u>22</u>	<u>-</u>	<u>22</u>	<u>41</u>	<u>1</u>	<u>42</u>
EXPENDITURE ON:						
Charitable activities (4)	71	-	71	188	28	216
TOTAL EXPENDITURE	<u>71</u>	<u>-</u>	<u>71</u>	<u>188</u>	<u>28</u>	<u>216</u>
Net income/ (expenditure) before investment gains/ (losses)	(49)	-	(49)	(147)	(27)	(174)
Net gains/ (losses) on investments (5)	1	-	1	(6)	-	(6)
Roundings correction	(1)	-	(1)	-	-	-
NET MOVEMENT IN FUNDS	<u>(49)</u>	<u>-</u>	<u>(49)</u>	<u>(153)</u>	<u>(27)</u>	<u>(180)</u>
RECONCILIATION OF FUNDS						
Total funds brought forward as previously reported	160	1	161	313	28	341
Net movement in funds for the year (9)	(49)	-	(49)	(153)	(27)	(180)
Total funds carried forward	<u>111</u>	<u>1</u>	<u>112</u>	<u>160</u>	<u>1</u>	<u>161</u>

The notes at pages 16 to 25 form part of this account.

All activities were derived from continuing operations. All recognised gains and losses have been included in the above statement.

Balance Sheet as at 31 March 2020

	Unrestricted Funds	Restricted Funds	Total at 31-Mar-20	Total at 31-Mar-19
	£k	£k	£k	£k
Fixed Assets				
Investments (5)	9	-	9	8
Total Fixed Assets	<u>9</u>	<u>-</u>	<u>9</u>	<u>8</u>
Current Assets				
Debtors (6)	-	-	-	-
Cash on deposit (7)	147	-	147	431
Cash at bank and in hand (7)	46	51	97	73
	<u>193</u>	<u>51</u>	<u>244</u>	<u>504</u>
Creditors: amounts falling due within one year (8)	(89)	(50)	(139)	(311)
Net Current Assets	<u>104</u>	<u>1</u>	<u>105</u>	<u>193</u>
Creditors: Amounts falling due after one year (8)	(2)	-	(2)	(40)
Total Net Assets	<u>111</u>	<u>1</u>	<u>112</u>	<u>161</u>
Funds of the Charity (9)				
Income Funds:				
Unrestricted	111	-	111	160
Restricted	-	1	1	1
Total Funds	<u>111</u>	<u>1</u>	<u>112</u>	<u>161</u>

The notes at pages 16 to 25 form part of this account.

These financial statements of Charity NHS Blood and Transplant Trust Fund registered number 1061771 were approved by the Trust Fund Committee and authorised for issue on 16th November 2020.

Signed for and on behalf of the Corporate Trustee

Ms Millie Banerjee CBE
Chair of the NHSBT Board
Date:

Mr Rob Bradburn
Finance Director NHSBT
Date:

Notes to the accounts

1. Accounting Policies

NHS Blood and Transplant Trust Funds meets the definition of a public benefit entity under FRS 102.

(a) Basis of preparation

The financial statements have been prepared in accordance with the Charities Statement of Recommended Practice (SORP).

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s). The principal accounting policies adopted in the preparation of the financial statements are as below. The Trustee does not consider there are any critical judgements or sources of estimation uncertainty requiring disclosure beyond the accounting policies listed.

(b) Preparation of the accounts on a going concern basis

The Corporate Trustee of the charity has agreed that the trust funds will not actively fundraise, therefore the funds will diminish as grants are made unless donations are received. The Trustee has reviewed the financial forecast and is content that the funds will be available for at least the next 12 to 18 months and consider that there are no material uncertainties about the Charity's ability to continue as a going concern.

It should be noted that the two restricted sub-funds have negligible net assets and the Trustee's intention is to formally merge them into the General Fund during the course of 2020/21. In line with the SORP, no restatement will be required as the net assets comprise wholly of cash balances and current liabilities (see: Balance Sheet, page 15). Overall the Charity has sufficient reserves to remain a going concern.

(c) Fund accounting

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by the donor.

Unrestricted income funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds where the donor has made known their non-binding wishes or where the Trustee, at their discretion, has created a fund for a specific purpose.

As at 31 March 2020, the Trust Fund holds £22k in such designated funds: £10k for Organ Donation and Transplantation, £8k for the Tissues artwork project and £4k for Therapeutic Apheresis Services. The Committee notes that over half of this balance has now been held for over two years and is strongly encouraging the fund-holders to find appropriate uses.

(d) Income

All income is recognised once the charity has entitlement to the resources, it is probable that the resources will be received, and the monetary value of the income can be measured with sufficient reliability.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed where material.

(e) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be

measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

(f) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. For grant expenditure this is when the grant letter has been issued to the recipient. Expenditure classified under 'expenditure on charitable activities' includes the costs of grants paid, long service awards, winter celebrations for NHSBT employees, and associated support costs.

Formerly the support costs were apportioned across each fund on the basis of resource time; however with the two restricted funds holding negligible balances, it was decided to charge all support costs to the unrestricted fund from 2018/19 onwards. Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(g) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount. Prepayments are valued at the amount prepaid.

(h) Cash and cash equivalents

Cash and cash equivalents includes cash and cash on deposit. Cash in bank includes cash in the Lloyds current account. Cash on deposit includes cash in the charity savings account.

(i) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

(j) Financial instruments

The Trust holds shares in National Grid, which are valued based on their fair value as at the accounting date.

Investment gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and the funds' quarterly opening valuation.

2. Income from donations and legacies

Donations	2020	2019
	Total	Total
	£k	£k
Legacies	-	23
Donations	20	11
	<u>20</u>	<u>34</u>

The income from donations and legacies was £20k (2018/19 £34k) of which

- £20k was unrestricted (2018/19 £34k)
- £nil restricted (2018/19 £nil)
- £4k designated (2018/19 £3k)

£0.2k was received from legacies (2018/19 £23k). Notification was also received of a £10k legacy due to be received in 2020/21, which has been recognised as a contingent asset in Note 9.

3. Analysis of Investment Income

Total Investment Income

	2020	2019
	Total	Total
	£k	£k
Baring Investment Fund	-	7
Historic Entitlements and Other	2	-
Bank Interest	-	1
	<u>2</u>	<u>8</u>

Note: the investments in Barings were sold and so no further investment income will be received from these.

4. Analysis of expenditure on charitable activities

	Activities undertaken directly	Grant funding activities	Support costs	Total 2020	Total 2019
	£k	£k	£k	£k	£k
Support for non-commercial research		(3)		(3)	152
Earmarked Funds and Projects	1			1	10
Staff Long Service Award	26			26	20
Recognition Events	2			2	2
Winter Celebrations	45			45	32
	<u>74</u>	<u>(3)</u>	<u>-</u>	<u>71</u>	<u>216</u>

Expenditure on charitable activities was £71k (2018/19 £216k), of which £71k was unrestricted (2018/19 £188k) and £nil was restricted (2018/19 £28k).

No material support costs were incurred in 2019/20 (2018/19 £3k). In previous years' accounts, support costs have been allocated to non-commercial research activity.

No recharge is made for administration costs supplied by NHSBT and the charity is not able to put a value on these donated services.

Analysis of grant expenditure

The charity does not make grants to individuals. All grants are made to NHSBT or other third party organisations.

	Grant funding activities	
	2020	
	£k	
4.1 Analysis by activity		
Grants returned -		
Red blood cell transfusion thresholds and QOL in MDS: a pilot feasibility study		(1)
A placebo-controlled single-blind, randomised feasibility trial of Desmopressin (DDAVP) in critical illness prior to procedures		(2)
Grants committed -		-
		<hr style="width: 100%; border: 0.5px solid black;"/> (3) <hr style="width: 100%; border: 0.5px solid black;"/>
		2019
		£k
4.2 Analysis by activity		
Grants returned -		
Bedside platelet function testing to guide the use of platelet transfusion in neonates		(2)
Study of the significance of T regulatory cells in the outcome of allogeneic HSCT		(7)
Grants committed -		
Rare Haematopoietic Stem Cell Donor		10
The psychological Impact of Organ Donation on staff		49
Trust, Altruism, Social Inclusion and BAME Blood Donor Recruitment		50
Laying the groundwork for a future randomised control trial that will compare cost effectiveness of different replacement fluids during Therapeutic Plasma Exchange (TPE)		49
		<hr style="width: 100%; border: 0.5px solid black;"/> 149 <hr style="width: 100%; border: 0.5px solid black;"/>
4.3 Analysis by recipient	2020	2019
	Total	Total
	£k	£k
NHS Blood and Transplant	(3)	52
University of Nottingham	-	50
Queen Mary's University London	-	49
University of Cambridge	-	(2)
Total	<hr style="width: 100%; border: 0.5px solid black;"/> (3) <hr style="width: 100%; border: 0.5px solid black;"/>	<hr style="width: 100%; border: 0.5px solid black;"/> 149 <hr style="width: 100%; border: 0.5px solid black;"/>

5. Analysis of Fixed Asset Investments

5.1 Analysis of Fixed Asset Investments

	Total 2020	Total 2019
	£k	£k
Market value at 1 April	8	216
Disposals (at carrying value)	-	(201)
Additions	-	-
Net realised gains/ (losses) on revaluation	1	(6)
Investment Fees & Charges	-	-
Rounding Correction	-	(1)
Market value at 31 March 2020	<u>9</u>	<u>8</u>
Historic cost at 31 March 2020	<u>7</u>	<u>7</u>

The charity also owns 100 Santander CDIs, which had a market value of £196 at 31 March 2020 (2019 £354). As the costs of disposal would exceed this amount, a nil value has been attributed to them and they have not been individually recognised in the financial statements.

6. Analysis of Debtors

	Total 2020	Total 2019
	£k	£k
Amounts falling due within one year:		
Accrued Income	<u>-</u>	<u>-</u>
	<u>-</u>	<u>-</u>

7. Cash and Cash Equivalents

	Total 2020	Total 2019
	£k	£k
Cash on deposit	147	431
Cash at bank and in hand	97	73
	<u>244</u>	<u>504</u>

During 2019/20, the deposit accounts for both restricted funds were closed, and their balances transferred to the relevant current account. At the time of transfer, these balances were £59,361 and £20,503 for the Howard Ostin Bequest and the British Bone Marrow Donor Appeal respectively.

8. Analysis of Creditors

	Total	Total
8.1 Creditors under one year	2020	2019
	£k	£k
Amounts due to NHSBT	111	192
Amounts due to other creditors	28	119
Total creditors falling due within one year	139	311

	Total	Total
8.2 Creditors over one year	2020	2019
	£k	£k
Amounts due to NHSBT	2	22
Amounts due to other creditors	-	18
Total creditors falling due after more than one year	2	40

All creditors total £140,751 (2019 £351,272), comprising of creditor accruals (£85,525) and £55,226 of research grant commitments which break down as follows:

1. A feasibility trial comparing restrictive versus liberal red cell transfusion strategies in stable children (£28,704)
2. Trust, Altruism, Social Inclusion and BAME Blood Donor Recruitment (£7,739)
3. Laying the groundwork for a future randomised control trial that will compare cost effectiveness of different replacement fluids during Therapeutic Plasma Exchange (TPE) (£18,783)

The following amounts have been returned to the relevant fund in respect of unspent grants :-

1. Red blood cell transfusion thresholds and QOL in MDS: a pilot feasibility study (£1,098)
2. A placebo-controlled single-blind, randomised feasibility trial of Desmopressin (DDAVP) in critical illness prior to procedures (£1,546)

9. Contingent Assets and Liabilities

A contingent asset of £10,000 relates to a legacy of which the Trust Fund was notified in November 2019, pending the granting of probate. Funds were not issued until April 2020 and no notification of probate was received prior to this date, preventing the Trustee from recognising the legacy as income.

There are no other material contingent assets or liabilities to report as at 31 March 2020.

10. Analysis of funds

10.1 Endowment Funds

The Charity does not hold any endowment funds.

10.2 Restricted Funds	Balance as at 01 Apr. 2019	Income	Exp.	Gains and Losses	Balance as at 31 Mar. 2020
	£k	£k	£k	£k	£k
Howard Ostin Bequest	-	-	-	-	-
British Bone Marrow Donor Appeal	1	-	-	-	1
Total	1	0	0	-	1

The Charity holds **two** restricted funds.

The Howard Ostin Bequest

The main objective of which is to further such charitable purposes as the trustees think fit, having first considered and having regard to the needs in the area of Birmingham and the surrounding district.

The British Bone Marrow Donor Appeal

The main objective of which is to improve the infrastructure for searching and accessing the Registry by clinicians, registry managers and patients.

The Trustee intends to close these funds during 2020/21 and transfer any remaining cash balances and associated commitments to new designations within the General Fund.

10.3 Unrestricted Funds	Balance as at 01 Apr. 2019	Income	Exp.	Gains and Losses	Rounding Correction	Balance as at 31 Mar. 2020
	£k	£k	£k	£k	£k	£k
Total	160	22	(71)	1	(1)	111

The General Fund is an unrestricted fund which may be used by the Trustee for charitable purposes, wholly or mainly to support the goals of NHS Blood and Transplant in saving and improving lives. Unrestricted funds also include £22k designated funds set aside in the year for Organ Donation, Therapeutic Apheresis Services purposes and Tissues artwork.

11. Related Party Transactions

The management of Charitable trust funds is delegated to the Trust Fund Committee which is a sub-committee to the Board of the Corporate Trustee, NHS Blood and Transplant.

The charitable trust has made payments to NHS Blood and Transplant in furtherance of its charitable goals. The members of the Trust Fund Committee (whose names are listed below) also served as members of NHS Blood and Transplant Board during the year.

There were £0 donations received from the NHSBT Board and Committee members.

Mr Charles St John

Mr Rob Bradburn

Dr Gail Miflin

Ms Katherine Robinson

Dr Gail Miflin is the Chief Medical Officer and Director of Clinical Services of NHSBT, and research projects which have been funded by the Trust Fund Committee are also within Dr Miflin's area of responsibility.

The Committee members are paid members of the NHSBT Board but receive no additional remuneration or reimbursement of expenses for the work that they undertake on behalf of the Corporate Trustee.

Details of all the charitable trust account related party transactions are below. This includes payments which are considered to have been made under NHSBT's control, even if the actual recipient is a third party.

In the case of research projects, all payments are deemed to be under NHSBT's control where the lead researcher is an NHSBT employee.

- Payment to NHS Blood and Transplant and third parties relating to A placebo-controlled single-blind, randomised feasibility trial of Desmopressin (DDAVP), £17,558 (2018/19 £10,404).
- Payment to NHS Blood and Transplant and third parties relating to Study of the Red cell transfusion in Acute Myeloid Leukaemia (REAL trial), £1,943 (2018/19 £31,872), of which £1,608 is included within creditors in the balance sheet.
- Payment to NHS Blood and Transplant relating to Study of the Factors predicting unrelated haematopoietic stem cell donors availability at the verification typing and work-up stages, £13,236 (2018/19 £32,680).
- Payment to NHS Blood and Transplant relating to a feasibility trial comparing restrictive versus liberal red cell transfusion strategies in stable children, £8,096 (2018/19 £13,099), of which £895 is included within creditors in the balance sheet.
- Payment to NHS Blood and Transplant relating to Mesenchymal stromal cells to reduce ischaemia reperfusion injury following renal transplantation, £25,000 (2018/19 £25,000), included within creditors in the balance sheet.
- Payment to NHS Blood and Transplant relating to Rare Haematopoietic Stem Cell Donor, £10,000 (2018/19 £nil)
- Payment to NHS Blood and Transplant relating to Mesenchymal stromal cells to reduce ischaemia reperfusion injury following renal transplantation, £49,500 (2018/19 £nil), of which £13,216 is included within creditors in the balance sheet.

- Payment to NHS Blood and Transplant in respect of staff winter celebrations, £44,805 (2018/19 £31,599), included within creditors in the balance sheet.

The NHSBT Trust Fund also funds the cost of long service awards made to employees of NHSBT. In 2019/20 this amounted to £25,944 (2018/19 £20,487). The other two areas of spend under NHSBT's control were £2,457 (2018/19 £1,796) for staff recognition events and £833 (2018/19 £10,264) on earmarked fund projects.

Glossary

Term	Definition
Bayesian Decision Theory (BDT)	One of the formal statistical methods to analyse quantitative data in data science. This is a fundamental statistical approach that quantifies the tradeoffs between various decisions using distributions and costs that accompany such decisions.
British Bone Marrow Registry (BBMR)	The British Bone Marrow Registry (BBMR) is part of NHSBT that helps people find stem cell matches. We work in co-operation with the UK's other bone marrow and blood donor registries, the charity Anthony Nolan and the NHS Cord Blood Bank. We are also part of an international network that helps find matches for people across the world.
Haematopoietic stem cell	Haematopoietic stem cells (HSCs) are the stem cells that give rise to other blood cells. This process is called haematopoiesis. This process occurs in the red bone marrow, in the core of most bones.
Haematopoietic stem cell transplantation (HSCT)	<p>Haematopoietic stem cell transplantation (HSCT) is the transplantation of multipotent haematopoietic stem cells, usually derived from bone marrow, peripheral blood, or umbilical cord blood. It may be autologous (the patient's own stem cells are used), allogeneic (the stem cells come from a donor) or syngeneic (from an identical twin).</p> <p>It is most often performed for patients with certain cancers of the blood or bone marrow, such as multiple myeloma or leukemia. In these cases, the recipient's immune system is usually destroyed with radiation or chemotherapy before the transplantation. Infection and graft-versus-host disease are major complications of allogeneic HSCT</p>
Human leukocyte antigens (HLA)	Each individual expresses many unique HLA proteins on the surface of their cells, which signal to the immune system whether a cell is part of the self or an invading organism. T cells recognize foreign HLA molecules and trigger an immune response to destroy the foreign cells.
BAME	an acronym for Black, Asian, and minority ethnic
Desmopressin (DDAVP)	Desmopressin, sold under the trade name DDAVP among others, is a medication used to treat diabetes insipidus, bedwetting, hemophilia A, von Willebrand disease, and high blood urea levels
Mesenchymal stromal cells	Mesenchymal stem cells (MSCs) also known as mesenchymal stromal cells or medicinal signaling cells are multipotent stromal cells that can differentiate into a variety of cell types, including osteoblasts (bone cells), chondrocytes (cartilage cells), myocytes (muscle cells) and adipocytes (fat cells which give rise to marrow adipose tissue).
Ischemia-reperfusion injury	Reperfusion injury, sometimes called ischemia-reperfusion injury (IRI) or reoxygenation injury, is the tissue damage caused when blood supply returns to tissue (re- + perfusion) after a period of ischemia or lack of oxygen (anoxia or hypoxia). The absence of oxygen and nutrients from blood during the ischemic period creates a condition in which the restoration of circulation results in inflammation and oxidative damage through the induction of oxidative stress rather than (or along with) restoration of normal function.

NHS Blood and Transplant

NHS Blood and Transplant (NHSBT) saves and improves lives by providing a safe, reliable and efficient supply of blood and associated services to the NHS in England and North Wales. We are the organ donor organisation for the UK and are responsible for matching and allocating donated organs. We rely on thousands of members of the public who voluntarily donate their blood, organs, tissues and stem cells.

For more information

Visit nhsbt.nhs.uk

Email enquiries@nhsbt.nhs.uk

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