Annual Report 2012

BRITISH ASSOCIATION OF PERINATAL MEDICINE

Founded 1976

From the President

I am writing the President's report as Team GB are collecting their sixth gold medal in one day. I cannot promise the same excitement in this report, but hope that this summary of some of the key issues facing perinatal care will show how BAPM is having/has had an important role in shaping the future for our services. I must start by thanking you for the level of support I have received since taking over as President. I hope I am beginning to justify that support. We need to reach more of the membership to hear your views and I know that last year's AGM was only a start.

Every year seems to be a major challenge for the NHS. I believe the next few years will be the most challenging I have seen since being appointed as a consultant. The success of neonatal networks over the past 10 years is now under threat due to the new National Commissioning Board (NCB). The threats to coherent planning for the patient pathway are very clear to many and the potential loss of employment for non-medical network managers is distressing.

In May 2012 at the network leads meeting we held a telephone conference with Kathy McLean, the Transitions Medical Director, to discuss the new structure for networks. This was followed up by a joint letter with Bliss on the importance of neonatal networks to delivering quality in perinatal care. By the time you read this I hope you will have seen the proposed new network structure published by the Department of Health. The report has indicated the development of 4 Strategic Clinical Networks [SCNs] (Cancer, Cardiovascular, Dementia, Maternity and Children's). Any disappointment that we are not a SCN needs to be tempered by the proposal that there will only be 4 distinct operational networks, and neonatal is to be one of them. It could have been worse, as many existing networks in other specialties could be demoted to professional groups. The lobbying by BAPM and Bliss has made a difference.

In March this year the NCB commissioned Clinical Reference Groups (CRGs) in all national specialised services. The neonatal CRG chaired by Richard Cooke was set the task of developing national service specifications, a national QIPP, CQUIN standards and performance dashboards, expecting all to be completed within 6 months. I have been working with the group as BAPM representative and the work will be completed by the end of September for implementation in 2013. I will focus on this in the President's report at the AGM. On a lighter note, I was accused of being the cause of the debacle of the existing performance dashboards that found their way into this year's CQUINs, in which 22 measures were published! I know from the many emails and phone calls that it was assumed BAPM had endorsed this number. All I can say in my defence is that BAPM was not asked to approve this. The good news is the new dashboard will probably have a maximum of 8 items that will realistically reflect quality of care. Thanks to everyone who contributed to the new dashboard measures. The real significance of this work, assuming it is adopted, is that these will be the standards against which neonatal services will be commissioned giving it far greater influence than any of the previous 'Standards' documents.

At last year's AGM we held a workshop to discuss the future strategy for BAPM. The CRG work has delayed progressing this, but I can now announce that the Executive Committee will be holding an 'away day' for EC early in 2013 to discuss the strategy for BAPM over the next 3 years. We will be consulting with the membership on this and as ever will value your input. Please watch out for the bulletins regarding this in 2013. With the AGM papers you will note that we are balloting all members on the issue of milk company sponsorship. I know this evokes strong emotions amongst members but I encourage you to consider the accompanying paper. Other organisations previously opposed have developed ways of benefitting their members but focussing on restrictions to the publicity material and the rules of sponsorship, so please do cast your vote.

The role of President can only succeed if it has the full support of others. Lisa and Hayley have been magnificent over the past 12 months and I want to send my personal thanks to them for all their hard work. Alan has delivered time and again with highlights being the Trainees' day and the new revamped perinatal session at the RCPCH annual meeting. Mandy has managed the finances expertly and, with Alan, we make a great Officers team. My fellow EC members have accepted my NHS manager quirks and the more structured approach to EC meetings, which has allowed us to reduce to 3 (from 4) this year. Their contributions are invaluable and critical to the democracy within BAPM. Special thanks to Sanjeev Deshpande and Julian Eason who step down as EC reps this year. We need you, the members, to tell us what concerns you and how we can help. We need to plan our work programme for the next 12 months and I am anxious that BAPM is not seen as the fiefdom of a few. We have almost 900 members so please let us know if you are interested in joining our advisory group.

I must make special reference to Andy Cole, CEO of Bliss. His skill in lobbying both the Government and the NHS is amazing, and the joint working with his team has been and is very exciting for the future. Many thanks to Andy and his team at Bliss, and I hope we can strengthen our partnership going forward.

Finally, earlier in the year we established the Dunn Perinatal Library in the RCPCH. This has been an ongoing challenge for Presidents for some 20 years, and I will only take the credit for being the incumbent at the time it opened! I must thank Christine Cooper for managing the project so expertly. We have classified the books in line with library standards with cataloguing to follow. The library is open to members of BAPM and the RCPCH and we are working with the College to establish how non-RCPCH members may also access the facility. Peter's support for BAPM over the past 30 years has been remarkable and the new Peter Dunn lectureship adds to this previous support, and will provide an opportunity to develop stronger relationships with our midwifery and fetal medicine colleagues. I will end on this positive note and look forward to meeting many of you in Cardiff and working on your behalf again over the next 12 months.

Bryan Gill

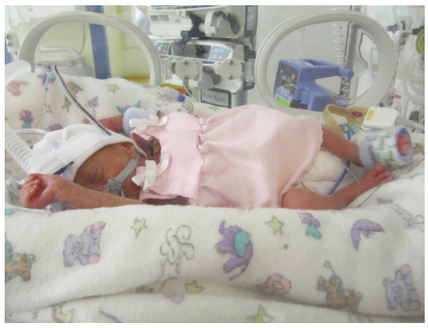
Objectives	Activities during 2011-2012
Providing postgraduate education meetings throughout the year	• BAPM's Annual General Meeting held in September • The Perinatal Session of the annual Spring Meeting of the Royal College of Paediatrics and Child Health (RCPCH) • BAPM's Annual Perinatal Trainees' Meeting held in October • Perinatal Medicine 2011 (joint conference with BMFMS, NNA and Neonatal Society)
Facilitating clinical trials and other research	• Ongoing support and advice for those setting up and/or running perinatal clinical trials in the UK through active participation in: a) the Neonatal Clinical Studies Group (part of Medicines for Children Network) b) the Preterm Birth Clinical Studies Group (in collaboration with BMFMS)
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**	Neonatal Clinical Reference Group Children's Clinical Advisory Group to the Payment by Results team NHS FASP - Care Pathways for Cleft Lip NICE - Antibiotics for Neonatal Infection Healthcare Quality Standards Process Guide Update RCOG - Antenatal Antibiotics, Preterm Labour and Cerebral Palsy Peer Review of Perinatal Management of Extremely Preterm Infants Investigation and Management of the Small for Gestational Age Fetus RCPCH/BAPN/BKPA - Paediatric Kidney Conditions Survey UK NSC - Screening for Kernicterus 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
Raising awareness of and proactively influencing the policy environment in which perinatal care is delivered	Bliss - 1-2-1 nursing campaign, staffing survey, Family Handbook, report on specialist nurses National guidance for perinatal post mortem - multi agency group led by UK-Sands Best Beginnings
Auditing and monitoring the outcome, structure and function of perinatal care for babies and their families	• Data working group • National Neonatal Audit Project • Neonatal Network Clinical Leads, Nurses and Managers Group • Working group on Communication with Trainees • Working group on Neonatal Organ Donation • Working group on Nursing Standards for QIS • UK Neonatal Transport Interest Group • MBRRACE-UK
Fostering fellowship and collaboration among those involved in the care of the pregnant woman, mother and baby	• 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

Times within the NHS have become even more 'interesting' (or challenging, depending on one's viewpoint). Network configurations are evolving against a backdrop of reorganisation of funding structures for our services. The final picture for these proposed changes is still far from clear. The network principle has been accepted throughout the UK: all areas report common issues around shortages of nurse and junior medical staffing which, in turn, influence discussions around desgination and reconfiguration of individual services. What is clear is that network models will have to evolve further with a focus on patient pathways. The biannual network leads meeting hosted by BAPM continues to provide a highly useful focus for sharing network experiences and expertise, and also provides the opportunity to ensure that the neonatal community responds to problems in a nationally-coordinated manner.

Neonatal transfer is a key component in keeping networks operational by ensuring that infants are moved promptly to cots appropriate for the level of care they require, whether this be an escalation or a step down in level of care. The UK Neonatal Transport Interest Group is in discussion with BAPM regarding formal affiliation. Transfer services have evolved alongside networks and are working towards standardising care delivered during each transfer episode. Part of this process entails collecting and recording standardised relevant data pertaining to transfer episodes: this may ultimately feed into the NNAP platform.

The NNAP program is central to several quantitative and qualitative strands of how neonatal care is delivered and assessed. It too is very much in evolution and it is essential that users deliver feedback to keep NNAP current and relevant. This may be done either directly or through BAPM or network leads. Given the proposed financial penalties attached to 'quality' of care it is crucial that we as a neonatal community are involved in collecting data that can



accurately and consistently demonstrate this aspect of our work. Ruth Ashmore's article on page 8 of this report gives an excellent overview of the quality issue.

The Association's on-going programme of working groups continues. The Data Working Group met again in July following a break during which work was taking place 'behind the scenes' on reporting and outcomes. It was noted that a number of units have not yet adopted the revised Categories of Care as these are in the process of being incorporated into the Badger system. With regard to clinical outcomes, it is clear that there is some overlap with NNAP and discussions are on-going to avoid duplication of data collection. The question of who will take overall responsibility for data collection at unit and/or network level is yet to be fully addressed and this will need further consideration at national level.

As part of our programme of developing framework documents and other guidance we are applying for NHS Evidence Accreditation. This looks to accredit sources of guidance information in recognition of the process through which particular guidance has been developed. A very different but equally important process is the introduction of our Conflicts of Interest policy which all members of the Executive Committee, Working Groups and Advisory Panels will be required to complete on an annual basis.

Honorary Secretary's Report (cont)

The Nurse Education working group has finalised the core syllabus for clinical competency which may be found on the BAPM website. Sue Turrill, who led on this difficult task, aims to target a wider audience particularly nurse education providers. We have been working in a multi-agency group led by UK-Sands to produce national guidance and consent forms for perinatal post mortem. This will be launched in the autumn.

With regard to neonatal organ donation we have approached the RCPCH to join their working group on this difficult issue.

Looking ahead it is clear that we need to continue to attract trainees into perinatal care. Gopi Menon's Communication with Trainees working group has produced some excellent promotional material and aims to develop a trainees' area on the BAPM website, as well as investigating the possibilities of using web based media to reach as wide an audience as possible. Competition for neonatal grid posts remains fierce although it has become clear that whilst comfortable with clinical issues, many trainees feel under-prepared for the non-clinical aspects of a consultant role. We are also becoming increasingly involved with careers fairs: these take place across the country and we are always looking for members to represent the Association. Please contact Lisa or Hayley in the office if you are interested in attending on behalf of BAPM.

High quality national meetings are also important in 'show-casing' perinatal care. Plans for Perinatal Medicine 2014 in Harrogate are under way, which I hope will be as successful as the meeting in 2011. I am pleased to report that the perinatal group session at the RCPCH meeting in Glasgow this year was extremely well attended compared to the previous one held in Warwick. The invited speakers stimulated lively audience discussion and the challenge will be to continue to produce a programme that appeals to a wide audience. The annual Trainees' Meeting was as usual well-attended: thanks to everyone who participated, particularly those who took part in the grid application 'surgeries'. This particular issue is also being picked up by the Trainees working group.

Honorary Secretary's Report (cont)

Following on from last year's annual report, Christine Cooper has ensured that Professor Peter Dunn's unique archive of perinatal resource material has been housed in a most appropriate fashion opposite the BAPM office at the RCPCH. The official opening ceremony was attended by Professor and Mrs Dunn in addition to numerous past Presidents of the Association. I would encourage members to visit the library if they are attending the College. Professor Dunn has also very generously funded a Perinatal Lectureship for the AGM: I am delighted to report that the inaugural lecture will be delivered in Cardiff by David Field.

Finally I would like to thank certain individuals and groups for their support and encouragement during the last year. Bryan Gill has brought in a different view of the perinatal world as President of the Association: for me this change has certainly broadened my outlook on the wider NHS and how perinatal care fits within it. Lisa and Hayley in the BAPM office continue to develop their roles within the Association, in addition to keeping everything running smoothly. The latter includes ensuring that both the Officers and working groups deliver on time! On that note, I am 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 other members commit to helping the Association by developing and undertaking reviews of the increasing number of consultation documents that come our way.

I would emphasise that there is always plenty of opportunity for new members on our advisory panel. The financial climate remains challenging and this impacts on Mandy Ogilvy-Stuart's role as Treasurer. The continuing input of Andy Cole and Bliss in keeping neonatal care high in both ministerial and public consciousness across the UK cannot be underestimated.

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

Alan Fenton

Nursing and Midwifery update

This year has been a busy one for nursing within the Association.

Our main piece of work has been the development of a standard education framework relating to clinical competency for nurses working at QIS level. Formal education courses had developed in different ways since the removal of central professional monitoring and regulation over 10 years ago, and concerns about the differences in the abilities and practice of QIS nurses between Trusts and Networks had been increasing. Alongside this we were facing changes from healthcare reforms and changes to the funding within higher education. It was in response to this picture that a standardised approach seemed an appropriate way forward. With a clear skills set already having been developed via NHS Education Scotland, the additional work to define competence was to create knowledge sets mapped to skills. As a brief overview the framework document includes definition of the content required for clinical competence in terms of knowledge and skills, a guide for evidencing achievement in practice which would link to the creation of a portable portfolio, and the principles which assure the quality of education provision.

As many of you will know work was undertaken by BAPM on behalf of the Neonatal Networks following discussions at one of our Network Leads meetings. It was always important that we included nursing and education experts from across the UK within the working group, not only from our own membership, and we were fortunate to have strong, engaging representation. My sincere thanks go to all those involved who contributed positively to this development. I would also like to take this opportunity to thank Lisa and Hayley for their help and advice throughout this process.

I am pleased to say that the document has now been published and is available on the BAPM website (1). Our positive relationship working with the NNA and the SNNG has led to a joint publication, and close discussions with the RCN resulted in their formal endorsement of the document. The framework is already starting to be used in different Networks and by continuing these joint nursing collaborations we will hopefully ensure its wider implementation giving our QIS nurses a standardised education content that supports them in providing care to babies and families at the highest level.

The future for commissioning QIS education still remains unclear with only limited central funding likely to be available for CPD. Close partnerships that exist between Networks and their developing Local Education and Training Boards will maintain the profile of our specialism when decisions regarding the allocation of these funds are made.

On a different note I reported last year that we had been involved in working with Bliss to develop a picture of the numbers of specialist nurses in neonatal units across England. At the time we were awaiting results of the survey. I am sure you will all have seen the published report (2). and, whilst the results are not a surprise, it has highlighted the position of the majority of units struggling to recruit and train their specialist nursing workforce.

More recently I have had an increasing number of enquiries from across the membership related to the regulation of Advanced Neonatal Nurse Practitioners, and for an update on the position of the NMC in creating a separate record for those in practice. It seems this is unlikely to happen in the near future with the programme manager for revalidation at the NMC reporting in June that the “Council has decided not to pursue previous plans to develop specific standards for nurses and midwives who work as Advanced Neonatal Nurse Practitioners”. Whilst this is disappointing, at the time of writing this report the ANNP team in Plymouth have already been collating information from ANNPs across the UK relating to their training and working practices. We fully support them in this work and their aim to achieve the recognition and regulation of this important part of the workforce.

As always, if there are any concerns or issues you would like the Association to pursue please contact me. Thank you for your support and I hope to see you at the AGM this year.

Sue Turrill

(1). BAPM 2012. Matching knowledge and skills for QIS neonatal nurses: a core syllabus for clinical competency. BAPM. London. Available at: www.bapm.org/publications/documents/training

(2). Bliss 2011. SOS Save our special care babies, save our specialist nurses: A Bliss report on cuts to frontline care for vulnerable babies. Bliss. London.

Professions allied to medicine

This is my first year as the Executive Committee member representing professions allied to medicine including researchers. This small but perfectly formed group of BAPM members has been represented with great commitment, enthusiasm and application by Caroline King for a number of years. In handing over, Caroline remarked to me that one of the challenges is how to encourage more therapists and other AHPs involved in neonatal care to join the Association. Engaging more members from the allied professions will be best achieved by encouragement from members working alongside these groups who make a vital contribution to the care of neonates. It is my intention to take up this challenge and to double the number of Allied Members of the Association during my tenure on the Executive Committee.

AHP contribution to the work of the Association has recently included contributing to the work of the Data Working Group, chaired by Professor Liz Draper, which produced revised Categories of Care published by BAPM in 2011 (1). The Categories of Care 2011 (CoC) offer the opportunity to improve the recording of neonatal activity thereby improving capacity planning for neonatal networks in the future. Although acknowledged to reflect a consensus rather than evidence based view, in publishing these new categories the BAPM Executive Committee regard these as an improvement on the previous CoC published ten years before. The changes reflect the many improvements in neonatal care and service delivery which have been achieved since the publication of the CoC 2001. Liz Draper continues to chair the Data Working Group which is also close to publishing new recommendations on the BAPM dataset.

Important changes in national data collection for infant deaths were heralded earlier this year by the award of the contract for the National Maternal, Newborn and Infant Clinical Outcome Review Programme to the MBRRACE-UK collaboration (2). This programme takes over and extends the work carried out by CMACE in the past. The aim of MBRRACE-UK is to provide robust information to support the delivery of safe, equitable, high quality, patient-centred maternal, newborn and infant health services. In addition to the Confidential Enquiry into Maternal Deaths, the MBRRACE-UK collaboration will be undertaking national surveillance of late fetal

losses, stillbirths and infant deaths. The programme will also include a series of themed topic-based confidential clinical reviews of serious maternal and infant morbidity, and stillbirths. The confidential case review methods are currently being finalised; professional organisations will be involved in the development of selection criteria for review panel members, and advertisements for panel members will be available on the MBRRACE-UK website later in the year. Bryan Gill is a member of the MBRRACE-UK Independent Advisory Group and it is hoped that other members of the Association will become involved in panel reviews which will start in 2013.

Jenny Kurinczuk

(1). Categories of Care 2011. London: British Association of Perinatal Medicine, 2011. Available at: http://www.bapm.org/publications/
(2). More information about MBRRACE-UK is available at: https://www.npeu.ox.ac.uk/mbrrace-uk

Quality in Neonatal Care - the Commissioner's Viewpoint

Equity and Excellence

Developing and delivering high quality specialised services across the health economy is a high priority for specialised commissioners within the new NHS. Quality should be at the heart of delivering services and everything we do within the NHS.

Commissioning refers to the process of securing healthcare services in order to meet the needs of the population within available resources. It is a complex process that includes a wide range of tasks, such as assessing population needs, prioritising health outcomes, procuring products and services, monitoring and managing service providers, and a range of strategic efforts to promote health (Ovretveit, 1995; Smith et al., 2004).

Currently neonatal services are commissioned by the 10 Specialised Commissioning Groups. All of the specialised commissioning teams are commissioning services as set out in the Specialised Services National Definitions Set (SSNDS). This list captures all the conditions and treatments agreed by clinical experts to be rare or highly specialised. It is regularly reviewed to ensure it reflects the changing nature of specialised treatments and care. Under the current definitions there are 34 service areas (encapsulating over 200 lines of specific services) defined as 'specialised'; the full list can be found at: http://www.specialisedservices.nhs.uk/info/specialised-services-national-definitions.

In line with much of the national health system, the 2011 Health & Social Care Bill will have a significant impact on the way specialised services are commissioned and how we look at quality. Specialised services are to be a core responsibility of the NHS Commissioning Board (NHSCB) based on four key principles:

1. The number of individuals who require provision of the service or facility
2. The cost of providing the service or facility
3. The number of persons able to provide the service or facility
4. The financial implications for SCGs if they were required to arrange for the provision of the service or facility themselves

The Bill sets out plans to transfer specialised commissioning to the NHSCB once it is established, into a nationwide function from the current 10 SCG Teams. This change from being responsible to PCTs to being part of the Commissioning Board requires substantial changes in the way specialised commissioning will work and operate. The ambition for the commissioning of specialised services is to establish a single national function with national consistency, equity and excellence at its core. All of the specialised commissioning teams are commissioning services as set out in the SSNDS but not all regions commission all the services and in some regions and for some services, PCTs take a larger active role in the commissioning work.

This situation will change under the new commissioning system as funding will not be allocated through local PCT commissioning arrangements (as happens now) but managed by the NHSCB. It is vital therefore that we are able to clearly specify, monitor and manage specialised services in a consistent manner to ensure they are properly separated from current arrangements.

This ambition is supported by a quality assurance process that is clinically led by 59 Clinical Reference Groups that will develop a number of "products" to support the commissioning of quality care. The Neonatal Clinical Reference Group is chaired by Professor Richard Cooke, supported by practicing clinicians, networks and commissioners from each of the 10 SCG local teams. To support their work, the following members and volunteers make up the groups membership:

Quality in Neonatal Care - the Commissioner's viewpoint ctd

Each CRG is constituted from the following:

- 1 Chair
- 1 Public Health Lead
- 1 Commissioner Lead
- 8 Sector Clinicians
- 2 PPE representatives
- Maximum 4 additional clinical members invited by the Chair
- 1 Network Clinical Director where a formal network exists
- Maximum of 4 further individuals from other national organisations related to that speciality invited by the Chair of the Specialised Services Clinical Assurance Group (CAssG)

The minimum membership is 13 members and maximum membership is 21 members.
The key outputs include:

- Defining the scope of the service
- Quality Measures – Quality Dashboard
- Commissioning Policies
- Service Specifications
- CQUINs
- QIPP Schemes
- Innovation

Evidence suggests that there is variation in the quality of and practice in NHS healthcare which has resulted in the introduction of the NHS Outcomes Framework. The healthcare system could do more to support organisations and individuals to improve quality. What can we do as a neonatal community?

By creating an opportunity through formalising agreed standards of performance and indicators it is recognised that effective commissioning and contract management form a key role in improving the quality of neonatal care. However this can only be achieved by working in partnership with families, clinicians and managers particularly within the current challenging economic climate.

Delivering consistent care across a network continues to be a challenge. Whilst networks have delivered much, as the old Bob Dylan song says "The times they are a-changing".

The growth of clinical networks has been apparent in the NHS for the last decade. Their value and the opportunities they offer to increase productivity and efficiency across the NHS continue to be debated.

Because neonatal/perinatal networks have evolved since their inception in 2003 with the publication of the Neonatal Strategy for Improvement there is a wide diversity of network forms that are difficult to label. Attributing success to and within networks continues to be an on-going challenge.

However the publication of the Neonatal Toolkit (2009) and NICE Quality Standards (2010) which the CRG will now use provides a framework for fixed objectives and performance measures that can be beneficial, for providers, commissioners and users to assess progress towards the quality standards.

Ruth Ashmore

East of England
Perinatal Network Director

Financial Statements for the year ended 31 March 2012

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	Prof. D. Field (to Sept 2011) Dr. A.B. Gill (from Sept 2011) 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	Prof. D. Field	President (to Sept 2011)
	Dr. A.B. Gill	President (from Sept 2011)
	Dr. A.C.Fenton	Honorary Secretary
	Dr. A. Ogilvy-Stuart	Hon Treasurer
Paediatric representatives	Dr S. Deshpande	North of England
	Dr. J. Eason	South of England
	Dr. G. Menon	Scotland
	Dr. S. Barr	Wales (from Sept 2010)
	Dr. J. S. Craig	Ireland (to Sept 2011)
	Dr. C. O'Donnell	Ireland (from Sept 2011)
Obstetric representative	Prof. D. Peebles	
Nursing / Midwifery representative	Ms. S. Turrill	
Allied professions representative	Ms. C. King (to Sept 2011) Prof. J. Kurinczuk (from Sept 2011)	

Executive officer	Ms. Lisa Nandi
Principal office and charity address:	5-11 Theobalds Road, London, WC1X 8SH
Independent examiners	Winston Fox & Co, Chartered Accountants 34 Arlington Road, London, NW1 7HU
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 2012.

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.
- Facilitating clinical trials and other research. A number of working parties exist to facilitate research and clinical trials and to develop national neonatal datasets.
- 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 2012

Trustees

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

Prof. D. Field	President (to September 2011)
Dr. A.B. Gill	President (from September 2011)
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 £200,052 (2011: £135,643) and the total resources expended amounted to £126,316 (2011: £145,828) resulting in net incoming resources of £73,736 (2011: net expenditure of £10,185), which have been transferred to the accumulated funds. The increase in net incoming resources is due to a £50,000 restricted donation received for the Peter Dunn Perinatal Lectureship Fund and receipt of £13,238 for share of profits from the joint conference (Perinatal Medicine 2011) held during the year instead of BAPM's own conference, hence the decrease in costs to £23,305 (2011: £47,068). The unrestricted funds have increased by £23,201 (2011: decreased by £11,781) to £182,985 (2011: £159,784), and the restricted funds have increased by £50,535 (2011: £1,596) to £190,016 (2011: £139,481).

The increase in incoming resources from membership subscriptions to £93,000 (2011: £77,000) arose as a result of stable membership with fewer lapses and subscription was increased to £125 from £100 after it had remained at the same level for a number of years. Events and conferences income decreased to £17,453 (2011: £26,509). During the 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. The Charity received instead a net share of surplus income over expenditure of £13,238 from the joint conference held during the year. Events and conference costs decreased to £4,562 (2011: £29,087) before allocation of wages of £13,031 (2011: £12,351) and support costs of £5,712 (2011: £5,480). The net deficit for events and conferences was £5,852 after the net share of surplus income from the joint conference (2011: £8,206).
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 £120,479 (2011: £120,768) 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 has been established during January 2012 as per the donor's specified requirement and 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 as per the donor's specified requirements. The Founders Lecture Fund and Lectureship Fund of £69,537 (2011: £18,713) is utilised to cover the expenses of the person who delivers the lecture each year at the Annual General Meeting. The Peter Dunn Lectureship Fund is a new restricted donation of £50,000 by Professor Peter Dunn to establish a perinatal lectureship (The Peter Dunn Lecture). The terms are that the lecture should be given at the Annual General Meeting of the Charity on a perinatal theme and that the speaker should rotate between the Executive 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 will be 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 (2011: £nil) and the accumulated fund amounted to £2,946 (2011: £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 7 September 2012.

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 2012, 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 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.

Anton J Winston FCA
Independent Examiner
Winston Fox & Co
Chartered Accountants
34 Arlington Road
London NW1 7HU

Dated 9 September 2012

Statement of Financial Activities for the year ended 31 March 2012

	Notes	Unrestricted Funds £	Restricted Funds £	Total funds 2012 £	Total funds 2011 £
Incoming resources	1				
Incoming resources from generated funds					
Voluntary Income					
Members' subscriptions		93,000	-	93,000	77,000
Donations		-	50,000	50,000	
Gift aid receivable		20,454	-	20,454	16,145
Activities for generating funds					
Sponsors and exhibitors	3	13,226	-	13,226	12,203
Investment income					
Bank interest		4,061	1,858	5,919	3,786
Incoming resources from charitable activities					
Events and conferences	3	17,453	-	17,453	26,509
Total incoming resources		**148,194**	**51,858**	**200,052**	**135,643**
Resources expended	1				
Cost of generating voluntary income	4	5,570	-	5,570	5,300
Cost of generating funds	4	7,427	-	7,427	7,065
Charitable activities					
Events and conferences	4	23,305	-	23,305	47,068
Members' services	4	13,926	-	13,926	13,247
Other meetings	4	19,878	-	19,878	18,805
Advice and information	4	15,781	-	15,781	15,014
Governance & strategy costs	4	40,429	-	40,429	39,329
Total resources expended	4	**126,316**	**-**	**126,316**	**145,828**
Net incoming resources	2	**21,878**	**51,858**	**73,736**	**(10,185)**
Transfers between funds	10	1,323	(1,323)	-	-
Net movement in funds		**23,201**	**50,535**	**73,736**	**(10,185)**
Total funds at beginning of year	10	159,784	139,481	299,265	309,450
Total funds at end of year	10	**182,985**	**190,016**	**373,001**	**299,265**

Balance Sheet as at 31 March 2012

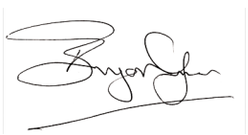
	Notes	£	2012 £	£	2011 £
Fixed assets					
Tangible assets	5		12,259		1,000
Current assets					
Debtors	6	25,266		29,818	
Cash at bank and in hand	7	356,052		290,283	
		381,318		320,101	
Creditors: amounts falling due within one year	8	(20,576)		(21,836)	
Net current assets			360,742		298,265
Total assets less current liabilities			373,001		299,265
Unrestricted funds					
General fund	10 & 11		182,985		159,784
Restricted funds	10 & 11		190,016		139,481
Total funds	10 & 11		373,001		299,265

The Trustees are satisfied that the Charity is entitled to exemption under Section 144 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 7 September 2012



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 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 2012

2 Net incoming resources

	2012 £	2011 £
These are stated after charging:		
Trustees' fees and expenses	5,763	5,290
Depreciation of owned tangible fixed assets	1,255	-
Reporting accountants' fees for the year	4,200	3,360
Reporting accountants' fees for prior years	840	-
Trustees' indemnity insurance	1,427	1,708

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	1,782
Dr. A.B. Gill	2,489	1,562
Dr. A.C. Fenton	2,407	1,573
Dr. A. Ogilvy-Stuart	407	373
	5,763	5,290

3 Incoming resources

	2012 £	2011 £
Sponsors and exhibitors		
Exhibitors at events and conferences	1,226	753
Sponsors	12,000	11,450
	13,226	12,203
Events and conferences		
AGM conference, lectures and dinners	965	21,454
Share of profits from Perinatal Medicine 2011	13,238	-
Trainees' meetings	3,250	5,055
	17,453	26,509

4 Resources expended

a) Analysis of total resources expended	Direct costs £	Staff costs £	Support costs £	2012 Total £	2011 Total £
Cost of generating voluntary income	-	3,873	1,697	5,570	5,300
Cost of generating funds	-	5,164	2,263	7,427	7,065
Charitable activities					
Events and conferences					
AGM, lectures and dinners	3,006	9,894	4,337	17,237	39,656
Trainees' meetings	1,556	3,137	1,375	6,068	7,262
	4,562	13,031	5,712	23,305	46,918
Members' services	-	9,682	4,244	13,926	13,247
Other meetings	13,555	4,396	1, 927	19,878	18,805
Advice and information	-	10,972	4,809	15,781	15,014
Founder lecture fee – restricted fund	-	-	-	-	150
	18,117	38,081	16,692	72,890	94,134
Governance & strategy					
Reporting accountants' fees	5,880	-	-	5,880	3,360
Trustees' indemnity insurance	1,427	-	-	1,427	1,708
Annual reports	1,814	-	-	1,814	3,005
Staff and support costs	-	17,427	7,638	25,065	23,847
Executive committee meetings	7,083	-	-	7,083	7,409
	16,204	17,427	7,638	41,269	39,329
Total resources expended	34,321	64,545	28,290	127,156	145,828

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	2012 £	2011 £
Premises and office expenses		
Premises and administrative services	22,247	22,991
Insurance	396	404
Computer costs / Website	108	231
Bank charges	665	1,086
Professional services	1,376	1,286
Telephone services	613	256
General administrative costs	1,630	888
Depreciation	1,255	-
Total support costs	28,290	27,142

Notes to the Accounts Year ended 31 March 2012 (cont)

4 Resources expended (continued)

c) Analysis of staff costs

	2012 £	2011 £
Wages and salaries	54,077	51,370
Social security costs	5,512	5,094
Pension costs	4,956	4,712
	64,545	61,176

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
	1.6	1.6

5 Tangible fixed assets

	Library £	Presidential badge £	Computer equipment £	Total £
Cost				
At 1 April 2011	-	1,000	2,779	3,779
Additions in year	12,514	-	-	12,514
At 31 March 2012	12,514	1,000	2,779	16,293
Depreciation				
At 1 April 2011	-	-	2,779	2,779
Charge for the year	1,255	-	-	1,255
At 31 March 2012	1,255	-	2,779	4,034
Net book value				
At 31 March 2012	11,259	1,000	-	12,259
At 31 March 2011	-	1,000	-	1,000

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

6 Debtors	2012 £	2011 £
Unrestricted		
Fees and members' subscriptions	100	9,174
Gift aid tax receivable	18,575	14,656
Prepayments and accrued income	6,591	5,988
	25,266	29,818

7 Cash at bank and in hand	2012 £	2011 £
Restricted		
Library fund	108,220	121,319
Founders lecture & Lectureship Fund	69,537	18,863
	177,757	140,182
Unrestricted		
General fund	178,295	150,101
	356,052	290,283

8 Creditors: amounts falling due within one year	2012 £	2011 £
Unrestricted		
Expenses creditors and accruals	16,876	15,135
Deferred income	3,700	6,000
	20,576	21,135
Restricted		
Expenses creditors and accruals	-	701
	20,576	21,836

9 Analysis of net assets between funds	Unrestricted Funds £	Restricted Funds £	Total Funds £
Fixed assets	-	12,259	12,259
Current assets	203,561	177,757	381,318
Current liabilities	(20,576)	-	(20,576)
Net assets	182,985	190,016	373,001

Notes to the Accounts Year ended 31 March 2012 (cont)

10 Movements in funds

	As at 1 April 2011 £	Incoming resources £	Resources expended £	Transfers between funds £	As at 31 March 2012 £
Restricted funds (see note 11)					
Library fund	120,768	1,034	-	(13,582)	108,220
Dunn Perinatal Library setup	-	-	-	12,259	12,259
Founders lecture & Lectureship fund	18,713	50,824	-	-	69,537
Total restricted funds	139,481	51,858	-	(1,323)	190,016
Unrestricted funds (see note 12)					
General fund	156,838	148,194	(126,316)	1,323	180,039
Educational bursary	2,946	-	-	-	2,946
Total unrestricted funds	159,784	148,194	(126,316)	1,323	182,985
Total funds	299,265	200,052	(126,316)	-	373,001

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 the Dunn Perinatal Library which was 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.

Dunn – Founders lecture & Lectureship 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 the 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

	2012 £	2011 £
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	20,312

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.

Abbott Laboratories
Abbott House
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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