Annual Report 2015

BRITISH ASSOCIATION OF PERINATAL MEDICINE

Founded 1976

From the President

I would like to start my first President's report by thanking Bryan Gill on behalf of the Association for all his work as previous President. My first year has in many ways flown by and we are making good progress towards implementing the various strands of our strategy. Gopi Menon's report will describe work undertaken over the last 12 months involving all members of EC and the wider membership. We do have some requests for working groups that we cannot accommodate with our present very full schedule but I do feel that I would rather be in this position than having to look around and encourage members to make suggestions!

Alongside many new initiatives however, another report has highlighted problems to be addressed. The Morecambe Bay Investigation chaired by Dr Bill Kirkup describes serious failures in care at Furness General Hospital and, perhaps more importantly, failures to acknowledge and address them at many levels. Whilst huge steps have been made in establishing a reflective teamworking culture in many areas of the NHS it is clear that where a 'silo' mentality exists the potential remains for similar tragedies to occur. I hope that the recommendations in the report will address many of these issues. To achieve this will require resource in the broadest sense, including collection of high quality process and outcome data and in-depth reviews of practice by multidisciplinary teams. In addition to appropriately skilled personnel, time is an essential resource to undertake good quality audit and review of practice.

The Kirkup report makes little mention of the Child Death Review process but it appears that there is considerable variability in this process across England. BAPM is in the process of establishing a working group, chaired by Karen Luyt to recommend best practice for reviewing neonatal deaths. There must also be effective mechanisms for cascading lessons learned across the Health Service. A key component of this element are national data: the MBRRACE-UK team have recently published their first perinatal mortality report and Jenny Kurinczuk gives an update on plans for perinatal reports and confidential enquiries on page 7.

One of the contributing factors to events at Furness General Hospital was its geographical isolation. It is clear that working in remote and rural settings presents many challenges in ensuring that services can be sustained safely: within neonatal care specifically it is incumbent on networks to support delivery of appropriate levels of care. Whilst the networked approach to delivering neonatal care has undoubtedly brought improvements in care it is not a 'one size fits all' solution and further evolution of network models is required to develop services going forward. There are very significant challenges in both developing and maintaining the workforce which will require innovative approaches, particularly given the current fiscal environment. Ultimately we should link maternity and neonatal networks into effective perinatal networks across the country to improve the quality of care delivered to mothers and their babies.

The current NHS Maternity Review is one very obvious response to events in Morecambe Bay. The scope of the review – to 'modernise care for mothers and babies across the country' – is wide and the timeframe (9 months) is fitting but clearly brief. The Review team is consulting widely with all stakeholders both formally and during informal 'drop-in' sessions across England. I would encourage you to feed in to the Review process both as individuals and as networks since it is essential that we keep care for babies high on everyone's agenda.

Bliss continues to lobby on behalf of babies and their families. Their previous reports have highlighted shortfalls in provision for sick and preterm babies and will shortly be publishing their latest 'Baby Report' to which most of you will have contributed data. Whilst I have not seen the data it contains I suspect it will highlight what many of us face on a regular basis in terms of nursing and, increasingly, trainee medical staff shortages. The latter is set to continue and become worse as training numbers are reduced and this will obviously influence the sustainability of current service models. Again, innovation will be key but should not distract us from providing family centred care.

I would like to conclude with some 'thank yous'. I often feel that my role entails balancing many spinning plates on sticks and would not be able to achieve this feat without the considerable support I receive from the BAPM office. Lisa, Hayley and more recently Tia all ensure things run as they should and deadlines are met. I am also fortunate to have a fantastic group of individuals who work well as a team on EC and facilitate decision making. I would particularly like to thank Mandy Ogilvy-Stuart who steps down after 6 years as Honorary Treasurer. As well as keeping our finances on track she has provided a great deal of wise counsel as an Officer. Nim Subhedar and Steve Jones are stepping down as representatives for the north and south of England respectively, having contributed to some major pieces of work during their tenure. Their successors are Steve Wardle and Grenville Fox, whom I would encourage you to contact to feed into EC.

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

Alan Fenton

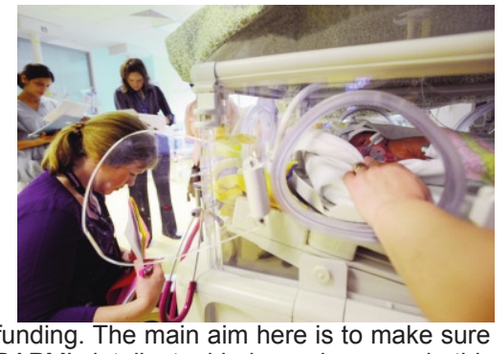
Objectives	Activities during 2014 - 2015
Providing postgraduate education meetings throughout the year	• BAPM's Annual General Meeting held in September • The Perinatal Session of the annual Spring Meeting of the Royal College of Paediatrics and Child Health (RCPCH) • BAPM's Annual Perinatal Trainees' Meeting held in October
Promoting research and academic excellence	• Promoting research and academic excellence in the UK through: a) the Neonatal Clinical Studies Group (part of Medicines for Children Network) b) the Preterm Birth Clinical Studies Group (in collaboration with BMFMS) c) BAPM's research advisory group and training in basic research skills programme
Advising on training and education in perinatal practice	• BAPM's Annual Perinatal Trainees' Meeting held in October • RCPCH Specialist Advisory Committee (Neonatal Medicine) – setting competencies for higher specialist training and appointing to National Grid posts for Neonatal sub-specialty training • RCOG Specialist Societies Liaison Group
Providing advice to Government and other professional bodies on developing and improving perinatal care **and** **Raising awareness of and proactively influencing the policy environment in which perinatal care is delivered**	NHS Maternity Review CQC review process for Women's and Children's Services Neonatal Critical Care Clinical Reference Group (CRG) and Fetal Medicine CRG Children's Clinical Advisory Group to the Payment by Results team NICE - Input to guidance documents and scoping groups RCPCH - Invited Reviews Team RCOG - Each Baby Counts Infant Journal - Working Together to raise awareness of patient safety issues Bliss - Baby Report National Parents Survey Joint response to NHS Specialised Commissioning Taskforce UK-Sands Guidelines for Professionals Stillbirth Priority Setting Partnership Best Beginnings - Small Wonders Programme
Auditing and monitoring the outcome, structure and function of perinatal care for babies and their families	• National Neonatal Audit Project (NNAP) • Neonatal Data Analysis Unit (NDAU) • Working Group on Family Engagement • Working Group on Donor Expressed Breast Milk • Working Group on Neonatal and Fetal MR Brain Imaging • Working Group on Central Venous Catheters (with NHS England) • Working Group on Interaction with Commercial Organisations (Ethical Framework) • MBRRACE-UK • Neonatal Transport Interest Group • Neonatal Networks Group
Fostering fellowship and collaboration among those involved in the care of the pregnant woman, mother and baby	• Email bulletins, Website, Twitter, networking opportunities during meetings • Links with other organisations involved in perinatal care e.g. professional associations and colleges, parent organisations etc.

Honorary Secretary's Report

In the last few years, the BAPM has become increasingly important as an organisation in helping to steer our specialty during a period of change in NHS structures and of increasing demands from regulatory bodies, from the users of our services and from the public as a whole.

Having committed to a formal strategy, we have thus given a significant amount of time to developing structures within BAPM to enable us to fulfil this role whilst allowing the organisation to be relevant to changing times. In the age of the three-minute culture, BAPM needs to make a special effort to gain the active engagement of its members, and the newly established Communications Working Group is starting to look at this. We will be subscribing to software to run an electronic membership database which will allow us to manage our membership and finances more effectively. Whilst we have started communicating the work of BAPM more frequently through electronic newsletters, the fact that on average only one in three of these is opened means that we need to look again at our channels of communication. Currently, most of our communications are one-way until it comes to consultation on documents in their final phase of development, at which stage we now try to respond individually to members' comments and publish these on the BAPM website. Although the BAPM Office is always happy to be emailed by members and to have conversations on Twitter, in light of our ambitions to be more reactive to members' views, we would like to hear any suggestions you have for improving communication.

The other major piece of work on BAPM structure has been the "Ethical Framework" which looked at the rules that the organisation (as opposed to individual members) should follow in interactions with commercial organisations, particularly when accepting



funding. The main aim here is to make sure that BAPM's intellectual independence and ethical standing are not compromised in any such process. There have been mainly positive comments about a model which would allow BAPM to accept unrestricted funding from companies in return for access to BAPM materials as non-voting members. The Officers now need to develop pragmatic procedures to make this work.

In my view, there is some urgency in work to engage non-NICU neonatologists and non-medical professionals, particularly nurses, in the work of BAPM. I believe that a major barrier for the former group has been uncertainty about the relevance of BAPM to them, and I hope that the appointment of a LNU/SCU representative on EC will start to change this. For nurses and allied health professionals, the issues are probably professional relevance and the lack of time and funding to attend external meetings. In our strategic work on Research and Academic Excellence and on Quality of Care, which will both rely on a whole-team approach, we are hoping to encourage multidisciplinary teams to attend educational meetings with the incentive of low/no cost for non-medical professionals. This is potentially an area that could be greatly helped by increased commercial funding.

Honorary Secretary's Report ctd

Work on the three elements of the Strategy (Family Engagement, Quality of Care, and Research and Academic Excellence) is well under way. The hope is that work in these three areas will be self-sustaining in a few years' time. The Family Engagement Group has set out some principles for practice in this area which are being sent out to members in BAPM newsletters. A BAPM Quality Group is soon to be established, and it is hoped that this group will map out BAPM's role in taking forward the Quality of Care agenda (see separate report on pages 8 & 9).

In relation to raising the profile of Research and Academic Excellence, the Honorary Secretary and Treasurer have been involved in helping to develop a multi-professional Research Skills training day with input from the Neonatal Clinical Studies Group and the College. This very interactive approach to training was piloted in October and it is hoped that a model can be developed for an annual training day which might be transferrable to other specialties.

BAPM members have inspired and helped run a number of working groups on clinical topics. There is probably value in using professional consensus to guide practice in a specialty which is becoming more granular and sub-specialised, so that professionals are helped to reduce unwanted variation. Although BAPM guidance is in the form of Frameworks of Practice (as opposed to guidelines or protocols), in our litigation-conscious culture national guidance has complex implications, and an effort is made to specify the quality of the evidence on which recommendations are based. MR imaging has become an accepted standard of care when there is concern about brain structure or function, and it is timely that we now have a Framework on Fetal and Neonatal brain MR imaging. We also, for the first time, have a national Newborn Early Warning Trigger and Track template to mirror similar early warning systems in other clinical areas. A framework for practice in the use of central venous catheters is currently out for consultation. BAPM has collaborated with the Muslim Council of Great Britain and the UK Association for Milk Banking to produce guidance on the use of Donor Breast Milk for babies of Islamic parents. Working groups on Donor Breast Milk and Parenteral Nutrition will be reporting their findings soon. A working group is being established to look at the process of reviewing neonatal deaths, and this will potentially become an important Quality standard for neonatal services.

We are grateful to members for the invaluable input they give to our working groups and consultations. We are always looking for suggestions on new areas of guidance which would be helpful to you.

The neonatal session at the RCPCH meeting in Birmingham attracted a large audience which benefited from invited lectures on Quality Improvement, Simulation Training, Neonatal Abstinence and Medicolegal Issues. There were 4 spoken and 33 poster presentations selected from 65 submitted abstracts. The BMFMS has chosen not to contribute to Perinatal Medicine 2017 as it had committed to a joint meeting with a European specialty group and we are in discussion with the Neonatal Society about the future of the 2017 meeting, although BMFMS has expressed an interest in continued collaboration in the future. The Perinatal Trainees meeting has been a good forum for bringing together trainees interested in neonatology either as a specialty or a specialty interest at various stages of their training. Feedback has often included requests for more specific education both for those in grid training and those not and we thus successfully divided part of the meeting into two streams. This year the Neonatal CSAC (mandated by the GMC) has run their first annual

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Grid Trainee meeting the purpose of which is to allow the CSAC to monitor the quality of grid training. We have thus gone back to an un-streamed structure this year focussing on sessions that will appeal to all neonatal trainees.

The Dunn Perinatal Library is now established opposite the BAPM Office, and on my visits to the College have I often been distracted by a pile of historical medical texts waiting to be catalogued. I would recommend spending some time in the library as a good alternative to email housekeeping when you have a few minutes wait when visiting the College.

In concluding, I would like to thank our President Alan Fenton for his wisdom and support. Our outgoing Honorary Treasurer Mandy Ogilvy-Stuart has been a great asset to BAPM, having been in this post for six years, and has provided me personally with a huge amount of help on individual projects as well as providing BAPM knowledge and continuity as other Officers have changed. She has been particularly passionate about BAPM keeping strong academic links and has been very involved in the Strategy strand on Research and Academic Excellence. Thank you to all the members of the Executive Committee who have been good-humoured and productive in taking on a growing workload. As Honorary Secretary, I rely greatly on the staff in the BAPM Office. I am glad to say that both Lisa Nandi (Executive Manager) and Hayley Watts (Communications and Finance Coordinator), who have been doing a great deal more than running the Office for BAPM have had their posts upgraded within the College structure. As the library cataloguing work has progressed, Tia Siddiqui (Library Project Manager) has started taking on other BAPM projects.

The AGM is a very important forum for BAPM Officers to get feedback from members, and we have been trying to make it genuinely interactive. The Scientific meeting promises to be exciting and the venue in Cambridge inspiring! Please try to attend at least part of the meeting if you can.

Gopi Menon

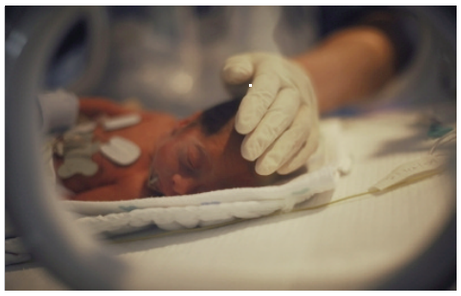
Nursing and Midwifery update

Welcome to the nursing and midwifery report for the last year. Firstly, I would like to thank David Summers for taking over when I had prolonged illness last year. To introduce myself, I have worked in neonatal nursing for many years, both in this country and in Australia and very briefly in USA. I was lucky enough to be on the first Advanced Neonatal Nurse Practitioner programme in the UK back in 1992. I worked as an ANNP and became a consultant nurse in neonatal care in 2002. I have been fortunate to also have experience as a research nurse for NPEU and as Lead Nurse for South Central Neonatal Network. I currently work for Hampshire Hospitals Foundation Trust as consultant nurse and also at the University of Southampton as a neonatal lecturer.

Over this year, I have been interested to explore ways in which we can increase nursing and midwifery membership of the BAPM and increase the voice of the neonatal workforce nationally. The nursing numbers are still about the same as last year with 61 nursing members out of a total of 890. Possibly, the best way to increase membership is for nursing and midwifery members to each try and recruit one new member. One area I have considered is working collaboratively with other neonatal nursing organisations so that we are not competing against each other for members. Hopefully, further information about any developments in this area will be forthcoming very soon.

NEWTT (the newborn early warning trigger and track tool) is now in use in many units around the country. It appears to have been well received and in my own unit provides extra reassurance that sick babies on the post-natal ward will be quickly identified and their care cascaded appropriately.

One feature that seems to have become more of an issue this year is qualified in specialty training for neonatal nurses. Since the demise of the English National Board this course has changed around the country and the issue of equity has been discussed for a while. The changes to the delivery of neonatal care that have occurred with centralisation of care for the smallest and sickest infants have created different challenges for the different units. Neonatal intensive care units have



the challenge of training large cohorts of nurses and due to their high workload may find it difficult to release staff for training. Local neonatal units have become quieter and also new staff are not always gaining skills and competence as the intensive care workload has reduced. University courses for qualified in specialty need to provide the underpinning academic knowledge but also ensure that at the end of the course the clinical placements have prepared the nurses to work with a variety of sick and pre-term infants and have the relevant competence and skills. Sue Turrill has been working for Health Education England and has produced an audit tool to evaluate QIS training with an aim of producing greater equity across the country. By improving the standard of training the quality of care for our neonatal population should therefore also improve. In my professional roles working both clinically and at a university I am witnessing the changes that are occurring in both areas and feel passionately that this is an area that needs further attention and development.

Bliss are producing another Baby Report this autumn exploring issues in neonatal care such as medical and nursing staffing levels – it will be interesting to see the changes within this specialty since the last report.

Finally, my vision for BAPM is that the nursing and midwifery numbers will increase and it will become more of an arena for nurses to link up with other professionals and to work together to progress the advances in neonatal care in Britain.

Sandie Skinner

MBRRACE-UK - an update

It's been a very busy year for MBRRACE-UK with results now emerging. Since the last BAPM annual report we launched our first two confidential enquiry reports in December 2014 which presented the enquiry findings for congenital diaphragmatic hernia and the maternal deaths 2009-2012, and in June 2016 we launched the first MBRRACE-UK national perinatal mortality surveillance report for deaths in 2013.

The enquiry into congenital diaphragmatic hernia covered the complete pathway from diagnosis to outcome following surgery and every stage and outcome in between. The report generated considerable interest in the neonatal, surgical and fetal medicine communities. The enquiry identified that some aspects of care were particularly good, for example, in terms of a high level of senior input into the care of most babies, but some areas varied across the UK.

Particular issues were:

- The lack, in most parts of the UK, of a patient centred approach to care, although there were one or two clear exceptions to this.
- Antenatal diagnosis and management varied, particularly in relation to the consistency of information provided antenatally and postnatally regarding the prognosis.
- Access to neonatal intensive care cots was generally not problematic but caused considerable distress when it did occur.
- Follow-up arrangements were subject to considerable variation in both scope and duration.
- As in most confidential enquiries, the reviewers commented on the generally poor quality of documentation.

The findings from this enquiry have been taken up by the Women and Children's team at NHS England who have taken the recommendations forward as part of the 'Specialised Children's Specification' which was out for consultation in summer.

The launch of the national perinatal mortality surveillance report for 2013 was very well attended. There was considerable interest in the data, particularly for England because of the gap since the last national report was published. A new method of analysis, which takes into account both the small numbers of deaths which occur in many organisations and aspects of case-mix, was used to produce 'stabilised & adjusted' perinatal mortality rates. We produced maps to display the findings and used the national average mortality rates for comparative purposes. In October we will be circulating to all Trusts and Health Board their own figures and importantly comparisons of rates will be with Trust/Health Boards which provide similar levels of maternity and neonatal services.

For these first perinatal mortality reports we have used 'average' figures for comparison but hope that organisations with figures below the average are not complacent since the UK average mortality rates are well above those of some of our European counterparts. This begs the question of whether we should continue to use the UK average for comparative purposes or whether we should set a lower, aspirational figure and what that figure should be. We would be very pleased to hear from anyone who has a view on this: mbrrace-UK@npeu.ox.ac.uk
The analysis of the 2014 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-stretched frontline clinical staff and hope that as the findings start to be fed back to Units they appreciate the value of contributing data to MBRRACE-UK. Of note, because of privacy issues specific to Northern Ireland, the NIMACH office have continued to collect the data centrally for units in the Province and have taken responsibility for entering the data into the MBRRACE-UK system.

The second MBRRACE-UK perinatal confidential enquiry of term, singleton, normally formed, antepartum stillbirths has concluded and the report is under review and will be launched at meetings at the RCOG in London on the 19 November and at the RCP in Edinburgh on the 10 December. We will also be launching the findings of the second MBRRACE-UK confidential enquiry into maternal deaths at the RCOG on the 8 December and in Edinburgh on the 10.

We were able to offer free places to our first set of meetings due to an uplift in our budget. Unfortunately our funding is now such that in order to run report launch meetings we have to charge delegates. Places are available to book at £120 per delegate at:
https://www.npeu.ox.ac.uk/mbrrace-uk/bookings

The next perinatal confidential enquiry will be starting shortly, in this enquiry intrapartum stillbirths and intrapartum related neonatal deaths will be reviewed. Planning for this enquiry is underway and we will start to request case notes in the New Year. The open call for new enquiry topics this year is for maternal topics as the next perinatal topic, after intrapartum stillbirth and intrapartum related neonatal death, is multiple births which has already been selected by the MBRRACE-UK Independent Advisory Group. 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.
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 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

Quality of Care and Quality Improvement

In 2007, Lord Darzi was asked to conduct a review of health services in England. He suggested that whilst the Health Service had gone some way to modernising by increasing capacity and driving down waiting times, quality and outcomes needed to be improved. Key to delivering this would be improved information on clinical performance, greater choice and control for patients and strengthened incentives for providers.

Darzi (2008) [1] set out a definition of good quality care as care which is:

- Safe (i.e. avoids harm)
- Effective (i.e. delivers good outcomes)
- Associated with a positive patient (family) experience

At the same time, the National Audit Office published a report highlighting variation in the delivery of neonatal services around the UK [2], and subsequently the DH commissioned an NHS Taskforce to spell out how to monitor the quality of neonatal services [3].

Since then, the Francis Report into failings in care at the Mid-Staffordshire NHS Foundation Trust [4] reiterated the importance of monitoring the quality of care in health services, and the Report of the Morecambe Bay Review pointed to the difficulty of accessing information on quality of care [5].

What are Quality of Care and Quality Improvement?

It is recognised that health care providers need to have systems in place to scrutinise their performance and undertake continuous Quality Improvement. Quality Improvement has been defined as follows: “Quality Improvement is a formal approach to the analysis of performance and systematic efforts to improve it” [6] and “…the combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.” [7].

There has been some misunderstanding about what is practically meant by quality improvement, and how it relates to audit and to research. Research tries to generate new medical knowledge. Audit is the process of testing local practice against a professionally accepted standard based either on research evidence or professional consensus. Quality improvement is the process of attempting to improve the proportion of time such a standard is achieved. It involves scrutiny of the detail of the local processes involved in patient care (which nearly always requires multiprofessional involvement) to identify potential for improvement, and then a change process with frequent review of progress.

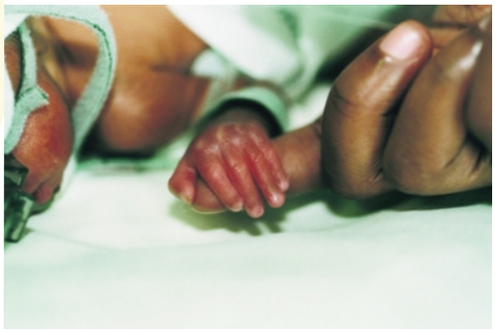
The Quality of Care agenda includes both Quality Improvement and Patient Safety (identification of the potential to avoid harm), and these should be seen as two aspects of the same process. Assessment of the quality of care requires measurement and analysis of (a) outcomes and important processes (b) parent/carer views (c) adverse events, and all of these should form part of local Quality work.

There is some evidence that collaboration in quality improvement work involving a number of centres produces better results than if it is done in an isolated way [8] and that it reduces the cost of care [9]. This may be because (i) there is the opportunity to benchmark with other similar units (ii) “potentially better practices” in high performing units can then be identified (iii) there is genuine collaboration involving cross-site visits to enable the transfer through education of the minutiae of these potentially better practices. Many of the states in the USA have Perinatal Quality Collaboratives at varying stages of development [10-13], and there are a number of established large national and international neonatal Quality Collaboratives including the Vermont Oxford Network [14] and the Canadian Neonatal Network [13, 15].

What should be the role of BAPM in Quality of Care?

As the largest UK body for professionals involved in perinatal care, BAPM should have a national role in quality improvement in neonatal care. BAPM is in a strong position in being the body responsible for setting standards in neonatal care, and also having links with agencies involved in national audit/benchmarking (NNAP/NDAU/MBRRACE), commissioning (the neonatal Critical Care CRG), and quality of care/patient safety (HQIP, Patient Safety NHSE, Scottish Patient Safety Programme). BAPM could have a key role in a national Quality of Care collaboration, in particular by:

Quality of Care and Quality Improvement ctd



a) Enabling the sharing of current best practice.

BAPM could bring together existing resources, including information on best practice in data management, QI methodology and local QI projects.
b) Setting standards. BAPM could set standards for structure and process relating to local quality improvement and patient safety work.
c) Improving engagement of non-medical neonatal professionals.

BAPM could work with nursing and AHP organisations to:
a. Make Quality Improvement relevant to the training and work style of non-medical professionals.
b. Involve non-medical professionals who have difficulty obtaining resources to attend meetings.
d) Initiating and leading national QI projects. This would be the ultimate aim of forming a National Collaboration on Neonatal Quality, and would require joint working with other agencies to allow the following requirements to be fulfilled using current mechanisms as much as possible.
(i) Agreement about the best Quality measures to use.
(ii) A mechanism for cleaning, analysing and reporting data.
(iii) A mechanism for identifying and sharing potentially better practices between units.
(iv) Mechanisms for implementing and embedding good practice.
(v) The ability, using available data, to study the effect of interventions on quality of care.

The best outcome of a unified national approach to Quality of Care for UK neonatology would perhaps be (1) a nationally-agreed set of quality measures which could be used, harnessing existing systems where possible, both for shared learning (how are we doing compared to the best and how can we improve) and for commissioning of care (how can improvement be incentivised/rewarded) and (2) an ongoing programme of national collaborative QI.

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Gopi Menon

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.B. Gill (to Sept 2014) Dr. A.C. Fenton (from Sept 2014) Dr. G. Menon Dr. A. Ogilvy-Stuart
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.C. Fenton — President Dr. G. Menon — Honorary Secretary Dr. A. Ogilvy-Stuart — Honorary Treasurer
Paediatric representatives	Dr N. Subhedar — North of England Dr. S. Jones — South of England Dr. H. Mactier — Scotland Dr. C. Sullivan — Wales Dr. D. Millar — Ireland
Nursing / Midwifery representative	Ms. S. Skinner
Allied professions representative	Prof. J. Kurinczuk (to Sept 2014)
Executive Manager	Ms. Lisa Nandi
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

Report of the Trustees

The Trustees present their report and accounts for the year ended 31 March 2015.

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 dated 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 by 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, fetus 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 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. The Charity is encouraging policies and procedures for the induction and training of both new and existing Trustees and Executive Committee

Members and to 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.B. Gill	President (to Sept 2014)
Dr. A.C. Fenton	President (from Sept 2014)
Dr. G. Menon	Honorary Secretary
Dr. A. Ogilvy-Stuart	Honorary Treasurer

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 representative and others. The Committee meets at least once between Annual General Meetings (AGM). The day to day management of the Charity has been delegated to the Executive Manager, Lisa Nandi.

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 enable it 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 £142,913 (2014: £154,482) and the total resources expended amounted to £147,190 (2014: £159,412) resulting in a deficit in net incoming resources of £4,277 (2014: deficit of £4,930), which have been transferred to the accumulated funds. The decrease in net incoming resources during the year of c. £12k was due largely to a decrease in income from sponsorship of c.£12k, income from subscriptions increased by c.£2k, and small decreases in events and conferences, other income and interest receivable amounting to c. £2k. Costs overall have decreased by c.£12k. This decrease represents direct costs of c.£26k not being incurred for the annual conference normally held during the year replaced by the joint conference, and this reduction was offset by an increase in library costs of c.£11k due to the engagement of a new library part time assistant and executive meeting costs increasing by c.£3k. The unrestricted funds have increased by £28,995 of which £20k relates to transfer from restricted funds for library costs (2014: increased by £35,579) to £261,397 (2014: £232,402), and the restricted funds have decreased by £33,272 (2014: decreased by £40,509) to £127,227 (2014:£160, 499) of which the decrease all relates to transfer for the library and other costs paid out from the unrestricted fund. This transfer is to meet the library and salary costs of a part time employee to catalogue and maintain the library archive.

The increase in incoming resources from membership subscriptions to £95,875 (2014: £93,015) arose as a result of fewer membership lapses and the subscription remaining at £125 p.a.. Income from sponsorship and exhibitors amounted to £7,417 (2014: £19,300). The decrease was due to one sponsor not renewing their agreement and a continual review of sponsorship policy as part of an ethical framework document being developed. Events and conferences income decreased to £17,763 (2014: decreased to £19,378) directly as a result of a one day annual meeting being held instead of a full conference and receiving a lower share of the joint conference surplus and costs going down to £26,807 from £52,498 as no direct conference costs incurred; the decrease represented by direct costs of £6,683 (2014: £32,750), allocation of wages of £15,599 (2014: £14,192) and support costs of £4,525 (2014: £5,556). The overall net deficit for events and conferences was £9,044 (2014: £33,120) and this reduction is largely due to no direct conference costs as a joint conference was held during the period and a share of income received. The major sources of income for the unrestricted funds arose from members' subscriptions, specified and non-specified donations, Annual General Meeting, 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. The incoming resources are being utilised to finance the increase in administration costs, which include staff and support costs and governance and strategy costs.

The Charity has restricted funds, namely the Library Fund and the Founders' Lecture Fund and Lectureship Fund for the annual Peter Dunn Lecture representing expendable endowments. The Library Fund of £75,876 (2014: £89,757) has been accumulated for the establishment of a library and archiving system of perinatal medicine to further the objectives of the Charity. The Peter Dunn Lecture Fund of £70,742 (2014: £70,000) is utilised to cover the expenses of the person who delivers the Founders lecture and the Peter Dunn lecture each year at the AGM. An amount of £20,000 was transferred to the unrestricted fund to finance costs previously being met by the unrestricted fund and ongoing costs; being the salary of a part time employee on a short term contract cataloguing and archiving the collection of books and papers in the library. The Peter Dunn Lecture Fund from a donation from Professor Peter Dunn established a annual perinatal lectureship ("The Peter Dunn Lecture"). The terms of the Peter Dunn lecture are that it should be given at the Annual General Meeting of the Charity on a perinatal theme and that the speaker should rotate between the Executive Committees of the British Maternal and Fetal Medicine Society, the Neonatal Nurses Association, the Royal 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 unrestricted Educational Bursary fund is utilised to provide educational bursaries for members of the Charity at the discretion of the Trustees. Donations and sponsorship received in the year for the Educational Bursary Fund amounted to £nil (2014: £nil) and the accumulated fund amounted to £2,946 (2014: £2,946). No 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.

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 Statement of Recommended Practice have been followed, subject to any material departures disclosed and explained in the accounts.
- state whether they complied with the duty in section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charities Commission.

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 4 November 2015.

Dr A Ogilvy-Stuart
Trustee

Independent examiner's report to the Trustees

I report to the Trustees of the British Association of Perinatal Medicine (the Charity) on the accounts for the year ended 31 March 2015, which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. These accounts have been prepared in accordance with the accounting policies set out therein and the requirements of the Financial Reporting Standard for Smaller Entities (effective April 2008 and in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities (2005) - (the SORP 2005).

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 and they consider that the Charity is exempt from an audit for the year under section 144(2) of the Charities Act 2011 (the Act) and that an independent examination is required.

It is my responsibility to examine the accounts under section 145 of the Act and to follow procedures laid down in the general directions given by the Charity Commission under section 145(5)(b) of the 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. My 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 2011Act and
- to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 2011Act 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.

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

Dated 5 November 2015

Statement of Financial Activities for the year ended 31 March 2015

	Notes	Unrestricted Funds £	Restricted Funds £	Total funds 2015 £	Total funds 2014 £
Incoming resources	1				
Incoming resources from generated funds					
Voluntary Income					
Members' subscriptions		95,875	-	95,875	93,015
Gift aid receivable		17,619	-	17,619	18,274
Activities for generating funds					
Sponsors and exhibitors	3	7,417	-	7,417	19,300
Investment income					
Bank interest		2,667	1,572	4,239	4,515
Incoming resources from charitable activities					
Events and conferences	3	17,763	-	17,763	19,378
Total incoming resources		**141,341**	**1,572**	**142,913**	**154,482**
Resources expended	1				
Cost of generating voluntary income	4	5,981	-	5,981	5,869
Cost of generating funds	4	7,974	-	7,974	7,826
Charitable activities					
Events, conferences & library	4	26,807	14,844	41,651	56,600
Members' services	4	14,951	-	14,951	14,672
Other meetings	4	14,795	-	14,795	16,860
Advice and information	4	17,745	-	17,745	16,628
Governance & strategy costs	4	44,093	-	44,093	40,957
Total resources expended	4	**132,346**	**14,844**	**147,190**	**159,412**
Net incoming resources	2	**8,995**	**(13,272)**	**(4,277)**	**(4,930**
Transfers between funds	10	20,000	(20,000)	-	-
Net movement in funds		**28,995**	**(33,272)**	**(4,277)**	**(4,930)**
Total funds at beginning of year	10	232,402	160,499	392,901	397,831
Total funds at end of year	10	**261,397**	**127,227**	**388,624**	**392,901**

Balance Sheet as at 31 March 2015

	Notes	£	2015 £	£	2014 £
Fixed assets					
Tangible assets	5		8,506		9,757
Current assets					
Debtors	6	53,141		31,305	
Cash at bank and in hand	7	349,559		378,717	
		402,700		410,022	
Creditors: amounts falling due within one year	8	(22,582)		(26,878)	
Net current assets			380,118		383,144
Total assets less current liabilities			388,624		392,901
Unrestricted funds					
General fund	10 & 11		261,397		232,402
Restricted funds	10 & 11		127,227		160,499
Total funds	10 & 11		388,624		392,901

The Trustees are satisfied that the Charity is entitled to exemption under 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 4 November 2015

Dr A.C. Fenton
Trustee

1 Accounting policies

a ***Basis of accounting***

The accounts have been prepared under the historical cost convention, in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008) and in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities (2005) -(the SORP 2005).

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 the general purposes of the charity and are included as unrestricted funds and used for general purposes.

Voluntary income is received by way of donations and gifts and is 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, 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 the 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 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. 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.

Notes to the Accounts Year ended 31 March 2015

2 Net incoming resources

	2015 £	2014 £
These are stated after charging:		
Trustees' fees and expenses	4,217	4,108
Depreciation of owned tangible fixed assets	1,251	1,251
Reporting accountants' fees for the year	4,500	4,500
Reporting accountants' fees for prior years	-	180
Trustees' indemnity insurance	1,458	1,434

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' expenses as follows:	£	£
Dr. A.B. Gill	903	2,070
Dr. A.C. Fenton	1,156	895
Dr. G. Menon	1,764	839
Dr. A. Ogilvy-Stuart	394	304
	4,217	4,108

3 Incoming resources

	2015 £	2014 £
Sponsors and exhibitors		
Exhibitors at events and conferences	-	3,350
Sponsors	7,417	15,950
	7,417	19,300
Events and conferences		
AGM conference, lectures and dinners	10,487	16,008
Trainees' and other meetings	7,276	3,370
	17,763	19,378

4 Resources expended

a) Analysis of total resources expended	Direct costs £	Staff costs £	Support costs £	2015 Total £	2014 Total £
Cost of generating voluntary income	-	4,636	1,345	5,981	5,869
Cost of generating funds	-	6,181	1,793	7,974	7,826
Charitable activities					
Events and conferences					
AGM, lectures and dinners	4,112	11,844	3,436	19,392	46,008
Trainees' meetings	2,571	3,755	1,089	7,415	6,490
	6,683	15,599	4,525	26,807	52,498
Members' services	-	11,589	3,362	14,951	14,672
Other meetings	8,006	5,262	1,527	14,795	16,860
Advice and information	800	13,134	3,811	17,745	16,628
Library costs - restricted fund	134	13,459	1,251	14,844	3,866
Founder lecture fee – restricted fund	-	-	-	-	236
	15,623	59,043	14,476	89,142	104,760
Governance & strategy					
Reporting accountants' fees	4,500	-	-	4,500	4,680
Trustees' indemnity insurance	1,458	-	-	1,458	1,434
Annual reports	1,863	-	-	1,863	1,814
Staff and support costs	-	20,861	6,053	26,914	26,410
Executive committee meetings	9,358	-	-	9,358	6,619
	17,179	20,861	6,053	44,093	40,957
Total resources expended	32,802	90,721	23,667	147,190	159,412

Staff costs and support costs are allocated to each category of resources expended based on estimates of the proportion of time spent in relation to the relevant activity.

b) Analysis of support costs	2015 £	2014 £
Premises and office expenses		
Premises and admin service costs	19,480	23,826
Insurance	412	368
Computer costs/website	614	140
Bank charges	709	883
Professional services	647	345
Telephone services	467	251
General administrative costs	87	456
Depreciation	1,251	1,251
Total support costs	23,667	27,520

4 Resources expended (continued)

c) Analysis of staff costs

	2015 £	2014 £
Wages and salaries	76,371	58,888
Social security costs	7,867	6,004
Pension costs	6,483	5,403
	90,721	70,295

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
Communications & Finance Coordinator	0.8	0.8
Library Project Manager	0.6	-
	2.2	1.6

5 Tangible fixed assets

	Library £	Presidential badge £	Computer equipment £	Total £
Cost				
At 1 April 2014	12,514	1,000	2,779	16,293
Additions in year	-	-	-	-
At 31 March 2015	12,514	1,000	2,779	16,293
Depreciation				
At 1 April 2014	3,757	-	2,779	6,536
Charge for the year	1,251	-	-	1,251
At 31 March 2015	5,008	-	2,779	7,787
Net book value				
At 31 March 2015	7,506	1,000	-	8,506
At 31 March 2014	8,757	1,000	-	9,757

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.

3 Debtors	2015 £	2014 £
Unrestricted		
Fees and members' subscriptions	10,931	6,142
Gift aid tax receivable	35,844	18,225
Prepayments and accrued income	6,366	6,938
	53,141	31,305

7 Cash at bank and in hand	2015 £	2014 £
Restricted		
Library fund	67,370	80,000
Founders Lecture & Lectureship fund	51,351	70,742
	118,721	150,742
Unrestricted		
General fund	230,838	227,975
	349,559	378,717

8 Creditors: amounts falling due within one year	2015 £	2014 £
Unrestricted		
Expenses creditors and accruals	17,249	22,128
Deferred income	5,333	4,750
	22,582	26,878
Restricted		
Expenses creditors and accruals	-	-
	22,582	26,878

9 Analysis of net assets between funds	Unrestricted Funds £	Restricted Funds £	Total Funds £
Fixed assets	-	8,506	8,506
Current assets	283,979	118,721	402,700
Current liabilities	(22,582)	-	(22,582)
Net assets	261,397	127,227	388,624

10 Movements in funds

	As at 1 April 2014 £	Incoming resources £	Resources expended £	Transfers between funds £	As at 31 March 2015 £
Restricted funds (see note 11)					
Library fund	80,000	1,483	(3,866)	-	67,370
Dunn Perinatal Library	9,757	-	(1,251)	-	8,506
The Peter Dunn/Founders lecture fund	70,742	609	-	(20,000)	51,351
Total restricted funds	160,499	1,572	(14,844)	(20,000)	127,227
Unrestricted funds (see note 12)					
General fund	229,456	141,341	(132,346)	20,000	258,451
Educational bursary	2,946	-	-	-	2,946
Total unrestricted funds	232,402	141,341	(132,346)	20,000	261,397
Total funds	392,901	142,913	(147,190)	-	388,624

During the year, there were transfers between funds for interest received and expenses paid out.

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 Lecture 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 the individuals who give these lectures at the Annual General Meeting of the Charity in accordance with his wishes.

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 in accordance with its constitution.

Educational bursary
This fund represents donations and sponsorship to provide educational bursaries for members of the Charity at the discretion of the Trustees.

13 Financial commitments

	2015 £	2014 £
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:	22,500	22,500

Sponsors / Exhibitors / Advertisers

The following organisations support the activities of BAPM through sponsorship arrangements and we would like to thank them for all their support.

Abbvie
Vanwall Business Park
Maidenhead
Berkshire SL6 4XE

Chiesi Pharmaceuticals Ltd
Cheadle Royal Business Park
Highfield
Cheadle SK8 3GY

Draeger Medical UK Ltd
The Willows
Mark Road
Hemel Hempstead HP2 7BW

Infant Magazine
Stansted News Ltd
134 South Street
Bishops Stortford
Herts CM23 3BQ

Orphan Europe
ISIS House
43 Station Road
Henley-on-Thames RG9 1AT

British Association of Perinatal Medicine
5 -11 Theobalds Road
London WC1X 8SH
Tel: 020 7092 6085
Fax: 020 7092 6001
www.bapm.org

Charity No. 285357

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