



Annual Report 2016



President's Report

As I write my second President's report the fallout from the recent "Brexit" vote continues to dominate headlines. The full ramifications for the United Kingdom, including its effects on the NHS, will clearly take some time to emerge. The European Union is deeply embedded in many areas of day-to-day life and the process of disentangling this will be extremely complex. Addressing the issue of funding for the NHS is less simple than claimed by the "Leave" campaign during the weeks preceding the ballot, and clearly the state of the economy will be one of many factors that will have significant influence. In addition to effects on clinical services there will potentially be the loss of access to significant amounts of EU monies for research in the future. The political turmoil generated by the outcome has resulted in changing fortunes for a number of high-profile politicians, including the Prime Minister, although one notable exception is the Secretary of State for Health.

A major challenge facing the health secretary is the state of NHS finances and there is clearly pressure to reduce spending, with less focus on quality measures as a primary goal. The reduction in funding for national audits is evidence of this shift. 'Cost improvement' initiatives have a measurable but limited effect on improving the bottom line and in areas such as perinatal medicine, where staff account for the largest proportion of the budget, there comes a point where further improvement cannot occur without reducing staff numbers and potentially, as a consequence, workload. There is now increasing evidence linking understaffing with mortality in neonatal care, and the staff deficits highlighted in the latest Bliss report paint a concerning picture. Whilst the network approach has improved delivery of neonatal care it is clear that the way in which individual Trusts have to operate limits the collaboration implicit in a successful network model. It may be that the proposed sustainability and transformation plans will improve matters and help us keep families at the centre of the care we provide. Clearly interesting (and challenging) times lie ahead.

Whilst on the subject of collaboration I am conscious of the need to include as many perinatal professionals as possible in BAPM's work. To this end Wendy Tyler was elected onto EC as a new representative specifically for local neonatal units and special care units. Whilst these services undertake a huge amount of neonatal care nationally, issues specific to them have often taken second place to those arising in neonatal intensive care units. I hope Wendy's appointment clearly signals our intent to be more inclusive and certainly the amount of enquiries and suggestions for working groups from her 'constituency' has been excellent.

We are also aware of the continuing shift in professional affiliation of the Association's membership. Organisations such as British Maternal and Fetal Medicine Society (BMFMS) cater directly for our obstetric/fetal medicine colleagues and the Neonatal Nurses' Association has recently been re-launched. We are continuing to look at ways of keeping BAPM's work relevant for all perinatal professionals as well as ensuring continued communication between groups. This is essential if we are to avoid a 'silo' mentality that will clearly be detrimental to the care of women, their babies and families. Caroline Davey from Bliss and Tracey Johnston (BMFMS) have provided key input from their respective areas to keep our view as wide as possible.

This year's Annual General Meeting marks the 40th anniversary for the Association. Huge strides have been made in the provision of and outcomes from perinatal services over this time and we hope to celebrate this landmark in style with reflections from the past and a look towards the future. The scientific program promises to be highly entertaining and thought-provoking and for the first time we will be running some concurrent workshops on training with simulation as well as quality improvement.

As always I will conclude with some 'thank you's'. During the last nine months we have had some major changes in the BAPM office. Lisa Nandi stepped down as Executive Officer after nine years of calmly guiding successive Presidents and other Officers through a myriad of issues. For me personally, her knowledge of the wider health service landscape was invaluable and 'Nandification' was a hugely important (and often essential) step in editing my responses to correspondence. Hayley Watts and Tia Siddiqui have also moved on to pastures new and we wish them well. Hayley was responsible for moving us towards the twenty first century in terms of communication and Tia's legacy is her cataloguing of the Peter Dunn Library. We are delighted to welcome Kate Dinwiddy as our new Executive Manager. I remain very conscious of the work that the rest of EC contribute towards keeping BAPM running. I would particularly like to thank Gopi Menon for his work as Honorary Secretary over the last three years: I hope in his new role as President Elect he will continue to provide counsel to myself, his successor Helen Mactier and Sanjeev Deshpande.

I look forward to seeing many of you in September at the AGM and Scientific Meeting in Bristol.



Alan Fenton

Objectives

Activities undertaken financial year 2015- 2016

Publishing standards and providing guidance on good management and care	<ul style="list-style-type: none"> • Publication of 'Newborn Early Warning Trigger & Track (NEWTT) - a Framework for Practice' (May 2015) • Publication of 'Use of Central Venous Catheters in Neonates - a Framework for Practice' (Dec 2015) • Publication of 'Fetal and Neonatal Brain Magnetic Resonance Imaging: Clinical Indications, Acquisitions and Reporting - a Framework for Practice' (Feb 2016)
Providing postgraduate education meetings throughout the year	<ul style="list-style-type: none"> • Delivery of the Perinatal Session at RCPCH's annual Spring Meeting (April 2015) • BAPM's Annual Perinatal Trainees' Meeting (October 2015) • BAPM's Annual General Meeting (November 2015)
Promoting research and academic excellence	<ul style="list-style-type: none"> • BAPM's Multiprofessional research skills training day (October 2015) • Publication of article on Research Skills Training in Archives of Disease in Childhood • Representation on NIHR CRN Neonatal Clinical Studies Group (ongoing) • Representation on RCPCH Research Consultation Committee (ongoing) • Cataloguing of Peter Dunn library resource (ongoing) • Working with Chiesi to provide educational bursaries (ongoing)
Advising on training and education in perinatal practice	<ul style="list-style-type: none"> • BAPM's Annual Perinatal Trainees' Meeting (October 2015) • RCOG Specialist Societies Liaison Group (ongoing) • Infant Journal - Working Together to raise awareness of patient safety issues (ongoing) • Trainee representation on EC
Providing advice to Government and other professional bodies on developing and improving perinatal care	<ul style="list-style-type: none"> • Contributing to NHS England Maternity Review (Feb 2016) • Representation on Neonatal Critical Care Clinical Reference Group (CRG) and Fetal Medicine CRG (ongoing) • RCPCH – Part of Invited Reviews Team (Ongoing) • Contributing to Scotland Maternity and Neonatal Services Review (ongoing)
Raising awareness of, and proactively influencing the policy environment, in which perinatal care is delivered	<ul style="list-style-type: none"> • Contribution to Bliss Baby Report (Oct 2015) and Transport report (Apr 2016) • Representation on BMFMS Executive Committee (ongoing) • Newly appointed representative from Local Neonatal Units and Special Care Units on EC
Auditing and monitoring the outcome, structure and function of perinatal care for babies and their families	<p>BAPM working groups that met in 2015/16:</p> <ul style="list-style-type: none"> • Family Engagement • Donor Expressed Breast Milk • Neonatal and Fetal MR Brain Imaging • Central Venous Catheters (with NHS England) • Interaction with Commercial Organisations (Ethical Framework) • Neonatal Mortality Review • Newborn Early Warning Trigger & Track (NEWTT) • Parenteral Nutrition • Quality <p>Ongoing liaison and partnership work with:</p> <ul style="list-style-type: none"> • National Neonatal Audit Project (NNAP) • Neonatal Data Analysis Unit (NDAU) • MBRRACE-UK • Neonatal Transport Interest Group • Neonatal Networks Group
Auditing and monitoring the outcome, structure and function of perinatal care for babies and their families	<ul style="list-style-type: none"> • Delivery of Neonatal update at RCPCH Progressing Paediatrics (Sep 2015) • Annual Neonatal Networks Meeting (Nov 2016) • Email bulletins, Website, Twitter, networking opportunities during meetings (Ongoing)

Current and Future Activities:

New BAPM working groups on:

- Congenital Diaphragmatic Hernia Pathway (First meeting May 2016)
- Transitional Care (First meeting Oct 2016)
- Nurse Engagement (First meeting Nov 2016)

Publication of:

- The Provision of Parenteral Nutrition within Neonatal Services - A Framework for Practice (April 2016)
- The Use of Donor Human Expressed Breast Milk in Newborn Infants - A Framework for Practice (July 2016)

Delivery of Neonatal Update Session at RCPCH conference (April 2016)

Response to NICE Preterm Labour and Birth consultation (May 2016)

Members' views survey 2016 (July 2016)

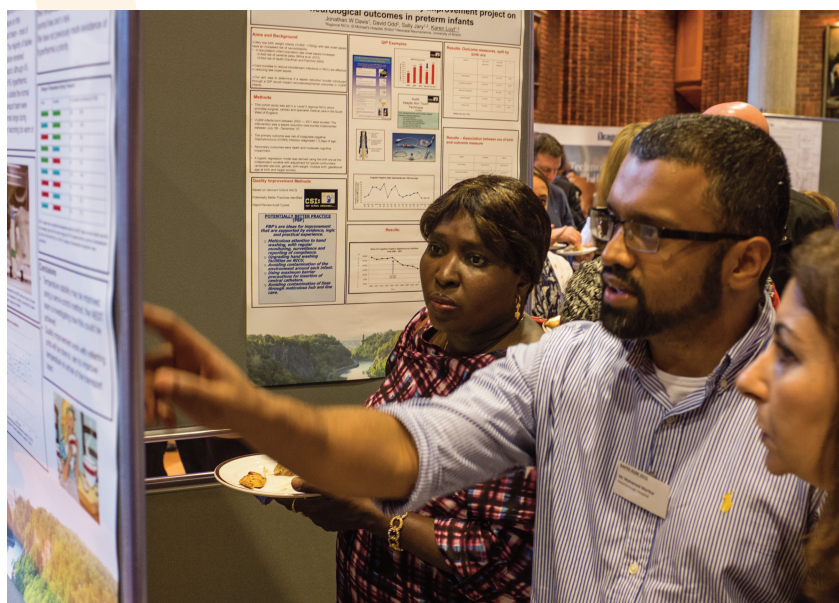
Representation on National Maternity and Perinatal Audit Clinical Reference Group (First meeting Nov 2016)

Development of Framework for Prevention and Management of Neonatal Hypoglycaemia in conjunction with NHS England (Autumn 2016)

Publication of BAPM Ethical Policy (Autumn 2016)

Development of BAPM Strategy 2017-2019 (Early 2017)

Development of new BAPM website and member database (Early 2017)



Honorary Secretary's Report

This will be my final report as Honorary Secretary, and I can honestly say that I have really enjoyed my three years in this role. BAPM continues to work hard in supporting and representing perinatal health care in all the nations of the UK at a time of considerable national political turbulence and financial uncertainty.

This year, several core work streams have been started which are relevant to both the current strategy and to BAPM's work in the longer term. Three of these will contribute to making the organisation more representative of all those with an interest in perinatal care. Firstly a state of the art membership database has been acquired which will allow us to have a much better idea of the professional background and interests of current members. Secondly a Steering Group on Nurse Engagement has been set up to identify ways of making the work of BAPM more relevant to the nursing profession. Finally the appointment of the first LNU/SCU representative on EC has led to a barrage of questions from professionals working in this setting, currently poorly represented in our membership. We hope to harness this unmet need by engaging LNU/SCU professionals in the work of BAPM as members. Additional initiatives to increase professional engagement include work on developing a network of members willing to do local "BAPM Outreach" and a reduction in membership fee for trainees. The final core work stream relates to Quality of Care, one of the strands of our current strategy and a concept which is the essence of much of the work of BAPM. A Steering Group has set a large agenda for this work which we are starting to prioritise.

One of last year's major pieces of work, relating to the strand of our strategy Promoting Research and Academic Excellence, has borne fruit with a highly successful Pilot Research Skills Training Day in October, aimed at teaching basic research skills to a multiprofessional audience. This has led to a commissioned article in Archives of Disease in Childhood, and an interest from RCPCH in rolling out such training to other paediatric specialties. We aim to hold this annually and this year's event is already scheduled.

Several working groups have been developing clinical guidance, distilling available research evidence and professional consensus whilst acknowledging any significant uncertainty about best practice. There are new Frameworks for Practice on Fetal and Neonatal MRI, parenteral nutrition, and donor breast milk, and work is under way on developing a care pathway for congenital diaphragmatic hernia.

BAPM has continued to produce standards relating to neonatal service organisation and governance in perinatal care. Thus, a working group is developing guidance on best practice in neonatal mortality reviews. We are aware that concurrently a group set up by the DoH/SANDS has developed a perinatal death review tool, and that the DoH has commissioned work to develop a national mechanism for recording the outcome of such reviews. The challenge will be to bring all these initiatives together to help clinical staff make effective mortality review part of their regular work. The BAPM Categories of Care have already evolved with changes in clinical practice and their definition has become particularly important in the context of payment for services by workload and quality of service incentives. It has become clear that there is a level of specialist care which is poorly defined, namely a level between normal postnatal care and care in a neonatal unit requiring separation from the parent or carer. A working group is being convened to look more closely at "Transitional Care", recognizing that in the different settings in which this care is provided the care needs of both the baby and mother require consideration.

The Montgomery ruling has made all specialties think carefully about consent. A BAPM working group will be approaching this from the perspective of information provision for carers, the most important aspect of obtaining consent whether formal or informal.

BAPM has again been involved in educational sessions primarily aimed at general paediatricians caring for the newborn – hosting the perinatal session at the RCPCH Annual Meeting, and supporting "Secrets of Success in Neonates" run by RCPCH and covering the approach to dealing with common neonatal problems. We ran a successful Perinatal Trainee Meeting and piloted our Research Skills Training day on successive days in order to give trainees the option of attending both meetings, and we aim to do this again this year. We are continuing to negotiate the future of the Perinatal Medicine meeting or an equivalent large UK neonatal conference with BMFMS and the Neonatal Society.

During the last year, BAPM has input into the Maternity Services Review in England and given advice to the Maternity and Neonatal Services Review in Scotland. As well as continuing to put the professional view in the development of the NNAP and MBRACE, we have been closely involved in the review of national maternity and neonatal audits. Neonatology in the UK is in a unique position in using a single patient database which will (when Scottish units join this year) supply data from all UK units to a national audit. To further strengthen the power of national data, we will be working with Clevermed, NDAU and the Health and Social Care Information Centre to make the medical terms we use compatible with SNOMED CT, the new healthcare language for the electronic era.

We were sorry to see Lisa Nandi leave BAPM earlier this year, after 9 years in charge of the BAPM office. Many of us had grown to think of Lisa as the consistent voice of the organisation as officers changed. Several generations of officers depended on her for her knowledge, wisdom, organisation and calmness. Hayley Watts has also moved on, having managed the finances and the membership database without any fuss, but also having put in a lot of effort into developing a modern communications strategy. Tia Siddiqui completed her temporary role cataloguing the Dunn Perinatal Library and also played a big part in the development of Research Skills Training. Our good wishes go with all of three of them.

I am very pleased to welcome Kate Dinwiddy, our new Executive Manager since April. Please do try and find an opportunity to meet her either when you visit the RCPCH building or at a BAPM meeting. I would like to thank our President Alan Fenton for his firm captaincy of the team during this time of change, as well as for the support he has given me. Thanks also to Sanjeev Deshpande who has started to stamp his personality on the role of Treasurer, and to the other members of EC for their hard work and enthusiasm. I wish my successor, Helen Mactier, every success as Honorary Secretary.

Finally, we have put some effort into creating an Annual Meeting in BAPM's 40th year which will allow those attending to see the best of perinatal care in the UK past and present as well as get a taste of the aspirations of BAPM in the years ahead. I hope to see you there.

Gopi Menon

Maternal, Newborn and Infant Clinical Outcome Review Programme

It's been a very busy year for MBRRACE-UK with results and the impact of our early findings now emerging. Since the last BAPM annual report we launched our report of findings of the confidential enquiry into term, singleton, normally formed antepartum stillbirths in November 2015; in December 2016 we launched our second annual report of the surveillance and confidential enquiries into maternal deaths 2009-2013; and in May 2016 we launched our second national perinatal mortality surveillance annual report for deaths in 2014.

The enquiry into antepartum stillbirths covered the complete pathway from antenatal care, the diagnosis of the stillbirth, intrapartum management, bereavement care, follow-up and the local review. The enquiry identified that some aspects of care were particularly good, for example, bereavement care was assessed by the enquiry panel members as of a high standard for three out of four families. However, for antenatal care panel members found that in half of the stillbirths there were critical gaps in care with three main areas of concern:

Diabetes: around half of the women had at least one risk factor for developing diabetes in pregnancy - mainly woman who were obese or from a high risk ethnic group - but two out of three women were not offered testing.

Missed Opportunity: Developing Diabetes in Pregnancy

- Glucose tolerance testing not offered in cases with an identified risk factor and so there was no opportunity for closer monitoring

Poor growth of the baby in the womb: in nearly two thirds of cases reviewed national guidance for screening and monitoring the growth of the baby was not followed.

Missed Opportunity: Monitoring Growth

- Woman's abdomen not measured to check how baby was growing
- Measurements not plotted on a graph
- Woman not referred for closer monitoring when baby's growth didn't follow a normal pattern

Baby's Movements: almost half the women had contacted their maternity units concerned that their baby's movements had slowed, changed or stopped. In half of these there were missed opportunities to potentially save the baby.

Missed Opportunity: Identifying Reduced fetal Movements

- Not investigating when a woman presents with concerns about her baby's movements
- Misinterpreting the fetal heart trace
- Not responding appropriately to additional risk factors, including the woman returning with further concerns about her baby's movement

The lack of local reviews of the majority of deaths was of also considerable concern.

Missed Opportunity: Learning lessons from local case review

- No evidence of a local review having been carried out for three quarters of stillbirths
- Where a review was conducted very few followed national guidance or involved the parents' view of care

Recommendation:

All Units should conduct multidisciplinary review of ALL term stillbirths following the standards recommended by the Department of Health and Sands Task and Finish group.

The Healthcare Quality Improvement Partnership, which commissions the MBRRACE-UK programme, is currently commissioning a standardised Perinatal Mortality Review Tool on behalf of the English, Scottish and Welsh governments. The aim of this tool is to improve and support standardised review of all perinatal deaths. The outcome of the commissioning process is expected shortly.

The launch of the national perinatal mortality surveillance report for 2014 was very well attended with over 250 delegates. For the first time at one of our meetings we introduced a poster session designed to allow delegates to highlight the range of local, regional and national initiatives aimed at reducing stillbirths and neonatal deaths and for providing high quality care when these occur. We received over 60 abstracts and shortlisted 34 for display. The majority of delegates took the opportunity to walk round and view the posters and the feedback was extremely positive. Five abstracts were also selected for a '5-slide 10 minute platform presentation'. The presentations were of exceptional quality and were extremely well received by delegates.

To continue the sharing of practice from the launch meeting we have uploaded copies of the posters on our website at: <https://www.npeu.ox.ac.uk/mbrrace-uk/sharing-practice> The presentations from the meeting, including the submitted platform presentations, are also available on the website at: <https://www.npeu.ox.ac.uk/mbrrace-uk/presentations>

So that more people can access information about the local work which was highlighted at the launch meeting we are also including short articles describing the work chosen for a platform presentation and the posters which won a prize in our upcoming newsletters. The first article was included in the July newsletter with further to follow: <https://www.npeu.ox.ac.uk/mbrrace-uk/newsletters>

The analysis of the 2015 perinatal mortality data will be underway shortly and we are currently chasing the final few cases which need to be notified before we can begin. We appreciate that data entry is an additional task for over-stretch frontline clinical staff and hope that as the findings continue to be fed back to Units and in the national reports they appreciate the value of contributing data to MBRRACE-UK.

The MBRRACE-UK perinatal confidential enquiry of term intrapartum stillbirths and intrapartum related neonatal deaths is now underway and will be published in 2017. In the meantime in December we will launch the third annual maternal mortality and morbidity report in London on the 7th December and Glasgow on the 9th December. Places are available to book (with early bird rates) at: <https://www.npeu.ox.ac.uk/mbrrace-uk/bookings> The open call for new enquiry topics this year will be for both perinatal and maternal topics. If you are interested in submitting a topic please follow this link: <https://www.npeu.ox.ac.uk/mbrrace-uk/topic-proposals>

Please pass this link along to any colleagues who might be interested - we are keen to receive as many topics proposals as possible. The call will open in September. More information about the MBRRACE-UK programme can be found at: <https://www.npeu.ox.ac.uk/mbrrace-uk>

The MBRRACE-UK team are acutely aware of the increasing pressures under which our service colleagues are operating and are therefore doubly grateful for the engagement across the UK with the MBRRACE-UK programme of work.

Jenny Kurinczuk
National Programme Lead MBRRACE-UK

BAPM Nursing and Midwifery Representative Report

Welcome to the nursing and midwifery report for the BAPM Annual Report. It is with some amazement that I realise that this is my final report as David Summers will take over as nursing and midwifery representative this autumn. I wish him well in the role and would encourage all nursing and midwifery members to contact him about any matters that he can raise in his role as your representative. Many of you will know David who works in Newcastle and has been the deputy representative for the last three years,

This year we have continued to look at ways to increase nurse engagement within the BAPM and although progress in this area has been slow (nursing membership consistently remains about 60 members). A nurse engagement working group has been organised and will meet soon to brainstorm and discuss ways of increasing the voice of neonatal nurses. This work will involve representatives from all four nations and a representative from the Neonatal Nurse Association and Royal College of Nursing. It will be really encouraging if we can make a positive difference to nursing and midwifery numbers to ensure that neonatal nursing has a clear voice that is representative of the large group of nurses involved in neonatal care in Britain.

It was encouraging to see many neonatal nurses attending the BAPM Research Skills Pilot Day. It was an enjoyable and useful day with good feedback from the nurses who participated. Another Research Skills day has been arranged for October this year.

The AGM and Scientific Meeting in Bristol will be a great opportunity to celebrate 40 years of BAPM and to reflect on the many changes that have happened in neonatal care in that time period. It will be good to review where we are now and the vision for the future of BAPM and, from my perspective, particularly the nursing and midwifery contribution. Advanced neonatal nurse practitioner numbers seem to be growing across the country and over the years since their inception in 1992 there have been various groups and conferences organised but it seems these have been dependent on small numbers of people and have not continued. I was fortunate to attend an ANNP forum in Usk in the spring which provided a very useful opportunity to network and share information with other advanced practitioners. It would be ideal if meetings such as this could be a regular occurrence.

I look forward to meeting some of you at the AGM and meeting. I wish David good luck in his role and hope that the next few years see more progress for neonatal nursing in every way. Thanks for the experience of being the nursing and midwifery representative and for your support and interest. see you there.

Sandie Skinner



NHS England Neonatal Critical Care Clinical Reference Group

Over the past year the CRG has remained very active until it was terminated in March 2016. I am glad to say that it has been reinstated as of July 2016 and a new membership is currently being appointed, with me again as chair. I would very much like to thank all of those who have been supporting the CRG activity and the very active committee we have had over the past three years. It was a very effective group and in its reconstructed guise I am sure will continue in this vein. As it is unpaid and voluntary activity I think it speaks volumes as to the commitment and drive of the CRG members that we have got so much done and will continue to do so. I should also acknowledge the great support provided by Julia Grace (until Dec 2015) and subsequently Mary Passant (until April 2016), as they both kept the committee and me on the straight and narrow, and contributed to value placed by NHS England on our activity. We now welcome Natalie Hariram who is our new Accountable Commissioner going forward.

Despite the interregnum work has continued and we will only have lost a small amount to time. Key issues are:

Neonatal Dashboard - Ngozi Edi-Osagie has led on this initiative. We have been beset by poor Trust returns and inconsistent data. With Sandy Calvert we have refined the dashboard and aligned it with the NNAP criteria. Ngozi has taken on the challenge of collecting the data directly from Badger rather than asking Trusts to submit in a different system – all but one trust have signed up to this and when we have sorted the dataflow we will go live as part of the national system. We can look further at the items with NNAP when we have the system running.

Pricing – one of the glaring issues with pricing Neonatal care is the lack of consistency across the country with prices varying by almost 5 fold for intensive care and some areas paying for TC, but not others. In the past it has been left to local commissioners to agree the price and inclusivity, but with current policy we need to set a national tariff. This has advantages and disadvantages but at least is transparent and the current system was heavily criticised in the recent Audit Commission report. Eleri Adams has been leading this initiative and is supported by the HRG group. Badger now calculates current HRG (2001) and the new HRG (2016, based on the recent BAPM revisions) in parallel, as a prelude to changing probably in 2018-9. This initiative is important to provide fair and transparent funding and will allow us to reward good practice such as the use of TC.

National neonatal initiatives – at present we are aware that many regions are carrying out a neonatal review. This is really helpful and we will be organising a meeting so we can learn from these reviews and support new reviews in areas in which this has not been undertaken. Bringing all of these together will allow us to understand better regional issues and collate them to report further to NHS England. In parallel with this we will be starting a series of Quality and Safety reviews at Trust level supported by the National Quality Surveillance Team. We will be holding a meeting in the autumn to kick start this process.

Palivizumab – the arrangements last year whereby Bluteteq forms were completed for all administrations and IFR's for off policy use requires some refinement. New guidance will be issued over the next month to reinstate some of the clinical judgement in these decisions.

Other activity – many further bits of work are continuing and we will move to ensuring that the approved minutes become widely available now the representation from the country has been numerically reduced. As always I am happy to hear from any of you about issues regarding the commissioning policy and monitoring that we undertake. It is critically important we continue to ensure that neonatal care is high on the political agenda, something we are striving to do, and our survival as a CRG in the face of major reductions elsewhere seems to indicate we have been somewhat successful in this.

Neil Marlow
Chair
NHS England Specialist Commissioning
Neonatal Critical Care Clinical Reference Group



Financial Statements for the year ended 31 March 2015

Legal and administrative information

Charity name:	British Association of Perinatal Medicine
Nature of governing document:	Deed of Trust establishing unincorporated charitable trust
Charity registered number:	285357
Trustees and officers:	Dr. A. Fenton Dr. G. Menon Dr. A. Ogilvy-Stuart (to Sept 2015) Dr. S. Deshpande (from Sept 2015)

Method of appointment of trustees: The founding trustees of the Charity have the power to appoint new trustees. An amendment to the Deed of Trust in October 2001 appointed those individuals who hold the offices of President, Secretary and Treasurer of the Charity as Trustees for a period of three years.

Executive committee: Officers of the Association	Dr. A. Fenton Dr. G. Menon Dr. A. Ogilvy-Stuart Dr. S. Deshpande	President Honorary Secretary Honorary Treasurer (to Sept 2015) Honorary Treasurer (from Sept 2015)
Regional representatives	Dr. N. Subhedar Dr. S. Wardle Dr. S. Jones Dr. G. Fox Dr. H. Mactier Dr. C. Sullivan Dr. D. Millar	North of England (to Sept 2015) North of England (from Sept 2015) South of England (to Sept 2015) South of England (from Sept 2015) Scotland Wales Ireland
Nursing / Midwifery representative	Mrs S Skinner	
Trainee representative	Dr Katie Farmer	
Representative for LNU/SCBU	Dr Wendy Tyler	
Representative for BMFMS	Dr Mark Kilby	
Executive Manager:	Ms. Lisa Nandi Mrs. Kate Dinwiddy	Left February 2016 Joined April 2016
Principal office and charity address	5-11 Theobalds Road London, WC1X 8SH	

Independent examiners

Rashmi Shah & Co Chartered Accountants
62 Bertram Road, Hendon, London, NW4 3PP

Solicitors:

Capsticks Solicitors
77/83 Richmond Road, London, SW15 2TT

Principal bankers:

HSBC
117 Great Portland Street, London, W1W 6QJ

Trustees Report

The Trustees present their report and accounts for the year ended 31 March 2016.

Principal Objectives and Aims

The British Association of Perinatal Medicine was established in 1976 and is governed by its Trust Deed (as amended by supplemental deeds on 14 December 1992 and 25 October 2001) and its Constitution. The Charity was first registered on 5 August 1982, in accordance with the rules of the Charity Commission, and assigned Charity number 285357.

The Charity's aim is to improve perinatal care for pregnant women, newborn babies and their families. It achieves this by providing advice and information for Government, Medical Royal Colleges and other organisations; by promoting research and academic excellence; by education, training and information services for doctors and other health professionals and auditing and monitoring of outcomes.

Review of principal activities and developments for the public benefit

The Trustees confirm that they have referred to the Charity Commission's general guidance on public benefit when reviewing the Charity's aims and objectives and in planning future activities, and in particular how the planned activities will further its aims and objectives for the benefit of the public. The Charity has achieved this objective by means of a range of activities, working groups and education.

The Trustees review the Charity's principal aims, objectives and activities each year to ensure that the Charity remains focused on its stated purpose over the next 12 months for the promotion of education and research aimed towards improving perinatal care for pregnant women, newborn babies and their families. There were no significant changes to the main objectives and aims of the Charity during the year.

The activities of the Charity have increased considerably over the last 25 years and continue to include the following:

- Fostering fellowship and collaboration among those involved in the care of pregnant women, newborn babies and their families. It has achieved this by developing collaborative links with a number of professional associations and parent organisations involved in the care of the mother, foetus and newborn. It is now a major sub-specialty group of the Royal College of Paediatrics and Child Health and a professional society of the Royal College of Obstetricians and Gynaecologists.
- Contributing to the Continuing Professional Development of health professionals within perinatal medicine by providing postgraduate education conferences and meetings; and with the availability of the Peter Dunn Perinatal Library.
- Promoting research and academic excellence. The Charity actively engages with other organisations in the neonatal research community to promote research and academic excellence.

- Advising on training and education in perinatal practice. It joins with the Royal College of Paediatrics and Child Health on setting standards of training for doctors within neonatal medicine and provides an annual educational meeting for trainees in perinatal medicine.

- Providing advice to Government and other professional bodies on developing and improving perinatal care.

- Raising awareness of and proactively influencing the policy environment in which perinatal care is delivered.

- Auditing and monitoring the outcome, structure and function of perinatal care for babies and their families.

Structure and Organisation

A Deed of Trust establishing an unincorporated charitable trust governs the Charity. In accordance with the provisions included in the Deed of Trust, the Charity is under the overall control of the Trustees of the Association, who conduct the affairs of the Charity in conjunction with the Executive Committee (sometimes referred to as the Management Committee).

Trustees Induction and Training

The Charity has an open recruitment procedure for new Trustees and Executive Committee members, who are nominated from among the membership and elected to office for a term of three years at the Annual General Meeting (AGM). The Charity is encouraging policies and procedures for the induction and training of both new and existing Trustees and Executive Committee members so that they can familiarise themselves with the Charity and the context within which it operates; drawing the Trustees attention to the Charity Commission website and publications signposted through the Commission's guide "Essential Trustee".

Trustees

The Trustees, who served at the beginning and end of the year were as follows:

Dr. A. Fenton	President
Dr. G Menon	Honorary Secretary
Dr. A. Ogilvy-Stuart	Honorary Treasurer (to Sept 2015)
Deshpande	Honorary Treasurer (from Sept 2015)

The maximum number of Trustees is three at present. The trustees received no remuneration during the year. A review of the Charity's activity during the year is included in the Annual Report.

Executive Committee

The current members of the Executive Committee are listed on a separate page under legal and administrative information. The Executive Committee consists of the Trustees of the Association and Representatives elected from the membership, each of whom holds office for a period of three years. The representatives consist of five paediatricians, one nursing/midwifery and others. The Committee meets at least once between each AGM. The day to day management of the Charity has been delegated to the Executive Manager Lisa Nandi during the year until February 2016 and thereafter to Kate Dinwiddy from April 2016.

Membership

Membership is open to those who are engaged in practice, teaching or research into any aspect of perinatal medicine on nomination by an existing member. In addition, other individuals contributing to the advancement of perinatal medicine may be nominated for membership. Election to membership is confirmed by a two-thirds majority vote of the members present at the AGM.

Risk management

The Trustees have conducted their own review of the major risks to which the charity is exposed and have established systems and controls to mitigate those risks on an ongoing basis, ensuring that the Charity's needs are met and that there are adequate resources to continue its operation.

Financial review

The Statement of Financial Activities shows the summarised results for the year for the separately designated funds, both unrestricted and restricted. The total incoming resources amounted to £163,182 (2015: £142,913) and the total resources expended amounted to £189,094 (2015: £147,190) resulting in a net deficit in net incoming resources of £25,912 (2015: deficit of £4,277), which have been transferred to the accumulated funds.

The increase in net incoming resources during the year of c.£20k was due largely to an increase in sponsorship income of c.£20k - £9.8k for Research Training Day and £6.3k for Educational and Travel Bursary administration provided by BAPM and an increase in other general sponsors by £4k, income from subscriptions decreased by c.£1.5k, a small increases in income from events and conferences c.£3k, and other income and interest receivable decreased c.£1k.

Correspondingly costs have increased by c.£42k; mainly from library costs increasing by c.£7k due to the full year engagement of the library part time assistant, an increase in working group meeting costs of c.£1.5k, executive meeting costs increasing by c.£1.5k, AGM/conference costs and trainee meetings increasing by c.£22k for the year as BAPM conference was held compared to a Joint conference held in the previous year where it received a share of net income and no costs were incurred.

The unrestricted funds have decreased by £11,432 for the year (2015: increased by £28,995) to £250,965 (2015: £262,397) largely due to the increased AGM/conference costs, and the restricted funds have decreased by £14,480 (2015: decreased by £33,272) to £111,747 (2015: £126,227); due to increased library assistant cost paid out from the restricted fund.

The incoming resources for membership subscriptions was consistent with the previous year at £94,345 (2015: £95,875) as a result of a few membership lapses; with subscription still remaining at £125 p.a.

Incomes from sponsorship and exhibitors amounted to £27,443 (2015: £7,417) the increase of c.£20k was due to a new sponsorship for research day training of £9.8k, a new educational bursary administration fees of £6.3k and £4k from a renewal of a general sponsorship agreements. There is an continual review of the sponsorship policy. as part of the ongoing ethical framework review being undertaken.

Events and conferences income increased to £20,503 for attendance to the annual conference (2015: £17,763 mainly share of net income from joint conference); and direct and allocated costs going up to £51,009 from £26,807; the increase is represented by direct costs for the AGM and conference of £28,692 (2015: £6,683), allocation of wages of £15,719 (2015: £15,599) and support cost of £6,598 (2015: £4,525). The overall net deficit for events and conference was £30,506 (2015: deficit £9,044) and this increase in deficit is largely due to more direct conference costs incurred during the year when compared to joint conference held last year where a share of income was received with fewer costs.

The major sources of income for the unrestricted funds arose from members' subscriptions, specified and non- specified donations, Annual General Meeting conference, events, sponsors and exhibitors. The income was mainly utilised for office accommodation, salaries and general administrative expenses and to finance the various educational events, meetings and other activities of the Charity.

Reserves policy

The Trustees review the Charity's reserves policy at regular intervals during the year and after consideration of the annual financial statements and the budgeted projections of income and expenditure. The trustees are satisfied that the current level of reserves is adequate to meet both unforeseen contingencies and the costs of the developmental activities planned for the next three years.

In order to maintain the current level of reserves, the Trustees are continuing to implement strategies to restrict any deficits incurred at the various meetings of the Association. Their incoming resources are being utilised to finance the increase in administration costs, which include staff and support costs, governance and strategy costs.

The Charity has restricted funds, namely the Library Fund, Founders Lecture Fund and Lectureship Fund for the annual Peter Dunn Lecture representing expendable endowments and the research skills training fund.

The Library Fund of £54,392 (2015: £74,876) has been accumulated for the library and archiving system for perinatal medicine to further the objectives of the Charity. This fund has met the salary cost of a part-time employee cataloguing and archiving the collection of books and papers in the library.

The Peter Dunn Lecture Fund of £51,565 (2015: £51,351) is utilised to cover the expenses of the person who delivers the Founders Lecture and Peter Dunn lecture each year at the AGM.

The Peter Dunn Lecture Fund from a donation from Professor Peter Dunn established an annual perinatal lectureship ("The Peter Dunn Lecture"). The terms are that the lecture should be given at the Annual General Meeting of the Charity on a perinatal theme and that the speaker should rotate between the Executive College of Midwives and the Charity. The fund is to be utilised to cover the expenses of the person who delivers this lecture and for other such similar activities at the discretion of the Charity. The level of the funds is considered adequate for this purpose.

The Research Skills Training Fund of £5,790 (2015: £Nil) represents various sponsorships received to establish and provide research skills training.

BAPM Educational Bursary Administration Fund of £Nil (2015:£Nil) represents support by sponsorship from Chiesi for the provision of administration services by BAPM for managing the selection criteria and approval process for travel bursaries awarded to clinicians to attend independent scientific meetings.

The unrestricted Educational Bursary fund is utilised to provide educational bursaries for members and trainees at the discretion of the Trustees. Donations and sponsorship received in the year amounted to £Nil (2015: £Nil), and the accumulated fund amounted to £2,946 (2015: £2,946). No specific awards were made during the year.

Investment policy

The Charity has powers under its constitution to make such investments as the Trustees see fit and which meet with the requirements of its objectives and various funds. The Trustees' policy is to invest funds and reserves in bank deposits and long-term bonds. The Trustees consider that the return on investments is satisfactory in the current economic climate and low interest rates.

Co-operation with other organisations and bodies (both charitable and non charitable)

From time to time, the Charity receives from and provides to other organisations within perinatal medicine tangible and intangible assistance for the furtherance of its objectives. It also collaborates with other charitable and non-charitable organisations when considered necessary and in accordance with its objectives.

The Charity is grateful for the support given by these organisations whether financial or non-financial.

Statement of Trustees' responsibilities

The Charities Act 2011 requires the Trustees to prepare accounts for each financial period which give a true and fair view of the state of affairs of the Charity as at the balance sheet date and of the statement of financial activities for incoming and outgoing resources including income and expenditure for that period. In preparing those accounts, the Trustees are required to:

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

The Trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and to enable them to ensure that the accounts comply with the Charities Act 2011 and with the requirements of the Statement of Recommended Practice (SORP 2005) "Accounting and Reporting by Charities". 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.

This report was approved by the trustees on 14 September 2016



Dr. A. Fenton Trustee

Year ended 31 March 2016

Independent examiner's report on the unaudited accounts to the trustees of the British Association of Perinatal Medicine

I report to the trustees of the British Association of Perinatal Medicine (the Charity) on the accounts for the year ended 31 March 2016, which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. These accounts have been prepared in accordance with the Statement of Recommended Practice Accounting and Reporting by Charities: statement of recommended practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard for Smaller Entities' (effective January 2015) - (the FRSSE SORP), the Financial Reporting Standard for Smaller Entities (effective January 2015) - (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities), and the Charities Act 2011.

This report is made solely to the Charity's trustees, as a body. My work has been undertaken so that I might state to the trustees those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Charity and the Charity's trustees as a body, for my work, for this report or for the opinion I have formed.

Respective responsibilities of trustees and independent examiner
As described in the statement of trustees' responsibilities in the Trustees' Report, the Charity's trustees are responsible for the preparation of the accounts. The Charity's trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is required.

It is my responsibility to:

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

Basis of independent examiner's report

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

Independent examiner's statement

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

1. which gives me reasonable cause to believe that in, any material respect, the requirements:

- to keep accounting records in accordance with section 130 of the 2011 Act; and
- to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 2011 Act; have not been met; or

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

Your attention is drawn to the fact that the charity has prepared the accounts (financial statements) in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard for Smaller Entities published on 16 July 2014, the Financial Reporting Standard for Smaller Entities (FRSSE) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has since been withdrawn.

We understand that this has been done in order for the accounts to provide a true and fair view in accordance with the Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

Rashmikant R Shah
Independent Examiner
Rashmi Shah & Co
Chartered Accountants
62 Bertram Road
London, NW4 3PP

Dated: 14 September 2016

British Association of Perinatal Medicine

Statement of financial activities

Year ended 31 March 2016

Incoming resourceses Incoming resources from generated funds Voluntary Income	Note 1	Total Funds 2015 £	Total Funds 2015 £	Total Funds 2015 £	Total Funds 2015 £
Members' subscriptions		94,345	-	94,345	95,875
Gift aid receivable		17,561	-	17,561	17,619
Activities for generating funds Sponsors and exhibitors	3	11,333	16,100	27,433	7,417
Investment income Bank interest		2,017	1,323	3,340	4,239
Incoming resources from charitable activities					
Events and conferences	3	20,503	-	20,503	17,763
Total incoming resources		145,759	17,423	163,182	142,913
Resources expended	1				
Cost of generating voluntary income	4	6,633	-	6,633	5,981
Cost of generating funds	4	8,843	-	8,843	7,974
Charitable activities					
Events and conferences	4	51,009	-	51,009	26,807
Members' services	4	16,581	-	16,581	14,951
Other meetings	4	14,097	10,310	24,407	14,795
Advice & information and library	4	12,186	21,593	33,779	32,589
Governance & strategy costs	4	47,842	-	47,842	44,093
Total resources expended	4	31,903	31,903	189,094	147,190
Net incoming resources	2	(11,432)	(14,480)	(25,912)	(4,277)
Transfers between funds	10	-	-	-	-
Net movement in funds		(11,432)	(14,480)	(25,912)	(4,277)
Total funds at beginning of year	10	262,397	126,227	388,624	392,901
Total funds at end of year	10	250,965	111,747	362,712	388,624

British Association of Perinatal Medicine

Balance Sheet

as at 31 March 2016

	Notes	£	2016 £	£	2015 £
Fixed assets					
Tangible assests	5		12,807		8,506
Current assests					
Debtors	6	41,393		53,141	
Cash at bank and in hand	7	<u>322,028</u>		<u>349,559</u>	
		363,421		402,700	
Creditors: amounts falling due					
within one year	8	(13,516)		(22,582)	
Net current assets			349,905		380,118
Total assets less current liabilities			362,712		388,624
Unrestricted funds					
General fund	10 & 11		250,965		262,397
Restricted funds	10 & 11		111,747		126,227
Total	10 & 11		362,712		388,624

The Trustees are satisfied that the Charity is entitled to exemption from Section 144(2) of the Charities Act 2011.

The Trustees acknowledge their responsibilities for ensuring that the Charity keeps proper accounting records which comply with Section 130 of the Charities Act 2011; and

The Trustees acknowledge their responsibilities for ensuring that the Charity prepares accounts at the end of each financial year in accordance with the requirements of Section 132 of the Charities Act 2011.

Approved by the Trustees on 14 September 2016

Dr. S. Deshpande Trustee

NOTES TO ACCOUNTS

1 Accounting policies

a Basis of accounting

The accounts have been prepared under the historical cost convention, in accordance with the Statement of Recommended Practice Accounting and Reporting by Charities: statement of recommended practice applicable to charities preparing their accounts in accordance with the the Financial Reporting Standard for Smaller Entities' (effective January 2015) - (the FRSSE SORP), the Financial Reporting Standard for Smaller Entities (effective January 2015) - (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities), and the Charities Act 2011.

b Incoming resources

Incoming resources mainly comprise income from members subscriptions, sponsors and exhibitors, donations, events and conferences and are recognised in the period in which the income is receivable. These incoming resources are received for general purposes of the charity and are included as either unrestricted funds and used for general purposes or restricted funds for the purpose specified by the donor.

Voluntary income is received by way of members subscriptions, donations and gifts are included in full in the Statement of Financial Activities when receivable. The value of services provided by volunteers has not been included.

Generated funds arise from sponsors and exhibitors at the annual general conference, trainees' and other meetings and are recognised in the Statement of Financial Activities in the year to which they relate on a receivable basis and receipts in advance are carried forward to the period to which they relate.

Donations and grants for activities restricted by the terms of such income are included as restricted funds and used for the purposes specified as they become receivable.

Investment income is included in the Statement of Financial Activities in the year in which it is receivable.

c Resources expended

Resources expended are recognised in the period in which the expenditure is incurred. Resources expended include attributable VAT which cannot be recovered.

Resources expended are allocated to the particular activity where the cost relates directly to that activity. Both staff and support costs have been allocated to each activity per accounting policy note 1d below (see Note 4 for allocation).

d Staff and support costs

These are management and administration costs and comprise expenditure not directly attributable to the generated funds, charitable or fund raising activities of the Charity, but relate to furtherance of the charity's objectives. They are therefore allocated to the relevant category of resources expended based on estimates of the time devoted to each activity.

e Depreciation

Depreciation on tangible fixed assets is provided over three years to ten years on a straight line basis in order to write off the assets over their estimated useful lives.

f Pensions

The Charity operates a defined contribution pension scheme. Contributions are charged to the profit and loss account as they become payable in accordance with the rules of the scheme.

g Fund accounting

Unrestricted funds are incoming resources receivable or generated for the furtherance of the objectives of the Charity without a specified purpose and are available as general funds. Resources expended which meet these criteria are charged to the funds, together with a fair allocation of staff and support costs.

Restricted funds are used for the specific purposes laid down by the donor or sponsor. Resources expended which meet these criteria are charged to the funds.

h Taxation

The Charity is exempt from taxation on its charitable activities, as it is a registered charity.

2 Net incoming resources**2016
£****2015
£**

These are stated after charging:

Trustees' fees and expenses	4,053	3,581
Depreciation of owned tangible fixed assets	4,027	1,251
Reporting accountants' fees for the year	3,960	4,500
Reporting accountants' fees for prior years	(180)	-
Trustees' indemnity insurance	1,458	1,458

Trustees fees and expenses

No fees or remuneration were paid to any of the Trustees during the current or previous year

The Charity reimbursed Trustees travel expenses for meetings as follows:

Dr. A. B. Gill	-	903
Dr. A. C. Fenton	1385	520
Dr. G. Menon	2234	1,764
Dr. A. Ogilvy-Stuart	312	394
Dr. S. Deshpande	122	-
	4,053	3,581

3 Incoming resources**2016
£****2015
£****Sponsors and exhibitors**

General events and conferences	11,333	7,417
BAPM Educational bursaries administration	6,300	-
Research skills day	9,800	-
	27,433	7,417

Events and conferences

AGM, conference/joint conference, lectures and dinners	15,143	10,487
Trainees' & other meetings	5,360	7,276
	20,503	17,763

4 Resources expended**A) Analysis of total resources expended**

	Direct costs £	Staff costs £	Support costs £	2016 Total £	2015 Total £
Cost of generating voluntary income	-	4,672	1,961	6,633	5,981
Cost of generating funds	-	6,229	2,614	8,843	7,974

4 Resources expended**A) Analysis of total resources expended**

	Direct costs £	Staff costs £	Support costs £	2016 Total £	2015 Total £
Cost of generating voluntary income	-	4,672	1,961	6,633	5,981
Cost of generating funds	-	6,229	2,614	8,843	7,974

Charitable activities

Events and conferences:

AGM, lectures and dinners	25,557	11,935	5,010	42,502	19,392
Trainees' meetings	3,135	3,784	1,588	8,507	7,415
	28,692	15,719	6,598	51,009	26,807
Members' services	-	11,679	4,902	16,581	14,951
Other meetings	6,570	5,302	2,225	14,097	14,795
Advice and information	800	7,787	3,599	12,186	17,745

Restricted funds:

Library costs	-	20,042	1,251	21,293	14,844
Founder lecture fee	300	-	-	300	-
BAPM Educational bursaries-Admin costs	-	4,671	1,629	6,300	-
Research skills training	2,905	778	327	4,010	-

39,267 65,978 20,531 125,776 89,142

Governance & strategy

Reporting accountants' fees	3,780	-	-	3,780	4,500
Trustees' indemnity insurance	1,458	-	-	1,458	1,458
Annual reports	1,917	-	-	1,917	1,863
Staff and support costs	-	21,022	8,824	29,846	26,914
Executive committee meetings	10,841	-	-	10,841	9,358
	17,996	21,022	8,824	47,842	44,093

Total resources expended 57,263 97,901 33,930 189,094 147,190

b) Analysis of support costs**Premises and office expenses**

	2016 £	2015 £
Premises and administrative services costs	25,404	19,480
Insurance	418	412
Computer costs / Website	589	614
Bank charges	692	709
Professional services	431	647
Telephone services	789	467
General administrative costs	30	87
Depreciation	4,027	1,251
Staff training and recruitment	1,550	-

Total support costs 33,930 23,667

4 Resources expended (continued)

c) Analysis of staff costs

	2016 £	2015 £
Wages and salaries	83,405	76,371
Social security costs	8,249	7,867
Pension costs	6,247	6,483
	97,901	90,721

The staff costs relate to recharged expenses from the Royal College of Paediatrics and Child Health, which is a registered charity under number 1057744

Average number of full time equivalent employees during the year

Executive Manager	0.8	0.8
Membership and Finance Assistant	0.8	0.8
Library Assistant	0.6	0.6
	2.2	2.2

5 Tangible fixed assets

	Library £	Presidential Badge £	Computer equipment £	Total £
Cost				
At 1 April 2015	12,514	1,000	2,779	16,293
Additions in year	-	-	8,328	8,328
At 31 March 2016	12,514	1,000	11,107	24,621
Depreciation				
At 1 April 2015	5,008	-	2,779	5,285
Charge for the year	1,251	-	2,776	4,027
At 31 March 2016	6,259	-	5,555	11,814
Net book value				
At 31 March 2016	6,255	1,000	5,552	12,807
At 31 March 2015	7,506	1,000	-	8,506

No depreciation has been provided on the Presidential Badge as, in the opinion of the Trustees, the value of the badge is not significantly different from cost.

6 Debtors**Unrestricted**

	2016	2015
	£	£
Fees and members' subscriptions	4,750	10,931
Gift aid tax receivable	35,743	35,844
Prepayments and accrued income	900	6,366
	41,393	53,141

7 Cash at bank and in hand

	2016	2015
	£	£
Restricted		
Library Fund	48,137	67,370
Founders Lecture Fund and Lectureship Fund	51,565	51,351
Research skills day	5,790	-
	105,492	118,721
Unrestricted		
General Fund	216,536	230,838
	322,028	349,559

8 Creditors: amounts falling due within one year

	2016	2015
	£	£
Unrestricted		
Expenses creditors and accruals	13,516	17,249
Deferred income	-	5,333
	13,516	22,582
Restricted		
Expenses creditors and accruals	-	-
	13,516	22,582

9 Analysis of net assets between funds

	Unrestricted Funds	Restricted Funds	Total Funds
	£	£	£
Fixed assets	6,552	6,255	12,807
Current assets	257,929	105,492	363,421
Current liabilities	(13,516)	-	(13,516)
Net assets	250,965	111,747	362,712

10 Movements in funds

	As at April	Incoming resources	Resources expended	Transfers between funds	As at 31 March 2015
	£	£	£		£
Restricted funds (see note 11)					
Library Fund	67,370	809	(20,042)	-	48,137
Peter Dunn Perinatal Library	7,506	-	(1,251)	-	6,255
The Peter Dunn Founders/Lecture Fund	51,351	514	(300)	-	51,565
BAPM Educational bursaries administration	-	6,300	(6,300)	-	-
Research skills training	-	9,800	(4,010)	-	5,790
Total restricted funds	126,227	17,423	(31,903)	-	111,747
Unrestricted funds (see note 12)					
General Fund	259,451	145,759	(157,191)	-	248,019
Educational and Travel Bursary	2,946	-	-	-	2,946
Total unrestricted funds	262,397	145,759	(157,191)	-	250,965
Total funds	388,624	163,182	(189,094)	-	362,712

11 Purposes of restricted funds Dunn Library Fund

This fund represents an expendable endowment arising from the capital sums received and treated as donations and also the cumulative interest arising from that capital. This fund is being accumulated by the Charity in accordance with the intention of the donor to establish and maintain the Dunn Perinatal Library established in January 2012.

Further expenses have been earmarked and will be incurred for archiving and cataloguing software and ongoing maintenance and other running expenses in connection therewith from the library fund and to make available these facilities to those individuals who are involved in the provision of perinatal care in the British Isles.

Peter Dunn and Founders Lecture Fund

This fund represents an expendable endowment arising from the capital sums received and treated as donations and also the cumulative interest arising from that capital. This fund is being accumulated and utilised by the Charity in accordance with the intention of the donor to remunerate individuals who give lectures at the Annual General Meeting of the Charity in accordance with the his wishes.

BAPM Educational Bursary Administration

This represents support by sponsorship from Chiesi for the provision of administration services by BAPM for managing the selection criteria and approval process for travel bursaries awarded to clinicians to attend independent scientific meeting,

Research Skills Training

This represents various sponsorships received to establish and provide research skills training.

12 Purposes of unrestricted funds

General Fund

This fund represents incoming resources receivable or generated for the furtherance of the objectives of the Charity without a specified purpose and are available as general funds for any of the Charity's purposes and overhead and staff costs in accordance with its constitution.

13 Financial commitments

	2016 £	2015 £
At the year end the charity had annual commitments under non-cancellable operating leases as set out below:		
Operating leases which expire:		
In over five years	25,500	22,500

Sponsors / Exhibitors / Advertisers

The following organisations support the activities of BAPM through sponsorship agreements and we would like to thank them for their support:

Abbott
www.abbott.com

Chiesi Pharmaceuticals Ltd
www.chiesi.uk.com

Draeger Medical UK Ltd
www.draeger.com

Infant Magazine
www.infantgrapevine.co.uk

Orphan Europe
www.orphan-europe.com





British Association of Perinatal Medicine
5-11 Theobalds Road
London WC1X 8SH
Tel: 020 7092 6085
www.bapm.org

Charity No. 285357

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