Annual Report 2014

BRITISH ASSOCIATION OF PERINATAL MEDICINE

Founded 1976

From the President

It is with a tinge of sadness that I write my final report as President of our Association. I would like to reflect briefly on the past 8 years on BAPM's Executive Committee, firstly in my role as Secretary and latterly as President. I was hugely flattered and a little surprised to be elected by you into both roles. I anticipate that by the time you read this the Scottish referendum result will be known, and whatever the outcome I hope and expect the BAPM membership to continue to be as one body across the four countries, striving to improve the quality of perinatal care.

2006 when I started seems like a lifetime away! Labour were in power under a Tony Blair Government and the NHS in England was configured around Primary Care Trusts and NHS Providers. The first wave of Foundation Trusts had come into being and the money in the NHS was growing at a rate of c. 8% per annum. Neonatal Networks in England were starting to have an influence and there was significant expansion in consultant numbers. Naturally there were frustrations over nurse staffing and failure to meet BAPM standards, as well as ongoing issues with capacity.

Over 8 years, neonatal care in terms of form and function has changed with greater recognition that the smallest and sickest babies do benefit from initial care in larger centres. In my view this is not due to individual consultant expertise, but more on the infrastructure and multidisciplinary working of clinical staff that is only available in the NICU 24 hours per day, 7 days per week. If we truly believe that we are to provide the best care we need the capacity to do this, as close to home as possible but in fully equipped and staffed NICU, LNU and SCBU units. I would also highlight the almost universal development of stand-alone transport services which has transformed the delivery and safety of care for babies, as it provides greater support and effective decision making for their transfer both within and outside their network.

We have also seen the publication of a number of national standards including the Neonatal Toolkit (England), NICE Quality Standards, BAPM standards, Scottish Standards, Northern Ireland Standards, Welsh standards and latterly in England, the new neonatal Clinical Reference Group (CRG) standards. One might argue that they have all said much the same but we should be pleased that neonatal care continues to be considered an important service requiring further improvements. Having been personally involved in developing/contributing to many of these, it is comforting to see that they all align well with BAPM standards. I believe we have been able to achieve this because of the Association's strength in being able to support each other and to reach consensus. We are the envy of many in the healthcare community who strive for this cohesion on a national scale. I also recognise this has not always been easy nor has it always been with full agreement. However I want to congratulate everyone for the success we have achieved. I believe that whilst the future is challenging in the cash-strapped NHS, we are in a strong position to keep driving for the best quality of care.

Of course it has not always been good news and the one area I would highlight is the dismantling of Neonatal Networks in England at a time when the devolved nations have started to establish theirs as the model for care. BAPM believes that Networks have had a major impact on the quality of perinatal care, and we need to work tirelessly to demonstrate their value by supporting those who are working to produce the evidence that they are effective. Organisations that do not adapt to the changing environment will struggle to add value. BAPM's EC believes that the Association needs to take stock of its work and develop a clear strategy for the next 3-5 years. The outline of this work started at the AGM in 2013 and will be developed further this year. I urge you to have your say on how our Association can become even more successful. The new team needs your input and support, just as I did when I started with BAPM and latterly as your President.

We have to be able to reach out more to families and involve them in improving the quality of care. Bliss and Best Beginnings have made a major difference to family centred care and, as one of the 'old grey brigade', they have converted me to viewing our service in a more family focussed way. I want to thank both organisations for making the huge impact they have and personally thank Andy Cole (OBE) who was CEO of Bliss for the same time I have been involved with BAPM. He has had an enormous influence through his team in raising the profile of care for babies with politicians and senior healthcare managers across the UK. He has given us highly valued guidance and support and helped to make BAPM into a more effective organisation.

The last 2 years of the NHS has seen the publication of the Francis, Berwick and Keogh reports. They have all centred on the need for the NHS to focus on safety, effectiveness and compassion in the care provided. The need to continuously improve the quality of care goes to the heart of the new strategy for BAPM. The NHS takes too long to learn from research and quality improvement work and we are in a good position to change this with our strategy. Developing a culture where quality and safety improvement becomes the norm for every member of staff on the frontline has to be our ultimate goal.

There are many people I must thank for their support and they will know who they are, so if I do not name you here please do not be offended. My excuse is limited space but I also have a failing (of many I hear you say!) in remembering names. Lisa and I have been working together for the past 8 years and I want to personally thank her for everything she puts into the role of Executive Manager. Her ability to nag without you realising is a real skill! Hayley is making us more efficient and bringing us into the 21st century. They are a great team and I will miss them both. Specific thanks go to Neil, Jag, Andy (Lyon), David, Alan, Mandy and Gopi as past and present Officers of the Association during my time. All the other colleagues on EC have made the work meaningful and fun. We are the voice of neonatal care for RCPCH. Please continue to show your support by helping Alan and the whole team to continue to make a difference.

I am confident that BAPM will develop and continue to be successful and whilst I have chosen to move away from neonatal care in my day job, I will look out for the bulletins and requests and of course retain my membership. I want to thank you, the members, for the support you have shown me during my tenure and for the contributions you have all made to the work of BAPM.

Bryan Gill

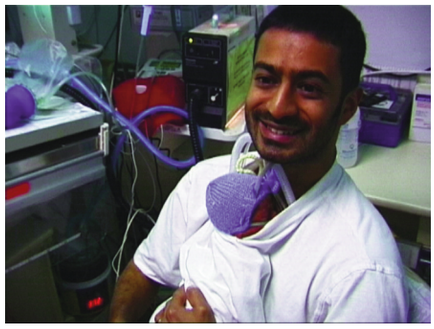
Objectives	Activities during 2013-2014
Providing postgraduate education meetings throughout the year	• BAPM's Annual General Meeting held in September • The Perinatal Session of the annual Spring Meeting of the Royal College of Paediatrics and Child Health (RCPCH) • BAPM's Annual Perinatal Trainees' 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
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**	Neonatal Critical Care Clinical Reference Group (CRG) and Fetal Medicine CRG Children's Clinical Advisory Group to the Payment by Results team NICE - Quality Standard for Hepatitis B Quality Standard for Antibiotics for Neonatal Infection Postnatal Care - Routine Postnatal Care of Women and their Babies Consultation on Quality Standards Process RCPCH - Identification of Cleft Palate in the Newborn Invited Reviews Team RCOG - Umbilical cord prolapse (joint response with RCPCH) Infant Journal - Working Together to raise awareness of patient safety issues Bliss - Baby Charter Accreditation Programme and Grants Scheme National Parents Survey Leaflet on Families with Babies in Special Care National guidance for perinatal post mortem - multi agency group led by UK-Sands 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 Optimal Arrangements for NICUs • Working Group on Family Engagement • Working Group on Donor Expressed Breast Milk • Working Group on Neonatal and Fetal MR Brain Imaging • Working Group on Newborn Early Warning Trigger and Track • 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

As I come to the end of my first year as Honorary Secretary (preceded by a period as Scottish representative), I reflect that the learning curve has been steep particularly with respect to the jargon relating to English networks and commissioning, a major part of BAPM's work until recently. As a result, BAPM has perhaps seemed less relevant for a period in the devolved countries. In my time on the Executive Committee (EC), it has been clear that each of the nations has something to teach the others and I am sure that regardless of the result of the Scottish referendum, neonatal care will be best served by joint working in a country the size of the UK.

Up until now BAPM has been a small, fairly informal organisation whose agenda was driven largely in response to outside events. Changes in the NHS have meant that BAPM is taking on an increasing workload, as well as more of the functions of a professional organisation in relation to service organisation and delivery, research and quality assurance and training. The challenge will be to develop without becoming too formal or top-heavy whilst remaining relevant to all UK neonatal professionals.

As part of an attempt to modernise the way BAPM works, the nature of EC is changing (summarised in Lisa Nandi's article on page 8). Through devolved country representatives on EC, we need to be alert to the implications in all of the UK nations (which have different NHS structures) of any new piece of work. BAPM has already been working to increase the engagement of trainees, and we will now have a trainee representative on EC and our working groups where possible. We feel BAPM could do more to attract colleagues working in settings other than a NICU who provide a crucial part of the neonatal service in any network. Thus, we aim to appoint a LNU/SCBU representative to EC. I would be interested to hear your thoughts about how else we could reach out to this group.



So what has BAPM been doing in the past year? There has been a burgeoning of working groups, reflecting a growing desire amongst members for national guidance on areas of clinical practice and service design, and the need to develop a stronger governance structure for the Association. Despite apprehension about the implications of the recently published Framework on Optimal Arrangements for NICUs, I think most members realised the importance of professionally-led guidance aimed at optimising neonatal outcomes, and this was reflected in the amount of feedback we received. The framework incorporated the recently published data on perinatal outcomes in the EPICure cohort, which provides the most recent and compelling evidence of the relationship between the type and activity level of a unit and survival in extremely preterm babies.

On clinical topics, there is progress with work on Neonatal and Fetal MRI and Newborn Early Warning Trigger & Track, and a newly established group looking at the use of Donor Breast Milk. Work relating to trainees has focussed on supporting trainee-led initiatives, including a trainee audit and research network and a communication network to update trainees about issues that affect them, as well as discussion about a possible single trainee representative body. Although we do not currently have any shortage of applicants for

Honorary Secretary's Report ctd

neonatal training, it is important that we actively work to attract the best individuals into our specialty. We are developing further paper and web-based promotional materials to make available to members and also to offer at Careers Fairs with which we are becoming increasingly involved. BAPM continues to host the Neonatal Specialty Session at the RCPCH Annual Meeting which provides an important interface between BAPM and non-NICU paediatricians. A large number of abstracts were submitted and this year we held a poster session to enable more local work to be shared.

BAPM has also taken part in a successful Neonatal Education Day for consultant general paediatricians coordinated by RCPCH. Perinatal Medicine 2014 was again a successful collaboration with the Neonatal Society and the British Maternal and Fetal Medicine Society, and we are keen for this to continue. The Perinatal Trainees' meeting continues to get good reviews and we have tried hard to make it relevant to uncommitted trainees considering a neonatal career as well as neonatal grid trainees.

Following discussion at last year's AGM about the BAPM strategy for the next 3-5 years, we have started trying to add substance to the three strands (1) Improving the Quality and Safety of Neonatal Care (2) Family Engagement (3) Promoting Research and Academic Excellence. Improving the quality of care is something all neonatal professionals would consider worthwhile. In reality there are numerous agencies that mandate datasets for different purposes, and these were described (at least the English component) at the Data Stakeholder Meeting co-hosted with the Clinical Reference Group and Bliss in January. Perhaps our holy grail is a single body responsible for defining and reporting neonatal quality indicators? This might enable a clearer national focus allowing quality improvement initiatives to develop on a national basis, and minimise duplication of effort. BAPM is currently trying to catalogue as many of the nationally-driven neonatal data streams as possible as a starting point for discussion about a way forward.

Family engagement is a very important workstream for which we have started a working group with strong input from Bliss. Progress is being made on BAPM's academic links through (a) a group which now informally advises EC, (b) representation on the Neonatal Clinical Studies Group, and (c) cross-representation on the Neonatal Society. With the Neonatal CSG, we are developing Research Skills training for clinicians.

This and other developments mean that we need to review BAPM's role in education and training. In parallel with this, we are working towards a greater clarity of relationship with organisations with important specific remits in neonatology – the neonatal CSAC (specialist neonatal education and training), the neonatal Clinical Studies Group (co-ordinating research) and the Neonatal Society (the main forum for presenting research).

The increasing scrutiny of quality of care following the Mid-Staffordshire enquiry has meant an increasing number of service reviews and pieces in the press. We have been working closely with the Invited Reviews team of RCPCH in recommending expert reviewers and offering help and support to local professionals. Patient safety is an increasingly important catchphrase in clinical practice. In Scotland, much of the work on neonatal quality improvement revolves around the strategy of the high profile Scottish Patient Safety Programme. Some work has started within the Maternity and Newborn section of Patient Safety NHS England to look at specific areas of patient safety. BAPM has recently teamed up with Infant Journal with the aim of publicising anonymised reviews of clinical incidents in order to more widely disseminate their learning value.

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Following discussion about how to fund the increasing work of BAPM, the possibility of commercial sponsorship was debated within EC. Sponsorship is usually given in expectation of some form of promotion and this raises questions about professional independence and use of commercial hospitality among other things. We have previously vigorously debated at AGM the particular issue of sponsorship from milk manufacturers and decided against this. We feel it is worthwhile engaging the membership in a wider discussion about the ethics of all aspects of BAPM's interaction with commercial organisations to inform a framework document. This will help put BAPM's governance on a modern footing, of relevance to the responsibilities of charitable status and of a body setting professional standards.

In the drive to modernise our approach to communication with members and the outside world, we have agreed that BAPM should start a Communications Working Group to look at all areas of communication including the BAPM website, electronic communications, the use of social media and the interface with the press. We have recently moved into the Twittersphere – please follow BAPM (@BAPM_Official) if you are a Tweeter.

BAPM guidance usually appears in the form of frameworks for practice, and we have made moves to boost their wider credibility by engaging in the application process for NHS Evidence Accreditation which we hope to achieve soon. We could not produce these frameworks without the active participation of enthusiastic members in our Working Groups. Watch out for more calls for participation!

In conclusion, I have found the last year challenging but extremely enjoyable. I am grateful for the guidance of Bryan Gill our outgoing President from whom I have learnt a great deal, the support of Alan Fenton our President Elect from whom I took over as Honorary Secretary, and the help of Mandy Ogilvy-Stuart as a fellow Officer over and above her work as Honorary Treasurer. The members of the Executive Committee have been very productive and a lot of fun to work with. I am hugely indebted to Lisa Nandi (now Executive

Manager) and Hayley Watts (Executive Assistant) who as well as keeping me on the straight and narrow have contributed hugely to BAPM's development in the past year. Andy Cole, CEO of Bliss until recently, has been a great source of wisdom and has allowed us repeatedly to borrow the expertise and resources of his team. Thank you to the many members of BAPM who have given their precious time to respond to documents (some very long), contribute to working groups and represent BAPM on various groups – we couldn't do without you!

I would like to encourage members to attend the AGM, which this year is a free-standing event as the scientific meeting was effectively merged with Perinatal Medicine 2014. We would very much like you to be involved in discussions about the significant developments proposed for our organisation over the next few years.

Gopi Menon

Nursing and Midwifery update

I am a nurse in the Newcastle Neonatal Service based at the Royal Victoria Infirmary in the Northern Neonatal Network. I have worked in several neonatal units in a variety of roles since 1984. I am relatively new to BAPM having been the Deputy Nursing Representative since September 2013 and I am writing this report in the absence of Sandie Skinner, who is recuperating from illness and will be your Nursing Representative for the next couple of years.

After much hard work the NEWTT (Newborn Early Warning Trigger and Track) working group, led by Glenys Connolly, are close to presenting their work to the Executive Committee following which all members will be receiving the draft document for comment. We hope this tool will help in the recognition of those babies who are at risk of illness in the early neonatal period and reduce the potential negative impact of this. Early feedback from clinical staff has proved positive so far.

Many of the current functions of BAPM are medically orientated but as the service we all provide is becoming increasingly multidisciplinary and as BAPM wants to retain its position as the foremost professional voice supporting neonates and their families, then we feel that the voices of the other professions involved in their care should be clearly heard from within the organisation.

The EC and particularly Sandie in her role want to increase the number of nurses and Allied Health Professionals who are members of BAPM. Current membership is comprised of 807 medical, 60 nursing and 18 AHP members. The three main workstreams identified by EC for the coming years are improving quality and safety in neonatal care, family engagement and promoting research and academic excellence. Each could benefit from a wider range of nursing and AHP views.

The nomination format for introducing new members means that the job of increasing the nursing and AHP membership will fall on the current membership. So for the coming year I would encourage all members to think about their nursing and AHP colleagues and consider nominating one who could learn from or contribute to the work of the BAPM.

We also need to develop the nursing area of the BAPM website as an information resource and to improve communication with members from nursing and potentially AHP backgrounds. We would very much like to do this in response to members needs so please contact Sandie or myself with suggestions that you feel would benefit our members.

I appreciate that there are other organisations with purely nursing membership that contribute to the clinical, organisational and political world we work in but as Sue Turrill said in this report in 2011 “For me it is the multidisciplinary nature of BAPM and its aim to enhance the care of babies and families that is one of its greatest strengths”. Sue has also met with the leads of the NNA and the SNNG earlier this year and started discussions about the possibility of information sharing and collaborative working. Sandie and I hope to continue this work in the coming year.

Anticipating Sandie’s return, please let us know if there are any other ways we can better represent you or if there are any other issues you would like to see addressed.

David Summers

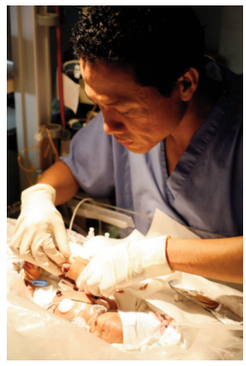
Professions allied to medicine

Last year saw the launch of the UK-wide MBRRACE-UK web-based electronic system for the notification and collection of information about stillbirths and infant deaths. Following a catch-up period in early 2013, with a very small number of exceptions, every maternity and neonatal unit in England, Wales and Scotland is promptly entering data about all eligible deaths. This has been achieved with an enormous amount of goodwill on the part of over-stretched frontline clinical staff and some reminder emails from the MBRRACE-UK team. 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.

Deaths eligible for inclusion are all late miscarriages at 22-23 wks gestation; all stillbirths; all neonatal deaths; and all post-neonatal deaths of infants who were never discharged home from hospital before they died. Data entry for babies who have been transferred between units was a particular issue for some receiving units with the relevant information, particularly antenatal information, not necessarily following the baby. The recent development of the capacity to assign cases between units within the MBRRACE-UK system to enable all units who have cared for a baby to enter data has helped with this particular problem.

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. We know that some Units have been challenged by the IT requirements needed to ensure the secure and confidential entry of data into the system but we have been very encouraged by the willingness of staff in Units to go the extra mile to ensure that they are able to continue entering data securely.

Analysis of the perinatal mortality data is now underway although it is being held up to some extent by the need for us to received denominator data for England from the Health and Social Care Information Centre (HSCIC). Following the investigation of data releases by HSCIC earlier in the year this process of data provision is being held up by the necessity for HSCIC to review every single data sharing agreement they have in place,. Nevertheless, we are planning to have the first MBRRACE-UK perinatal surveillance report ready for release in spring 2015.



The first MBRRACE-UK perinatal morbidity/mortality confidential enquiry, the topic for which, for 2013/14, was congenital diaphragmatic hernia is nearing conclusion. We have been gratified by the enthusiasm of clinical colleagues to participate in the confidential enquiry panels which concluded in July having reviewed 58 cases. The report from this enquiry will be launched at a meeting at the NEC, Birmingham on Thursday 11th December 2014. Delegate places at the meeting are free but on a first come first served basis. Information about bookings for all the MBRRACE-UK meetings can be found on the MBRRACE-UK website at: https://www.npeu.ox.ac.uk/mbrrace-uk

The confidential enquiry for 2014/15 is also underway and case notes for a sample of antepartum stillbirths in normally formed fetuses are being requested. Following the most recent open call for proposals the programme for the future confidential enquires has been agreed by the MBRRACE-UK Independent Advisory Group 1. and is available at: https://www.npeu.ox.ac.uk/mbrrace-uk/topic-proposals

More information about the MBRRACE-UK programme, including information about the maternal mortality and morbidity confidential enquiries can be found at: https://www.npeu.ox.ac.uk/mbrrace-uk

1. The membership of the Independent Advisory Group for the Maternal, Newborn and Infant Clinical Outcome Review Programme appointed by the Healthcare Quality Improvement Partnership can be found at: http://www.hqip.org.uk/independent-advisory-group-for-the-corp-maternal-infant-perinatal-programme/

Jenny Kurinczuk

BAPM's Strategy for the next 3 - 5 years

In February 2013, the BAPM Executive Committee (EC) held its first strategy planning 'awayday'. This was agreed during discussion at EC meetings, as changes in the neonatal network structure and commissioning impacting on the delivery of care made it clear that the Association was facing a number of challenges with regard to its future direction. It was therefore agreed that a strategy planning meeting would help to focus on the areas of priority to be addressed by the Association over the next 3 – 5 years. These proposals were presented to the AGM in Liverpool in September 2013 and form the basis of the strategy document to be presented and discussed at the AGM this year.

At the awayday, group discussion centred on the folllowing areas of BAPM's work:

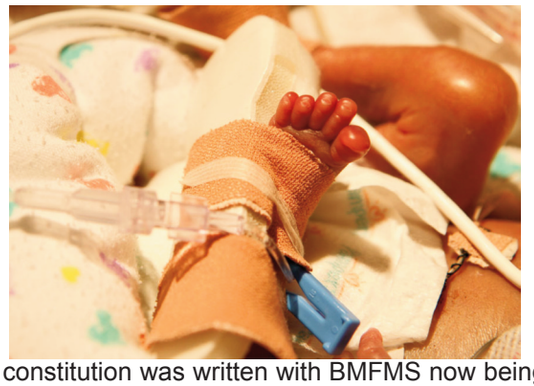
1. Connections and associations
2. Current activities
3. Looking forward
4. Priorities
5. Structure and organisation

It was agreed that the structure of EC should be reviewed in order to a) fully utilise the skills of its members and b) to deliver the demands of the work programme. The areas for change proposed and implemented are as follows:

Trainee representation - an elected trainee representative and deputy.

Allied Health Professions representation - due to the anomaly of the number of different groups making it difficult for one person to represent all, it was agreed to no longer elect an AHP representative but develop links with the relevant national association(s) and co-opt members to working groups as necessary.

Obstetrics & Gynaecology – it was noted that expectations have changed since the BAPM



constitution was written with BMFMS now being equivalent to BAPM in its role. It was therefore agreed that O & G should no longer be formally represented on EC although it was important to keep a BMFMS rep on BAPM's EC (and vice versa). BAPM should also work towards further collaboration and joint meetings/initiatives such as the Perinatal Medicine conference, the Peter Dunn lecture etc.

Deputy representatives – it was agreed that deputies should be in post for one year rather than three before becoming representative (in line with the Officers).

Devolved nations – agreed that there should be a representative and deputy from Northern Ireland only with invited attendance/input from the Republic of Ireland if required for particular issues.

Regional structure – there was discussion about the continued need for this as the majority of issues are not region specific. It was however agreed to continue with the current structure for the foreseeable future but to also elect a LNU/SCBU representative (UK wide remit).

EC roles – it was agreed to re-profile EC roles to include specific areas of focus/expertise for future appointments.

BAPM's Strategy for the next 3 - 5 years ctd

The two key elements which have been identified as necessary to underpin strategic planning as referred to in the Honorary Secretary's report are

a) A review of BAPM's communications in all areas of its work including its branding/logo, website, e-communications and social media presence and interaction with external organisations/the media.

b) The development of an ethical framework which will cover all aspects of BAPM's interaction with commercial organisations including intellectual, advertising and financial.

The three strands of focus for BAPM going forward are Improving the Quality and Safety of Neonatal Care, Family Engagement and Promoting Research and Academic Excellence.

There are a number of areas to consider with regard to each of these strands and some of these are: review of data collection to achieve structured, measurable and standardised reporting; BAPM's potential role in facilitating the commissioning process and ensuring that CQUINs are relevant and reflect quality; the further development of a robust system for sharing learning from clinical incidents; developing and defining metrics for reporting in order to measure and improve the level of family engagement in perinatal care; and seeking ways to promote research and academic excellence including greater collaboration with our colleagues in the relevant organisations.

Some of this work is in the planning stage and some is already in progress with the establishment of a working group on family engagement (chaired by Zoe Chivers from Bliss), and another group tasked with producing BAPM's ethical framework for interaction with commercial organisations (chaired by Martin Ward Platt from Newcastle).

We have posed some questions relating to the strands of the strategy which we hope will help to shape discussion at the AGM. The Association cannot deliver this important work without the input of our membership, so please do contribute even if you are unable to attend the AGM. BAPM is now on Twitter and our merry band of followers is gradually increasing so comments would be welcome from any Tweeters amongst you! You can follow BAPM (@BAPM_Official).

We hope to see many of you on 26th September.

Lisa Nandi

Financial Statements for the year ended 31 March 2014

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 Dr. A.C. Fenton (to Sept 2013) Dr. G. Menon (from Sept 2013) 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.B. Gill	President
	Dr. A.C. Fenton	Honorary Secretary (to Sept 2013)
	Dr. G. Menon	Honorary Secretary (from Sept 2013)
	Dr. A. Ogilvy-Stuart	Honorary Treasurer
Paediatric representatives	Dr N. Subhedar	North of England
	Dr. S. Jones	South of England
	Dr. G. Menon	Scotland (to Sept 2013)
	Dr. H. Mactier	Scotland (from Sept 2013)
	Dr. S. Barr	Wales (to Sept 2013)
	Dr. C. Sullivan	Wales (from Sept 2013)
	Dr. C. O'Donnell	Ireland
Nursing / Midwifery representative	Ms. S. Turrill (to Sept 2013) Ms. S. Skinner (from Sept 2013)	
Allied professions representative	Prof. J. Kurinczuk	

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 2014.

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
Dr. A.C. Fenton	Honorary Secretary (to Sept 2013)
Dr. G. Menon	Honorary Secretary (from Sept 2013)
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 one representative for allied professions 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 £154,482 (2013: £174,421) and the total resources expended amounted to £159,412 (2013: £149,591) resulting in a deficit in net incoming resources of £4,930 (2013: surplus of £24,830), which have been transferred to the accumulated funds. The decrease in net incoming resources during the year of c. £20k was due largely to a decrease in income from subscriptions c.£8k, sponsorship c.£2k, from lower attendance at BAPM's own conference c. £12k and small increase in other income and interest receivable of c. £2k. Correspondingly costs have increased by c.£10k mainly from BAPM's own conference costs increasing by c£15k, a decrease in meeting costs of c.£8k mainly arising from fewer meetings and not having a strategic awayday as in 2013 and other costs increasing by c.£3k. The unrestricted funds have increased by £35,579 of which £38,632 relates to transfer from restricted fund for library costs (2013: increased by £33,838) to £252,402 (2013: £216,823), and the restricted funds have decreased by £40,509 (2013: decreased by £9,008) of which all relates to transfer for the library costs paid from the unrestricted fund to £140,499 (2013: £181,008). This transfer in particular is to meet the salary costs of a part time employee to catalogue the library archive.

The decrease in incoming resources from membership subscriptions to £93,015 (2013: £100,700) arose as a result of higher membership lapses and the subscription remaining at £125 p.a.. Income from sponsorship and exhibitors amounted to £19,300 (2013: £21,033). The decrease was due to one sponsor not renewing their agreement. The Charity plans to review its sponsorship policy as part of an ethical framework. Events and conferences income decreased to £19,378 (2013: increased to £31,135) directly as a result of reduced attendance at the annual conference and costs increasing to £52,498 from £41,393; represented by direct costs of £32,750 (2013: £22,174), allocation of wages of £14,921 (2013: £13,761) and support costs of £5,556 (2013: £5,458). The overall net deficit for events and conferences was £33,120 (2013: surplus of £10,258). 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 new Lectureship Fund for the annual Peter Dunn Lecture representing expendable endowments. The Library Fund of £89,757 (2013: £111,008) has been accumulated for the establishment of a library and archiving system of perinatal medicine to further the objectives of the Charity. An amount of £20,000 was transferred to the unrestricted fund to meet the salary cost of a part-time employee on a short term contract to catalogue and archive the collection of books and papers in the library. The Peter Dunn Lecture Fund of £70,742 (2013: £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. 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 (2013: £nil) and the accumulated fund amounted to £2,946 (2012: £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 18 September 2014.

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 2014, 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 Act and
   - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 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.

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

Dated 19 September 2014

Statement of Financial Activities for the year ended 31 March 2014

	Notes	Unrestricted Funds £	Restricted Funds £	Total funds 2014 £	Total funds 2013 £
Incoming resources	1				
Incoming resources from generated funds					
Voluntary Income					
Members' subscriptions		93,015	-	93,015	100,770
Gift aid receivable		18,274	-	18,274	18,194
Activities for generating funds					
Sponsors and exhibitors	3	19,300	-	19,300	21,033
Investment income					
Bank interest		2,290	2,225	4,515	3,289
Incoming resources from charitable activities					
Events and conferences	3	19,378	-	19,378	31,135
Total incoming resources		**152,257**	**2,225**	**154,482**	**174,421**
Resources expended	1				
Cost of generating voluntary income	4	5,869	-	5,869	5,712
Cost of generating funds	4	7,826	-	7,826	7,615
Charitable activities					
Events, conferences & library	4	52,498	4,102	56,600	41,393
Members' services	4	14,672	-	14,672	14,279
Other meetings	4	16,860	-	16,860	25,375
Advice and information	4	16,628	-	16,628	16,182
Governance & strategy costs	4	40,957	-	40,957	39,035
Total resources expended	4	**155,310**	**4,102**	**159,412**	**149,591**
Net incoming resources	2	**(3,053)**	**(1,877)**	**(4,930)**	**24,830**
Transfers between funds	10	18,632	(18,632)	-	-
Net movement in funds		**15,579**	**(20,509)**	**(4,930)**	**24,830**
Total funds at beginning of year	10	216,823	181,008	397,831	373,001
Total funds at end of year	10	**232,402**	**160,499**	**392,901**	**397,831**

Balance Sheet as at 31 March 2014

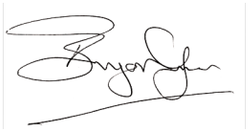
	Notes	£	2014 £	£	2013 £
Fixed assets					
Tangible assets	5		9,757		11,008
Current assets					
Debtors	6	31,305		42,845	
Cash at bank and in hand	7	378,717		369,185	
		410,022		412,030	
Creditors: amounts falling due within one year	8	(26,878)		(25,207)	
Net current assets			383,144		386,823
Total assets less current liabilities			392,901		397,831
Unrestricted funds					
General fund	10 & 11		232,402		216,823
Restricted funds	10 & 11		160,499		181,008
Total funds	10 & 11		392,901		397,831

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 18 September 2014



Dr A Bryan Gill
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.

2 Net incoming resources

	2014 £	2013 £
These are stated after charging:		
Trustees' fees and expenses	4,108	5,291
Depreciation of owned tangible fixed assets	1,251	1,251
Reporting accountants' fees for the year	4,500	4,320
Reporting accountants' fees for prior years	180	120
Trustees' indemnity insurance	1,434	1,442

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	2,070	2,747
Dr. A.C. Fenton	895	2,009
Dr. G. Menon	839	-
Dr. A. Ogilvy-Stuart	304	535
	4,108	5,291

3 Incoming resources

	2014 £	2013 £
Sponsors and exhibitors		
Exhibitors at events and conferences	3,350	1,333
Sponsors	15,950	19,700
	19,300	21,033
Events and conferences		
AGM conference, lectures and dinners	16,008	27,525
Trainees' and other meetings	3,370	3,610
	19,378	31,135

4 Resources expended

a) Analysis of total resources expended

	Direct costs £	Staff costs £	Support costs £	2014 Total £	2013 Total £
Cost of generating voluntary income	-	4,218	1,651	5,869	5,712
Cost of generating funds	-	5,624	2,202	7,826	7,615
Charitable activities					
Events and conferences					
AGM, lectures and dinners	31,013	10,776	4,219	46,008	34,937
Trainees' meetings	1,737	3,416	1,337	6,490	6,456
	32,750	14,192	5,556	52,498	41,393
Members' services	-	10,544	4,128	14,672	14,279
Other meetings	10,199	4,787	1, 874	16,860	25,375
Advice and information	-	11,950	4,678	16,628	16,182
Library costs - restricted fund	3,866	-	-	3,866	-
Founder lecture fee – restricted fund	236	-	-	236	-
	47,051	41,473	16,236	104,760	97,229
Governance & strategy					
Reporting accountants' fees	4,680	-	-	4,680	4,440
Trustees' indemnity insurance	1,434	-	-	1,434	1,442
Annual reports	1,814	-	-	1,814	1,814
Staff and support costs	-	18,980	7,430	26,410	25,700
Executive committee meetings	6,619	-	-	6,619	5,639
	14,547	18,980	7,430	40,957	39,035
Total resources expended	61,598	70,295	27,519	159,412	149,591

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

	2014 £	2013 £
Premises and office expenses		
Premises and admin service costs	23,826	23,102
Insurance	368	368
Computer costs/website	140	109
Bank charges	883	947
Professional services	345	327
Telephone services	251	271
General administrative costs	456	655
Depreciation	1,251	1,251
Total support costs	27,520	27,030

Notes to the Accounts Year ended 31 March 2014 (cont)

4 Resources expended (continued)

c) Analysis of staff costs

	2014 £	2013 £
Wages and salaries	58,888	57,097
Social security costs	6,004	5,813
Pension costs	5,403	5,250
	70,295	68,160

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 & Finance Assistant	0.8	0.8
	1.6	1.6

5 Tangible fixed assets

	Library £	Presidential badge £	Computer equipment £	Total £
Cost				
At 1 April 2013	12,514	1,000	2,779	16,293
Additions in year	-	-	-	-
At 31 March 2014	12,514	1,000	2,779	16,293
Depreciation				
At 1 April 2013	2,506	-	2,779	5,285
Charge for the year	1,251	-	-	1,251
At 31 March 2014	3,757	-	2,779	6,536
Net book value				
At 31 March 2014	8,757	1,000	-	9,757
At 31 March 2013	10,008	1,000	-	11,008

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	2014 £	2013 £
Unrestricted		
Fees and members' subscriptions	6,142	5,175
Gift aid tax receivable	18,225	36,769
Prepayments and accrued income	6,938	901
	31,305	42,845

7 Cash at bank and in hand	2014 £	2013 £
Restricted		
Library fund	80,000	100,000
Founders Lecture & Lectureship fund	70,742	70,000
	150,742	170,000
Unrestricted		
General fund	227,975	199,185
	378,717	369,185

8 Creditors: amounts falling due within one year	2014 £	2013 £
Unrestricted		
Expenses creditors and accruals	22,128	23,207
Deferred income	4,750	2,000
	26,878	25,207
Restricted		
Expenses creditors and accruals	-	-
	26,878	25,207

9 Analysis of net assets between funds	Unrestricted Funds £	Restricted Funds £	Total Funds £
Fixed assets	-	9,757	9,757
Current assets	259,280	150,742	410,022
Current liabilities	(26,878)	-	(26,878)
Net assets	232,402	160,499	392,901

10 Movements in funds

	As at 1 April 2013 £	Incoming resources £	Resources expended £	Transfers between funds £	As at 31 March 2014 £
Restricted funds (see note 11)					
Library fund	100,000	1,483	(3,866)	(17,617)	80,000
Dunn Perinatal Library	11,008	-	-	(1,251)	9,757
The Peter Dunn/Founders lecture fund	70,000	742	(236)	236	70,742
Total restricted funds	181,008	2,225	(4,102)	(18,632)	160,499
Unrestricted funds (see note 12)					
General fund	213,877	152,257	(155,310)	18,632	229,456
Educational bursary	2,946	-	-	-	2,946
Total unrestricted funds	216,823	152,257	(153,310)	18,632	232,402
Total funds	397,831	154,482	(159,412)	-	392,901

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

	2014 £	2013 £
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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