



Annual Report 2013



From the President

As I write this report, I struggle to decide what to leave out from the past 12 months. As everyone will know, the landscape in the NHS has changed significantly and we face a very challenging time. I do believe this presents BAPM with as many opportunities as threats but we need everyone to work together to take perinatal services forward. In addition to the detail of our work programme provided by Alan in his report, I hope to be able to highlight what I think the future holds for BAPM.

In February this year, as referred to in Cardiff last year, BAPM's EC held an awayday to plan our future strategy. We had a very productive 2 days and our proposals will be presented to you at this year's AGM. I hope you will support your EC to help shape BAPM's strategy for the next few years. I believe we must align ourselves very closely with the new structures across the NHS and work alongside the key decision makers.

Significantly the work of the Neonatal CRG in England (referred to in more detail by Neil Marlow on page 8) is likely to be crucially important to neonatal services over the next 5 years. BAPM is also represented on the Fetal Medicine CRG and has recently been invited to join the Specialised Obstetric CRG. The recently published new standards for neonatal services in Scotland, based very closely on BAPM 2010 standards, demonstrate that there is now the potential for consistency in standards of care across the UK. The work of BAPM in renewing and evolving our standards has been instrumental in delivering improvements in care. The final piece will be when the 2011 Categories of Care become the new currency for funding. BAPM is involved in conversations with the DH PbR team to support this process but do not expect anything to change before 2015, as the wheels in this area move so slowly they can at times appear to be going backwards!

It is critical that you, the members, have an influence over these standards and given the issues already raised around the dashboard and CQUINs, I know that many of you are concerned. Please let us know your concerns to feed into the work of the CRG and I expect to be consulting with you on future proposals.

BAPM has become closer to our external partner, Bliss over the past 12 months and we continue to support their excellent work on family centred care. Best Beginnings has launched the family support video being used to support families during their stay on the neonatal unit. Our parents expect greater involvement in the care of their babies and we all need to work harder to engage more with families on how to deliver services better.

The work led by Gopi Menon with the undergraduates and postgraduates is really exciting, and is a new direction for BAPM which needs our full support. They are the future and we must work hard to promote our specialty starting with medical students. We hope to forge a new relationship with the Neonatal Nurses Association in the autumn and develop closer links to the Allied Health Professionals national association.

I expect many of you will have heard about the 'Shape of Training' review due to report in 2014, which will set the way in which we train our future consultants. BAPM made a submission and made it clear that subspecialty training needs review and we have advised, in line with the RCPCH, that it

should consider extending from 3 to 5 years. It remains to be seen if this will be accepted. The medical staffing of our units is a major issue and we need to rethink the delivery of medical care within our neonatal services, as we cannot rely on junior medical staff to deliver service in the future. Many units are developing consultant delivered care arrangements which are appealing to new consultants and BAPM needs to share the learning from this initiative with all units.

MBBRACE-UK, the new maternal and neonatal death review process, is gathering momentum (Jenny Kurinczuk refers to this in detail on page 7). I would like to congratulate the NPEU led team for developing the new process. Please promote this programme within your units and volunteer for the case review panels.

Despite the good work BAPM has been involved in, the dismantling of neonatal networks across England notwithstanding the rhetoric of NHS England, is really troubling. The impact on staff is most disturbing and many networks have lost the 'memory' and skills of their staff. The fact that the devolved nations are supporting the development of networks clearly shows their value in delivering high quality care. Working with the Neonatal CRG, we will continue to make strong representation to NHS England to ensure neonatal and perinatal networks remain in place and continue to drive improvements. If you have a story to tell about how your network has changed then please let BAPM know.

Perinatal Medicine 2014 promises to be one of the best yet, with outstanding guest speakers from around the world. I want to congratulate the organising committee and give you notice that the programme will be launched this autumn.

I am delighted that the new President (from 2014), has been chosen. I will not name the individual until the AGM but want to wish them all the best for their tenure and look forward to working with them over the next year. The past 2 years has flown by and it sometimes seems that progress is slow. I hope I have reached out to more of you in the past year but I know there is more to do and I need your help. BAPM is **your** Association and we must ensure it represents the consensus. I hope more of you will consider getting involved either as a member of our advisory panel, one of our working groups or becoming one of the elected representatives.

As Alan outlines in his report we have launched an exciting new initiative, the Chiesi funded travel bursaries, for members to attend European and World conferences. I hope this will develop into a successful programme and offer a greater number of members the opportunity to travel to these important meetings.

I want to thank Lisa and Hayley for the outstanding work they have delivered over the past 12 months in supporting both me personally and the work of the Association. BAPM would not have been as successful without their hard work. Thank you also to the Officers and EC members for their guidance and support and for putting up with my NHS Manager style! I could not have had a better team to work with.

I hope you enjoy the Annual Meeting and I look forward to seeing many of you in Liverpool.

Bryan Gill

| Objectives | Activities during 2012-2013 |
|---|--|
| Providing postgraduate education meetings throughout the year | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Promoting research and academic excellence in the UK through: <ol style="list-style-type: none"> 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 | <ul style="list-style-type: none"> • 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 | <p>Neonatal Critical Care Clinical Reference Group (CRG) and Fetal Medicine CRG</p> <p>Children's Clinical Advisory Group to the Payment by Results team</p> <p>NHS FASP - Care Pathways for Gastroschisis & Exomphalos</p> <p>NICE - Quality Standard for Caesarean Section Quality Standard for Neonatal Jaundice</p> <p>RCOG - Green-top guideline on management of women with red cell antibodies during pregnancy</p> <p>RCPCH - Management of palliative care on neonatal units infoKID PUV</p> <p>UK NSPC- Newborn blood spot screening standards</p> |
| and | <p>Joint Standing Committee consultation (between UK Newborn Screening Programme Centre and British Society for Paediatric Endocrinology and Diabetes) on rescreening preterm infants for congenital hypothyroidism</p> |
| Raising awareness of and proactively influencing the policy environment in which perinatal care is delivered | <p>Bliss - Report on specialist nurses, document on measuring parent experience</p> <p>National guidance for perinatal post mortem - multi agency group led by UK-Sands</p> <p>Best Beginnings - Small Wonders programme</p> |
| Auditing and monitoring the outcome, structure and function of perinatal care for babies and their families | <ul style="list-style-type: none"> • Data working group • National Neonatal Audit Project • Neonatal Data Analysis Unit • Neonatal Networks Group • Working group on Communication with Trainees • Working group on optimal size of NICUs • Working group on Neonatal and Fetal MR Brain Imaging • Working group on Newborn Early Warning Trigger and Tool • UK Neonatal Transport Interest Group • MBRRACE-UK |
| Fostering fellowship and collaboration among those involved in the care of the pregnant woman, mother and baby | <ul style="list-style-type: none"> • Email bulletins, Website, networking opportunities during meetings • Links with other organisations involved in perinatal care eg professional associations and colleges, parent organisations etc. |

Honorary Secretary's Report

As I write my final report as Honorary Secretary I have reflected on the continued rapid pace of change within the NHS. Clinicians are tasked with delivering high quality services against a backdrop of financial constraints; 'quality' metrics are very much the order of the day and recent months have seen a proliferation of competing requests for duplicate information with deadlines for 'yesterday'! The financial incentives (both positive and negative) attached to these requests make it essential to complete these accurately – a task often compounded by difficulties in extracting information – and in the meantime day-to-day service delivery cannot wait. The key to this issue has to be a single system that is used to collect tightly defined, clinically relevant items from which meaningful quality outcome data can be extracted easily: ideally as a standardised report. These outcomes must give parents a clear overview of what their local and regional neonatal services achieve and help clinicians continue to improve services. Turning aspiration into reality will be a difficult task, but not impossible: if asked in January to predict this summer's weather, the outcome of the British Lions' tour to Australia, the Wimbledon winner and whether the Ashes would be retained, what would you have said?!

The task of driving the changes sits to a large degree with the Neonatal Clinical Reference Group (CRG), led by Neil Marlow, who has written an article on the role of the CRG on page 8. BAPM is also represented on this group by Bryan Gill. The CRG's work program is extensive and it is clearly essential that we all engage with this through the Senate representatives or via BAPM. Neonatal transfer services are included under the CRG's umbrella and will continue to provide a key



role in maintaining neonatal services. We have now finalised our collaboration with the Neonatal Transport Interest Group and have agreed the principles and aims of joint working.

BAPM's on-going programme of working groups continues and it is very heartening to see the increasing number of members wishing to be involved. The group tasked with defining the optimal size of NICUs led by Steve Jones have produced a comprehensive discussion document with commendable rapidity and this should be ready to send to the membership for consultation before this year's AGM. Other work currently in progress includes the neonatal and fetal MR brain imaging group and the development of a newborn early warning trigger for use on postnatal and transitional wards. We hope to complete our NHS Evidence Accreditation process by the end of this year as our application needs to be submitted with two 'new' framework documents. The trainees communication group continues to be very active and is developing a promotional booklet in addition to exploring the potential use of social media.

Honorary Secretary's Report (cont)



The EC held an extremely useful 'awayday' earlier this year. The purpose was to consider all aspects of the Association's work, reflect on what we do well and where we might improve and set out proposals for a work programme for the next few years. We plan to present and debate several of these areas— defining quality outcomes, research and academic excellence, engagement with families as well as proposed changes to EC structure at this year's AGM.

The annual Trainees' Meeting continues to develop. In addition to the standard mix of clinical discussion and careers advice, attendees this year were treated to a role play starring Lisa Nandi as an expectant mum receiving examples of 'the good, the bad and the ugly' in counselling from myself and Donald Peebles!

The Perinatal session at the joint RCPCH/European Paediatric Association meeting in Glasgow was again well attended and I am very grateful to our invited speakers for contributing to a stimulating program. Plans for Perinatal 2014 in Harrogate are being finalised – the programme looks excellent and I hope many of you will attend.

Still on the subject of meetings, BAPM has been working with Chiesi to provide travel bursaries to members wishing to attend the PAS and ESPR meetings. I believe this opportunity will widen access to support for study leave which is particularly helpful given the reduction in study leave funding in many Trusts. In return we will expect a summary of the 'lessons learned' to be shared with the membership via the BAPM website. Details of how to apply are also posted on the website.

For those of you familiar with past minutes of BAPM's EC meetings, no report would be complete without an update on the Peter Dunn library. We are in the process of cataloguing this unique resource in collaboration with the RCPCH and have shared the cost of the cataloguing software. I would recommend any members attending the College to visit the library.

Honorary Secretary's Report (cont)

I would like to take this opportunity to wish Gopi Menon good luck when he steps in to this role in September. The three years of my tenure have definitely been 'interesting'!

As well as the steady stream of consultation documents for comment and queries from media and individuals, some of the more unusual requests I received have included provision of considerable input to a neonatal storyline in a well-known TV 'soap': it was nice to be able to tell a scriptwriter that "Nobody talks like that in real life anymore!"

There are numerous individuals who have helped me immensely during this time. Bryan Gill (and before him David Field) have provided wisdom, advice and different viewpoints to my own. Mandy Ogilvy-Stuart continues to keep our finances on an even keel as well as providing sound advice to EC.

Lisa and Hayley in the BAPM office provide a huge amount of support that makes the Officers' workloads achievable. Their roles within the Association continue to develop and this in turn will help widen the scope of work we are able to undertake. On that note I am fully aware of the time constraints that Trusts place on anyone involved in work outside their immediate job plans and am very grateful for the time that both EC and, increasingly, other members commit to helping the Association. I would again emphasise that there is



always plenty of opportunity for new members on our advisory panel and would urge all members to consider becoming involved in BAPM working groups. Andy Cole and Bliss ensure that we remember to keep babies and their families at the centre of what we do and maintain a neonatal agenda in ministerial consciousness.

I look forward to meeting many of you in Liverpool at the AGM.

Alan Fenton

Nursing and Midwifery update

This has been my final year as Nursing and Midwifery representative and I would like to start by thanking everyone at BAPM, in particular Lisa and Hayley, for making my time in the role enjoyable, and I hope productive. Sandie, I am sure, with her experience in clinical and management issues, and more recently as part of the education team in Southampton, will develop this role through the next three years with equal enthusiasm and commitment.

I know from individuals, and from discussions at the Network meetings, that many of you will have experienced upheaval and uncertainty during the year with the introduction of different structures and ways of working within Networks. I imagine these are not all resolved, but I trust the Association has and will continue to be of some support.

As you will be aware members of EC took part in an 'away day' in February to review the Association's work and undertake planning for the future. One key aspect that was discussed was the representation of nursing and, looking beyond BAPM, the limited numbers of neonatal nurses who are members of any of the neonatal professional associations. In an attempt to address this we hope to strengthen the relationship between ourselves, the Neonatal Nurses Association and the Scottish Neonatal Nurses Group and encourage more nurses to become involved – I know both the NNA and the SNNG are also keen to have more collaborative working. At the time of this AGM I will have met with the Chairs of both to discuss a joint strategy to start to address this.

Other priorities identified from the away day included improving the multidisciplinary research profile, particularly in relation to evidence directly supporting practice and ways of working, and developing closer relationships with parents and families.

Concerns by members continue regarding the consistency of practice for ANNPs, and validation and support for their role in the workforce. We know that professional regulation via the NMC is unlikely in the near future for nurses working at advancing levels of practice, and that there are no current plans to develop a separate register to support this. As part of a programme of work organised by the RCN, myself and two ANNP members are in the process of developing a framework surrounding competency including ways to standardise training and clinical practice, which we hope will give some foundation to this important role.



Early warning scoring systems have been introduced in both adult and paediatric fields in recent years and with this in mind we are undertaking a piece of work to develop a newborn version. This work is being led by Glenys Connolly, who some of you may know as an ANNP from Plymouth. As a working group we aim to produce a risk identification and tracking tool for use initially by midwives working on postnatal and transitional care wards. This work is ongoing but we hope to have a completed draft by early next year – so look out for the NEWTT (Newborn Early Warning Trigger and Track)!

Finally recruitment of new members is always important. I hope by maintaining the reduced fees for nurses and midwives, providing free access to Infant journal and introducing a minimal payment for attendance at the scientific meeting and AGM we are presenting some incentives for this. Please contact Sandie with any other thoughts of ways to increase our membership. I am looking forward to the 3rd joint perinatal conference at Harrogate next year and hope to see many of you there.

Sue Turrill

Professions allied to medicine

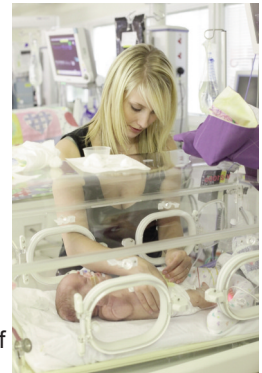
This year there has been detailed discussion about the future direction of BAPM particularly in relation to its role in promoting neonatal research. I am pleased to say that the AHP group is well represented in the subgroup responsible for developing, prioritising and taking forward ideas about how this can be achieved. In a year which has seen seismic changes to almost every aspect of the organisation and delivery of NHS care, as an academic I am highly aware of the very privileged position in which I am placed not having to deal directly with this level of change. In the midst of these changes has come the Maternal, Newborn and Infant Clinical Outcome Review Programme newly commissioned from the MBRRACE-UK collaboration.

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 which has seen all units across the UK delivering maternity services, neonatal care and paediatric surgery register with the newly established MBRRACE-UK web-based perinatal mortality data collection system. We know that some units have been challenged by the IT requirements required 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 achieve this.

The MBRRACE-UK system is collecting information about all eligible deaths from 1 January 2013 onwards and a number of units are working very hard to catch up with the backlog that had accumulated whilst we were in the process of developing the electronic data capture system from scratch. Deaths eligible for inclusion are all late miscarriages at 22-23 weeks gestation; all stillbirths; all neonatal deaths; and all post-neonatal deaths of infants who were never discharged home from hospital before they died.

Also underway is the first MBRRACE-UK perinatal morbidity/mortality confidential enquiry, the topic for which, for 2013, is congenital diaphragmatic hernia. In order to get the confidential enquiry programme started this first topic was proposed by the MBRRACE-UK team and agreed by the Independent Advisory Group (IAG).¹ Relevant clinical staff have been keen to engage with this process with many individuals volunteering to join the topic expert group and the panels which will undertake the confidential enquires. Letters requesting medical notes for the sample cases selected to undergo review have recently been sent out and we hope that a similar level of enthusiasm will see the rapid return of anonymised copies of the case notes so that the confidential enquires can get underway in autumn.

In addition to a successful programme launch meeting in April, the MBRRACE-UK team also instigated the open topic proposal process to identify the perinatal topic for the confidential enquiries we will undertake in 2014. This was very successful given it was a new process and because of timetabling pressures was only open for two months. A series of 10 perinatal (and 13 maternal) topics were proposed and following a three stage process the final selection of 'Unexpected term antepartum stillbirth of normally formed infants' was made by the IAG.



The topic proposal invitation process will open again on the 1 September and will remain open this year for four months to enable anyone who wishes to do so to propose a topic for the 2015 perinatal morbidity/mortality confidential enquiry. The only requirements are that the proposed topic raises questions which the confidential enquiry methodology is suited to answer and the topic proposal(s) is submitted on the form which will be available when the invitation for proposals opens on 1 September 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

The Neonatal Critical Care Clinical Reference Group

Over the past year Professor Richard Cooke has been working with a team of neonatologists representing the new Senate areas of England to establish and develop this new commissioning group. They were working from scratch and did some excellent work around CQUINS and service specifications primarily. They have set up the framework for a new team to take on over the next 3 years.

The new CRG team was established between April and June this year. It comprises a chair and a lead commissioner, plus a representative from each Senate area (three from London to make representation more even), four representatives from allied professional societies, including BAPM, and four PPE members. The group has already been working hard with key focuses on revisiting the issued CQUINS (modified centrally before issuing), and confirming the service specifications for Neonatal Critical Care and Neonatal Transport. Anyone may register as a stakeholder for the CRG and to achieve as wide as possible input into our work, I would encourage at least all clinical leads for neonatal services to register as stakeholders through the specialist commissioning website, and anyone else who would like early input into outputs from the group.



There are a large number of CRGs and several are under the umbrella of Women and Children. Working between CRGs is important and we have links with Paediatric Critical Care and several others already so we can coordinate joint areas of working. Key areas of work for CRG members over the next year will be:

The Service Specifications: these are finalised for this year and each Area Team is reviewing what they can and cannot meet, developing plans for implementation where necessary and communicating these back to us. We will tweak them for next year but do not expect major changes.

The Neonatal Critical Care Clinical Reference Group ctd

CQUINs: we will need to develop these more effectively over the next year and we will be writing to BAPM members to solicit ideas.

The Innovation Fund is now open for applicants and provides one way of getting funds for important national projects.

Policy: where refinement of national policy is needed we can issue new communications quarterly. We are currently looking at Palivizumab with a view to harmonising all current policies for example.

Dashboard: we need to develop this as a useful tool. Around half of NICUs managed to return something last year; key work is required to establish how best to collect this and how best to allow Trusts to validate their own data before it is submitted. Not all is currently collected throughout Badger and this will need to be reviewed. We will also need to meet with the NNAP to assess how we merge these activities effectively.

Data: the BAPM data group has been very active over the past few years and we need to align their work with that of the CRG and with NDAU. We have a head start over many disciplines but it will take a lot of work to make it fit for purpose.

These are just some of the areas that the CRG is going to be tackling over the next three years as we go forward in the brave new world. I personally see this as a wonderful opportunity for our professional group to integrate several initiatives and work to improve our well developed (but at risk) network structure for the benefit of our babies.

We need to strengthen the implementation of the Toolkit. We have asked Senate representatives to cascade CRG information to unit leads and bring forward any anxieties or proposals from their groups. We will work with the established BAPM network to really ensure we are working together in a coordinated fashion.

Neil Marlow
Chair, Neonatal Critical Care CRG

Financial Statements for the year ended 31 March 2013

Legal and administrative information

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| 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 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 Dr. A.C. Fenton Dr. A. Ogilvy-Stuart | President Honorary Secretary Honorary Treasurer |
| Paediatric representatives | Dr. S. Deshpande Dr N. Subhedar Dr. J. Eason Dr. S. Jones Dr. G. Menon Dr. S. Barr Dr. C. O'Donnell | North of England (to Sept 2012) North of England (from Sept 2012) South of England (to Sept 2012) South of England (from Sept 2012) Scotland Wales Ireland |
| Obstetric representative | Prof. D. Peebles | |
| Nursing / Midwifery representative | Ms. S. Turrill | |
| Allied professions representative | Prof. J. Kurinczuk | |
| Executive officer | 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 | |

Financial Statements for year ended 31 March 2013

Report of the Trustees

The Trustees present their report and accounts for the year ended 31 March 2013.

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 facilitation of research and clinical trials; 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".

Financial Statements for year ended 31 March 2013

Trustees

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

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|----------------------|--------------------|
| Dr. A.B. Gill | President |
| Dr. A.C. Fenton | 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 obstetrician, 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 Officer, 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 £174,421 (2012: £200,052) and the total resources expended amounted to £149,591 (2012: £126,316) resulting in net incoming resources of £24,830 (2012: £73,736), which have been transferred to the accumulated funds. The increase in net incoming resources during the year of c. £24k before the receipt last year of £50,000 restricted donation for the Peter Dunn Perinatal Lectureship fund was largely due to an increase in subscriptions c.£8k, sponsorship c.£8k and income from BAPM's own conference, where last year it was a net receipt for share of the profits from the Perinatal Medicine 2011 joint conference c.£14k, reduction in gift aid and interest of c.£5k. Correspondingly BAPM's own conference costs have increased by c.£18k (2012: decreased by £23,305) and an increase in meeting costs mainly arising from increased activities and the strategic awayday. The unrestricted funds have increased by £33,838 of which £9,158 relates to transfer from restricted fund for the library costs (2012: increased by £23,201) to £216,823 (2012: £182,985), and the restricted funds have decreased by £9,008 (2012: increased by £50,535) of which all relates to transfer for the library costs paid from the unrestricted fund to £181,008 (2012: £190,016).

The increase in incoming resources from membership subscriptions to £100,700 (2012: £93,000) arose as a result of stable membership with fewer lapses and subscription remaining at £125. Income from sponsorship and exhibitors amounted to £21,033 (2012: £13,226). The increase was largely due to one sponsor but fewer sponsors are renewing their agreements. Events and conferences income increased to £31,135 (2012: decreased to £17,453). Last year a conference was not organised by the Charity but it was part of a joint conference with other organisations and, as a consequence, there were no direct conference income and expenses unlike 2012-13. In 2011-12 the Charity received a net share of surplus income over expenditure of £13,238 from the joint conference whereas this year in 2012-13, events and conference income was £31,135 and direct costs of £22,174 (2012: £4,562) before allocation of wages of £13,761 (2012: £13,031) and support costs of £5,458 (2012: £5,712). 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

Financial Statements for year ended 31 March 2013

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 £111,008 (2012: £120,479) is being accumulated for the establishment of a library and archiving system of perinatal medicine to further the objectives of the Charity. The Dunn Perinatal Library established during January 2012 as per the donor's specified requirement has been fitted out with bookshelves and books and is available for use. 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. The Trustees continue to review the Library fund as per the donor's specified requirements. The Peter Dunn Lectureship Fund of £70,000 (2012: 69,537) 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 inaugural Peter Dunn Lecture was delivered by Professor David Field on behalf of the Charity in September 2012. 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 (2012: £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 6 September 2013.



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 2013, 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.

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

Dated 9 September 2013

Statement of Financial Activities for the year ended 31 March 2013

| | | Unrestricted Funds | Restricted Funds | Total funds 2013 | Total funds 2012 |
|--|-------|-----------------------|---------------------|---------------------|---------------------|
| | Notes | £ | £ | £ | £ |
| Incoming resources | 1 | | | | |
| Incoming resources from generated funds | | | | | |
| Voluntary Income | | | | | |
| Members' subscriptions | | 100,770 | - | 100,770 | 93,000 |
| Donations | | - | - | - | 50,000 |
| Gift aid receivable | | 18,194 | - | 18,194 | 20,454 |
| Activities for generating funds | | | | | |
| Sponsors and exhibitors | 3 | 21,033 | - | 21,033 | 13,226 |
| Investment income | | | | | |
| Bank interest | | 3,139 | 150 | 3,289 | 5,919 |
| Incoming resources from charitable activities | | | | | |
| Events and conferences | 3 | 31,135 | - | 31,135 | 17,453 |
| Total incoming resources | | 174,271 | 150 | 174,421 | 200,052 |
| Resources expended | 1 | | | | |
| Cost of generating voluntary income | 4 | 5,712 | - | 5,712 | 5,570 |
| Cost of generating funds | 4 | 7,615 | - | 7,615 | 7,427 |
| Charitable activities | | | | | |
| Events and conferences | 4 | 41,393 | - | 41,393 | 23,305 |
| Members' services | 4 | 14,279 | - | 14,279 | 13,926 |
| Other meetings | 4 | 25,375 | - | 25,375 | 19,878 |
| Advice and information | 4 | 16,182 | - | 16,182 | 15,781 |
| Governance & strategy costs | 4 | 39,035 | - | 39,035 | 40,429 |
| Total resources expended | 4 | 149,591 | - | 149,591 | 126,316 |
| Net incoming resources | 2 | 24,680 | 150 | 24,830 | 73,736 |
| Transfers between funds | 10 | 9,158 | (9,158) | - | - |
| Net movement in funds | | 33,838 | (9,008) | 24,830 | 73,736 |
| Total funds at beginning of year | 10 | 182,985 | 190,016 | 373,001 | 299,265 |
| Total funds at end of year | 10 | 216,823 | 181,008 | 397,831 | 373,001 |

Balance Sheet as at 31 March 2013

| | Notes | £ | 2013 £ | £ | 2012 £ |
|---|---------|-----------------|-----------|-----------------|-----------|
| Fixed assets | | | | | |
| Tangible assets | 5 | | 11,008 | | 12,259 |
| Current assets | | | | | |
| Debtors | 6 | 42,845 | | 25,266 | |
| Cash at bank and in hand | 7 | 369,185 | | 356,052 | |
| | | <u>412,030</u> | | <u>381,318</u> | |
| Creditors: amounts falling due within one year | 8 | <u>(25,207)</u> | | <u>(20,576)</u> | |
| Net current assets | | | 386,823 | | 360,742 |
| Total assets less current liabilities | | | 397,831 | | 373,001 |
| Unrestricted funds | | | | | |
| General fund | 10 & 11 | | 216,823 | | 182,985 |
| Restricted funds | 10 & 11 | | 181,008 | | 190,106 |
| Total funds | 10 & 11 | | 397,831 | | 373,001 |

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 6 September 2013



Dr A Bryan Gill
Trustee

Notes to the Accounts Year ended 31 March 2013

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 2013

2 Net incoming resources

| 2013 | 2012 |
|------|------|
| £ | £ |

These are stated after charging:

| | | |
|---|-------|-------|
| Trustees' fees and expenses | 5,291 | 5,763 |
| Depreciation of owned tangible fixed assets | 1,251 | 1,254 |
| Reporting accountants' fees for the year | 4,320 | 4,200 |
| Reporting accountants' fees for prior years | 120 | 840 |
| Trustees' indemnity insurance | 1,442 | 1,427 |

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:

| | £ | £ |
|----------------------|-------|-------|
| Prof. D. Field | - | 460 |
| Dr. A.B. Gill | 2,747 | 2,489 |
| Dr. A.C. Fenton | 2,009 | 2,407 |
| Dr. A. Ogilvy-Stuart | 535 | 407 |
| | 5,291 | 5,763 |

3 Incoming resources

| 2013 | 2012 |
|------|------|
| £ | £ |

Sponsors and exhibitors

Exhibitors at events and conferences
Sponsors

| | |
|--------|--------|
| 1,333 | 1,226 |
| 19,033 | 12,000 |
| 21,033 | 13,226 |

Events and conferences

AGM conference, lectures and dinners
Share of profits from Perinatal Medicine 2011
Trainees' and other meetings

| | |
|--------|--------|
| 27,525 | 965 |
| - | 13,238 |
| 3,610 | 3,250 |
| 31,135 | 17,453 |

Notes to the Accounts Year ended 31 March 2013 (cont)

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

| | Direct costs £ | Staff costs £ | Support costs £ | 2013 Total £ | 2012 Total £ |
|--|---------------------------|--------------------------|----------------------------|-----------------------------|-----------------------------|
| Cost of generating voluntary income | - | 4,090 | 1,622 | 5,712 | 5,570 |
| Cost of generating funds | - | 5,453 | 2,162 | 7,615 | 7,427 |
| Charitable activities | | | | | |
| Events and conferences | | | | | |
| AGM, lectures and dinners | 20,345 | 10,448 | 4,144 | 34,937 | 17,237 |
| Trainees' meetings | 1,829 | 3,313 | 1,314 | 6,456 | 6,068 |
| | 22,174 | 13,761 | 5,458 | 41,393 | 23,305 |
| Members' services | - | 10,224 | 4,055 | 14,279 | 13,926 |
| Other meetings | 18,892 | 4,642 | 1,841 | 25,375 | 19,878 |
| Advice and information | - | 11,587 | 4,595 | 16,182 | 15,781 |
| Founder lecture fee – restricted fund | - | - | - | - | - |
| | 41,066 | 40,214 | 15,949 | 97,229 | 72,890 |
| Governance & strategy | | | | | |
| Reporting accountants' fees | 4,440 | - | - | 4,440 | 5,040 |
| Trustees' indemnity insurance | 1,442 | - | - | 1,442 | 1,427 |
| Annual reports | 1,814 | - | - | 1,814 | 1,814 |
| Staff and support costs | - | 18,403 | 7,297 | 25,700 | 25,065 |
| Executive committee meetings | 5,639 | - | - | 5,639 | 7,083 |
| | 13,335 | 18,403 | 7,297 | 39,035 | 40,429 |
| Total resources expended | 54,401 | 68,160 | 27,030 | 149,591 | 126,316 |

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

| | 2013 £ | 2012 £ |
|--------------------------------------|-------------------|-------------------|
| Premises and office expenses | | |
| Premises and administrative services | 23,102 | 22,247 |
| Insurance | 368 | 396 |
| Computer costs / Website | 109 | 108 |
| Bank charges | 947 | 665 |
| Professional services | 327 | 1,376 |
| Telephone services | 271 | 613 |
| General administrative costs | 655 | 1,630 |
| Depreciation | 1,251 | 1,255 |
| Total support costs | 27,030 | 28,290 |

Notes to the Accounts Year ended 31 March 2013 (cont)

4 Resources expended (continued)

c) Analysis of staff costs

| | 2013 £ | 2012 £ |
|-----------------------|---------------|---------------|
| Wages and salaries | 57,097 | 54,077 |
| Social security costs | 5,813 | 5,512 |
| Pension costs | 5,250 | 4,956 |
| | <u>68,160</u> | <u>64,545</u> |

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 Officer | 0.8 | 0.8 |
| Membership & Finance Assistant | 0.8 | 0.8 |
| | <u>1.6</u> | <u>1.6</u> |

5 Tangible fixed assets

| | Library £ | Presidential badge £ | Computer equipment £ | Total £ |
|-----------------------|---------------|----------------------------|----------------------------|---------------|
| Cost | | | | |
| At 1 April 2012 | 12,514 | 1,000 | 2,779 | 16,293 |
| Additions in year | - | - | - | - |
| At 31 March 2013 | <u>12,514</u> | <u>1,000</u> | <u>2,779</u> | <u>16,293</u> |
| Depreciation | | | | |
| At 1 April 2012 | 1,255 | - | 2,779 | 4,034 |
| Charge for the year | 1,251 | - | - | 1,251 |
| At 31 March 2013 | <u>2,506</u> | <u>-</u> | <u>2,779</u> | <u>5,285</u> |
| Net book value | | | | |
| At 31 March 2013 | <u>10,008</u> | <u>1,000</u> | <u>-</u> | <u>11,008</u> |
| At 31 March 2012 | <u>11,259</u> | <u>1,000</u> | <u>-</u> | <u>12,259</u> |

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.

Notes to the Accounts Year ended 31 March 2013 (cont)

| | | | | |
|---|--|-------------------------|-----------------------|------------------|
| 3 | Debtors | 2013 £ | 2012 £ | |
| | Unrestricted | | | |
| | Fees and members' subscriptions | 5,175 | 100 | |
| | Gift aid tax receivable | 36,769 | 18,575 | |
| | Prepayments and accrued income | 901 | 6,591 | |
| | | 42,845 | 25,266 | |
| 7 | Cash at bank and in hand | 2013 £ | 2012 £ | |
| | Restricted | | | |
| | Library fund | 100,000 | 108,220 | |
| | Founders Lecture & Lectureship fund | 70,000 | 69,537 | |
| | | 170,000 | 177,757 | |
| | Unrestricted | | | |
| | General fund | 199,185 | 178,295 | |
| | | 369,185 | 356,052 | |
| 8 | Creditors: amounts falling due within one year | 2013 £ | 2012 £ | |
| | Unrestricted | | | |
| | Expenses creditors and accruals | 23,207 | 16,876 | |
| | Deferred income | 2,000 | 3,700 | |
| | | 25,207 | 20,576 | |
| | Restricted | | | |
| | Expenses creditors and accruals | - | - | |
| | | 25,207 | 20,576 | |
| 9 | Analysis of net assets between funds | Unrestricted Funds £ | Restricted Funds £ | Total Funds £ |
| | Fixed assets | - | 11,008 | 11,008 |
| | Current assets | 242,030 | 170,000 | 412,030 |
| | Current liabilities | (25,207) | - | (25,207) |
| | Net assets | 216,823 | 181,008 | 397,831 |

Notes to the Accounts Year ended 31 March 2013 (cont)

| 10 Movements in funds | As at 1 April 2012 £ | Incoming resources £ | Resources expended £ | Transfers between funds £ | As at 31 March 2013 £ |
|---|-------------------------------|----------------------------|----------------------------|------------------------------------|--------------------------------|
| Restricted funds (see note 11) | | | | | |
| Library fund | 108,220 | 150 | - | (8,370) | 100,000 |
| Dunn Perinatal Library | 12,259 | - | - | (1,251) | 11,008 |
| The Peter Dunn/Founders lecture | 69,537 | - | - | 463 | 70,000 |
| Total restricted funds | 190,016 | 150 | - | (9,158) | 181,008 |
| Unrestricted funds (see note 12) | | | | | |
| General fund | 180,039 | 174,271 | (149,591) | 9,158 | 213,877 |
| Educational bursary | 2,946 | - | - | - | 2,946 |
| Total unrestricted funds | 182,985 | 174,271 | (149,591) | 9,158 | 216,823 |
| Total funds | 373,001 | 174,421 | (149,591) | - | 397,831 |

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

| | 2013 £ | 2012 £ |
|--|---------------|---------------|
| 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: | <u>22,500</u> | <u>20,312</u> |

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
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www.bapm.org

Charity No. 285357



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