Annual Report 2009

BRITISH ASSOCIATION OF PERINATAL MEDICINE

Founded 1976

From the President

Few things in life are certain but one thing we can all count on is that nothing stays the same and this year has been no exception!

It is the work of the Taskforce which has been the focus of a great deal of attention during the year especially after the publication of the draft documents for comment. However developments in the economy have shifted the ground on which the Taskforce based their original assumptions and hence I anticipate (but do not know), that we all face a struggle in order to see many of the Principles established by the Taskforce put into place. It will of course be a major step in the right direction for the NHS itself (as opposed to the professional groups concerned), to support a range of Principles that should become a given in terms of what both families and professionals can expect. However delivering the Principles will require, in many cases but not all, additional funding and at a time when public finances are going to be constrained. Therefore it will be particularly important that both at national level and at local level there is a degree of consensus about what should be the priorities and how they should be implemented. What can BAPM do to help this process?

I hope we can be a catalyst for bringing about some of the discussion needed to identify consensus in relation to what are the key aspects of service delivery. We are already planning to work more closely with the British Maternal and Fetal Medicine Society. Similarly, we are planning to host regular meetings with Neonatal Network Leads. However we need to work harder in order to engage fully with those who work in Perinatal Medicine outside the tertiary centres since our membership is under represented in that regard. I would particularly welcome new members from these parts of the service in order that we can access wider views on the service, consistently and reliably. We also need to continue to widen our engagement with Neonatal Nurses and Allied Health Professionals and, of course, families. In relation to Nursing and Allied Professionals, we have already tried hard to make sure our structures (in terms of the Executive and committees) involve members from these professional groups. In relation to families, I would like to acknowledge our debt to Bliss both for the work they do of raising perinatal issues up the political agenda, and also for the family perspective they provide to various BAPM activities.

Of course it was not only financial problems that emerged this year as an important future influence on our services. There have been major problems in achieving appropriate staffing levels for a variety of reasons that I will not rehearse again here. However the existence of these issues was one of the drivers for us undertaking a revision of the BAPM Standards, and drafts of the key sections have been included with the AGM papers. These really are in draft form and contain some potential changes that will clearly be contentious. **Please comment – this is your chance**. If you wish, just comment on one section but all the feedback helps us enormously as it provides a steer about the acceptability and practicability of the things that are proposed. The final version of the Standards will not appear until we have had this feedback from the membership but we also want a chance to see the final Taskforce documents. Our intention is that the two documents should be complementary with the Standards providing the extra detail in a whole range of areas but, in particular, staffing. One clear aim is to highlight what the professions feel are appropriate and sustainable staffing structures by looking in more detail at the make up of the various tiers. Again I would urge you to comment on the drafts that have been sent with the AGM papers.

Various working parties are either continuing their work or have embarked on a new work programme and I will not detail these here, but I would like to express my thanks to all those who take part in this work. Perhaps I should also make clear at this point that we are planning to repeat our junior medical staffing survey this autumn. Last year's response was excellent and provided very valuable data. This time we would very much like to include all types of unit rather just the tertiary centres surveyed last time. I hope that you and your colleagues will contribute. As previously, the format will be that of a very simple census.

We have hosted some very successful meetings this year particularly the revamped AGM in September (following the incorporation of the scientific sections into Perinatal 2008). The sessions on service improvement proved popular and hence we plan to include similar presentations in this year's conventional two day format. I think the programme looks excellent again this year and you will note there is a session focusing on the next steps in relation to cooling. We hope this will underpin the work of a group to be set up by BAPM to make recommendations about the organising and delivery of cooling services around the UK. The Trainees' Day was also very popular in 2008 and an excellent programme has been prepared for the next meeting scheduled for November 2009. The session we held alongside the College meeting in York received more mixed feedback and we are actively discussing how to improve that particular day. I should just add that the planning for Perinatal 2011 has already begun, and please let me know if there is anything you would particularly like to see included in the programme.

Of course, there was no Trials Group meeting this year as the group has been formally wound up, much of their work having been taken over by the Neonatal Clinical Studies Group of the Medicines for Children Research Network. However BAPM remains active in this area as we are currently funding the work of the Preterm Birth Clinical Studies Group established by the RCOG. This funding we have taken on as part of our joint work with BMFMS (they are funding another of the RCOG Clinical Studies Groups), and the two organisations are working to facilitate the involvement of Action Medical Research as well. I say all this as I want to be clear that the loss of the Trials Group does not signify that BAPM is no longer interested in research – quite the contrary.

And finally, some "thank-yous". Firstly to Bryan and Lisa for all their work in keeping the Association (and me in particular) on track, and also dealing with the vast number of contacts and requests that come in on a daily basis. We are sad to be losing Lizzy Noble from the BAPM office where, along with Lisa, she has ensured the smooth running of the Association's affairs. So many thanks to Lizzy and we wish her well as she moves to Brazil. And last but not least, a huge thank you to Jag Ahluwalia who ceases to be Treasurer after this year's AGM. The Association owes him an enormous debt of gratitude not only for managing the finances so well (few people have the ability to make you laugh whilst at the same time asking for more money), but also for making BAPM more professional as well as contributing personally to a range of activities undertaken by the Association. We will miss him hugely and I am sure we all wish Mandy Ogilvy-Stuart the best of luck as she steps into his shoes.

I hope to see many of you in Leeds.

David Field

Objectives	Activities during 2008-2009
Providing postgraduate education meetings throughout the year	• 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 November
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 November • RCPCH Specialist Advisory Committee (Neonatal Medicine) – setting competencies for higher specialist training and appointing to National Grid posts for Neonatal sub-specialty training • RCPCH Specialty Board • RCOG Specialties Committee
Providing advice to Government and other professional bodies on developing and improving perinatal care **and** **Raising awareness of and proactively influencing the policy environment in which perinatal care is delivered**	NHSE Neonatal Taskforce RCN - Neonatal Nursing Summit Department of Health Midwifery Steering Committee 2020 NICE - Hypertension in Pregnancy RCOG, RCM, RCA and RCPCH Report on Safer Childbirth: Minimum Standards for Organisation and Delivery of Care in Labour King's Fund - "Safe Births:Everybody's Business" - Inquiry into the Safety of Maternity Services in England NHSLA - Maternity Risk Management Standards BLISS - 1-2-1 campaign and Baby Charter
Auditing and monitoring the outcome, structure and function of perinatal care for babies and their families	• Data Working Group • Neonatal Data Analysis Unit • National Neonatal Audit Project • National Patient Safety Agency • Neonatal Network Clinical Leads Group • Working group on perinatal palliative care • Working group to revise BAPM Standards for hospitals providing Neonatal Intensive and High Dependency Care
Fostering fellowship and collaboration among those involved in the care of the pregnant woman, mother and baby	• 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

Welcome to Leeds and I do hope you enjoy the meeting. The Armouries appears to be an outstanding venue. I am also reliably informed (by my better half) that Harvey Nicks is not worth a visit unless you have deep pockets!

I feel the purpose of my annual report is to "dot the I's" and "cross the T's" of all the other reports, ensuring that BAPM gives its members a comprehensive summary of the work programme over the past 12 months. This report will overlap a little with that of the President as I try to add detail to the highlights in his report.

I make no apology for expanding on the Taskforce and Standards. I am reliably informed that the Neonatal Principles Framework (note again the change from Standards) will be launched by the time you read this report (September 4 at the latest). The final document I have seen is some 75 pages long and I can report appears to be very similar to the document on which there was consultation earlier this year. One major change you will have noted is that they have reverted to 1:4 (from 1:3) nurse:patient ratio for babies receiving special care. This followed further discussions with the Neonatal Nurses' Association. Personally, I feel this is the right direction as the staffing implications of the new Principles are already significant but would have been an order of magnitude much greater had we stuck with the 1:3 ratio. I suspect many will disagree and I hope that our session on the Taskforce Principles and BAPM Standards (we might want to change ours to Principles!) at the AGM will give us an opportunity to debate this further.

As a consequence of the Taskforce work, the NHS department has agreed to examine the systems and processes for perinatal cot bureaus across England. BAPM is very well represented and we expect this work to report by Spring 2010. If you have views on the value (or not) of a regional or national cot bureau, I would be very interested to hear them.

The other good news is it would appear that NICE have agreed to examine these Neonatal Principles of Care as one of its 4 priority work programmes. NICE guidance is often, as many of you will know, a powerful tool for making changes to clinical care in Acute Trusts/PCTs and has the potential to act as a significant lever to effecting change. I am happy to accept the cynicism of many as it could be argued we have had many false dawns in the past. This I think is different and BAPM, if it delivers on agreeing its revised Standards, can have a major voice in shaping the NICE report. I have already made contact to flag up BAPM's enthusiasm to be involved.

Honorary Secretary's Report (cont)

We have commissioned a number of Working Groups in the last 12 months, and these are at varying stages of reporting.

The Framework for the Management of the Extreme Preterm was published in Archives of Disease in Childhood in September 2008 and posted on our website in November 2008. Many people have commented on how user friendly this framework is when applied in practice. It makes sense that we try to produce further guidance in such a constructive format. The Palliative Care Working Group submitted a report to EC in March 2009. Unfortunately whilst it was deemed to be a useful reference document, it was not felt to meet the standards of a framework for practice. We are currently in negotiation with this group to develop the framework further. Interestingly, the President recently attended a GMC workshop on the standards for end of life care and we have responded to draft guidance on this subject from the GMC. This demonstrates that BAPM is closely in touch with the national agenda. We have some concern that the GMC is trying to produce generic guidance for all groups which we think has the potential to diminish the unique issues of end of life care in Perinatal practice. We will keep the membership informed on developments in this area.

You will have received the draft revised BAPM Standards for hospitals delivering Neonatal care. These revisions were developed over a short time-frame and whilst they need appropriate consultation,

we must try to get these agreed reasonably quickly to link to the NICE programme. Please send your comments on these to me or the BAPM office as soon as you have had a chance to review and discuss them with your colleagues.

Going forward, Professor Liz Draper has agreed to chair the Data Working Group. This group is charged with updating the BAPM dataset and developing agreed standards of the recoding of Neonatal Encephalopathy and Surveillance of Infections within our Neonatal service. It is expected that a report will be out for consultation early in 2010.

The National Neonatal Audit Project gathers momentum and now has 95% of all Neonatal services taking part. Neil McIntosh, the Founding Lead, has now stepped down and Mike Watkinson has taken over. BAPM would like to thank Neil for his work in

Honorary Secretary's Report (cont)

setting this programme in train and for having a sufficiently thick skin to withstand the entire neonatal community seeming to have a go at him! BAPM thinks there is little doubt that this audit programme will be the minimum expected from Neonatal Units and Networks in the future and it is up to us to make sure that the care quality measures are appropriate and valuable. National benchmarking of outcomes is inevitable and whilst NNAP is some way from being robust, it shows the direction of travel.

In June we had a very successful Neonatal (Perinatal) Network meeting at the RCPCH. This highlighted some key areas that we need to work on. Most notable (and not surprising) was how we are going to develop our workforce to reflect the changing demography of doctors and nurses. The crises (as the President has alluded to) are already upon us, and it is not only resources we need but some change in culture of doctors and nurses around existing practices. I hope we can reflect this effectively in our revised Standards.

The implementation of cooling into Neonatal Networks appears to vary, with some confining to only the TOBY centres and others extending to all tertiary and large DGH centres. BAPM has agreed to form a small Working Group to develop a reference document on the standards Hospitals and Networks should be considering as they set up these services. We hope to report by the end of the year.

The career structure for consultants is causing many of us some concern. The development of shift-type working for Neonatal and Obstetric colleagues appears to be growing with some pace. Obstetric consultants recognise that resident shift-working is probably inevitable. The important issue here is that they would appear to be resident in addition to registrar and SHO level doctors. In contrast, the development of resident consultant Neonatal posts in some parts of the UK at registrar level is causing BAPM some major concern, as it is not clear what sort of career structure these consultants (if that is what they really are) will have. BAPM will commission a Working Group to examine the issue of career structure for consultants in Perinatal care shortly. An invitation to members to express interest in taking part will follow in the autumn.

As the President has said, the AGM and Perinatal Trainees' meeting in 2008 appeared to be successful. I am concerned about the Perinatal session at the RCPCH meeting in York. The RCPCH has repeatedly changed the timings and now limits us to one afternoon. The cost for the day is very high and for many, the value is uncertain. BAPM believes we need to debate this further. In the short term, it would be helpful if members can consider topics (and speakers) they feel would be of interest for future meetings.

On a personal note, I would like to thank Jag for his wisdom when discussing and developing the direction for BAPM. I hope he will continue to take part in future consultations. Lisa and Lizzy have been brilliant in running the day to day business of the Association and, more importantly, in giving me gentle (well, maybe not always) reminders about deadlines! I would like to wish Lizzy well in her new life in Brazil.

Finally, thanks to you the members for all your emails, letters and 'phone calls on the issues affecting Perinatal care and the work of BAPM. I recognise that BAPM EC may not agree with them all, but rest assured that we always give the views of BAPM members an airing at our EC meetings. Please do continue to make comments and provide your input, as we can only undertake this important work if we know your views and have your support.

A final note for the diary - the AGM in 2010 will be held in Edinburgh on 16 & 17 September.

A Bryan Gill

Nursing and Midwifery update

Once again it has been a busy year on the subject of staffing since the last Annual Report. As one would imagine, the Taskforce agenda has figured largely within this year's focus with significant input into the workforce stream and what our expectations would be. It is highly likely that by the time you read this report the work will have been released, but I suspect you will have seen earlier drafts and possibly contributed to the consultations that have taken place.

I hope you will have approved and agreed with the content for the Nursing Principles inherent throughout. There were occasions when we were challenged on some of the Principles whilst on others we seem to have gone into quite some depth – however, this is to support our services with service improvement, development and making change. Do use the Principles for this purpose as we all strive towards providing babies and families with the best care we can give.

During this year Sue, our Deputy Representative, has also been working on drafting the nursing elements of our own BAPM Standards which are currently undergoing revision and update. These have been sent to you for comment so please provide us with your thoughts. Sue has led on producing a sterling piece of work thus far and I feel confident you will approve. The core components are similar in content to the Taskforce, naturally. It is only to be expected that the same Principles are emphasised as they are the essential Principles that we all desire to offer.

Other issues that have required consideration and ongoing work this past year have been the Darzi work streams and the maternity standards that many midwifery centres are still working hard to achieve.

This coming year, key issues to look out for will be the Prime Minister's initiated work on nursing and the Chief Nurse's work on Modernising Nursing Careers. Also, once again, the NMC are considering reviewing the role of the Advanced Practitioner, what Advanced Practice means and how the role maintains an accredited standard. Advanced Neonatal Nurse Practitioners are employed by a significant number of our units, with many other units considering the role as an opportunity for development to meet service need.

Hence, whilst last year was challenging, I am confident you will be supportive as we move into a new year that once again looks set to be busy for nursing and midwifery.

Alison Gibbs

Professions allied to medicine

As predicted last year, the last 12 months has seen the work of the Neonatal Taskforce on Neonatal Standards (now termed 'Principles') carrying on at a fair pace. Neonatal therapists were involved during the initial discussions and have secured a section devoted to their contribution to the Neonatal Workforce in the last draft. Several Principles were set with respect to therapists and all received positive feedback during the consultation period. They are summarised below:

%	Agree	Unsure	Not agree
All units should have access to a dietitian competent in neonatal nutrition	89	9	1
All dietitians caring for neonates should have access to a highly skilled dietitian across a network	90	10	0
All units with IC should have access to an experienced neonatal respiratory physiotherapist	65	14	21
All units should have access to specialist neurodevelopmental therapy services (OT, SLT or Physiotherapist)	85	12	4
All babies at high risk of neurodevelopmental problems should have access to a specialist neurodevelopmental therapist for follow up	77	19	4

(NB – not all percentages added up to 100 in the original document)

In addition to the votes there were many comments from individuals, the vast majority being supportive. However, there was concern that speech and language therapy, physiotherapy and occupational therapy did not have Principles specific to each profession as did dietetics: the final draft is awaited following this consultation. Many also mentioned the lack of specific guidance on WTE needed to provide the services recommended. This has partly been addressed in the revised BAPM Standards for Neonatal Care due to be completed this year. The Working Group for this initiative included a dietitian who then liaised with speech and language, physiotherapy and occupational therapy colleagues to produce standards for each profession. This is a welcome addition to the previous standards of 2001. More specifically, there are now firm plans to develop a Neonatal Nutrition Masters module, which should be running by the end of 2010. This will be invaluable to help support the appropriate qualification of dietitians working on Neonatal Units.

Finally, a consensus statement on weaning preterm infants has been completed and is available on the BAPM website on the dietitians' page. It is the product of a joint meeting between dietitians and speech and language therapists with specialist interest in Neonatal Nutrition and was felt to be a necessary document as, to date, there are no well recognised guidelines for weaning preterm infants. It will be supported by an evidence based article due for publication in Paediatrics and Child Health in the autumn.

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Caroline King

Bliss - thirty years young!

At the end of The International Year of the Child in 1979, newspaper articles and reports from a number of voluntary groups highlighted the lack of vital resources for many newborn babies who had problems at birth. A newspaper article in The Telegraph appeared in August 1979, setting out the difficulties for parents and babies without access to neonatal facilities. The next day a reader's letter was published urging the public to form a group to campaign on this issue.

In a London hotel room on 7 November 1979 twenty people met, with twelve forming the Executive Committee of what was to become Bliss.

Today, almost exactly thirty years on from that meeting, Bliss looks like a very different organisation but our heart and the core of our vision is unchanged. Our work is still centred on the experiences of the families that we support, and our drive to give babies the very best start in life is undiminished.

One significant change that Bliss has made in the last year was to widen the focus of our work to encompass pre-birth, perinatal issues, rather than strictly neonatal care. Working closely with BAPM has shown us the importance of good quality antenatal care on not only the outcome for the baby, but the whole experience of the family. So we are now looking to develop stronger links with midwives and obstetricians as we develop programmes. One tangible example of this is a joint conference with the Royal College of Midwives and the charity Sands, about loss and uncertainty in maternity and neonatal care in London this September.

Perhaps the background of media articles and Government reports is not so very different today from thirty years ago. Just in recent weeks The Observer has published a major feature on problems in neonatal

care services and (at least as I write this) we await the final publication of the NHS Taskforce report for England. Bliss played a significant part in both of these, as our campaigning and media activities continue to strive to keep neonatal issues at the top of the agenda within governments and the NHS. We are conscious that this is not always an easy path to navigate, and we are always grateful for the support from professionals that we receive. Without your willingness to discuss the challenges that you face we would not have been able to achieve much of what we have over the past years.

The NHS Taskforce process is of course crucially important, but was only triggered after a National Audit Office report into neonatal care services, which itself was triggered by collective campaigning activity over the past few years. In Wales, a long unpublished review of neonatal services finally saw the light of day when we took an active interest in it with the Welsh Assembly. While in Scotland we were delighted to have been involved in the Maternity Services Action Group review of neonatal care that is now driving the

Bliss - thirty years young! (cont)

establishment of clinically managed networks. We are completely committed to maintain the pressure on all the UK governments until we achieve the standards of care for babies that they need. The one to one nursing campaign, which we are very grateful that BAPM has both supported and endorsed, is just one way that we can do this. If you have not yet done so, please go to our website (www.bliss.org.uk or www121nursing.org.uk) and send a message to your local MP and Health Minister. Over 1100 people (at end of July) have already done so and more and more get involved in the campaign every day.

Our campaigning work remains, however, just one part of what Bliss does as a charity. Much has changed on neonatal units in thirty years, but the emotional experience of families is the same today as it was in 1979. The fear, the guilt and the loss that families often face watching their baby's fight for life, makes this a uniquely challenging time for parents, siblings and friends.

From our earliest days, Bliss offered direct support and information to families to help them through this difficult time in their lives, and continuing when the baby comes home. Today we run a free national helpline, Monday to Friday from 9 am to 9pm, with translation services available in 170 languages; a text message support service; a lively parent online forum and a website. In recent months we have even started to offer parents access to free sessions with trained counsellors, to help them deal with some of the wider emotional issues that they may be facing because of their and their baby's journey. We have also made significant efforts to develop our national reach, having been very conscious in the past that we have operated more in the South of England than elsewhere in the country. We have doubled the number of our local support groups in the past year (a total of 57 now), and have also established a separate office in Scotland. Bliss Scotland is still in its early days, but we plan that this will be a model that can be replicated around the rest of the UK over the next few years.

We continue to produce a wide range of free parent information leaflets as well. Our parent information guide (which is now available printed in Polish as well as English) is used by 95% of UK units according to a recent Healthcare Commission audit. If you happen to be one of the 5% who don't use it, I would be genuinely interested to know why! Hopefully you will already have seen Bliss' new Going Home Pack and our parent DVD about infant resuscitation. These are significant new developments for Bliss that we hope will be of use both to healthcare professionals and to parents. We always welcome your thoughts and feedback on how these can be improved, as well as any new publications that you would find of use.

We have also invested significant resources into the parent information on our website, to ensure that this is as comprehensive as possible. Downloads of a dozen factsheets and all our leaflets are now available (including the parent information guide in Urdu, Portuguese, French, Polish and Bengali), and we also have a number of short films that families can watch.

Bliss - thirty years young (cont)

This year we are starting an extensive programme of updating our factsheets to include more information about specific conditions and illnesses, and particularly those linked to surgical care. We are also working on a new framework document to offer some support to those parents faced with incredibly difficult decisions about withdrawing intensive care from their babies.

In the past, we purchased large quantities of equipment for neonatal units but now this element of our charitable funds is channelled into supporting research. We have six projects currently active, looking at areas such as kangaroo care, clinical simulation training and parenteral nutrition. We hope that each will have some impact on the care of babies and families in the future. Our study days also continue to be popular sources of professional development, with the recent series on breastfeeding and nutrition almost complete and a new series on communicating with parents to start in 2010.

Bliss is committed to help doctors, nurses and all other professionals achieve more for special care babies and families. To that end we have become increasingly involved with clinical trials and working groups – over thirty at the last count. With the drive to further involve users in research Bliss can be a good partner to have in a trial or we can help identify parents who may wish to become involved. We are also continuing to support two special interest groups supporting health professionals develop their practice in specific areas – the neonatal nurse research network and a developmental care support group, which between them have over 150 members.

As we look towards the next thirty years of our work we know that there will be more challenges to overcome, and ever increasing call on our resources. I am very honoured to be part of Bliss today, but I am sure that I will hardly recognise what Bliss will be in 2039. However, I am certain that our mission will still be true – working, side by side with doctors and nurses, to give every baby the very best chance of survival and a long and happy life with their family.

Andy Cole

The NHS Neonatal Taskforce

Over the past 18 months the NHS Neonatal Taskforce has been developing a series of documents which we hope will allow neonatal services to develop within the current NHS arrangements, and take advantage of the opportunity given to us by the development of stronger national Specialist Commissioning Groups across England. This has allowed us to build on the excellent work done by BAPM around Standards, Datasets and other collaborative work to produce what will be called a Toolkit for Quality Neonatal Services. The publication date for this is September 2009 and will allow the recommendations to be incorporated into the 2010 planning round.

Why a toolkit? Primarily we wished to produce a set of resources for Commissioners to use when developing their strategy for Neonatal Services. We have set out a Commissioning Framework and used the broad consultation and engagement process to develop a set of "Principles for Quality Neonatal Services". These are derived principally from our own professional Standards but have been developed further with extensive input from parent representatives and Bliss, and with a wide range of other professional groups who help us provide our care.

Why not simply call these Principles, Standards? The name change will cause some eyebrows to be raised! The reason for this is that we have ambition that they will be considered by NICE as part of their quality standards and to do this we did not wish to prejudge their acceptability. Indeed, on 29 July, it was announced that the National Quality Board has referred Neonatal Care as one of the first four clinical areas for the development of NICE quality standards. Within the Principles we have also referenced some of the relevant RCOG Standards, as they are already in print.

The only area of Neonatal Care that obviously requires further focus is that of consultant staffing in Neonatal Intensive Care Units; we know this is something that BAPM is hoping to address with support from the RCPCH.

BAPM and its members have played a big role in the work that underpins these documents, as members of working groups, as commentators on the first drafts of documentation that were produced, as participants in the Taskforce national events and anonymously in written comments on the website. The large number of comments implies the interest and importance attached to these documents and the thinking behind them. We want these recommendations to work and to be effective, which means buying in from clinical teams and commissioners alike. Hence we have taken on board many of your comments in the final draft.

We would like to thank you all for your input and help with these important documents which I am sure we will discuss further over the next few months. The Taskforce needs to oversee their initial implementation to ensure that it is successful and will continue in its role until early 2010.

Neil Marlow
Allison Binns
(Neonatal Taskforce Project Manager)

Financial Statements for the year ended 31 March 2009

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. N. Marlow (to September 2008) Prof. D. Field (from September 2008) Dr. A.B. Gill Dr. J. Ahluwalia
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. N. Marlow	President (to September 2008)
	Prof. D. Field	President (from September 2008)
	Dr. A.B. Gill	Honorary Secretary
	Dr. J. Ahluwalia	Honorary Treasurer
Paediatric representatives	Dr. A. Fenton	North of England
	Dr. J. Hawdon	South of England
	Dr. P. Booth	Scotland
	Dr. J. Matthes	Wales
	Dr. D. Corcoran	Ireland (to September 2008)
	Dr J.S. Craig	Ireland (from September 2008)
Obstetric representatives	Prof. D. Peebles Mr. W. Martin	
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

Report of the Trustees

The Trustees present their report and accounts for the year ended 31 March 2009.

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 2009

Trustees

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

Prof. N. Marlow	President (to September 2008)
Prof. D. Field	President (from September 2008)
Dr. A.B. Gill	Honorary Secretary
Dr. J. Ahluwalia	Honorary Treasurer

The maximum number of Trustees is three at present.

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.

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 £129,538 (2008: £152,734) and the total resources expended amounted to £103,431 (2008: £115,576) resulting in net incoming resources of £26,107 (2008: £37,158), which have been transferred to the accumulated funds. The unrestricted funds have increased by £19,511 (2008: £30,872) to £173,899 (2008: £154,388), and the restricted funds have increased by £6,596 (2008: £6,286) to £135,517 (2008: £128,921).

The decrease in the incoming resources arose mainly from a fall in membership subscriptions to £71,475 (2008: £74,800) as a result of approximately 33 members lapsing their membership and not paying the annual subscription, and also due to no annual conference being held. Income from sponsorship and exhibitors amounted to £15,900 (2008: £25,015). Income from events and conferences amounted to £16,382 (2008: £25,170); 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 corresponding income for 2008 reflects the gross amounts received from delegates and corporate sponsors.

The major sources of income for the unrestricted funds arose from members’ subscriptions, non-specified donations, Annual General Meeting, events, sponsors and exhibitors. The main part of this income was 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. The Library Fund of £117,376 (2008: £111,400) 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. During 2009, the Trustees are intending to review the establishment of the library and archiving system as per the donor's specified requirements.

The Founders Lecture Fund of £18,141 (2008: £17,521) 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 (2008: £1,025) and the balance amounted to £2,976 (2008: £3,827). Awards amounting to £861 were made during the year.

Risk management
The Trustees have conducted their own review of the major risks to which the charity is exposed and have established systems 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.

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 3rd September 2009.

Dr J S Ahluwalia
Trustee

Independent examiners' report to the Trustees

We report to the Trustees of the British Association of Perinatal Medicine (the Charity) on the accounts for the year ended 31 March 2009, 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 January 2007).

This report is made solely to the Charity's Trustees, as a body. Our work has been undertaken so that we might state to the Trustees those matters we are required to state to them in an independent examiners' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and the Charity's Trustees as a body, for our work, for this report or for the opinion we have formed.

Respective responsibilities of Trustees and independent examiners

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 our 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 our attention.

Basis of independent examiners' report

Our examination was carried out in accordance with the general directions given by the Charity Commission. Our 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 examiners' opinion

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

(a) which gives us 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 our opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Winston Fox & Co
Chartered Accountants
34 Arlington Road
London NW1 7HU

Dated 4th September 2009

Statement of Financial Activities for the year ended 31 March 2009

	Notes	Unrestricted Funds £	Restricted Funds £	Total funds 2009 £	Total funds 2008 £
Incoming resources	1				
Incoming resources from generated funds					
Voluntary Income					
Members' subscriptions		71,475	-	71,475	74,800
Donations		750	-	750	870
Educational bursary sponsorship		-	-	-	1,025
Gift aid receivable		13,477	-	13,477	15,315
Activities for generating funds					
Sponsors and exhibitors	3	15,900	-	15,900	25,015
Membership list, leaflets & inserts		733	-	733	295
Investment income					
Bank interest		3,909	6,912	10,821	10,244
Incoming resources from charitable activities					
Events and conferences	3	16,382	-	16,382	25,170
Total incoming resources		**122,626**	**6,912**	**129,538**	**152,734**
Resources expended	1				
Cost of generating voluntary income	4	4,593	-	4,593	4,301
Cost of generating funds	4	6,124	-	6,124	5,735
Charitable activities					
Events and conferences	4	21,940	316	22,256	45,563
Members' services	4	11,482	-	11,482	10,753
Educational bursaries		861	-	861	-
Other meetings	4	10,543	-	10,543	4,609
Advice and information	4	14,084	-	14,084	13,467
Governance & strategy costs	4	33,488	-	33,488	31,148
Total resources expended	4	**103,115**	**316**	**103,431**	**115,576**
Net incoming resources	2	**19,511**	**6,596**	**26,107**	**37,158**
Transfers between funds	10	-	-	-	-
Net movement in funds		**19,511**	**6,596**	**26,107**	**37,158**
Total funds at beginning of year	10	154,388	128,921	283,309	246,151
Total funds at end of year	10	**173,899**	**135,517**	**309,416**	**283,309**

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 2009

	Notes	£	2009 £	£	2008 £
Fixed assets					
Tangible assets	5		1,000		1,404
Current assets					
Debtors	6	40,074		55,278	
Cash at bank and in hand	7	292,414		261,902	
		332,488		317,180	
Creditors: amounts falling due within one year	8	(24,072)		(35,275)	
Net current assets			308,416		281,905
Total assets less current liabilities			309,416		283,309
Unrestricted funds					
General fund	10 & 11		173,899		154,388
Restricted funds	10 & 11		135,517		128,921
Total funds	10 & 11		309,416		283,309

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 3rd September 2009

Professor D Field
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 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 objects 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 2009

2 Net incoming resources

	2009 £	2008 £
These are stated after charging:		
Trustees' fees and expenses	2,507	2,101
Depreciation of owned tangible fixed assets	404	869
Reporting accountants' fees for the year	2,820	2,820
Trustees' indemnity insurance	2,147	2,340

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	587
Dr. A. Lyon	-	379
Prof. D. Field	912	-
Dr. A.B. Gill	839	889
Dr. J. Ahluwalia	316	246
	2,507	2,101

A gift of an antique map costing £118 was made to the outgoing President Prof. N. Marlow

3 Incoming resources

	2009 £	2008 £
Sponsors and exhibitors		
Exhibitors at events and conferences	900	4,515
Sponsors	15,000	20,500
	15,900	25,015
Events and conferences		
AGM, lectures and dinners	11,842	16,630
Clinical trials group meetings	-	2,395
Trainees' meetings	4,540	6,145
	16,382	25,170

4 Resources expended

a) Analysis of total resources expended	Direct costs £	Staff costs £	Support costs £	2009 Total £	2008 Total £
Cost of generating voluntary income	-	3,190	1,403	4,593	4,301
Cost of generating funds	-	4,253	1,871	6,124	5,735
Charitable activities					
Events and conferences					
AGM, lectures and dinners	2,245	8,149	3,584	13,978	28,274
Clinical Trials meetings	-	-	-	-	8,320
Trainees' meetings	4,240	2,585	1,137	7,962	8,426
	6,485	10,734	4,721	21,940	45,020
Members' services	-	7,974	3,508	11,482	10,753
Educational bursaries	861	-	-	861	-
Other meetings	5,331	3,620	1, 592	10,543	4,609
Advice and information	1,071	9,038	3,975	14,084	13,467
Founder lecture fee – restricted fund	316	-	-	316	543
	14,064	31,366	13,796	59,226	74,392
Governance & strategy					
Reporting accountants' fees	2,820	-	-	2,820	2,820
Trustees' indemnity insurance	2,147	-	-	2,147	2,340
Annual reports	2,306	-	-	2,306	2,254
Staff and support costs	-	14,351	6,313	20,664	19,352
Executive committee meetings	5,551	-	-	5,551	4,382
	12,824	14,351	6,313	33,488	31,148
Total resources expended	26,888	53,160	23,383	103,431	115,576

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	2009 £	2008 £
Premises and office expenses		
Administrative services	10,024	11,007
Premises costs	8,828	8,002
Insurance	395	192
Computer costs / Website	780	94
Bank charges	452	471
Professional services	1,545	1,278
Telephone services	143	-
General administrative costs	812	1,281
Depreciation	404	869
Total support costs	23,383	23,194

Notes to the Accounts Year ended 31 March 2009 (cont)

4 Resources expended (continued)

c) Analysis of staff costs

	2009 £	2008 £
Wages and salaries	46,191	40,547
Social security costs	4,260	3,886
Pension costs	2,709	4,055
	53,160	48,488

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	0.6
	1.6	1.4

5 Tangible fixed assets

	Presidential badge £	Computer equipment £	Total £
Cost			
At 1 April 2008	1,000	2,779	3,779
At 31 March 2009	1,000	2,779	3,779
Depreciation			
At 1 April 2008	-	2,375	2,375
Charge for the year	-	404	404
At 31 March 2009	-	2,779	2,779
Net book value			
At 31 March 2008	1,000	-	1,000
At 31 March 2009	1,000	404	1,404

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

	2009 £	2008 £
Unrestricted		
Fees and members' subscriptions	14,217	22,698
Gift aid tax receivable	13,000	26,166
Prepayments and accrued income	12,857	6,414
	40,074	55,278

7 Cash at bank and in hand

	2009 £	2008 £
Restricted		
Dunn library fund	117,376	111,400
Founders lecture fund	18,457	17,521
	135,833	128,921
Unrestricted		
General fund	156,581	132,981
	292,414	261,902

8 Creditors: amounts falling due within one year

	2009 £	2008 £
Unrestricted		
Expenses creditors and accruals	22,756	24,775
Deferred income	1,000	10,500
	23,756	35,275
Restricted		
Expenses creditors and accruals	316	-
	24,072	35,275

9 Analysis of net assets between funds

	Unrestricted Funds £	Restricted Funds £	Total Funds £
Fixed assets	1,000	-	1,000
Current assets	196,655	135,833	332,488
Current liabilities	(23,756)	(316)	(24,072)
Net assets	173,899	135,517	309,416

10 Movements in funds

	As at 1 April 2008 £	Incoming resources £	Resources expended £	As at 31 March 2009 £
Restricted funds (see note 11)				
Dunn -Library fund	111,400	5,976	-	117, 376
Dunn - Founders lecture fund	17,521	936	(316)	18,141
Total restricted funds	128,921	6,912	(316)	135,517
Unrestricted funds (see note 12)				
General fund	150,551	122,626	(102,254)	170,923
Educational bursary	3,837	-	(861)	2,976
Total unrestricted funds	154,388	122,626	(103,115)	173,899
Total funds	283,309	129,538	(103,431)	309,416

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

	2009 £	2008 £
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:	20,312	19,212

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
Abbot House
Norden Road
Maidenhead SL6 4XE

Central Medical Supplies
CMS House
Basford Lane
Leek, Staffs ST13 7DT

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

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

Fisher & Paykel
16 Cordwallis Park
Clivemont Road
Maidenhead SL6 7BU

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

Philips Avent Ltd
Philips Centre
Guildford Business Park
Guildford
Surrey GU2 8XH

Photographs courtesy of Bliss - the special care baby charity and Susan, Chris and Flora Mitchell

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Charity No. 285357