



Annual Report 2010



From the President

I wrote in the most recent newsletter (which you will have received electronically) about many of the things that BAPM has been doing in the last twelve months. What I would like to do in this annual report is to look forward to some of the things that we hope BAPM can achieve in the coming year. In recent years we have as an organisation produced a number of "position statements" based on a range of perinatal and neonatal issues, particularly in areas of practice where evidence is either inadequate or non-existent. Similarly we have contributed to a range of policy documents issued by national bodies about matters that relate either directly or indirectly to neonatal/perinatal care. Although BAPM now has a broad membership representing a range of professional groups including doctors, nurses, allied health professionals and managers, our focus is very much on the neonatal side of perinatal issues. In addition, despite our wide representation across the professions there are still rather more doctors than other professional groups. In the past, we have used our structure of having representatives from different parts of the UK to make sure that the organisation has adequate intelligence about the state of perinatal services across the UK. Whilst this still works to some extent, the size of the constituencies means that representatives find it difficult to get a reliable picture of what is happening across what can be fifty or more hospitals. We have found our regular meetings with the networks teams (currently only from England) very helpful in dealing with this issue, as they provide a clear and timely update of the various issues confronting the service, but primarily from a neonatal perspective.

Our desire to produce position statements about perinatal issues is undoubtedly hampered by a lack of a critical mass of members from the other disciplines that focus on perinatal issues in the UK. In truth, no UK organisation has such a breadth of representation. Of course we have taken steps in the last twelve months to work more closely with the British Maternal and Fetal Medicine Society (BMFMS). In addition we have had indications that both the Neonatal Nurses Association (NNA) and the Scottish Neonatal Nurses Group (SNNG) would welcome a closer working relationship with BAPM. Therefore we hope in the next year to establish, for want of a better term, a 'perinatal forum' to which we will invite all of the UK's relevant specialist neonatal/perinatal groups. The aim of the forum will be to focus on cross cutting themes such as standards for maternity networks and how maternity networks should relate to neonatal networks. Although BAPM would (at least initially) host these meetings, each organisation would cover their own travel - BAPM would simply provide the venue and lunch. The current plan is that the meetings would be twice a year. Although it is BAPM that is trying to establish this forum it probably would be best if, in time, the Chair (and provision of the venue) rotated although some societies may be too small to take this on. It is important that the group does not simply become a talking shop. If we are successful in taking this forward, it will be essential to include a review framework against which it will be possible to assess the achievements of the group after, realistically, the first two years. I hope you feel that such a development would be sensible and helpful in building greater co-operation on perinatal issues in the UK. If you have strong views for or against this plan, I would be

interested to hear them. Also, if you have particular aspects of practice that you feel it would be appropriate for the forum to review and on which to produce some form of guidance, then similarly please let me know.

One or two members have made contact to say that they would like BAPM to provide more in the way of educational material such as on-line courses. I thought I should make clear that with about 900 members we are too small to support the costs and manpower needed for such an exercise. However, we are exploring the possibility of joint activity with RCPCH in this area. In the meantime, please do let us know if there are particular topics you would like to see focused upon in any of the BAPM education meetings (in the Spring, at the annual scientific meeting in September or the trainees' day).

In relation to BAPM meetings, I would like to remind you that Perinatal Medicine 2011 will take place in Harrogate from 15 -17 June 2011. This will be the second joint meeting of this type and again the main organising groups have been ourselves, BMFMS, the NNA and the Neonatal Society. On this occasion however there has also been input from the British Association of Paediatric Surgeons and the Royal College of Midwives. There will be a series of world class speakers who will cover a range of perinatal topics which we hope will be of real interest across the disciplines. We have tried very hard to deal with the small number of issues raised after the 2008 meeting such as the space available in the break out rooms, the organisation of the posters and the lunches! It should be another fantastic meeting so please put it in your diary now.

By the time you read this you will have seen a number of documents that have been completed in the last year. You also will have had a chance to see the latest draft of the categories of care. I know a number of you would prefer that these remained the same but given the changes to practice that have taken place since 2001 we have no choice but to update them. As it is, it will be the outdated system from 2001 that forms the basis of the currency for "payment by results" for neonatal care when it starts in 2011. This means that reimbursement for some aspects of care will have to be negotiated locally in order that they are recognised outside the routine data flows, or funding will be lost. I raise this to encourage you all to engage with the consultation on the new categories actively and positively so that they can be finalised as soon as possible.

Finally, I want to say a huge thanks to Bryan Gill for his contribution to the association in his time as Honorary Secretary which concludes at the AGM. This is now a formidable job and Bryan has carried it out with great enthusiasm and professionalism. I look forward to working with Alan Fenton when he takes over in September. I also want to thank Lisa and Hayley in the BAPM office who are really the ones who "keep the show on the road". They have worked extraordinarily hard given the number of working parties of one sort or another that we have had in the last year, in addition to all the routine business and meetings. We are very lucky to have such a strong team in the office.

I look forward to seeing many of you in Edinburgh.

David Field

Objectives	Activities during 2009 -2010
Providing postgraduate education meetings throughout the year	<ul style="list-style-type: none"> • BAPM's Annual General & Scientific 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
Facilitating clinical trials and other research	<ul style="list-style-type: none"> • Ongoing support and advice for those setting up and/or running perinatal clinical trials in the UK through active participation in: <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)
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 Specialties Committee
Providing advice to Government and other professional bodies on developing and improving perinatal care	<p>NHSE Neonatal Taskforce NHSE National Quality Board Children's Clinical Advisory Group to the Payment by Results team NHS Confederation - Working Group on 'Responses to the Downturn'</p>
and	<p>NICE - Topic Expert Group for Specialist Neonatal Care NICE Guidelines: Neonatal Jaundice: recognition and treatment Donor Breast Milk Banks Antibiotics for Neonatal Infection</p> <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> <p>RCOG Guidelines: Antenatal Corticosteroids to reduce Neonatal Morbidity</p>
Raising awareness of and proactively influencing the policy environment in which perinatal care is delivered	<p>NHSLA - Maternity Risk Management Standards</p> <p>Bliss - 1-2-1 nursing campaign, Baby Charter and staffing survey</p> <p>Maternity Care Working Party</p> <p>Breastfeeding Manifesto Coalition</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 • Neonatal Data Analysis Unit • National Neonatal Audit Project • National Patient Safety Agency • Neonatal Network Clinical Leads, Nurses and Managers Group • Working group on perinatal palliative care • Working group on therapeutic cooling for neonatal encephalopathy • Working group with RCPCH on consultant career pathway for neonatology • Working group to revise BAPM service standards for hospitals providing neonatal care
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, Newsletters, 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 annual report as Honorary Secretary, I am in the recovery phase following a knee replacement. I am hopeful that my recovery continues at the present pace to allow me to attend the meeting in Edinburgh.

Looking back over the past three years, I would firstly like to state that I have thoroughly enjoyed my time working with BAPM and with you the members. I hope that I have made a difference. Personally, I feel there has been significant progress in setting the standards for perinatal care and the work of BAPM during this time. My report will focus on some aspects of this with emphasis on the work of the past twelve months. Hopefully this links to the President's report in setting the future direction.

The publication of the neonatal toolkit has given the framework for setting the standard expected for neonatal care. The major focus of the report on the role of parents and families in setting these standards shows the direction of travel for the future. The urgent need to agree a national dataset for benchmarking purposes and for payment for care (CQUINs) in England, shows how important it is that all networks (and units) delivering neonatal care do so to an acceptable standard. BAPM has focused a lot of its reports this year on meeting some of the standards set in the toolkit. Notably the new BAPM standards and shortly the publication of the neonatal dataset and revised categories of care will, I hope, give all networks (and units) the tools to collect and report on neonatal outcomes of care. Openness in reporting outcomes with recognition of where the standard of care is below what should be expected is the only way we can improve outcomes. It will be interesting to see the impact of the NICE neonatal quality standards which are expected by the autumn. The Neonatal Audit Programme, whilst having some challenges, is to be applauded for attempting to achieve this national reporting.



Although a long time in their delivery, I wish to highlight the two reports on end of life care. I want to formally congratulate the members of the working group for putting up with my nagging and making changes to the terms of reference as the work progressed. BAPM's Executive Committee hopes the two documents (reference and user guide) will help all units to improve the standard of end of life care.

In the past twelve months, we have developed greater engagement with the members and have developed a BAPM advisory group. This group is open to all members and currently has approximately 30 members. Early indications are that the review of national guidance is working well with prompt replies and returns to national bodies, and it appears that our comments are influencing the final reports. I wish to thank all those who have taken part so far and look forward to this system being developed in the future. If you are not a member of the advisory group and feel able to meet the timescales for writing reviews, then please write to Lisa Nandi at the BAPM office with a brief summary of your background, special areas of interest and the contribution you feel you could make.

The revised BAPM standards are now published and we hope they set the gold standard for neonatal care.

Honorary Secretary's Report (cont)

The categories of care will be published separately as they have taken more time to be developed. I know there has been concern and I share the President's view that they had to be updated and probably simplified to focus on what they are designed for, which is to be the currency for payment of care. I know this will need further work and to link to PbR but I hope all members will engage in the process going forward.

Neonatal networks have been developing across England over the past few years and the biannual meeting with BAPM has been very useful for both parties in understanding the issues and setting the agenda. The proposal to develop networks in Northern Ireland, Scotland and Wales is to be applauded. I hope that BAPM can have an important role in providing the conduit for the new networks to learn from the English networks during their inception. The proposals to scrap Primary Care Trusts where the neonatal networks are presently placed present a significant challenge for the future. It may be time to learn from the other countries in the UK as to how they will manage networks within their healthcare structure which do not have PCTs.

The neonatal trainees' day has become an important annual event attended by up to 60 trainees. Neonatal medicine remains an attractive subspecialty despite some concerns as to the future role of the consultant. BAPM is hoping to work with the RCPCH on developing a joint statement on the career structure for consultants which will help future trainees understand their likely career path. The RCPCH in discussion with



BAPM has made changes to the number of grid posts, with agreement to try to appoint to all available posts that have been put into the grid. This will increase the intake and hopefully avoid some of the issues we have had in the past, with trainees considered suitable for the grid but no available posts.

I agree with the President that BAPM has mainly focused on neonatal issues for some time. The success of BMFMS has resulted in many obstetricians who would have been heavily involved in BAPM now working more closely with BMFMS. We have agreed in discussion with BMFMS that there are advantages for both societies in us seeking to work more closely together, and a representative from both now sits on the respective Executive Committees. Personally I think this will strengthen the work of both societies and also hopefully allow us to provide greater coherence on perinatal issues when writing future reports/standards. I also believe that BAPM still offers a lot for the obstetrician and hope that many of our obstetric members will continue to engage in the work

Honorary Secretary's Report (cont)

of BAPM. The proposed new forum for all professionals to meet and discuss joint issues is exciting and I hope many BAPM members will make a contribution to the agenda.

Not all activities go as well as we would like. I still think we struggle with the position of the annual RCPCH meeting for BAPM members. The change to invited speakers and a few research papers was successful this year, with many paediatricians attending from level 1 and 2 units. Personally, I feel we should be focusing more on our annual meeting and am pleased that the number of abstracts submitted this year has increased significantly for the first time in many years. I do hope we can continue to develop our annual meeting as the meeting for the subspecialty in neonatal care. Perinatal Medicine 2011 provides the opportunity to come together with all our allied professional groups.

I would like to finish with a few thank yous to those I have worked with during my time as Hon Secretary. I want to thank Neil Marlow and David Field for their work as President during my tenure. Their different styles of leadership were both challenging and rewarding and I thank them for their full support. I also want to thank Jag Ahluwalia who stepped down as Treasurer last year for not only making finance

amusing but also for providing intelligence and reality to the work of BAPM. Lisa Nandi has provided the administrative leadership that the association needs and the support of Hayley (and previously Lizzy) has been crucial to delivering the work. The many positive comments from members on the work of the team show how successful they have been. Lisa's reminders (nagging!) to me have always been delivered in the kindest possible way and I thank her for this. And finally, I would like to thank you the members for all your positive and constructive comments. Please remember that you are the Association and we need you to make your views known to the Executive Committee.

I look forward to meeting with many of you in Edinburgh and handing over the reins to Alan Fenton who takes over as your new Hon Secretary. I am confident that he is up for the challenge. I hope I can work with BAPM in a different capacity in the future.

A Bryan Gill

Nursing and Midwifery update

This year has seen a steady output of work for all of us generated from the release of the neonatal principles within the Toolkit. The challenge for so many of us now, across the countries where the Toolkit has been adopted, is the implementation. This is no easy task as there are few units which are staffed to the recommended standards. Nevertheless, this gives all of us an opportunity to think creatively and consider what we may do to help. How can we push nursing and midwifery boundaries to deliver excellence in care and offer the best care as close to home as is appropriate? Can we work in new and flexible ways that then offset the need for more hospital care and hence save some nursing time overall? The Toolkit gives us permission to start working towards a changed workplace where, in the future, babies can receive the care that they deserve.

New things to keep an eye out for in the coming year will be the neonatal care NICE standards. In midwifery, further change may continue to creep forwards as more midwives are employed to meet their required numbers.

Thinking of change, this is my final report as Sue Turrill replaces me from here on in. Many of you will already know Sue as she has been a neonatal nurse for many years, and lately an educator for the qualified in speciality course. I know I pass things into her very capable hands. She has been busy already providing excellent support with the revised BAPM standards, something we have both been working on and I hope you will be satisfied with.

Nursing and midwifery members form a small part of the overall BAPM membership and numbers tend not to fluctuate. There is a possibility that in the future BAPM may look to strengthen its support with outside organisations and nursing and midwifery is considered



a significant field. Meanwhile, please offer support for any guideline development or working party that you feel would benefit from a nursing or midwifery voice. Numbers for this type of work are often small from the nursing and midwifery quarter and yet your input would be valued so, to coin a phrase, please don't be backward about coming forward!

There are times when I ask what you want from your membership and whether we, as your representatives, could be offering more. Thus far no one has said that they wish for anything more and hence we carry on as we are, offering our best for you. If however this is not the case, please let Sue know so we can affect a change. Advice and support are always welcome and any suggestions would be helpful. I conclude then by wishing you another successful and happy year as we complete 2010 and move into 2011, during a period that may hold big changes within the NHS.

Alison Gibbs

Professions allied to medicine

Last year the neonatal taskforce completed its report (Toolkit for high quality neonatal services) which contains guidance on involvement of AHPs in neonatal care as outlined in my report last year. Despite the current financial situation, this is a welcome document to help future planning of an effective, comprehensive workforce on neonatal units including AHPs. Amongst the accompanying documents, there is a useful workforce planner for dietetic time; fortunately figures were available to guide time needed for dietetic cover of a critical care unit, whereas data was more sparse for other AHPs. In some places there are now AHP posts funded to carry out work across networks - the results of this post development will be useful to see.

The involvement in AHPs at network level to help devise and implement guidelines across a network may be a way to improve care and give cost savings. Although guidelines cannot be written for every area, this will certainly be an opportunity to get discussion and, where possible, consensus on some issues. Many thanks to the therapists involved representing their professions; Annie Aloysius, Celia Harding and Gillian Kennedy for speech therapists, Adare Brady and Nicola Kershaw for physiotherapists, Lynne Radbone for dietitians and Betty Hutchon and Katie Thompson for occupational/neurodevelopmental therapists.



In addition, work on updating the BAPM standards has been progressing with the final document now containing information on AHP roles. Many thanks to dietitian Kelly Larmour for liaising with AHP colleagues to produce a useful document and tying it in with the Neonatal Toolkit.

This year has seen the setting up by NICE of a neonatal Topic Expert Group (TEG) in response to the Darzi report, 'High Quality Care for All'. The TEG was convened to advise NICE on the key areas where quality standards could be developed for Neonatal Care. To date, a set of quality statements reflecting these key areas, accompanied by retrospective audit measures have been developed and have gone out for consultation. Thanks to Lynne Radbone for representing AHPs on this initiative.

Caroline King

NICE Quality Standards for Neonatal Care

The Quality Standards Specialist Neonatal Care Topic Expert Group met for the final time on Thursday 22 July 2010. The objectives were to discuss the results of field testing and consultation on the draft quality standards, and the recommendations contained within the feedback report. We were also to consider the resource impact of the quality standards and to agree five to ten quality statements and measures for inclusion within the final quality standards.



The field testing and consultation ran from 17 May to 14 June 2010 and involved e-mailing stakeholders as well as field team visits. Comments were received from health and social care providers, professional bodies, patient groups, patients, lay individuals and a commissioner. The responses were in the main positive to the need for a quality standard in this area, but it was felt that measures needed to be more robust with a focus on outcomes.

We discussed each statement in turn and agreed whether it should be progressed to the quality standards and any changes to be made. We then confirmed the final set of statements and measures that would form the quality standards. Suggestions and responses from the BAPM and RCPCH were similar, and many statements were modified or combined as suggested by many others as well. This culminated in nine quality statements which were deemed measurable.

NICE Quality Standards for Neonatal Care ctd

These will now be updated and e-mailed to the Topic Expert Group in August for final comments and approval. The Programme Board will review these in September and hopefully the Guidance Executive will sign them off for publication in September.

This has been a difficult task but the communication and collaboration has been good. I would like to thank my two neonatal colleagues on the group, Sandy Calvert and Neena Modi, who also put a lot of time and effort into what we hope will be a useful document. We have strived to ensure that the quality standards are meaningful, include key clinical outcomes and are clearly defined and measurable, ideally employing existing sources of data capture so as to minimise additional time/cost burdens.

Julian Eason

Review of work to date

October 2009 - Topic Expert Group agreed use of key development sources (DH Taskforce, BAPM Standards, RCOG Standards for Maternity Care).

December 2009 - Voting exercise using recommendations mapped to areas of care.

March 2010 - Topic Expert Group presented with 10 draft quality statements and measures from the mapped recommendations prioritised in voting exercise. 9 were processed into the draft standard. 6 additional recommendations also progressed.

April 2010 - Quality Standards Programme Board approved draft quality standard and NICE Guidance Executive approved draft quality standards.

May/June 2010 - Field testing and consultation of draft quality standards.

Financial Statements for the year ended 31 March 2010

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 Dr. A.B. Gill Dr. J. Ahluwalia (to Sept 2009) Dr. A. Ogilvy-Stuart (from Sept 2009)
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 Dr. A.B. Gill Dr. J. Ahluwalia Dr. A. Ogilvy-Stuart	President Honorary Secretary Hon Treasurer (to Sept 2009) Hon Treasurer (from Sept 2009)
Paediatric representatives	Dr A. Fenton Dr. S. Deshpande Dr. J. Hawdon Dr. P. Booth Dr. J. Matthes Dr J. S. Craig	North of England (to Sept 2009) North of England (from Sept 2009) South of England Scotland Wales Ireland
Obstetric representatives	Prof. D. Peebles Mr. W. Martin (to Sept 2009) Dr. C. Alexander (from Sept 2009) Dr. M. Blott	
Nursing / Midwifery representative	Mrs. A. Gibbs	
Allied professions representative	Ms. C. King	
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	

Financial Statements for year ended 31 March 2010

Report of the Trustees

The Trustees present their report and accounts for the year ended 31 March 2010.

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 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 2010

Trustees

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

Prof. D. Field	President
Dr. A.B. Gill	Honorary Secretary
Dr. J. Ahluwalia	Honorary Treasurer (to September 2009)
Dr. A. Ogilvy-Stuart	Honorary Treasurer (from September 2009)

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, three obstetricians, 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 £136,934 (2009: £129,538) and the total resources expended amounted to £136,900 (2009: £103,431) resulting in net incoming resources of £34 (2009: £26,107), which have been transferred to the accumulated funds. The decrease was mainly due to a fall in investment income and a rise in expenditure on events and conferences. The unrestricted funds have decreased by £2,334 (2009: increased by £19,511) to £171,565 (2009: £173,899), and the restricted funds have increased by £2,368 (2009: £6,596) to £137,885 (2009: £135,517).

The increase in incoming resources from membership subscriptions to £74,178 (2009: £71,475) arose as a result of stable membership with fewer lapses. Income from sponsorship and exhibitors amounted to £20,480 (2009: £15,900) and from events and conferences £21,940 (2009: £16,382); the income for 2009 reflects the share of net surplus of £11,212 received from the joint technical conference "Perinatal Medicine 2008" held in conjunction with the British Maternal & Fetal Medicine Society, the Neonatal Society and the Neonatal Nurses' Association, whereas the income for 2010 reflects the gross amounts received from delegates and corporate sponsors before direct conference costs of £32,417 (2009: £6,485) and before allocation of wages and support costs, resulting in a decrease in net income of £15,774.

The major sources of income for the unrestricted funds arose from members' subscriptions, 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.

Financial Statements for year ended 31 March 2010

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 representing expendable endowments. The Library Fund of £119,616 (2009: £117,376) is being accumulated for the establishment of a library and archiving system of Perinatal medicine to further the objectives of the Charity. In the event that the conditions for setting up the library and the archiving system are fulfilled, the donations will be utilised as restricted funds to meet the expenses in connection therewith. If the library is not established, this Fund is repayable to the donor. In 2010, the Trustees have continued to review the establishment of the library and archiving system as per the donor's specified requirements.

The Founders Lecture Fund of £18,820 (2009: £18,141) is utilised to cover the expenses of the person who delivers the lecture each year at the Annual General Meeting. 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 (2009: £nil) and the accumulated fund amounted to £2,946 (2009: £2,976). Awards amounting to £30 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.

Statement of Trustees' responsibilities

The Charities Act 1993 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.

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 1993 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 24 August 2010.

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 2010, 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 43(2) of the Charities Act 1993 (the Act) and that an independent examination is required.

It is my responsibility to examine the accounts under section 43(3)(a) of the Act and to follow procedures laid down in the general directions given by the Charity Commission under section 43(7)(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 opinion

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

- (a) which gives me reasonable cause to believe that in any material respect the requirements:
 - to keep accounting records in accordance with Section 41 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;
- (b) 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 26 August 2010

Statement of Financial Activities for the year ended 31 March 2010

		Unrestricted Funds	Restricted Funds	Total funds 2010	Total funds 2009
	Notes	£	£	£	£
Incoming resources	1				
Incoming resources from generated funds					
Voluntary Income					
Members' subscriptions		74,178	-	74,178	71,475
Donations		750	-	750	750
Educational bursary sponsorship		-	-	-	-
Gift aid receivable		14,286	-	14,286	13,477
Activities for generating funds					
Sponsors and exhibitors	3	20,980	-	20,980	15,900
Membership list, leaflets & inserts		-	-	-	733
Investment income					
Bank interest		2,197	2,603	4,800	10,821
Incoming resources from charitable activities					
Events and conferences	3	21,940	-	21,940	16,382
Total incoming resources		134,331	2,603	136,934	129,538
Resources expended	1				
Cost of generating voluntary income	4	5,135	-	5,135	4,593
Cost of generating funds	4	6,847	-	6,847	6,124
Charitable activities					
Events and conferences	4	49,698	235	49,933	22,256
Members' services	4	12,838	-	12,838	11,482
Educational bursaries		30	-	30	861
Other meetings	4	10,194	-	10,194	10,543
Advice and information	4	14,832	-	14,832	14,084
Governance & strategy costs	4	37,091	-	37,091	33,488
Total resources expended	4	136,665	235	136,900	103,431
Net incoming resources	2	(2,334)	2,368	34	26,107
Transfers between funds	10	-	-	-	-
Net movement in funds		(2,334)	2,368	34	26,107
Total funds at beginning of year	10	173,899	135,517	309,416	283,309
Total funds at end of year	10	171,565	137,885	309,450	309,416

There are no recognised gains and losses other than those in the statement of financial activities, and therefore no statement of total recognised gains and losses has been prepared. All incoming resources and resources expended derive from continuing activities.

Balance Sheet as at 31 March 2010

	Notes	£	2010 £	£	2009 £
Fixed assets					
Tangible assets	5		1,000		1,000
Current assets					
Debtors	6	28,147		40,074	
Cash at bank and in hand	7	308,499		292,414	
		<u>336,646</u>		<u>332,488</u>	
Creditors: amounts falling due within one year	8	<u>(28,196)</u>		<u>(24,072)</u>	
Net current assets			308,450		308,416
Total assets less current liabilities			309,450		309,416
Unrestricted funds					
General fund	10 & 11		171,565		173,899
Restricted funds	10 & 11		137,885		135,517
Total funds	10 & 11		309,450		309,416

The Trustees are satisfied that the Charity is entitled to exemption under Section 43(2) of the Charities Act 1993.

The Trustees acknowledge their responsibilities for:

- (i) ensuring that the Charity keeps proper accounting records which comply with Section 41 of the Charities Act 1993; and
- (ii) preparing accounts which give a true and fair view of the state of affairs of the Charity as at the end of the financial year and of its Statement of Financial Activities for the financial year in accordance with the requirements of Section 42(1) of the Charities Act 1993.

Approved by the Trustees on 24 August 2010

Professor D Field
Trustee

Notes to the Accounts Year ended 31 March 2010

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 January 2007) 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 2010

2 Net incoming resources

2010	2009
£	£

These are stated after charging:

Trustees' fees and expenses	3,486	2,507
Depreciation of owned tangible fixed assets	-	404
Reporting accountants' fees for the year	2,820	2,820
Trustees' indemnity insurance	2,071	2,147
	<hr/>	<hr/>

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. N. Marlow	-	440
Prof. D. Field	1,540	912
Dr. A.B. Gill	1,611	839
Dr. J. Ahluwalia	-	316
Dr. A. Ogilvy-Stuart	335	-
	<hr/>	<hr/>
	3,486	2,507

3 Incoming resources

2010	2009
£	£

Sponsors and exhibitors

Exhibitors at events and conferences
Sponsors

480	900
20,500	15,000
<hr/>	<hr/>
20,980	15,900

Events and conferences

AGM, lectures and dinners
Trainees' meetings

19,080	11,842
2,860	4,540
<hr/>	<hr/>
21,940	16,382

Notes to the Accounts Year ended 31 March 2010 (cont)

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

	Direct costs £	Staff costs £	Support costs £	2010 Total £	2009 Total £
Cost of generating voluntary income	-	3,558	1,577	5,135	4,593
Cost of generating funds	-	4,744	2,103	6,847	6,124
Charitable activities					
Events and conferences					
AGM, lectures and dinners	28,757	9,091	4,030	41,878	13,978
Clinical Trials meetings	-	-	-	-	-
Trainees' meetings	3,660	2,882	1,278	7,820	7,962
	32,417	11,973	5,308	49,698	21,940
Members' services	-	8,895	3,943	12,838	11,482
Educational bursaries	30	-	-	30	861
Other meetings	4,366	4,038	1,790	10,194	10,543
Advice and information	282	10,081	4,469	14,832	14,084
Founder lecture fee – restricted fund	235	-	-	235	316
	37,330	34,987	15,510	87,827	59,226
Governance & strategy					
Reporting accountants' fees	2,820	-	-	2,820	2,820
Trustees' indemnity insurance	2,071	-	-	2,071	2,147
Annual reports	1,767	-	-	1,767	2,306
Staff and support costs	-	16,011	7,097	23,108	20,664
Executive committee meetings	7,325	-	-	7,325	5,551
	13,983	16,011	7,097	37,091	33,488
Total resources expended	51,313	59,300	26,287	136,900	103,431

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

	2010 £	2009 £
Premises and office expenses		
Administrative services	11,745	10,024
Premises costs	8,681	8,828
Insurance	404	395
Computer costs / Website	716	780
Bank charges	981	452
Professional services	3,199	1,545
Telephone services	372	143
General administrative costs	189	812
Depreciation	-	404
Total support costs	26,287	23,383

Notes to the Accounts Year ended 31 March 2010 (cont)

4 Resources expended (continued)

c) Analysis of staff costs

	2010 £	2009 £
Wages and salaries	51,068	46,191
Social security costs	5,081	4,260
Pension costs	3,151	2,709
	<u>59,300</u>	<u>53,160</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

Cost

At 1 April 2009	1,000	2,779	3,779
At 31 March 2010	<u>1,000</u>	<u>2,779</u>	<u>3,779</u>

Depreciation

At 1 April 2009	-	2,779	2,779
Charge for the year	-	-	-
At 31 March 2010	<u>-</u>	<u>2,779</u>	<u>2,779</u>

Net book value

At 31 March 2010	<u>1,000</u>	<u>-</u>	<u>1,000</u>
At 31 March 2009	<u>1,000</u>	<u>-</u>	<u>1,000</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 2010 (cont)

6	Debtors		2010 £	2009 £
	Unrestricted			
	Fees and members' subscriptions		10,294	14,217
	Gift aid tax receivable		14,250	13,000
	Prepayments and accrued income		3,603	12,857
			28,147	40,074
7	Cash at bank and in hand		2010 £	2009 £
	Restricted			
	Dunn library fund		119,616	117,376
	Founders lecture fund		18,820	18,457
			138,436	135,833
	Unrestricted			
	General fund		170,063	156,581
			308,499	292,414
8	Creditors: amounts falling due within one year		2010 £	2009 £
	Unrestricted			
	Expenses creditors and accruals		27,645	22,756
	Deferred income		-	1,000
			27,645	23,756
	Restricted			
	Expenses creditors and accruals		551	316
			28,196	24,072
9	Analysis of net assets between funds	Unrestricted Funds £	Restricted Funds £	Total Funds £
	Fixed assets	1,000	-	1,000
	Current assets	198,210	138,436	336,646
	Current liabilities	(27,645)	(551)	(28,196)
	Net assets	171,565	137,885	309,450

Notes to the Accounts Year ended 31 March 2010 (cont)

10 Movements in funds

	As at 1 April 2009 £	Incoming resources £	Resources expended £	As at 31 March 2010 £
Restricted funds (see note 11)				
Dunn - Library fund	117,376	1,667	-	119,043
Dunn - Founders lecture fund	18,141	936	(235)	18,842
Total restricted funds	135,517	2,603	(235)	137,885
Unrestricted funds (see note 12)				
General fund	170,923	134,331	(136,635)	168,619
Educational bursary	2,976	-	(30)	2,946
Total unrestricted funds	173,899	134,331	(136,665)	171,565
Total funds	309,416	136,934	(136,900)	309,450

During the year, there were no 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 eventually establish the Dunn Perinatal Library; to set up the Library and an archiving system to house the donor's collection of books, papers and slides; to make available these facilities to those individuals who are involved in the provision of Perinatal care in the British Isles. The specified condition of the donor is that in the event that the Charity should cease to exist or otherwise be unable to fulfil the purposes as set out above, then the endowment is to be returned to the donor or his beneficiaries in accordance with his wishes.

Dunn – 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 the lecture 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

	2010 £	2009 £
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>20,312</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.

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



Photographs courtesy of the Noble family and Bliss - the special care baby charity

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Charity No. 285357