

WELLBEING OF WOMEN

Report and Accounts
For the year ended 31 December 2014

Company Registered Number
Registered Charity England and Wales Number
Registered Charity Scotland Number

824076
239281
SC042856

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^R Royal College of Obstetricians and Gynaecologists nominee

¹ Appointed 24th March 2014

² Resigned 24th March 2014

³ Resigned 17th March 2015

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Professor Douglas Tincello FRCOG¹

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Fiona Leishman – from 1st January 2015

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1. PURPOSE AND ACTIVITIES

Wellbeing of Women is the charity dedicated to improving the health of women and babies to make a difference to everybody's lives today and tomorrow. We fund medical research and training grants, which have developed and will continue to develop better treatments and outcomes for tomorrow. The charity, founded in 1964 as the National Centre for Childbirth Research, became Birthright in 1972, Wellbeing in 1993, and Wellbeing of Women in 2004. In 2009 the Charity Commission granted a Uniting Direction bringing The National Birthday Trust Fund (founded 1929) within Wellbeing of Women as a restricted fund. The Charity is a member of the Association of Medical Research Charities and was registered in Scotland in 2012 (SC042856).

Wellbeing of Women operates principally within the United Kingdom but the results of its research and training impact the lives of women and their families worldwide.

Wellbeing of Women aims to deliver sustainable long-term benefits for the health of women of all ages and their babies. We do this by using the funds we raise to invest in increasing the body of knowledge and expertise in the field of women's gynaecological health. Our resources allow us to access to an extensive network of experts - clinicians and researchers – and we use a diverse range of sources of advice to ensure our investment will achieve greatest public benefit.

To increase this body of knowledge, we invest in fully evaluated, peer reviewed medical research projects, ensuring that every pound we invest is spent delivering as much benefit as possible. From an open application process, the Charity funds medical research projects connected to women's gynaecological and reproductive health from any researcher in the UK and Ireland. All applications are reviewed by experts and the top 50 are subject to intensive international peer review. This ensures that the Research Advisory Committee (RAC) of the Charity has the benefit of expert specialist opinion on the viability of the project, the ability of the applicant to deliver, the feasibility of the timescale and the budget and impact the work will have. Discussion amongst the RAC reviews each of these criteria, resulting in recommendations to the Wellbeing of Women Trustee Board regarding which projects should be funded. Trustees' discussion also takes account of the health priorities identified by the Board's medical advisers. The outcomes of previous investment are reviewed by the Board and the RAC to identify any learning that could improve this process. The outcomes of research supported by the charity over the past 50 years have changed clinical practice throughout the world and in many cases have made a significant contribution to saving the lives of women and their babies. This conclusion is supported by the outcomes of research and the achievements of supported researchers described in this report.

Making best use of the money available is challenging when there are still many unanswered questions in medical science and need is so great. Wellbeing of Women is confident that the funds raised by the charity are used as effectively as possible and in accordance with the charity's objectives.

The best research depends on the skill and enthusiasm of the people who dedicate their careers to improving gynaecological healthcare for women. To ensure that there are successive generations of well trained and highly skilled researchers, Wellbeing of Women also invests funds to establish clinical academic pathways within the fields of obstetrics and gynaecology and also midwifery. These training grants not only support a research project that advances the body of knowledge, but they also support the training of the individual applicant to improve their skills and understanding.

In almost every case of medical treatment, the sooner a person is diagnosed and treatment started the better the outcome. If we can increase women's understanding of their health and the signs and symptoms that indicate medical treatment might be necessary, then we can improve the speed with which they access clinical advice. Wellbeing of Women expects that our activities, which make

information about women's health more accessible and also raise awareness of these health issues, will improve individual's health and save lives.

Wellbeing of Women uses its expertise to select and monitor the best research. It uses the funds it raises and its reserves to fund and underwrite that research. With this process in place, Wellbeing of Women enables donors to be secure in the knowledge that their money is used as effectively as possible and to achieve most impact

2. ACHIEVEMENTS AND PERFORMANCE

The specific aims of Wellbeing of Women during 2014 were:

- To develop dedicated funding to stimulate work in key areas of women's health identified by both donors and experts. To make a first award from one of these funds.
- To develop partnerships to broaden the range of awards offered, particularly training and development awards
- To publicise the contribution made by the Charity and its achievements, over its 50 years
- To continue to raise awareness of women's health

The aims and objectives were fully achieved with some outstanding projects and people being supported in 2014

The concept of giving circles has proved popular with the Menopause giving circle raising enough to make a first award for the study of interventions to improve the quality of life of working menopausal women.

Wellbeing of Women continued and expanded the range of awards offered with the Royal College of Midwives by awarding for the first time a Research Training Fellowship for Midwives. In addition the charity was pleased to award an International Scholarship in cooperation with FIGO.

A range of events and publicity celebrated the contribution Wellbeing has made to improvements in women's health in the last 50 years. The charity was particularly proud of the special supplement published with the British Journal of Obstetrics and Gynaecology which reprinted some of the key findings from research it had funded.

2.1. RESEARCH AND TRAINING AWARDS

Grant Making Policy

Wellbeing of Women is the only UK charity that funds research into all aspects of women's health including

- Gynaecological Cancers,
- Pregnancy and Birth,
- Impairment of Quality of Life.

The research aims to improve women's health by increasing knowledge in these and other important aspects. Grants are awarded to researchers at recognised research centres throughout the UK. The grant awarding process meets the highest standards of the Association of Medical Research Charities. Applications for grants are invited annually. These are assessed by the Charity's Research Advisory Committee (RAC), an independent panel of 21 experts. The criteria for assessment include, scientific validity, potential for improving clinical practice, impact on women's health and cost effectiveness. The RAC recommends to the Trustees those applications that merit awards, based upon the results of the assessment. To identify the areas of greatest need the Trustees seek the strategic view of the RCOG and others. The Trustees make the final decision as to which of the recommended projects or training grants should be funded. The Charity conducts two grant rounds

each year, one in January/February for training grants and one in May/June for project awards. The RAC reviews its process each year based on the outcomes of the previous grant rounds.

Following the Charity Commission's Uniting Direction in 2009 Wellbeing of Women continues to award grants from the National Birthday Trust Fund through the above process.

Wellbeing of Women is grateful to the many Charitable Trusts who have helped to fund these research grants and training awards.

In particular Wellbeing of Women is very proud to be associated with Wellcome Trust for the award of Training Fellowships. Candidates of a very high standard, who are identified through the Wellbeing training grant process, are invited to attend for interview at Wellcome Trust. If they are found to be of suitable standard they are awarded the status of Wellcome Trust/Wellbeing of Women Research Training Fellow. This increases the capacity for the award of these fellowships and is advantageous to the individual's future development.

2014 Aims

Wellbeing of Women's research and training aims for 2014 were:

- To ensure the award of research and training grants reflects the priorities for women's health
- To at least maintain the level of investment in grant awards and to seek to support a broader range of training grants
- To select a host for the new Harris-Wellbeing Pre-Term Birth Centre

The aims and objectives were fully achieved with some outstanding projects and people being supported in 2014. An open competition resulted in Liverpool Women's Hospital being awarded the new Harris-Wellbeing Pre-Term Birth Centre. Those supported projects that concluded during the year produced important results which will inform changes in clinical practice and improvements in the care of women and their babies

2.1.1. RESEARCH AWARDS

2014 Research awards

Wellbeing of Women awarded four research project grants in 2014 (2013:6), a total investment of £455,624 (2013: £841,112). In total 87 applications were received (2013:75).

Dr Lucy Mackillop - Oxford University Hospitals NHS Trust, John Radcliffe Hospital "Pregnancy in women with cystic fibrosis: a UK-wide study of maternal and neonatal outcomes"

Advances in medical care for people with cystic fibrosis have led to improvements in overall health and life expectancy. As a result, pregnancy in women with cystic fibrosis is on the increase. However, there is little data available yet to help to advise women on how their cystic fibrosis might affect their pregnancy. There is therefore a need for nationally agreed guidelines on how to support the care of women with cystic fibrosis to achieve the best possible outcomes for both mothers and babies.

The existing evidence suggests that the most successful outcomes for mother and baby depend on the pre-pregnancy lung function. Current guidelines advise against pregnancy in women with poor lung function. However, successful pregnancies in such cases have been reported. The numbers of pregnant women with cystic fibrosis seen by any one hospital are small and consequently the evidence is at present inconclusive.

In order to gather UK wide data, Dr McKillop and her team will work in partnership with UKOSS, the UK Obstetric Surveillance System, and will use its well-established methods to look at pregnancy in

women with cystic fibrosis across the UK over a one year period. The focus of this important study will be on the lung function in women with cystic fibrosis at around the time of conception, and whether it has an effect on the outcome of the pregnancy for both mother and baby. All 213 UK hospitals with a consultant-led maternity unit will be asked to report all cases of pregnant women registering with their maternity unit who have a diagnosis of cystic fibrosis confirmed. Participating hospitals will be sent a data collection form and will provide in depth information on each case. The form will be returned to UKOSS after the woman has delivered and the outcomes of her pregnancy are known. The research team will then analyse the data collected.

The results obtained from this project will guide medical professionals in supporting the care of women with cystic fibrosis in both planning and during pregnancy, and ultimately help these women make informed choices regarding pregnancy and planning a family.

Research Advisory Committee Statement:

Improvements in medical care have meant that women with cystic fibrosis (CF) have increased pregnancy rates and yet little is known about how CF might affect a pregnancy.

This is the first national observational study to investigate pregnancy management and outcomes in women with CF across the UK over a one year period. This will be done by the UK Obstetric Surveillance System (UKOSS) programme and the results obtained will guide medical professionals and help women make informed choices regarding pregnancy and family planning in the current era of UK CF care.

This is a highly significant topic for the wellbeing of women. It will provide high-quality information on the outcomes of pregnancy in women with CF. The Cystic Fibrosis Trust has a little data on women affected but it is not very informative. This project is good value for money and highly translatable to clinical practice.

**Professor Gordon Jayson, Christie Hospital and University of Manchester
“Resistance mechanisms to the treatment of ovarian cancer with drugs targeting the tumour vasculature”**

In the UK, 12 women a day will die of ovarian cancer. Each year 7,117 women in the UK alone are diagnosed with the disease and only 43% of these women will be alive 5 years later. The survival rate for ovarian cancer is among the lowest for the 21 most common cancers. Ovarian cancer is so deadly because most patients are diagnosed with advanced stage disease that recurs with increasing resistance to chemotherapy. The standard treatments of surgery and chemotherapy clearly do not work for many women with this disease and there is therefore an urgent need to develop new, more effective and targeted treatments.

This project is looking at why some women do not respond to a promising new drug, bevacizumab, which has demonstrated a marked improvement in the survival of women with ovarian cancer. It is the first chemotherapy drug in many years that has shown a statistically significant improvement in survival when compared to standard ovarian cancer chemotherapy. However, clinical trials have shown that some women responded much better to the drug than others. While the results for bevacizumab are encouraging, it would be best to avoid giving it to women who are not going to benefit from its use.

Professor Jayson and his team at Manchester University will establish the reason why some women are resistant to the drug, in order to discover molecular biomarkers for predicting which women will respond to it. The discovery of these biomarkers will enable them to develop a diagnostic blood test to find out which women with ovarian cancer will benefit from being treated with bevacizumab. As with all chemotherapy drugs, it is expensive and there can be unpleasant side effects, and the test

will also mean that women who do not respond will not have to undergo unnecessary and gruelling chemotherapy.

Professor Jayson's previous research has focused on ovarian cancer and he and his team have extensive experience of managing clinical trials. The next step will be to test the diagnostic blood test in ovarian cancer patients in clinical trials. This will result in new clinical approaches and to more tailored treatments which will ultimately save the lives of more women with this cruel disease.

Research Advisory Committee Statement:

Bevacizumab is the first drug for many years that has shown an improvement in progression-free survival as compared to standard ovarian cancer chemotherapy. Despite this encouraging result the outcome of the study that identified the difference (ICON7) showed a difference in response with some women having a much better outcome than others. Bevacizumab is an expensive chemotherapy treatment which we would want to avoid in women who are not going to respond to it. This project aims to identify and investigate the likely mechanism which mediates this response. The aim would be to develop a predictive test for treatment failure with Bevacizumab which could be translated into clinical practice.

Professor Douglas Tincello, University of Leicester

“Surgery for recurrent stress urinary incontinence: surgeons’ and women’s views.”

Urinary incontinence is the unintentional passing of urine. There are several types of urinary incontinence but one of the most common is stress incontinence. Stress urinary incontinence is when the pelvic floor muscles are too weak to prevent urination, causing urine to leak when the bladder is under pressure, for example when coughing, sneezing, exercising or laughing. It is estimated that one in three women aged over 40 suffers from this condition, which has a huge impact on their quality of life and can cause psychological and social distress.

A range of treatments are available including drugs, pelvic floor exercises and dietary changes. For some women however medication and lifestyle measures do not work and they are offered surgical treatment. Over 12,000 women in the UK have surgery for incontinence (bladder weakness) every year. Surgery is very successful, but up to 15% of women (1 in 7) will not be cured and will therefore have to undergo a second operation.

At present there is no evidence about which of the four or five possible surgeries are most effective for those women who need a second operation. These four or five different operations carry different risks. Some require a general anaesthetic and a large surgical incision while others do not. Some require a longer period of recovery than others before women can return to their normal activities.

In this project, Professor Tincello and his team will interview patients who have had repeat surgery or are about to undergo a second operation to find out what women themselves think and feel about the alternative treatment options available. They will also run a survey of doctors in the UK to determine which of the operations UK surgeons regard as the most effective and safe.

The information gathered in this study will be used to prepare the ground for a large randomised trial to compare those operations identified as being the most important by patients and doctors. The future research will provide the evidence that can be used by both patients and doctors to make the right treatment choices for this common and distressing condition.

RAC Statement:

This is a feasibility study to explore the views of both clinicians and women requiring second surgery for stress urinary incontinence. Systematic review of the literature has

identified no randomised controlled trials but any trial must be relevant and acceptable to both women and clinicians.

Interviews will be undertaken with women in two centres (Leicester and Newcastle) to explore their views, attitudes and the acceptability of alternative surgical options, together with what outcome measures might be used.

An electronic survey will be conducted with UK gynaecologists and urologists seeking their views and opinions about what alternative procedures are currently offered, and which would be suitable to compare using a surgery equipoise scale. A sample will be interviewed.

This will enable exploration of whether a trial is possible and acceptable to all those involved.

Professor Myra Hunter and Professor Amanda Griffiths, Institute of Psychiatry King's College London

“Menopause at work: development of brief interventions to improve the quality of life of working menopausal women”

While some women go through the menopause with few problems, at least 25% have troublesome symptoms that negatively affect their quality of life (QOL). Hot flushes and night sweats (HFNS) are the main menopausal symptoms and these, together with memory/concentration, tiredness and loss of confidence, have been found to be particularly problematic for women when at work, and are also reported by women to affect work performance. In the UK there are over 3.5 million working women aged between 50 and 65 (the majority of whom will be in the menopause transition or postmenopause), yet there is a general lack of awareness about menopause in work settings. Some women take hormone replacement therapy (HRT) to help them to manage working life, but many prefer non-pharmacological options. While there are effective non-medical interventions to help women to manage and cope with menopausal symptoms, these are not yet widely available on the NHS or in the workplace.

The applicants are both experts in their fields and have conducted research on women's experience of menopause in the workplace (Prof Griffiths) and developed brief and effective interventions to help women to manage menopausal symptoms (Prof Hunter). In a recent study of 896 women's experiences of working through the menopausal transition in the UK, Prof Griffiths and colleagues found that the menopausal transition caused difficulties for women at work, mainly due to troublesome HFNS, poor concentration, tiredness, poor memory, feeling low/depressed and lowered confidence; women also were also concerned that work performance had been negatively affected. Those who were taking HRT did so mainly to help them to cope at work but over 30% of these had side effects or felt that HRT had not helped. The majority of women were unwilling to disclose menopause-related health problems to line managers, most of whom were men or younger than them.

Four major areas of need were identified: (i) greater awareness among managers about menopause as a possible occupational health issue, (ii) flexible working hours, (iii) access to information and sources of support at work, and (iv) attention to workplace temperature and ventilation. The authors concluded that employers should be aware that menopausal transition causes difficulty for some women at work, and that much can be done to support them. The proposed study will aim to target (i) and (iii).

Prof Hunter and colleagues have developed and evaluated group and self-help interventions, based on cognitive behaviour therapy (CBT) to help women to manage menopausal symptoms, particularly HFNS (Ayers et al 2012; Mann et al 2012). Women receive information and advice to help them to develop strategies to reduce stress, deal with hot flushes and improve sleep disrupted by night sweats.

The proposed study aims to examine the feasibility and impact of two interventions to improve the quality of life for working menopausal women.

(i) They aim to increase employers' (i.e. managers and OHHSR depending upon roles within the particular organization) awareness of the menopause so that they might offer information and practical advice to make the working environment more responsive to the needs of menopausal women.

(ii) They will adapt and develop a self-help intervention (workshops/on-line/booklet) based on CBT for women to use to help them to manage menopausal symptoms at work. The study will include at least three employers of large numbers of women.

If successful, the study will produce materials that have benefits for both working mid-aged women and employers; further research could assess their effectiveness in a multicentre randomized controlled trial. The long-term goal is to increase awareness of menopause, and provide information and strategies for women to manage menopausal symptoms, and in turn improve their QOL and performance at work

This grant was awarded with the generous support of the Menopause Giving Circle.

Research resources

The Wellbeing of Women Baby Bio Bank Project is a major global resource bank for the study of the four main complications of pregnancy: Miscarriage, Pre-eclampsia, Premature labour, and Fetal growth restriction. It is supported through the money raised during the Lord Mayor's Appeal 2008 which will produce a genetic database of 2500 family sets of samples.

The Baby Bio Bank Project was opened for applications in November 2013 as over 1000 complete sample trios (mother, baby and father) had been obtained. During 2014 work continued to complete the collection and preparation of the final trios.

Discussions were held between Wellbeing of Women, Imperial College, and University College London (UCL) to transfer the management of the completed Baby Bio Bank to UCL. Agreement was reached in early 2015. UCL will be responsible for the Baby Bio Bank with Wellbeing of Women retaining a place on the steering group to ensure the philanthropic integrity is preserved. Wellbeing of Women has agreed to underwrite running costs in the first half of 2015 and will receive a share of any surplus generated after 5 years.

During 2014 applications were invited from UK institutions to host a new Harris-Wellbeing Centre for Pre-Term Birth. Following an open competition and assessment by an international panel the new Centre was awarded to Liverpool Women's Hospital under the leadership of Professor Zarko Alfirovic. (As a trustee of Wellbeing of Women Prof. Alfirovic took no part in the decision to award the Centre. He will resign his trusteeship in 2015). The Centre will open in the summer of 2015.

2.1.2. 2014 TRAINING AWARDS

Wellbeing of Women awards Research Training Fellowships to encourage medical graduates to pursue a career in academic medicine by funding study for a higher degree.

15 applications were received for the 2014 RTF round (2013 round: 13 applications).

In total 4 (2013: 2) Research Training Fellowships in Obstetrics and Gynaecology commenced in 2014; a total investment by Wellbeing of Women of £657,530 (2013: £355,640).

Research Training Fellowships

Dr Jennifer Tamblyn, Birmingham Women's Hospital

"Vitamin D and Pregnancy: Effects on Immune Function of the Placenta."

The project will provide essential insights into Vitamin D and immunity in pregnancy and its precise role in determining the health of the mother and baby.

Vitamin D deficiency is common in many people throughout the world, but appears more prevalent in pregnant women and is linked to poor outcomes in pregnancy, such as pre-eclampsia, preterm birth and miscarriage. Women are therefore routinely advised to take Vitamin D supplements in pregnancy, but it is still not clear how much they should take or at what stage in their pregnancy.

Dr Tamblyn proposes that Vitamin D plays an important role in regulating the immune system in pregnancy. Vitamin D is known to enhance immune responses to combat infection, but it is also anti-inflammatory and it could be an important factor in preventing loss of the baby.

In this important, timely research, Dr Tamblyn will investigate the impact of Vitamin D deficiency in a cross-section of samples obtained from women at different stages of pregnancy, and with several common complications of pregnancy.

Vitamin D deficiency could easily be screened for and as Vitamin D is cheap and relatively safe, it could be used to treat a range of pregnancy complications in the future. Importantly, these studies could lead to future vitamin D supplementation trials in pregnant women in the near future.

Awarded with the generous support of the Priory Foundation

Dr Natalie Suff, Institute for Women's Health, London

"The prevention of Preterm birth using conventional virus-based gene therapy transfer technology to overexpress cervical antimicrobial peptides"

The project aims to develop a new treatment to prevent premature birth by boosting the ability of the cervix to produce anti-bacterial cells to stop infection within the womb.

Premature birth is one of the main causes of death in babies and disability in surviving infants. Yet very little is known about what causes premature delivery and despite extensive research the number of babies being born prematurely has gone up over recent years. The existing data shows that bacterial infection in the womb can trigger premature labour and that this could be due to a failure of the cervix to provide an adequate barrier to prevent bacteria that are normally present in the vagina to migrating into the womb. Women in whom the cervix is damaged are more likely to give birth too early.

The evidence shows that cells in the cervix produce specialised proteins that can kill bacteria. In this innovative project, Dr Suff proposes to use highly developed virus-based carriers to deliver new genes to these cells in order to test whether it is possible to increase production of the proteins in the cervix and whether this will prevent bacteria from the vagina ascending up the cervix to infect the womb

Awarded with the generous support of the Priory Foundation

Dr Kate Navaratnam, Liverpool Women's Hospital

"Estimating Aspirin ResisTance in High-risk women"

This project will identify the numbers of women at high risk of pre-eclampsia who do not respond to aspirin. It will also investigate whether genetic make-up influences a woman's risk of pre-eclampsia

and the way in which they respond to aspirin. The overall aim of the project is to personalise and improve treatments for pre-eclampsia.

Pre-eclampsia is a serious disorder, which affects 1 in 20 pregnancies and starts in the second half of pregnancy. It causes high blood pressure, loss of protein in the urine and may cause significant organ dysfunction and compromise of the placenta, putting both mother and baby at risk. It is the most common reason for maternal admission to intensive care during pregnancy, and the second most frequent cause of pregnancy-related death. The causes of pre-eclampsia are not fully understood but it is thought to be related to the inflammatory response and function of platelet cells in the blood, which aid blood clot formation. Aspirin is a standard treatment for pre-eclampsia and reduces the risk by 10%, when started in the first half of pregnancy. However some women do not respond to aspirin adequately, which could explain why a relatively high number of women still suffer from pre-eclampsia despite treatment with low-dose aspirin.

The project will recruit 100 women at high risk of pre-eclampsia and taking low-dose aspirin in the first half of their pregnancy, during a 12-month period, at Liverpool Women's Hospital. They will undergo blood and urine tests during the first half of their pregnancy to assess their responsiveness to aspirin and to investigate genetic influences to aspirin response in pregnancy. The women will be followed up in the second half of their pregnancy to test the function of the placenta and the wellbeing of the baby. After they have given birth, clinical outcomes will be assessed to determine how non-responsiveness to aspirin affects pregnancy outcome, including the development of pre-eclampsia, growth restricted babies and babies who need additional care after birth.

Miss Kerry Evans, University of Nottingham

“Supporting women with mild to moderate anxiety during pregnancy; the development of a midwifery-led intervention”

This project aims to develop a midwife-led intervention to support women with mild to moderate anxiety during pregnancy

It is estimated that by 18 weeks of pregnancy, 15% of women experience symptoms of anxiety. Elevated and prolonged anxiety is associated with complications such as pre-term birth, fetal growth restriction and behavioural problems in children, as well as increasing the risk of postnatal depression. Support for women with chronic low-level mental health problems is inconsistent, and midwives have identified an urgent need to improve their skills to support women with mental health issues. Little research has been done into maternal anxiety, therefore studies are needed to identify the most appropriate and cost-effective interventions to allow midwives to support and care for these women throughout their pregnancy.

Miss Evans will identify existing interventions and what their effective components are to aid in the design of a new intervention. Pregnant women experiencing anxiety will be interviewed, as well as healthcare professionals, to explore women's emotional and psychological needs during pregnancy, and find out their views on the new intervention. All the data will then be used to implement a pilot study of the intervention. The results of this project will form the first stages of a research programme to investigate the support and care of pregnant women with symptoms of anxiety, as well as leading to improvements in the skills, awareness and options for midwives in supporting women's emotional health.

Awarded with the Royal College of Midwives and generously supported by PZ Cussons.

Entry Level Scholarships

Entry-Level Research Scholarships provide 'pump-priming' funds to enable trainees to be exposed to a research environment, or to obtain pilot data for bids for definitive funding. We were pleased to

continue partnerships with the Royal College of Midwives and the British Maternal and Fetal Medicine Association. These partnerships ensure that we can offer more grants to young doctors and midwives to provide a first step on an academic career. Trustees were pleased to make 5 awards totalling £86,411 (2013: 3, £53,393) as follows:

The Christmas Fair Scholarship

Dr Gemma Owens, University of Manchester

“Urocortin signalling pathway in endometrial cancer”

Cancer of the womb is the commonest cancer of the reproductive organs in UK women. Risk factors include obesity, increasing age and prolonged exposure to oestrogen. Treatment for endometrial cancer usually involves surgery. However, in recent years, there has been much interest in scrutinising the pathways involved in endometrial tumour development in order to develop new treatments.

Urocortin is a molecule, which was first identified in the brain, but has since been found to be present in other organs including the ovaries and womb. Urocortin is involved in the development of many diseases including depression, cancer and arthritis. One initial study has suggested that urocortin may be involved in the development of womb cancer, as levels of urocortin are much lower in womb cancer tissue compared to normal tissue. However, it is not understood exactly how the amount of urocortin is altered and what other molecules are involved in this pathway. Early results from the University of Manchester have shown that urocortin levels are reduced in response to oestrogen treatment in womb cancer cells, and treatment with urocortin may recover ‘stressed’ cells.

This is a tumour biology study designed to further knowledge of the urocortin signalling pathway and its role in womb cancer. Dr Owens and the team believe that urocortin may play a protective role in the lining of the womb, and will determine the effect of urocortin treatment on the proliferation, migration and death of cancer cells using cell models. They also think urocortin may deliver its effects via other molecules that are important for cell growth, and as such, will investigate levels of expression of these molecules using human womb cancer tissues and controls, and using urocortin treated cell models. Through better understanding of the urocortin pathway and effects of urocortin on womb cancer, it is hoped that this project will be the first step towards identifying targets for new treatments.

Awarded with generous support from the Christmas Fair

BMFMS Entry-Level Scholarship

Dr Jane Currie, University College London

“Do pregnant women with abdominal pain have urine infection that our current tests do not detect?”

Urinary tract infection (UTI) in pregnancy is common and is associated with abdominal pain, a frequent cause of women presenting to hospital and hospital admission. Up to one in ten women have UTI during pregnancy without any symptoms and if UTI is untreated a third of women develop kidney infection. UTI is also associated with preterm delivery and low birthweight, therefore detecting UTI in pregnant women and treating it promptly is important.

All pregnant women are offered a screening culture of their urine in the first three months of pregnancy when they book. This has been shown to reduce symptomatic UTI, low birth weight and preterm delivery. Later in pregnancy, a dipstick test of urine is also offered at every antenatal review. In women who present with abdominal pain, current traditional diagnostic tests (urine culture in the laboratory) take 1-2 days to report a result which can result in delays in treatment.

Previous research by this team has shown that the traditional tests of a urine dipstick and culture do not detect all cases of UTI in non-pregnant women. They have found a different set of tests that reveal signs of infection in women with urinary symptoms, even when the traditional tests do not show anything. These tests are called ‘fresh microscopy’ and ‘sediment culture’.

Fresh microscopy means looking at fresh urine immediately under a microscope to count bacteria and other signs of infection, rather than in a distant laboratory where it may take some time to travel to. In sediment culture the cells in a sample of urine are separated from the fluid and then any bacteria present in these cells are encouraged to grow.

In this study Dr Currie will investigate the use of these techniques to diagnose UTI in women who come to hospital with abdominal pain, looking at whether some women with abdominal pain in pregnancy have a UTI that traditional tests do not pick up. Dr Currie will compare the results with those from a group of women without symptoms of UTI or abdominal pain who are having routine antenatal care. If successful, the findings could change the way that obstetricians and midwives diagnose UTI in pregnancy. This could avoid unnecessary hospital stays and reduce the risk of complications such as premature birth, by detecting UTI early and treating it promptly.

Royal College of Midwives Entry-Level Scholarship

Miss Tessa Dunning, King's College London

“The management of primary postpartum haemorrhage (PPH): women and their partners' experiences. A qualitative study.”

The number of babies being born in England is rising, but sadly there are increasing numbers of medical emergencies such as postpartum Haemorrhage (PPH). Primary postpartum haemorrhage is the term given to the severe loss of blood by the mother in first 24 hours after birth. It is very serious, and needs to be managed quickly by the obstetric and midwifery teams. If this happens it can be traumatic both for the woman involved and witnesses, such as a birthing partner. The physical impact on the woman may be negative and long lasting. She may require surgery (such as a hysterectomy) to stop the bleeding, and/or have severe anaemia as a result. The psychological impact can also be severe - it has been reported that some women develop post-traumatic stress disorder (PTSD) following a traumatic childbirth.

There is currently very little research examining the effects of PPH and its management on women and their partners. This explorative interview study will talk to new mothers and their birth-partners who had a PPH about their experiences. Through active dissemination, the findings will seek to inform and improve midwifery and obstetric practice and thereby the wellbeing of mothers, their partners and their families.

The Bonnyman Entry-Level Scholarship

Mr David O'Driscoll, University College Cork

“The development of a model to help study perinatal asphyxia.”

Oxygen is an important gas for survival, especially for the developing baby in the womb. Unfortunately, before and during labour, many babies experience a reduction in oxygen delivery to vital organs such as the brain. This is called perinatal asphyxia. In a developed country, 1-2 per 1000 term babies experience a reduction in oxygen and/or blood flow. It is associated with significant disabilities such as developmental delay, poor memory and epilepsy. Up to 10% of these babies die. Worldwide, perinatal asphyxia is attributed as an immense problem causing almost 1 million of the 4 million baby deaths each year. Therefore, it is important that we recognise, treat, and prevent perinatal asphyxia. Currently, the only known treatment for babies recognised to be under oxygen stress during labour is early delivery by caesarean section and by decreasing the baby's core temperature to reduce organ damage. However, this is still not enough.

Many studies about perinatal asphyxia are performed on pregnant women and babies. Since it is not possible to conduct invasive research studies in this vulnerable group, we must use animal models ethically as the preferred study method. There are many animal models of perinatal asphyxia and they provide advances in our understanding of the condition and possible treatments. Unfortunately, most of these models induce asphyxia to an animal after it is born and not while it is in the womb receiving nutrients from the mother. Larger animal models have been used but these are time

intensive, require expert personnel and are very costly to research funding agencies. It is important we investigate maternal-fetal responses to oxygen stress and discover ways to identify and treat this condition. Therefore, a gap exists for a cost effective model of perinatal asphyxia induced in the womb and not after they are born. Mr O'Driscoll hopes to develop a suitable model to fill this knowledge gap by reducing blood to the womb by clamping womb arteries and reducing oxygen to the mother. As a result, the animal offspring will experience an oxygen insult and reduction in blood flow insult. This will mimic the injury that many babies experience each year. So although it is very early days, in the long run this research may provide a platform for future methods of early detection of baby stress during labour and treatments of perinatal asphyxia.

Awarded with generous support from the Linda and Gordon Bonnyman Charitable Trust

**HRH Prince George of Cambridge Scholarship
Dr Ayesha Mahmud, University of Birmingham
"Patient reported outcome measures in Maternity care services"**

Patient reported outcome measures (PROMs) assess the quality of care delivered from the patient's perspective and are an important quality indicator for improving healthcare services. Over 650,000 women use maternity services every year. Despite on-going public debate about standards and litigation claims for obstetrics standing at over £5 billion annually, there are currently no measures that benchmark services from the women's perspective. PROMs have the potential to act as a driver to improve both the quality and cost effectiveness of maternity services. The urgent need for their development has been highlighted by service users and health care professionals alike.

PRO-Maternity is a project aimed at generating the first set of maternity-specific PROMs that could be used to monitor quality improvement interventions in both clinical and research settings. The concise aim of this particular project is limited to identifying maternity PROMs by looking at existing research and asking women. This concept may be considered similar to the NHS friends and family test whereby, by providing feedback on the care and treatment received patients can contribute to improving services. However, PRO-Maternity will focus on maternity services including antenatal, birth and postnatal care.

In the first stage of the project Dr Mahmud will identify existing Maternity PROMs (Clinician defined) by looking at clinical research trials. In the next stage she will ask women what they perceive as an outcome from maternity care i.e. woman centred PROMs. In collaboration with the Birth Trauma Association (BTA) and the National Childbirth Trust (NCT), as co-ordinators for service user input we will focus on involving women through group interviews to identify the outcomes that are important to them.

Women's views vary widely and expectations can change throughout their pregnancy and after birth. Therefore, this project will have three focus groups covering different stages of pregnancy i.e. antenatal, birth and postnatal. In this way it can identify lists of relevant PROMs which will tell us what is important to women and whether correct PROMs have been reported in the past. It is vital to be clear about PROMs as they are unique in integrating patient experience into service delivery.

At present we do not know if there is enough evidence to suggest that women are receiving the care that they expect. This project will set out to identify the key PROMs that are relevant to women using maternity care.

The project team includes user representatives, midwives, doctors and researchers with expertise in the field of maternity care, questionnaire development and quality improvement. The team is supported by members from the relevant Royal Colleges. This partnership will ensure that outputs from this study are adopted nationally. The proposed work will not have any significant NHS cost and has potential to be significantly cost saving for the NHS in the medium term.

Royal College of Midwives International Fellowship

In 2014 we awarded the second International Fellowship with the RCM. This Fellowship is intended to enable midwives to further develop research interests in midwifery, maternity services, pregnancy, childbirth and women's health from an international perspective. It was open to RCM midwives undertaking research in the UK or abroad which would address Millennium Development Goals 4 (Reduce Child Mortality) and 5 (Improve Maternal Health).

4 applications were received and each was reviewed by RAC Professor of Midwifery Billie Hunter in association with RCM representatives, and another RAC member. The following was funded:

Mrs Áine Alam, Middlesex University

Embedding work based learning within Masters Education as a tool to enhance midwifery capacity in Pakistan and Uganda -A strategy towards millennium development goals 4 and 5

The World Health Organisation and many others believe that midwives who are highly educated and trained in care provision will directly result in a reduction for maternal and infant deaths. These are the two millennium development goals.

This project focuses on advancing the midwifery teaching skills in Pakistan and Uganda over the next two years. Ms Alam has been a visiting tutor in both countries and has found that midwifery training focuses on lecture-led learning. She believes that modelling practice-based approaches (as opposed to lecture-based) for teaching student midwives in both countries will improve practice, and outcomes, immensely. Ms Alam has already been working on this in Pakistan and will study how midwifery teaching is adapting to this new teaching strategy.

Ms Alam is a midwife and RCM Learning representative, currently undertaking a funded PhD at Middlesex University. She is highly motivated and committed to improving international midwifery training, which includes improving the skills and approaches of midwife teachers. This project shows a strong commitment and enthusiasm for tackling midwifery challenges in Pakistan and Uganda, as does the support letter from Aga Khan University. The Millennium Development Goals are clearly addressed.

Awarded with the Royal College of Midwives in association with the Burdett Trust for Nursing

FIGO International Scholarship

The Academic Scholarship has been awarded association with FIGO (the International Federation of Gynecology and Obstetrics) to enable a candidate in the field of obstetrics and gynaecology to link up with academic mentors in the UK for a period of up to 3 years.

Professor Julius Wandabwa, Busitema University Faculty of Health Sciences, Uganda "Developing capacity in evidence-based medicine in Mbale, Uganda"

Professor Wandabwa will use the fellowship to consolidate his skills in evidence-based medicine, especially systematic reviews and the conduct of clinical trials. This will strengthen his contribution to the ongoing perinatal research at the Sanyu Africa Research Institute (SAfRI). As the only clinical academic in obstetrics and gynaecology in Mbale, Professor Wandabwa will have a role in all of the SAfRI research projects outlined above as well as being incorporated into future research proposals. He is also developing his own research programme into the effects, long-term complications, and reproductive future of the women who survived severe maternal morbidity, continuing the work that he conducted as part of his PhD.

SAfRI's mission is to improve maternal, newborn and child health, especially among the poor. This is done through high quality, collaborative clinical research particularly using low cost, innovative

technologies and working closely with local health care providers and government to strengthen research capacity and evidence based practice. As part of SAfRI's aims to become a centre of excellence for evidence-based medicine, Professor Wandabwa will develop an expertise in systematic reviews with the Cochrane Collaboration Pregnancy and Childbirth Group, based in the University of Liverpool Department of Women's and Children's Health. There is a shortage of systematic reviewers based in low resource settings, and specific training will enable him to conduct and contribute to appropriate reviews.

The ultimate aim of this fellowship is to build a robust relationship between the collaborating partners that will enable the development of collaborative training and teaching programs, bilateral grants applications, staff and student exchange. The growing partnership will be mutually beneficial, with all parties gaining from increased research capacity in SAfRI

Elective Bursaries

In total 28 student elective bursaries of £1,000 each were awarded. A detailed list of all the bursaries can be found in Appendix 1.

2.2. EDUCATION AND INFORMATION

2014 Aim

The aim for 2014 was to continue to seek ways of increasing awareness of gynecologic and obstetric health:

2014 Achievements and Performance

During 2014 Highlights include:

- Social media was used in a more targeted way to encourage supporters and increase followers
- Numerous health awareness events and expert seminars were held in a number of organisations and locations across the UK
- A Wellbeing of Women Research event was held in London focused on Gynaecological Cancer. The panel of experts discussed how smaller research projects and smaller funders such as Wellbeing, are as integral to the research landscape and the fight against gynaecological cancers as the larger funders. They also outlined the latest developments in this area of women's health and where the next breakthroughs are expected.
- The Annual Women's Lunch Debate took place in January, with key researchers highlighting their results and developments in their ongoing research, the audience also heard from keynote speaker - Dame Sally Davies, Chief Medical Officer for England. Dame Sally discussed her views on the issues holding women back in their careers, an insight into the Athena SWAN charter and the unequal representation of women in research, which greatly inspired the audience in attendance.
- Two editions of the Research Newsletter were produced along with three editions of the Network News.
- Twitter followers increased to over 5000.
- To celebrate the 50th anniversary a special supplement was published with the British Journal of Obstetrics and Gynaecology which reprinted some of the key findings from research funded by Wellbeing of Women since its foundation.

2.3. FUNDRAISING

2014 Aims

In 2014 Wellbeing of Women aimed to consolidate and improve the efficiency of its fundraising. A key aim was to stimulate donations from major donors by developing dedicated links to research. Principal income streams for Wellbeing of Women are corporates, trusts and charitable foundations, events, major donors, events, and community fundraising.

2014 Achievements and Performance

Some late donor decisions meant that gross income equaled last year's £2.1million. However this was achieved at lower cost with a greater emphasis on donations rather than event income.

Corporate Fundraising

The corporate team has grown its existing partnerships and developed a range of new relationships. Our longest standing partnership with PwC has continued to flourish and we are now proud to be formally recognised as one of the charities supported by the PwC Foundation which will see us involved further with employee fundraising as part of their One Firm One Day initiative, as well as their continued support of the annual Women's Lunch Debate and the Chairman's Cricket Day. Their pledge to continue to support two Wellbeing of Women funded Research Training Fellows proved that they could see the impact of their involvement and how the research projects carried out by these doctors will make important advances in women's health.

The relationship with Elemis has developed vastly throughout the year. They've raised awareness of our partnership in the media as well as raising funds for the charity through the Bliss Capsules CRM project. Wellbeing is now well known to all staff in their Head Office due to the health talks that we've held there and we hosted many shopping evenings with them introducing our other corporate contacts to this brilliant relationship.

Sanctuary Spa (PZ Cussons Beauty) has pledged to continue their support of Wellbeing of Women through various activities for the next three years. In 2014 Sanctuary Spa ran a CRM campaign with their Salt Scrub product and helped to raise significant funds for the charity.

Expanding into the PZ Cussons Group, Mum & Me became the first sponsors of the Midwife Research Training Fellowship in partnership with the Royal College of Midwives. This award was offered for the first time and was only due to the generosity of Mum & Me. A lot of media work has been done around the Midwife Fellowship.

We're very grateful for the continued relationship that we have with Fortnum & Mason. We hold a number of our events there: our "An Audience With..." series, the Literary Lunches, our special 50th Anniversary Lunch and for the last two years, our Annual Volunteer Conference.

A new partnership was created with P&G and their new Always Discreet product for urinary incontinence. It was launched mid-way through 2014 and generated significant funds for the charity as well as raising awareness of Wellbeing through numerous placements in a variety of press and online media.

We also began a new relationship with Diageo who very generously kick started the relationship by sponsoring the Wellbeing of Women Christmas Fair.

We were featured as Next Flowers' Charity Bouquet of the Month where we received 10% from each of the special bouquets sold in a month. And we were also the charity partner for National Cupcake Week, where entrants who entered a code at sign-up to the Cupcake Competition would see money come to Wellbeing of Women.

We are extremely grateful for the Gifts In Kind we've received from numerous partners that have allowed us to leverage our relationships not just with the companies that have donated them, but

also with those that have subsequently received those gifts through raffles, auctions and goody bags. The gifts that we have secured throughout the year make a huge difference and have come from partners including Next, Elemis, Sanctuary Spa, Vitabiotics, LK Bennett, Cath Kidston, Hobbs, Pop Chips, Swarovski, Unilever, Emma Bridgewater, Fortnum & Mason and CHH Design.

We are very grateful to all of the companies who support our work in many different ways.

Charitable Trust and Foundations

Projects supported by Charitable Trusts in 2014

International Research Training Fellowship:

Mrs Áine Alam: Embedding work based learning within Masters Education as a tool to enhance midwifery capacity in Pakistan and Uganda. A strategy towards millennium development goals 4 and 5.

(Burdett Trust for Nursing)

Entry Level Scholarship:

Miss Tessa Dunning: The management of primary postpartum haemorrhage (PPH): women and their partners' experiences. A qualitative study.

(Burdett Trust for Nursing)

Research Training Fellowships:

Dr Jennifer Tamblyn: Vitamin D and pregnancy: Effects on the immune function of the placenta

(The Connie and Albert Taylor Charitable Trust; The Welton Foundation; The Eveson Charitable Trust; the John Avins Foundation; The Lillie C Johnson Charitable Trust and The Kelton Trust).

Dr Natalie Suff: Prevention of premature labour by reducing infection within the womb

(The Priory Foundation with a three-year grant)

Research Projects:

Pregnancy in Women with Cystic Fibrosis: A UK wide study

(P F Charitable Trust with a three-year grant)

"Developing Hormone Therapy as a Treatment for Gynaecological Cancer"

(The Barbour Foundation)

"Expanding and Enhancing Online Health Information"

(The 29th May 1961 Charitable Trust with a three-year grant)

"Using melatonin to reverse brain damage in newborn babies"

(The Hospital Saturday Fund)

6 Student Elective Bursaries to Midwives (The Burdett Trust for Nursing)
3 Student Elective Bursaries supported by the Galvani Charitable Trust

We are very grateful to the many charitable trusts that regularly support our work.

Community Fundraising

The Volunteer Branch network delivered significant fundraising results. There were numerous Vintage Tea Parties that took place across the country in celebration of Wellbeing of Women's 50th Anniversary, as well as the regular events that our Branches host throughout the year.

As always, we are thrilled to acknowledge the wonderful support that the Branches continue to give to Wellbeing of Women. It allows for our name, profile and funds to be represented and raised on a regional level which we would not be able to achieve solely from our Head Office in London. It takes a lot of personal time and effort for our volunteers to support us in this way and the Trustees are very grateful to them for continuing to do so.

The special 50th Anniversary Volunteer Conference was held at Fortnum & Mason in October. Attendees were given updates from Head Office, information about the latest research developments, and awards for Branch achievements and personal success were presented by Wellbeing of Women's Vice Chair, Eve Pollard, and celebrity supporter Christopher Biggins. These conferences provide a great opportunity for all of the Branches to catch up, swap ideas and knowledge and plan for the following year.

Challenge Events

Wellbeing of Women was well represented in Challenge Events, with an increase in runners taking part in both the London Marathon and the British 10k. Participants also chose to represent us in other challenge events, including the Edinburgh Half Marathon, Bupa Great Birmingham Run and many more.

We had a fantastic event led by Heather Geluk at PwC. Entitled Music & Mountains, an intrepid group of nine ladies took on the challenge to climb Mount Killimanjaro with one of the climbers – DJ Lora – performing a DJ set at the top of the mountain. They raised a fantastic amount for Wellbeing and two more Killi climbs are planned for 2015.

One of our supporters, based in Antibes, created the Purple Pants Promenade event which entailed a three hour 3.5km walk around the port and adjacent athletics track.

Mark Joy, who in 2013 completed seven marathons in seven days, took part in a coast to coast cycle ride with three friends to continue raising money for the Lisa Waterman Fund.

Major Donors

Major donors continues to build on its core strategy of developing new prospects for the charity as well as effectively stewarding current donors to increase income from both. A key initiative has been the development of giving circles which bring together donors with interests in funding research in similar fields of study e.g. Gynae cancers, menopause.

Events

Fortnum & Mason was again very generous in hosting 2 Literary Lunch Series and helping Wellbeing to celebrate the 50th Anniversary - Eve Pollard in conversation with Alexander McCall Smith in

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October, preceded by one of the most high-profile women in the restaurant world, Angela Hartnett, who not only spoke about her career and books but also designed and cooked a very special menu.

The Business Speaker Events programme continued with the support of Accenture and Fortnum & Mason. Our guests Claire Sweeney and Fiona Bruce were both well received.

The City Christmas Fair was very successful once again. The Fair recorded its highest number of shoppers ever attending Drapers Hall. The Charity is very grateful to the members of the volunteer Committee, led by Mrs Jane Jones, who organise this signature event.

In celebration of the remarkable career of Sir Marcus Setchell a special lunch was held in his honour at the London Hilton, Park Lane to raise funds for the Sir Marcus Setchell Research Training Fellowship. The lunch was attended by over 300 people including the Duchess of Gloucester and Princess Michael of Kent. An additional drinks reception was held later in the year, attended by the Countess of Wessex.

The Pub Quiz hosted by Jim Mellon at The Commander in Notting Hill was hugely successful, raising a considerable amount for the Charity. We are very grateful to both Jim and his sister Claire for their continued support.

Sir Victor and Lady Blank hosted the 26th annual cricket match at their Oxfordshire home. The late Sir David Frost was much missed and the money raised has put into a fund named in his memory.

Research Collaborations

The Wellbeing of Women Research Advisory Committee (RAC) has developed considerable expertise in the award of grants. The process to review and assess the applications is robust and well administered. Using the Wellbeing RAC, donors can be sure that only the most impactful research is selected, and then monitored, to ensure best use of funds.

Partnerships continued with the British Maternal and Fetal Medicine Society and the Royal College of Midwives. A new partnership began with FIGO - the International Federation of Gynecology and Obstetrics to allow an international candidate in the field of obstetrics and gynaecology to link up with academic mentors in the UK

We hope to continue to work with other charities and societies to enable more research in women's health to be funded effectively and efficiently.

Harris-Wellbeing Preterm Birth Centre

During the 1980's five research Centres were set up by Birthright (as the charity was then called) with support from Lord and Lady Harris. At Kings, London, the centre specialised in fetal medicine; at St. Mary's, Paddington, it was early pregnancy loss; at the Radcliffe in Oxford it was pre-eclampsia; in Sheffield it was infertility; and in Aberdeen, cervical cancer; the legacy of the Harris Birthright Centres has been immense. Thousands of young doctors have received their first research opportunity in a Harris Centre. Substantial advances in improving the health of women and their babies have taken place through research in the Centres and millions of pounds have been raised for research and training.

This fantastic legacy was celebrated in November 2013 with presentations to Lord and Lady Harris and their family and friends about the achievements of the Centres. Many of the people who had been instrumental in developing the Centres attended. We were enormously grateful to Lord and Lady Harris for their generosity in pledging a further million pounds for the development of a new Centre.

During 2014 an open competition resulted in the new centre being awarded to Liverpool Women's Hospital. Harris-Wellbeing Preterm Birth Centre will open in the summer 2015.

3. FINANCIAL REVIEW

Incoming Resources

Total income at £2,139,248 was slightly above the previous year (2013: £2,125,273). However it is pleasing to note that this was achieved with a higher level of voluntary donations, rather than the exceptional legacy and other income that supported the 2013 income. Charitable trusts gave more generously than in 2013, but Corporates remained challenging with income again affected by decisions to delay giving to 2015. Included in 2014 income is the first instalment of Lord Harris of Peckham's pledge of £1 million to fund the new Harris-Wellbeing Preterm Birth Centre.

Resources Expended

Excluding ticketed and challenge events, the costs of generating funds increased (£639,198; 2013 £591,313) largely due to the one-off contribution to the RCOG pension scheme deficit (see below). Other factors were the record numbers attending the annual cricket (which produced record income), and the Trustees decision to pay interns the London living wage. Trustees believe it appropriate to calculate fundraising cost ratios against income net of ticketed events and challenge event costs to give a fair comparison with externally organised events. The fundraising cost ratio showed a modest fall to 31.4% (2013: 31.8%).

Charitable Expenditure

Charitable expenditure dropped to £1,519,299 (2013: £1,865,647). However, it should be noted that this is after writing back adjustments to prior year awards totalling £173,771 (2013: £12,226). These adjustments follow the Research Advisory Committee's decision to rescind one award that was making inadequate progress (£99,909), and another because early findings indicated sufficient modifications to the methodology that the researchers have been asked to re-apply for funding (£60,000). The balance represents minor cost savings on projects completing in the year (£13,862). Excepting these adjustments new charitable expenditure totalled £1,693,071 (2013: £1,877,873). Funds carried forward from prior years were utilised together with an unusually high level of in year funding in this the charity's 50th anniversary year. Included in the total are grants awarded in collaboration with other charities totalling £22,502 (2013: £37,500). Trustees agreed to continue to support the Baby Bio Bank to the end of 2014 requiring funding of £21,988 in excess of the balance available in the Lord Mayor's Appeal Fund; total expenditure was £193,653 (2013: £362,064). The cost of research administration rose to £95,999 (2013: £80,860). This cost covers the selection and award process as well as the monitoring and administration of on-going awards. The increase is partly occasioned by extra meetings of the RAC to select the recipient of the Harris-Wellbeing Preterm Birth Centre, a high level of grant applications in 2014, and the number of grants awarded in recent years.

Investments

Wellbeing of Women's investment policy aims to match risk and time horizons of investment assets to those of the reserves (restricted and unrestricted) and liabilities (grant creditors) that they represent. The Investment Committee meets at least 3 times per year with Cazenove Capital Management, to review performance and structure of the portfolio.

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Income from investments was £122,172 (2013: £151,092) and gains on investments were £94,237 (2013: £218,209). The lower returns reflect lower average holdings and a cautious investment strategy in volatile markets.

The charity receives reports on the return on the investments each quarter and performance is closely monitored. It is the policy of the charity to specifically exclude direct investments in the tobacco industry.

Pension

Trustees are aware of a liability arising from the current actuarial valuation of the Royal College of Obstetrician and Gynaecologists defined benefit pension scheme of which Wellbeing of Women is a minority employer (see Note 19). Wellbeing of Women's share of the deficit is set at 4.4% of the total, and in accordance with the plan agreed with the scheme trustees and other employers, made a payment of £37,400 in 2014, and committed to monthly payments of £1,683 from 1st July 2017 to 30th June 2024 (total £141,372). Wellbeing's trustees are confident that these payments can be met from current and future income and reserves.

Reserves

Trustees maintained the reserves policy taking into account best practice of other similar charities, professional advice, and the charity's risk management policy. Wellbeing of Women awards research grants and training/educational grants each year. Grants are only awarded if there are unrestricted or restricted funds available to their full value, thereby guaranteeing funding to recipients. Awards are normally made from accumulated funds brought forward from prior years, but also exceptionally from restricted income raised specifically in the same year.

The balance of unrestricted funds remaining after commitments forms the reserves needed so that the charity can continue to operate in the event of a significant shortfall in income. A risk-based approach is used to assess the appropriate level of reserves taking the charity's risk register as a starting point. The Trustees review both the risk register and the level of reserves on an annual basis when setting the budget for the ensuing year. In determining the level of reserves the trustees have taken into account the following significant risks:

- I. The charity needs to hold at least three months operating costs to meet its legal and statutory obligations.
- II. The charity relies heavily on the activities and contacts of a small number of individuals to secure a significant portion of its regular income stream through major fundraising events and assistance with securing sponsorship for other events. It would be impossible to cover the loss of this income in-year should these persons not be able to hold events or support the activities of Wellbeing of Women for any reason.
- III. The small permanent office makes income streams heavily dependent on individual employees.
- IV. Whilst funds are designated to cover award of grants (see above), a significant risk to the charity is the loss of value of the investment portfolio that contains these designated funds.

Mindful that some of these risks are mutually exclusive, the Trustees policy is that free reserves be kept above a minimum of £425,000.

At the end of 2014 free reserves were £559,213. In the charity's 50th anniversary year the trustees were intent on maintaining charitable expenditure. A higher than usual level of income was raised as restricted funds (2014: £783,928; 2013: £526,455). In addition most of the proceeds of the annual

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cricket match (£305,748) have been put in a designated fund named for the late Sir David Frost to mark his outstanding contribution to Wellbeing of Women. No limitations have been placed on the charitable uses to which this fund can be put. The Trustees are satisfied that the surplus free reserves together with balances in restricted and designated funds forms a secure base to fund charitable expenditure in 2015.

4. FUTURE PLANS

The charity will continue to build on its existing relationships with the Royal College of Obstetricians and Gynaecologists, the Royal College of Physicians, the International Federation of Gynaecology and Obstetrics and the Medical Women's Federation. In addition to these partners, our strategic agreement with the Wellcome Trust continues and we shall look to renew our partnership with the Royal College of Midwives in early 2015. Plans will also be put in place to engage more closely with the charity's wider leadership, the Honorary President and Vice Presidents who each represent the RCOG, the RCP, FIGO and the RCM.

Wellbeing of Women greatly values the expertise which is available to us through our Honorary President and Vice Presidents and these relationships continue to ensure that the charity has access to the broadest possible range of assets and experience when determining how best to invest its funds in research and training.

The operational leadership of the charity will also change in 2015 with the appointment of a new Chief Executive, Fiona Leishman. This follows the departure of the previous Director, Liz Campbell, who retires at the end of 2014. The Chief Executive will focus initially on aligning the overall strategy of the charity with its fundraising and communications activities. The website will be refreshed as will various aspects of the IT and database capabilities.

Principle aims for 2015:

- Review operational activities and structure
- Embed strategy to drive income growth and raise awareness of the work of Wellbeing of Women
- Embed focus on maintaining wellness as a priority and to achieving positive obstetric and gynaecological health outcomes for women by funding impactful medical research and projects which will deliver positive results for women
- Continue to raise awareness around women's health matters

5. STRUCTURE, GOVERNANCE AND MANAGEMENT

Wellbeing of Women is a registered charity and a company limited by guarantee and governed by its memorandum and articles of association.

The Trustee Board meets at least every two months to set policy, strategy and govern the activities of the charity. The Audit Committee meets at least 3 times a year and considers the Risk management of the charity and the Risk Register. At each level of management a risk based assessment of decisions is used.

The Nominations Committee was formed to manage the selection and recommendation to the Board of new trustees and ambassadors.

The Investment Committee considers the following:

- The development and implementation of the investment strategy for the charity's financial assets

- Oversee the relationship with the Investment Managers, and recommend changes to the Trustees Board
- Ensure compliance with the requirements of regulators.

Operational decisions are delegated to the Chief Executive who supervises a team of 11 full and part time staff at the Wellbeing of Women office in London. Financial matters are overseen by the Finance Director who is a qualified accountant and reports to the Chief Executive. In 2010 the Finance Director was appointed Company Secretary.

Risk management

The risks, which have been identified for the future success of Wellbeing of Women, are contained in the Risk Register. This document identifies the nature of the risk, its potential impact, the likelihood of its occurrence and a brief description of the plans for its management. Risks are scored on a range of 1 – 5 for each of impact and probability and these are multiplied together to reach a score for the risk.

The risk register is considered by the Chief Executive, in consultation with the team at Wellbeing of Women, regularly with the purpose of identifying any new risks and ensuring these have been entered on the risk register. Their conclusions are reported to the Audit Committee and a reappraisal of the risks and their management are undertaken. At least once a year the Trustee Board considers the risk register in full with a report of changes during the year. Through this process the Trustees are satisfied that the major risks identified have been adequately managed where necessary. It is recognised that systems can only provide reasonable but not absolute assurance that major risks have been adequately managed.

The Trustees consider a strategy of growth to be necessary to maintain the charity's ability to continue regular funding of research. They recognise failure to control costs, as this strategy is implemented, to be a possible major risk, and are maintaining a policy of close control and regular monitoring. The charity derives great benefit from the involvement and influence of its Trustees. In order to mitigate the effects that would follow the loss of a Trustee, recruitment and succession plans are being developed to maintain the diversity and skill experience of the Board.

Public Benefit

The Trustees confirm that they have complied with their duty under the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit.

National Birthday Trust Fund

The National Birthday Trust Fund (NBTF) founded in 1928 as charity providing funds for medical research projects and surveys in the field of maternal and child health and welfare has been administered by Wellbeing of Women for several years as sole corporate trustee. During 2009 Wellbeing of Women was granted a Uniting Direction by the Charity Commission. The accounts of the NBTF are now consolidated within Wellbeing of Women as a restricted fund.

Wellbeing Trading Ltd

The charity has a wholly owned trading subsidiary, which is registered in England and Wales. Wellbeing Trading Limited has been dormant since 2008.

Partner organisations

Relationships were formalised with the Royal College of Obstetricians and Gynaecologists, the Royal College of Physicians, the International Federation of Gynaecology and Obstetrics and the Medical Women's Federation. The agreement with Wellcome Foundation was renewed to add to the relationship with the Royal College of Midwives.

These relationships ensure that the charity has access to a broad range of expertise when determining how best to invest its funds in research and training. Priorities of the different expert bodies can be taken into account when formulating the research strategy. The Presidents of the RCM, RCP, RCOG and FIGO have agreed to join Wellbeing of Women as Honorary Vice Presidents.

During 2014 the Royal College of Midwives gave £20,000 (2013: £20,000) for the award of Entry Level Scholarships and an International Fellowship for research midwives.

Scotland

Wellbeing of Women was entered onto the Scottish Charity Register on 12th January 2012. During 2014 Wellbeing of Women continued to support 4 research and training projects awarded in previous years to Scottish universities with a total value over their lifetime of over £572,390. In addition Wellbeing of Women raises funds in Scotland via its active Edinburgh volunteer branch and other sources.

By Order of the Trustees



Sir Victor Blank
Chairman

Dated 19th May 2015

STATEMENT OF THE BOARD OF TRUSTEES' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The Trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and regulations.

Company law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). The financial statements are required by law to give a true and fair view of the state of affairs of the charitable company and the group at the end of the year and of the group's net income or expenditure for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue to operate.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure the accounts comply with the Companies Act 2006 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The following statements have been affirmed by each of the Trustees of the company:

- so far as each Trustee is aware, there is no relevant audit information (that is, information needed by the company's auditors in connection with preparing their report) of which the company's auditors are unaware; and
- each Trustee has taken all the steps that he/she ought to have taken as a Trustee in order to make himself/herself aware of any relevant audit information and to establish that the company's auditors are aware of that information.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF WELLBEING OF WOMEN

We have audited the accounts of Wellbeing of Women for the year ended 31 December 2014 set out on pages 31 to 41. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditors' 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 charitable company and its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

As explained more fully in the Trustees' Responsibilities Statement on page 26, the trustees, who are also the directors of the charitable company for the purposes of company law, are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view.

The trustees have elected for the accounts to be audited in accordance with the Charities Act 2011 rather than the Companies Act 2006. Accordingly we have been appointed as auditors under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our responsibility is to audit and express an opinion on the accounts in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the accounts

An audit involves obtaining evidence about the amounts and disclosures in the accounts sufficient to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the accounts. In addition, we read all the financial and non-financial information in the Trustees' Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on accounts

In our opinion the accounts:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2014, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF WELLBEING OF WOMEN

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' Report is inconsistent in any material respect with the accounts; or
- the charitable company has not kept adequate accounting records; or
- the accounts are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

H W Fisher Company

**Andrew Rich (Senior Statutory Auditor)
for and on behalf of H W Fisher & Company**

**Chartered Accountants
Statutory Auditor**

Acre House
11-15 William Road
London
NW1 3ER

Dated:*26/5/15*.....

H W Fisher & Company is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

STATEMENT OF FINANCIAL ACTIVITIES for the year ended 31 December 2014
(INCORPORATING INCOME AND EXPENDITURE ACCOUNT)

	Notes	2014 Unrestricted £'000	2014 Restricted £'000	2014 TOTAL £'000	2013 TOTAL £'000
<u>Incoming resources</u>					
Generated Funds:					
- Voluntary		913.8	783.9	1697.7	1429.7
- Activities to generate funds					
Events		319.3		319.3	463.6
Investments		122.2		122.2	151.1
Other incoming resources					80.9
INCOMING RESOURCES	5	1355.3	783.9	2139.2	2125.3
<u>Resources expended</u>					
Costs of generating funds					
Fundraising		631.8		631.8	584.3
Cost of Challenge events		3.0		3.0	3.1
Cost of events		97.6		97.6	264.6
Investment management		7.4		7.4	7.0
COSTS OF GENERATING FUNDS	6	739.8		739.8	859.0
CHARITABLE ACTIVITIES					
Research	6 & 12	400.5	175.2	575.7	1195.8
Training		247.8	463.9	711.7	447.9
Research and Training Administration		96.0		96.0	80.9
Education		131.8	4.0	135.8	141.0
TOTAL EXPENDITURE ON CHARITABLE ACTIVITIES		876.1	643.1	1519.2	1865.6
Governance costs	6	92.5		92.5	83.1
TOTAL EXPENDITURE		1708.4	643.1	2351.5	2807.7
<u>Net (expenditure) / income before transfers</u>		-353.1	140.7	-212.3	-682.4
Transfer to fund Restricted Grants	16 & 17	8.1	-8.1		
Net Incoming resources before gains/losses		-345.0	132.7	-212.3	-682.4
Realised Gains/Losses on Investments		-11.2		-11.2	6.2
Net income/(expenditure)		-356.2	132.7	-223.5	-676.2
Unrealised Gains/Losses on Investments	11	105.5		105.5	212.0
NET MOVEMENT IN FUNDS FOR THE YEAR		-250.7	132.7	-118.0	-464.2
Balance brought forward at 1st January		1115.7	503.8	1619.5	2083.7
<u>Balance carried forward at 31st December</u>		865.0	636.5	1501.5	1619.5

All operations are continuing

The notes on pages 31 to 40 form part of these financial statements. The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.


	Notes	2014 £'000	2013 £'000
FIXED ASSETS			
Tangible assets	10	52.3	65.3
Investments	11	3769.1	3559.7
		<u>3821.4</u>	<u>3625.0</u>
CURRENT ASSETS			
Debtors	13	215.8	346.5
Cash at bank and in hand		187.3	323.1
		<u>403.1</u>	<u>669.6</u>
CREDITORS: Amounts falling due within one year	14	-1660.7	-1728.5
NET CURRENT LIABILITIES		<u>-1257.6</u>	<u>-1058.9</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		2563.8	2566.1
CREDITORS: Amounts falling due in more than one year	15	-1062.3	-946.6
TOTAL NET ASSETS		<u>1501.5</u>	<u>1619.5</u>

	Notes	2014 £'000	2013 £'000
FUNDS			
UNRESTRICTED FUNDS			
General		559.2	944.0
Designated		305.8	171.7
TOTAL UNRESTRICTED FUNDS		<u>865.0</u>	<u>1115.7</u>
RESTRICTED FUNDS		636.5	503.8
TOTAL FUNDS		<u>1501.5</u>	<u>1619.5</u>

Approved by the Members and authorised for issue on 19th May 2015

And signed on their behalf:

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Sir Victor Blank
Chairman

The notes on pages 31 to 40 form part of these financial statements

1. CONSTITUTION

Wellbeing of Women, a registered charity, is a company limited by guarantee, not having a share capital. Each member of the company is liable to contribute £1 towards the liabilities of the company in the event of liquidation.

2. ACCOUNTING POLICIES

a) The financial statements are prepared under the historical cost convention, modified to include the revaluation of investments, and in accordance with the Companies Act 2006 and Statement of Recommended Practice – “Accounting and Reporting by Charities” issued by the Charity Commission in March 2005. The accounts have been prepared in accordance with applicable accounting standards, the Statement of Recommended Practice, “Accounting and Reporting by Charities”, issued in March 2005, regulation 8 of the Charities Accounts (Scotland) Regulations 2006 and the Companies Act 2006. A Cash Flow Statement has not been prepared under the exemption provided by FRS1 for small companies.

b) Branches

The accounts incorporate the results of the charity, its dormant subsidiary and branches for the year ended 31 December 2014.

c) Fixed Assets and Depreciation

It is the policy to capitalise all additions to fixed assets in excess of £1,000. The cost of tangible fixed assets is depreciated by equal annual instalments over the estimated useful lives of the assets as follows:

Office equipment	-	5 years
Computer equipment	-	3 years
Furniture	-	5 years
Office refurbishment	-	10 years

d) Incoming Resources

Donations and income from local branches are accounted for as received by the branches. All other income is accounted for on an accruals basis, and where there is adequate certainty of receipt.

e) Resources Expended

All expenditure is accounted for on an accruals basis. Expenditure incurred in connection with the specific objects of the charity is included in charitable expenditure. Staff costs are allocated according to the nature of the work performed by each member of staff. Costs are allocated to the activity to which they relate on an actual basis.

f) Operating Leases

Rental payments under operating leases are charged to the statement of financial activities on a straight line basis over the period of the lease.

g) Research and Training Grant Expenditure

Medical research and training grants payable out of Wellbeing of Women's own resources are charged to the statement of financial activities in the period in which the grant commitment is made. Grants are regarded as committed when the recommendations of the Research Advisory Committee are formally approved by the Trustees of Wellbeing of Women, and the grantees informed of the decision.

h) Pension Costs

The charity shares a pension scheme providing defined benefits based on final salary for entrants prior to 2003. For entrants during and after 2003 it became a defined contribution scheme. The pension costs for the scheme are charged to the statement of financial activities as they become payable.

i) Investments

Investments are included in the Balance Sheet at market value. All realised and unrealised gains are recognised and disclosed on the face of the Statement of Financial Activities.

j) Fund Accounting

Restricted funds are those the use of which is restricted by the conditions imposed by the donors. Unrestricted funds are those that are used for the general advancement of Wellbeing of Women's objectives. Designated funds are unrestricted funds that the trustees have determined should be used only for a particular purpose.

3. TRADING ACTIVITIES OF SUBSIDIARY

The charity has a wholly owned trading subsidiary, which is registered in England and Wales. During 2013 Wellbeing Trading Limited was dormant. A summary of the trading results is shown below. Audited accounts have been filed with the Registrar of Companies. The results of this trading subsidiary have been fully consolidated in the charity's financial statements.

Wellbeing Trading Limited	2014	2013
P&L Account	£	£
Turnover	-	-
Gross (Loss)/Profit	-11	-48
Administration	31	-13
Net (Loss)/Profit	20	-61
Wellbeing Trading Limited	2014	2013
Balance Sheet	£	£
Current Assets*	9,185	9,217
Creditors falling due within one year *	-	48
Net Current Assets	9,185	9,169
Total Assets less Liabilities	9,185	9,169
Capital and Reserves		
Called up share capital	100	100
Profit and Loss account	9,085	9,069
	9,185	9,169
* of which is due to/-from Wellbeing of Women	-2,888	-2,901

4. EMOLUMENTS OF DIRECTORS

All members of the Trustees' Management Board are company directors of Wellbeing of Women and received no emoluments for their services as directors (2013: £Nil). £134 travel expenses (2013: £110) were reimbursed to 2 directors (2013: 2).

During 2014 £18,320 (2013: £18,171) was paid to BLJ London Ltd. The Vice Chairman, Eve Pollard, is married to a director of BLJ London Ltd.

5. INCOMING RESOURCES

	2014	2014	2014	2013
	Unrestricted	Restricted	TOTAL	TOTAL
	£	£	£	£
Generated Funds:				
- Voluntary				
Donations	829,092	783,928	1,613,020	1,219,101
Branch network	84,669	-	84,669	80,145
Legacies	78	-	78	130,423
- Activities to generate funds				
Events	319,309	-	319,309	463,602
- Investment income				
Other incoming resources	122,172	-	122,172	151,092
	-	-	-	80,910
TOTAL INCOMING RESOURCES	1,355,320	783,928	2,139,248	2,125,273

TRUSTEES' REPORT for the year ended 31 December 2014

Wellbeing of Women receives a significant proportion of its income as donations from Wellbeing of Women networks (branches) and from other voluntary sources. Amounts held by the branches at the year-end but not remitted to Head Office are included. All income arises from the continuing operations of the charity.

Income from the Annual Cricket Match of £525,452 (2013: £313,565) and Challenge Events of - £10,772 (2013: £21,294) is included in Donations.

6. ANALYSIS OF RESOURCES EXPENDED

	Staff Costs	Other	TOTAL	2013
	£	£	£	£
Cost of Generating funds				
Fundraising	355,205	94,930	450,135	426,488
Cost of Annual Cricket match	-	181,703	181,703	157,795
Cost of Challenge events	-	2,939	2,939	3,016
Cost of Events	-	97,618	97,618	264,588
Investment Management Charge	-	7,360	7,360	7,030
	355,205	384,550	739,755	858,917
Charitable Activities				
Research Grants	-	455,624	455,624	841,113
Research Resources	-	193,653	193,653	362,064
(Released)/provided from previous years	-	-73,540	-73,540	-7,266
Research	-	575,737	575,737	1,195,911
Development and Training Awards	-	811,941	811,941	452,842
(Released)/provided from previous years	-	-100,231	-100,231	-4,959
Training	-	711,710	711,710	447,883
Research and Training Administration	58,750	37,249	95,999	80,860
Education	90,111	45,742	135,853	140,993
	148,861	1,370,438	1,519,299	1,865,647
Governance Costs				
Audit Fee and professional charges	-	10,530	10,530	10,440
Management time and related charges	60,321	21,625	81,946	72,626
	60,321	32,155	92,476	83,066
TOTAL EXPENDITURE	564,387	1,787,143	2,351,530	2,807,630

7. FUNDRAISING COSTS AND RATIOS

	2014 £		2013 £	
GROSS INCOMING RESOURCES	2,139,248		2,125,273	
Less Challenge Event Costs	2,939		3,016	
Less Event Costs	97,618		264,588	
NET INCOME after event costs	2,038,691	100.0%	1,857,669	100.0%
FUNDRAISING COSTS (and Investment costs)	639,198	31.4%	591,313	31.8%
NET INCOMING RESOURCES	1,399,493		1,266,355	

8. STAFF NUMBERS AND COSTS

The average number of persons in whole time equivalents employed by the group during the year was 11.4 (2013: 11.1). One member of staff was paid between £80,000 - £89,999 (2013: One), plus pension contributions of £9,071 (2013: £8,829).

	2014 £	2013 £
Wages and Salaries	431,253	420,813
Social Security	46,092	46,097
Pension Costs	58,269	17,887
Contractors	26,928	15,682
Other Staff Costs	1,845	915
	564,387	501,394

9. AUDIT AND FINANCIAL SERVICES

The cost of Audit and other Financial Services during the year was as follows:-

	2014 £	2013 £
Auditors' remuneration - audit services	10,530	10,440
Auditors' remuneration - non-audit services	-	540

10. TANGIBLE FIXED ASSETS

Group and Company	Office				TOTAL
	Computers £	Equipment £	Premises £	Furniture £	
Cost					
At 1 January 2014	16,688	7,056	55,177	2,383	81,304
Disposals					0
Additions					0
At 31 December 2014	16,688	7,056	55,177	2,383	81,304
Depreciation					
At 1 January 2014	8,608	1,411	5,518	477	16,014
Depreciation on disposals					0
Charge in the Year	5,563	1,411	5,517	476	12,967
At 31 December 2014	14,171	2,822	11,035	953	28,981
Net Book Value					
At 31 December 2014	2,517	4,234	44,142	1,430	52,323
At 31 December 2013	8,080	5,645	49,659	1,906	65,290

11. FIXED ASSET INVESTMENTS

	2014 £	2013 £
Investments at market value	3,769,131	3,559,716

The movements on managed funds during the year were as follows:

	2014 £	2013 £
Carrying value (market value) at 1st January	3,345,897	3,620,052
Disposals at carrying value	-477,453	-1,749,305
Additions at cost	497,422	1,263,119
Net investment gains/(losses)	105,530	212,031
Carrying value (market value) at 31st December	3,471,396	3,345,897
Cash	297,735	213,819
	3,769,131	3,559,716

The historical cost of the listed investments at 31st December 2014 was £3,088,194 (2013: £2,973,858).

SIGNIFICANT HOLDINGS

Holdings with a market value greater than 5% of the total portfolio value:

Schroder UK Corporate Bond Fund	22.82%
Fidelity UK Corporate Bond Fund	21.02%
Cazenove Equity Income Trust for Charities	20.27%
Majedie UK Equity Fund	7.29%
M&G Global Dividend Fund	6.51%
Schroder UK Corporate Bond Fund	5.41%

The company's wholly owned subsidiary is Wellbeing Trading Limited which was registered in England and Wales to undertake Wellbeing of Women's trading activities and is empowered by its articles to covenant income to Wellbeing of Women

12. GRANTS

	Unrestricted £	Restricted £	TOTAL £
Creditors brought forward			
- balance due within one year	-1,665,726	-	-1,665,726
- balance due in more than one year	-946,612	-	-946,612
	<u>-2,612,338</u>	<u>-</u>	<u>-2,612,338</u>
Payments made in year	1,229,792	38,959	1,268,751
Per Statement of Financial Activities:-			
Grants Awarded during the Year	822,086	639,132	1,461,218
Adjustments in respect of earlier years	-173,771	-	-173,771
Creditors carried forward	<u>2,030,861</u>	<u>600,173</u>	<u>2,631,034</u>
- balance due within one year	-1,281,278	-287,410	-1,568,688
- balance due in more than one year	-749,583	-312,763	-1,062,346

Grants are awarded out of funds for,

Research Grants over 2 to 3 years for projects in basic science, clinical or translational research.

Research Training Fellowships awarded to further the training of medical graduates embarking upon careers in obstetrics and gynaecology.

Entry Level Scholarships to enable medical graduates to develop research interests in obstetrics and gynaecology.

TRUSTEES' REPORT for the year ended 31 December 2014

International Fellowship to enable midwives to further develop research interests in midwifery, maternity services, pregnancy, childbirth and women's health from an international perspective. This grant is awarded in association with the Royal College of Midwives

Academic Scholarship to enable a candidate in the field of obstetrics and gynaecology to link up with academic mentors in the UK for a period of up to 3 years. This grant is awarded in association with FIGO - the International Federation of Gynecology and Obstetrics.

Medical and Midwifery Student Elective Bursaries of £1,000 each to support students on formal elective projects within the fields of obstetrics, gynaecology, neonatology and midwifery.

Grants were awarded over all areas of interest; Gynaecological Cancers, Pregnancy and Birth, and Quality of Life.

Summary of Research and Training Expenditure

	Total Awards	Gynae-Cancer	Pregnancy and Birth	Quality of Life
	£	£	£	£
Research Project Grants	455,624	199,631	15,000	240,993
Baby Bio Bank	193,653		193,653	
Research Training Fellowships	657,530		657,530	
Entry Level Scholarships	86,411	14,000	72,411	
International Fellowship for Midwives	20,000		20,000	
Academic Scholarship	20,000		20,000	
Student Elective Bursaries	28,000		28,000	
Total	1,461,218	213,631	1,006,594	240,993

(A list of 2014 awards and on-going research is to be found in Appendix 1.)

Grants awarded are regularly monitored; the adjustment in respect of earlier years of (£173,771) reflects net under/overspends during the fulfilment of projects and the withdrawal of grants that have not met the terms of the original award.

13. DEBTORS

	2014	2013
	£	£
Prepayments and accrued income	215,769	343,191
Other debtors	-	3,278
	215,769	346,469

14. CREDITORS: amounts falling due in one year

	2014 £	2013 £
Trade Creditors	33,297	34,777
Grants payable - unrestricted	1,281,278	184,428
Grants payable - restricted	287,410	1,481,298
Accruals and deferred income	45,792	16,014
Other Creditors	12,887	11,946
	1,660,664	1,728,463

15. CREDITORS: grants falling due in more than one year

These are grants payable in 1 – 3 years from the balance sheet date. The balance of £312,763 relates to grants awarded out of restricted funds, and £749,583 out of unrestricted funds.

16. FUNDS

	Unrestricted Funds £	Restricted Funds £	Total £
Tangible Assets	52,323	-	52,323
Investments	2,681,207	1,087,924	3,769,131
Cash	187,250	-	187,250
Net Current Liabilities	-1,306,236	-138,659	-1,444,895
Creditors due in more than one year	-749,583	-312,763	-1,062,346
	864,961	636,502	1,501,463

17. FUNDS MOVEMENT

RESTRICTED FUNDS

	Brought Forward	Received	Grants Awarded	Application of Funds	Transfer to Unrestricted	2014 Carried forward
	£	£	£	£	£	£
Gynaecological Cancers (Hike for Hope)	7,900	-		(7,900)	-	0
National Birthday Trust Fund	160,426	-		(37,959)	-	122,467
Giving Circle - Menopause	204,437	10,822		(170,239)	-	45,020
Giving Circle - Gynaecological Cancers	4,501	7,905		-	-	12,406
Lisa Waterman Memorial Fund	21,788	2,321		-	-	24,109
PZ Cussons - Research Midwife Fellowship	60,009	-		(59,844)	-	165
Sir Marcus Setchell Scholarship Fund	-	96,540		-	-	96,540
Harris Wellbeing of Women Centre ¹	-	252,260		-	-	252,260
Other restricted funds	44,725	132,000		(93,190)	-	83,535
Restricted funds in hand	503,786	501,848		(369,132)	-	636,502
Received for grants awarded in prior years	-	8,080		-	(8,080)	-
Grants awarded 2014 ²	-	274,000	(643,132)	369,132	-	-
Total Restricted Funds	503,786	783,928	(643,132)	-	(8,080)	636,502

¹ The amount received against the Harris Wellbeing of Women Centre is the first instalment of Lord and Lady Harris' pledge.

² Including charitable expenditure on education.

UNRESTRICTED FUNDS

	Brought Forward	Income*	Charitable Application	2014 Carried forward
	£	£	£	£
General	944,062	311,577	(704,506)	559,213
Sir David Frost Fund	-	305,748	-	305,748
Lord Mayor's Appeal	171,665	-	(171,665)	0
Total Unrestricted Funds	1,115,727	617,325	(876,171)	864,961

* Income includes investment income and is after costs of generating funds and governance

Grants awarded in the year out of funds are detailed in the APPENDIX 1

18. RECONCILIATION OF MOVEMENTS ON RESERVES

Grants are committed annually in Spring and Summer of each year. The accumulated funds at 31 December 2014, including the net surplus for the year then ended, are available for future grant commitments to be approved in 2015.

	Restricted £	Unrestricted		TOTAL £
		Revaluation reserve £	Other £	
As at 1 January 2014	503,786	372,039	743,687	1,619,512
Net incoming/(outgoing) resources for the period	140,796		(353,080)	(212,284)
Transfer to fund grants	(8,080)		8,080	-
Realised Gain on Sale of Investments		(94,365)	83,072	(11,293)
Revaluation of investments in period		105,528		105,528
As at 31 December 2014	636,502	383,202	481,759	1,501,463

19. PENSION COSTS

Defined Contribution scheme

Wellbeing of Women staff were entitled to become members of the Royal College of Obstetricians and Gynaecologists Pension fund. The RCOG operates a pension scheme, which is based on defined contributions. The assets of the scheme are held separately from those of the College and are invested in exempt approved investment funds. During 2014 the Trustees decided that they would no longer support employees joining the RCOG scheme but would instead offer membership a defined contribution scheme provided by The Pension Trust. The pension cost of both defined contribution schemes for the year ended 31 December 2014 was £20,869 (2013: £17,887).

Defined Benefits scheme

Until 2003 Wellbeing of Women staff were entitled to join the defined benefits section of the College's pension scheme. This is now closed to new entrants, and there are no longer any active members amongst Wellbeing of Women's staff. The scheme has 142 active and deferred members, and pensioners, of which only 9 are former Wellbeing of Women staff. The defined benefit pension scheme is a multi-employer scheme as defined in Financial Reporting Standard number 17 (FRS 17) "Retirement Benefits" and under the provision of FRS 17 relating to multi-employer schemes the College accounts for contributions paid to the scheme as though it were a defined contribution scheme.

The most recent actuarial valuation of the College's scheme was at 1 April 2013. The market value of the assets was £16,056,000. The actuarial valuation of the liabilities was £19,002,000 giving a deficit of £2,946,000 for the whole scheme. In June 2014 the employers reached agreement with the scheme trustees about the assumptions underlying the valuation of the liabilities and the structuring of a recovery plan. The employers agreed to a payment of £850,000 on 1st July 2014 and to make monthly payments of £38,250 from 1st July 2017 to 30th June 2024. Wellbeing of Women's share of the deficit is set at 4.4% of the total, and accordingly made a payment of £37,400 in 2014.

RESEARCH

AWARDS IN 2014

The following awards were made during the year by Wellbeing of Women.

Research Project Grants

Pregnancy in women with cystic fibrosis: a UK-wide study of maternal and neonatal outcomes

Dr Lucy Mackillop (Oxford University Hospitals NHS Trust, John Radcliffe Hospital)

£15,000 over 24 months - [Pregnancy & Birth: 2014]

Resistance mechanisms to the treatment of ovarian cancer with drugs targeting the tumour vasculature

Professor Gordon Jayson (Christie Hospital and University of Manchester)

£199,631.40 over 24 months - [Gynaecological Cancers: 2014]

Surgery for recurrent stress urinary incontinence: surgeons' and women's views.

Professor Douglas Tincello (University of Leicester)

£70,754.14 over 14 months - [Quality of Life: 2014]

Menopause at work: development of brief interventions to improve the quality of life of working menopausal women

Professor Myra Hunter and Professor Amanda Griffiths (Institute of Psychiatry King's College London)

£170,239 over 36 months - [Quality of Life: 2014]

Awarded with the generous support of the Menopause Giving Circle

Research Training Fellowships

Supporting women with mild to moderate anxiety during pregnancy; the development of a midwifery-led intervention.

Miss Kerry Evans (University of Nottingham)

£59,844 over 3 years - [Pregnancy and Birth: 2014]

Awarded in conjunction with the Royal College of Midwives and generously supported by PZ Cussons

Vitamin D and Pregnancy: Effects on Immune Function of the Placenta.

Dr Jennifer Tamblyn (Birmingham Women's Hospital)

£197,877 over 36 months - [Pregnancy and Birth: 2014]

The prevention of Preterm birth using conventional virus-based gene therapy transfer technology to overexpress cervical antimicrobial peptides

Dr Natalie Suff (Institute for Women's Health, London)

£199,810.55 over 36 months - [Pregnancy and Birth: 2014]

Awarded with the generous support of the Priory Foundation

Estimating Aspirin Resistance in High-risk women.

Dr Kate Navaratnam (Liverpool Women's Hospital)

£199,999 over 36 months - [Pregnancy and Birth: 2014]

Royal College of Midwives International Fellowship

Embedding work based learning within Masters Education as a tool to enhance midwifery capacity in Pakistan and Uganda -A strategy towards millennium development goals 4 and 5.

Mrs Áine Alam (Middlesex University)

£20,000 - [Pregnancy and Birth: 2014]

Awarded with the Royal College of Midwives in association with the Burdett Trust for Nursing

FIGO International Scholarship

Developing capacity in evidence-based medicine in Mbale, Uganda

Professor Julius Wandabwa (Busitema University, Uganda/ University of Liverpool)

£20,000 over 3 years - [Pregnancy and Birth: 2014]

Awarded in partnership with FIGO – the International Federation of Gynecology and Obstetrics

Entry Level Scholarships

The Christmas Fair Scholarship

Urocortin signalling pathway in endometrial cancer

Dr Gemma Owens (University of Manchester)

£14,000 - [Gynaecological Cancers: 2014]

Awarded with generous support from the Christmas Fair

The British Maternal & Fetal Medicine Society Scholarship

Do pregnant women with abdominal pain have urine infection that our current tests do not detect?

Dr Jane Currie (University College London)

£19,765 - [Pregnancy and Birth: 2014]

Royal College of Midwives Entry-Level Scholarship

The management of primary postpartum haemorrhage (PPH): women and their partners' experiences. A qualitative study

Miss Tessa Dunning (King's College London)

£18,549 - [Pregnancy and Birth: 2014]

Awarded with the Royal College of Midwives in association with the Burdett Trust for Nursing

The Bonnyman Scholarship

The development of a model to help study perinatal asphyxia

Mr David O'Driscoll (University College Cork)

£19,138 - [Pregnancy and Birth: 2014]

Awarded with generous support from the Linda and Gordon Bonnyman Charitable Trust

HRH Prince George of Cambridge Scholarship

Patient reported outcome measures in Maternity care services

Dr Ayesha Mahmud (University of Birmingham)

£14,959 - [Pregnancy and Birth: 2014]

Awarded to mark the birth of HRH Prince George of Cambridge

Student Elective Bursaries

Each £1,000

Mrs Alison Arrowsmith, University of the West of England, studying how the New Zealand maternity system operates at a national, regional and local level through a midwifery placement in Wellington, New Zealand. ^{BT}

Miss Chantelle Louise Beaumont, University of Southampton, midwifery placement in Tamil Nadu, Madurai, India ^{BT}

Mrs Julie Quail, Queens University Belfast awarded a student midwife elective to Mount Meru Hospital, Tanzania. ^{BT}

APPENDIX TO THE ACCOUNTS: APPENDIX 1

Mrs Lisa Cecere at London South Bank University, a midwifery student studying Experiencing hospital and community midwifery in the Peruvian Amazon^{BT}

Miss Jennifer Tubby at King's College London, a midwifery student studying Midwifery care in Iloilo, Philippines^{BT}

Miss Kelly Marie Wheeler at King's College London, a midwifery student studying midwifery practice at Tanzania, Dar es Salaam, Amana Hospital^{BT}

Miss Frances Conti-Ramsden, Imperial College London studying Obstetrics & Gynaecology in Tanzania: Women's Health from a developing world perspective

Miss Charlotte Marriott, Barts and the London School of Medicine & Dentistry studying an elective in remote Tanzania with research into the disease profile of expectant mothers.

Miss Laura Carey, Oxford University studying an Obstetrics and Gynaecology placement at Nkhoma Mission Hospital, Malawi

Mrs Stella Seppings, Swansea University studying Obstetric fistula camp and audit in Masaka, Uganda

Miss Daveena Meeks, King's College London studying The impact of Sickle Cell Disease on Pregnancy Outcomes for Mother and Child at the University of the West Indies

Miss Frances Northrop, University of Manchester studying Obstetrics and Gynaecology in Galle, Sri Lanka

Ms Catriona Douglas, University of Aberdeen studying An Investigation into Cervical Smears Among Lesbian and Bisexual women in Sydney, Australia

Miss Megan Hall, King's College London studying Blood Pressure Disorders during Pregnancy: Obstetrics and Gynaecology – Clinical and Academic Attachment in South Africa

Miss Sarah Webb, Barts and the London School of Medicine & studying An exploration of Women's health in Australia

Miss Madeline Dodds, University of Birmingham comparing Diagnosis and Management of Preeclampsia & Eclampsia in Zambia and the United Kingdom

Miss Charlotte Lake, Imperial College London studying Obstetrics and Gynaecology in Borneo, Malaysia

Miss Amanda Statham, University of London studying Reproductive health provision for displaced Burmese women and girls at the Mae Tao Clinic, Thailand

Mrs Melanie Jayne Phelps at University of the West of England, a midwifery student studying Bringing gentle normality into complex births in Indonesia

Miss Angela Holden, University of Birmingham doing a comparison of the attitudes, beliefs and behaviours of mothers and clinicians regarding labour and the birthing environment in Ghana and the UK – a reflective report

Miss Anna Coad, University of Oxford studying Elective attachment to the Department of Obstetrics and Gynaecology, Nkhoma Mission Hospital, Malawi

Mr Prathiba De Silva, Imperial College London studying Maternal mortality in Sekondi-Takoradi, Ghana: Is MDG5 still possible to reach?

Mr Fred Thomas, King's College London studying Clerkship Elective in Obstetrics and Gynaecology at University of the West Indies

Miss Carla Harris, University of Manchester studying Obstetrics and Gynaecology Elective at Mahamodara Teaching Hospital, Sri Lanka

Miss Stephanie Burns, St George's University of London studying a review of current medical practice within obstetrics and gynaecology in a type B hospital in St Ann, Jamaica, West Indies.

Miss Alice Ambrose, Brighton and Sussex Medical School studying Obstetrics and gynaecology – from the UK to Asia...Two worlds apart?

Miss Rachel Broadbent, St George's University of London studying Mae Tao Clinic: From a rice cooker to healthcare for tens of thousands.

Mr Jonathan Broad, University of Bristol studying maternal health in Cuba

^{BT} Awarded with the Royal College of Midwives in association with the Burdett Trust for Nursing

ONGOING RESEARCH

Research funded by grants awarded in previous years continued to be supported in 2014.

Identification of novel therapies for the treatment of endometrial cancer

Dr Sarah Martin (Barts Cancer Institute, John Vane Science Centre) - [Gynaecological Cancers: 2013]

Does the natural hormone melatonin if given alone protect the newborn brain starved of oxygen?

Professor Nicola Robertson (University College London) - [Pregnancy and Birth: 2013]

Novel radiotherapy techniques for recurrent gynaecological cancer

Dr Alexandra Taylor (Royal Marsden Hospital, London) - [Gynaecological Cancers: 2013]

The Influence of Paternal Genes on Maternal Blood Pressure in Pregnancy

Professor David Dunger (Addenbrooke's Hospital Cambridge) - [Pregnancy and Birth: 2013]

Achieving improved pregnancy rates after embryo transfer in assisted reproduction

Professor John D Aplin (St Mary's Hospital, Manchester) - [Pregnancy and Birth: 2013]

E-learning package on Medical Problems in Pregnancy for Core Medical Trainees

Professor Catherine Nelson-Piercy (Imperial College London) - [Pregnancy and Birth: 2013]

Do cord bloods predict long term health?

Research Training Fellowship - [Pregnancy and Birth: 2013]

Dr Joy Simpson (University of Glasgow)

Cell Penetrating Peptides as Tools to Ameliorate Inflammatory Signalling in Human Uteroplacental Cells.

Research Training Fellowship - [Pregnancy and Birth: 2013]

Dr Leo Gurney Newcastle University

Barriers to women seeking facility based birth in Nepal.

RCM International Fellowship [Pregnancy and Birth: 2013]

Ms Lesley Milne (Bournemouth University)

Awarded in conjunction with the Royal College of Midwives

Sweet taste receptor expression and function in the uterus

Entry Level Scholarship - [Pregnancy and Birth: 2013]
Dr Joanna Sarah Smith (University of Leicester)

Cardiovascular risk after pre-eclampsia and fetal growth restriction

Entry Level Scholarship - [Pregnancy and Birth: 2013]
Mrs Catherine Helen Collins (Newcastle University)
Awarded in conjunction with the British Maternal and Fetal Medicine Society

Can the use of red flags help midwives to identify women at risk of serious pathology?

Entry Level Scholarship - [Pregnancy and Birth: 2013]
Mrs Jayne Randall (University of East Anglia)
Awarded in conjunction with the Royal College of Midwives

Does Argon, when added to Cooling, Increase the number of Surviving Brain Cells after a period of Oxygen Starvation in the Baby?

Dr Nicola Robertson (University College London) [Pregnancy and Birth: 2012]

Identification of biomarkers with which to predict patients with gynaecological cancers who will benefit from treatment with aromatase inhibitors

Dr Richard Edmondson (Newcastle University) [Gynaecological Cancer: 2012]

Pregnancy outcomes in women with artificial heart valves

Dr Sarah Vause (Central Manchester University Hospitals) [Pregnancy and Birth: 2012]

Investigating the relationship between disability, domestic abuse and access to maternity healthcare: implications for reproductive health and wellbeing

Dr Caroline Bradbury-Jones (University of Dundee) [Pregnancy and Birth: 2012]

Towards new treatments for endometriosis: assessing whether the TGF β -superfamily of genes in the pelvis is a good target for innovative drug therapies

Dr Andrew Horne, (Edinburgh University) [Quality of Life: 2012]

The role of metastasis inducing proteins and telomerase in endometrial cancer and endometrial cancer stem cells; implications for diagnosis, prognosis and treatment

Dr Dharani Hapangama, (University of Liverpool) [Gynaecological Cancer: 2012]

The Wellbeing of Women/Wellcome Trust Fellow

The effects of metformin on endometrial cancer

Research Training Fellowship [Gynaecological Cancer: 2012]
Dr Vanitha Sivalingam (St Mary's Hospital, Manchester)

The development of a health instrument to identify women who experience stress and anxiety during their pregnancy

Entry Level Scholarship [Pregnancy and Birth: 2012]
Miss Kerry Evans (University of Nottingham)
Awarded in conjunction with the Royal College of Midwives and the British Maternal and Fetal Medicine Society

Development of blood vessels in the endometrium of women with heavy menstrual bleeding

Dr Gendie Elizabeth Lash (Newcastle University) - [Quality of Life: 2011]

Boosting Immune Defences in Women with Recurrent Cystitis without Using Hormones

Professor Robert Pickard (Newcastle University) - [Quality of Life: 2011]

The role of Larp1 protein in the development of ovarian cancer chemotherapy

Dr. Sarah Blagden (Gary Weston Cancer Centre, Imperial College) - [Gynaecological Cancer: 2011]

The regulation of immune cells in normal and abnormal pregnancy

Professor Ian Sargeant (Oxford University) - [Pregnancy and Birth: 2011]

Cannabis and the bladder: a study to explore the action of cannabis on calcium action and differences between normal and overactive bladders

Research Training Fellowship [Quality of Life: 2011]

Dr Evangelia Bakali (University of Leicester)

The role of the immune system of the cervix in preventing preterm birth

The Wellcome Trust / Wellbeing of Women Research Training Fellowship [Pregnancy and Birth: 2011]

Dr Catherine James (UCL Institute for Women's Health and Institute of Child Health)

Funded by The Wellcome Trust

Multicentre Randomised Controlled trial of Pelvic Muscle Training to Prevent Pelvic Organ Prolapse in Women (PREVPOL)

Can physiotherapy help prevent prolapse?

Dr Suzanne Hagen (Glasgow Caledonian University) - [Quality of Life:2010]

Thyroid hormone action in the decidua during human pregnancy

The role of thyroid hormones in complications of pregnancy

Dr Shiao Chan, Birmingham Women's Hospital - [Pregnancy and Birth:2009]

Randomised placebo controlled trial of botulinum toxin A for detrusor overactivity in women

Botulinum toxin treatment for overactive bladder disease (detrusor overactivity)

Dr Douglas TINCELLO, University of Leicester- [Quality of Life:2008]

