



WELLBEING  
OF WOMEN

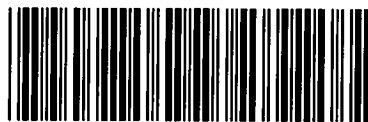
# Wellbeing of Women

## Saving and Changing Lives

Annual report and accounts for  
the year ended 31st December 2017



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# Wellbeing of Women Saving and Changing Lives



WOMEN'S health issues have been at best, neglected, and, at worst, ignored, for too long.

Wellbeing of Women prides itself on being the only charity to put these critical issues front and centre by funding research across the whole spectrum of women's reproductive and gynaecological health.

From incontinence to infertility; ovarian cancer to pre-eclampsia; premature birth to the menopause.

Why does women's health take a such a backseat? Why are we still too embarrassed to discuss issues like periods, childbirth, incontinence and the menopause, which means women don't get the help and treatments they need?

Women themselves will often put up with painful and distressing – and sometimes life threatening – symptoms because 'it's just part of a being a woman'.

We've seen huge progress in treating breast cancer – and now prostate cancer – as a result of campaigning and research.

As a result 80% of women with breast cancer can now expect to live for five years after diagnosis. Compare that to only 43% of those diagnosed with ovarian cancer.

We need to end the silence surrounding women's reproductive health issues. How many people

have heard of endometriosis, which blights the lives of 1 in 10 women aged between 11 and 55? Yet as many women have endometriosis as diabetes.

We need to raise awareness about gynaecological cancers which destroy the lives of so many women and their families. Womb cancer rates have risen by a staggering 65% over the past 40 years and 70% of women with ovarian cancer are diagnosed too late to be treated effectively. This must change.

Wellbeing of Women has been funding high-quality research into women's reproductive health for over 50 years and we have made a difference. Pregnancy and childbirth are much safer now than they were when this charity was founded in 1964. Many of the treatments we all take for granted today started with research we funded. Our first grant discovered that folic acid could prevent the malformation of babies and it is now routinely taken all over the world.

However, premature birth, the biggest killer of children under 5, is rising: 165 babies are born prematurely in the UK each and every day.

Treatments for endometriosis have progressed little since the days of Marilyn Monroe, whose addiction to painkillers was thought to be because of this agonisingly painful condition. Womb cancer is now the fourth most common cancer among women and the number of cases is increasing.

That is why our work is vital.

We established the Harris-Wellbeing Centre for Research into Preterm Birth, thanks to the

generosity of Lord and Lady Harris, to fund innovative research to find the causes and prevent babies being born too soon.

We're also one of the very few funders of research into endometriosis and are hopeful that our research team in Edinburgh, who are testing cancer drugs as a new treatment, are on the verge of the first breakthrough in decades.

Many doctors we have funded have seen the devastating suffering of women with a gynaecological cancer, or a pregnancy that goes wrong and the isolation of couples unable to conceive. They are determined to find new treatments and diagnoses to help these women and their families.

For ten years, Dr David Jeevan watched women with ovarian cancer undergo repeated cycles of gruelling chemotherapy and extensive surgery with little hope of a cure. He was determined to change that and Wellbeing of Women is funding his work to find a new test to detect the cancer earlier and improve chances of successful treatment. We also have an exciting new research project underway which is trying to discover how and why ovarian cancer cells develop a resistance to chemotherapy.

We are proud to tackle unfashionable and often debilitating issues like incontinence and the menopause. We have funded the Menopause@Work project led by Professor Myra Huntley which has developed a self-help booklet for women and an online training course for employers to help women at work going through the menopause.

It is also absolutely vital that we continue to train talented doctors and midwives to carry out research desperately needed to take diagnoses and treatments for women forward. Wellbeing of Women's Research Training Fellowships are crucial to the future of women's health as they fund doctors, midwives and nurses in their own work places. We're proud to have funded some of the leading women's health experts at the outset of their careers.

We have made excellent progress in getting the message out there on social media, in magazines and newspapers and at our health seminars. Our public seminars on endometriosis and the menopause were the first time for many women that they could discuss these issues in an open forum with leading experts. We plan to hold more of these in 2018/2019.

It's vital that we fund the basic research which provides the evidence base for further research into all of these conditions that will affect all women at some stage of their life. Women's reproductive health is chronically underfunded: only around 2.48% of publicly funded research is devoted to this area of health.

In an era of cutbacks and uncertainty, when many research councils have to spread funding across competing diseases and conditions, much-needed research projects into women's healthcare risk not being funded at all.

The need has never been greater and that's why with the help of our supporters we will be working hard in 2018 to fund more research and to make more of a noise about women's health.

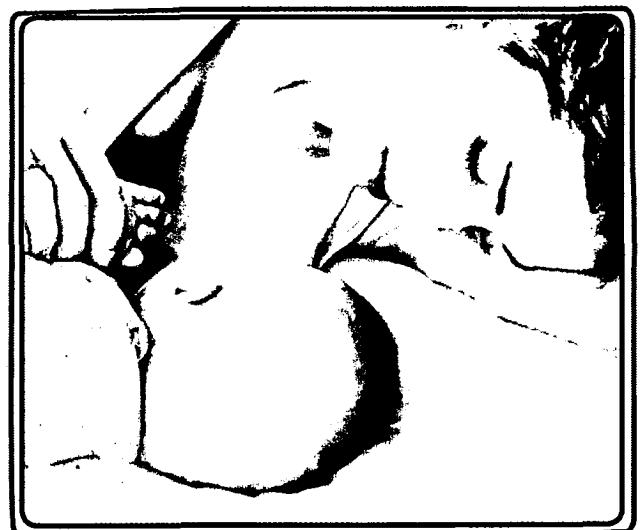
A huge thank you to all of our supporters who donated so generously, held fundraising events, ran for us, and came to our events. None of this would be possible without you.



Tina Weaver  
Wellbeing of Women Chief Executive



Sir Victor Blank  
Chairman of Trustees



# Our mission

Wellbeing of Women is the only charity in the UK funding peer-reviewed pioneering medical research across the whole spectrum of women's reproductive and gynaecological health. Our mission is to improve diagnoses and treatments and find cures and preventions to transform the lives of women and their babies everywhere. Since the charity was established in 1964, we have invested around £54 million in the vital early science which lays the foundations of the major medical breakthroughs. Much of the research we have funded has led to the care and cures which are now part of everyday clinical practice.

We focus on three areas: pregnancy and birth; gynaecological cancers and wellbeing issues, such as endometriosis and menopause. We aim to achieve medical breakthroughs in women's health by:

- Providing funding for pioneering peer-reviewed medical research projects in key areas of women's reproductive health to improve diagnoses and treatments.
- Investing in the future of women's health through awarding research training grants to the brightest gynaecologists, obstetricians and midwives, who will be the next generation of specialists in women's health.
- Raising awareness of women's reproductive and gynaecological health and associated issues through our website, social media, public health seminars and campaigns.



## Selecting the best projects and people

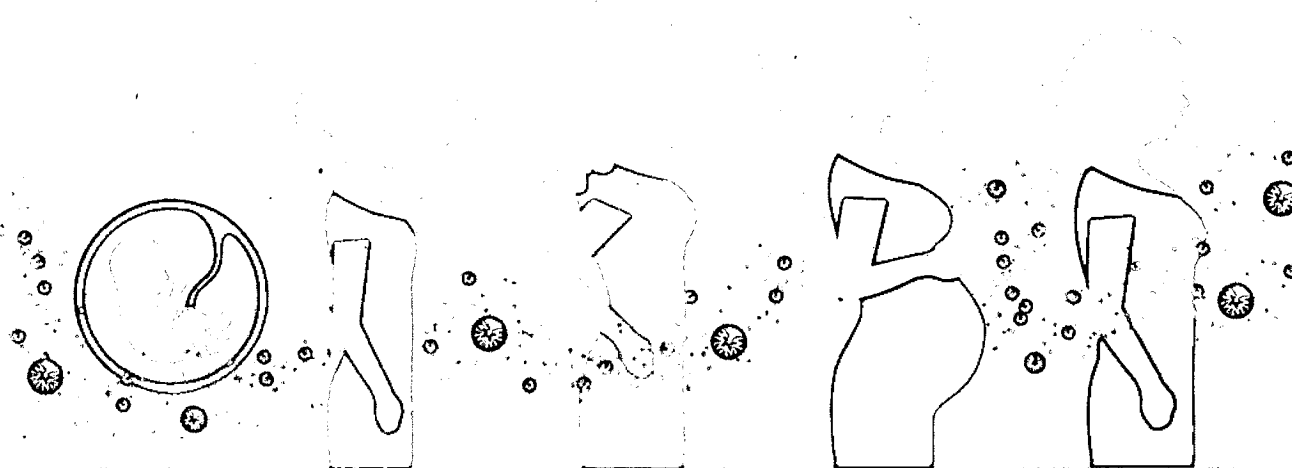
To ensure we fund pioneering research of the highest quality that will have the greatest impact on women's health, a call for research applications is put out twice a year and grants are awarded on the recommendation of the Wellbeing of Women Research Advisory Committee (RAC) following an open, competitive selection procedure and a rigorous, independent peer review process. The RAC is made up of an independent panel of 19 eminent specialists in the field of women's health, who serve three-year terms to ensure up-to-date expertise. The best projects and candidates are sent to three external peer reviewers, who are recognised international experts in their fields, and two members of the RAC. Peer reviewers are asked to comment not only on the scientific value of the research

proposal and the quality of the applicants and reputation of the institution where the research will be carried out, but also on the need for the research, its value for money and its potential to be translated into clinical practice. We received a total of 58 applications in 2017, all of which were reviewed by members of the RAC, who selected the best projects and candidates for peer review. Wellbeing of Women is affiliated to the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Physicians. We are a member of the Association of Medical Research Charities, which accredits our peer review process and is the gold standard for medical research charities.



## Wellbeing of Women is **ENTIRELY UNIQUE**

Investing in medical research  
to benefit women at each stage of life



# How we've made a difference over the last ten years

This is just some of the work we've funded to help women & babies everywhere

The safe use of CyberKnife technology – targeted radiotherapy – to treat gynaecological cancers. Our project, completed in 2017, provided the evidence to support the use of innovative radiotherapy techniques, such as CyberKnife, to deliver high doses of radiation direct to tumours to treat patients with recurrent gynaecological cancers previously thought to be terminal and untreatable.

Our research into the role of Vitamin D has shown for the first time its importance in regulating the mother's immune system in pregnancy via the placenta. This will inform new Vitamin D trials and could lead to a simple vitamin supplement being used to help prevent a range of serious pregnancy conditions such as pre-eclampsia, miscarriage and preterm birth.

Helped to establish the link between HPV and cervical cancer, which is already preventing cervical cancer. Our early funding of Prof Henry Kitchener led to his research linking HPV to cervical cancer. Since 2008 schoolgirls and boys too have been immunised resulting in an 86% fall in infection for girls aged 16 to 21. Cervical cancer is the most common cancer in women under the age of 35.

Creation of the unique Baby Bio Bank, the only tissue bank in the world containing samples from both parents and babies. Set up 2009, it contains 7000 tissue samples from families who have had pregnancy complication. It is in demand worldwide for research into conditions such as miscarriage, pre-eclampsia, premature birth.

Cooling babies with melatonin and argon gas helps prevent brain damage caused by oxygen starvation at birth. Our research showed that both these new therapies increase the effectiveness of cooling newborns as a treatment to limit brain damage. This has led to melatonin being awarded designated drug status. It is in pre-clinical studies and further work is in progress on argon.

An international research hub into preterm birth which is the biggest killer of babies and children under 5. In 2015, thanks to Lord and Lady Harris, we established the Harris-Wellbeing Preterm Birth Centre in Liverpool to research its causes and to develop new personalised treatments to prevent preterm birth.

We funded the clinical trial RELAX in 2011 to test the use of BOTOX to treat Overactive Bladder Syndrome. As a result BOTOX is now in clinical use as an effective treatment for incontinence caused by an overactive bladder.

Drugs used to treat cancer could be the first ever effective treatment for endometriosis. In 2012 our research discovered that debilitatingly painful endometriosis behaves like cancer. The team is now investigating anticancer drugs to treat endometriosis which could lead to the first new effective treatment for the estimated 1.5 million women suffering from the disease in the UK.

Maternal neglect or abuse in early life can lead to psychiatric disorders in later life, including post-natal depression and drug addiction. Our 2012 research into the role of neurosteroids in post-natal depression found that women who experience childhood traumas are more likely to suffer from mental health problems and can also transmit this predisposition genetically to their children.

Gene therapy can be administered to small babies in the womb to help them grow to a healthier size. In 2010 our research demonstrated that gene therapy works through the placenta, which helped gain a large grant from the EU to fund the world's first ever multicentre study in the area of maternal gene therapy in pregnancy.

# How we have invested funds over the last 10 years

## What we've spent

Pregnancy and birth: £8,853,010

Fetal Growth Restrictions  
£356,249

Preterm births  
£2,837,388

Stillbirths  
£244,792

Fertility  
£34,538

Midwifery research programme  
£11,786

Maternal health incl. mental health  
£96,453

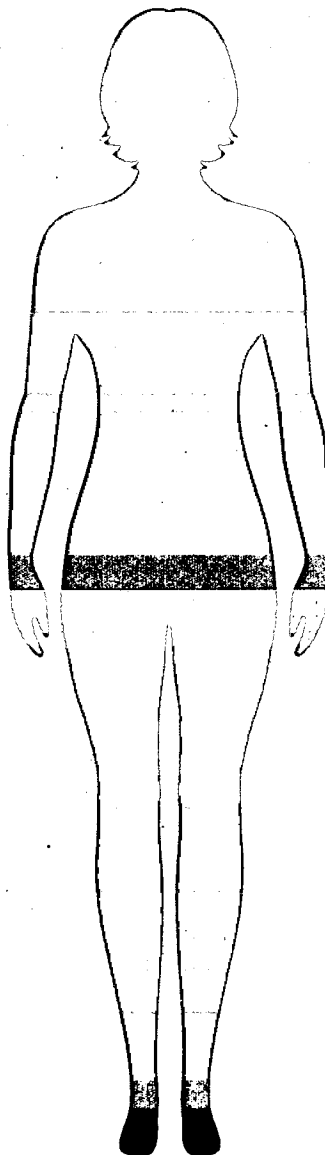
Recurrent miscarriages  
£196,640

Baby Bio Bank  
£159,494

Pre-eclampsia  
£390,499

Perinatal brain damage  
£66,752

Other complications of pregnancy  
£1,720,851



Gynaecological Cancers: £2,346,900

Cervical & Vaginal  
£56,441

Wombs (incl. diseases of the womb  
such as endo) £941,912

Ovarian  
£1,348,547

General wellbeing: £1,606,442

Endometriosis  
£748,309

Menopause  
£319,489

Urinary incontinence:  
£538,644

Established a Research Midwives Programme in 2013 in conjunction with the Royal College of Midwives and the Burdett Trust for Nursing so midwives can develop clinical academic careers and do research into childbirth and reproductive health to improve care for women and babies.

Fish oil supplements in pregnancy could be as important as folic acid. In 2014 we funded pioneering research which found that insufficient production of docosahexaenoic acid (DHA) affects the development of the baby's brain. A DHA supplement taken as a fish oil around the time of conception and in early pregnancy could be as vital as folic acid for the unborn baby.

Repurposing drugs as much needed new treatments for womb cancer. Our recent exciting research has led to two potential new treatments for womb cancer, which has increased in incidence by 21% in the last 10 years. Our researchers found that repurposing the diabetic drug metformin suppressed womb cancer growth, and a second team showed that the drug triamterene, used for high blood pressure, could also be an effective treatment.

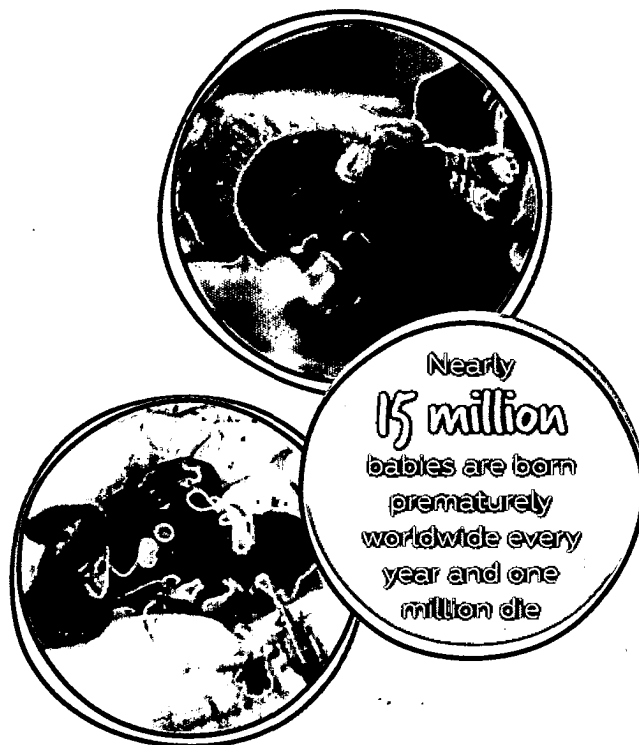


# Pregnancy and Childbirth: Improving the health of mothers and their babies

Fifteen babies die at or around the time of birth every day in the UK leaving families devastated at what should be the happiest of times. That figure is still far too high and much of our work is focusing on making pregnancy and birth safer for mothers and babies.

We awarded two important grants in 2017 to find a new treatment for those babies who stop growing in the womb, and to determine what a baby's birth weight means to the long-term health of both mother and child.

Babies born very small or large are at greater risk of dying during their first year of life and the mother and child are more likely to develop cardiovascular problems and diabetes later on.



## New awards

**Dr Stamatina Iliodromiti at the University of Glasgow awarded £129,549 to understand how a baby's birth weight impacts long term health**

Our researcher at the University of Glasgow, Dr Stamatina Iliodromiti, is undertaking the first ever large-scale study on the weight of the baby and the health of mother and baby. She is studying newly available data from 1.2 million pregnancies in Scotland that spans 25 years to investigate the relationships between baby weight and health (including later disease) in both mothers and babies. By establishing new thresholds for what is a healthy birthweight, her project will also provide the evidence to inform NHS clinical guidelines for doctors and midwives on when to deliver early to save the baby and will transform antenatal care in the future, ultimately helping us to prevent stillbirth and childhood disease.

“The impact of this research in terms of improving our understanding of pregnancy outcomes is potentially huge – the results are very likely to impact on the way midwives and doctors provide antenatal care.”

Professor Steve Robson,  
Wellbeing of Women Research  
Advisory Committee



**Dr Adam Brook at the University of Manchester awarded £18,686.70 to find a treatment for very small babies in pregnancy**

Fetal growth restriction, where a baby's growth slows or stops while it is in the womb, occurs in as many as 1 in 20 of all pregnancies and is one of the main causes of stillbirth. While we can use scans to detect babies who are not growing well during pregnancy, there is little that we can do to prevent this. Sometimes early delivery by Caesarean section is needed to save the baby but even if the baby can be saved premature birth carries health risks, such as cerebral palsy and other disabilities. Our researcher, Dr Adam Brook, is working with a team at St Mary's Hospital in Manchester who have found that very underweight babies have a problem with the red blood cells that carry oxygen. As a result their blood vessels narrow, which starves them of the nutrients they need and slows their growth. The team are testing a drug called hydroxychloroquine, commonly used to treat malaria, arthritis and lupus. Their findings suggest that the drug, which has been safely used in pregnancy, could reverse the narrowing of blood vessels and lay the foundation for a much-needed new treatment to prevent fetal growth restriction. The next step will be to test the drug in a clinical trial to see whether taking this drug regularly during pregnancy helps babies to grow in the womb.



## Ongoing and completed projects

### Professor Scott-Nelson at the University of Glasgow awarded £62,135 to identify best practice in IVF

Wellbeing of Women has been at the forefront of research into improving fertility treatments since the 1970s to help couples to have the families that they so desperately want. Infertility affects 1 in 7 couples and only 1 in 5 IVF cycles are successful. Repeated cycles of IVF with no guarantee of success can have a devastating effect on people's lives, both emotionally and physically. Professor Scott-Nelson, a world-leading expert on IVF, is analysing unique national data from Scotland on 272,357 women undertaking 458,556 cycles in order to advise which IVF treatments are the most successful and to develop a new predictive model, which will help couples and doctors make informed choices about the effectiveness and cost of available IVF treatments.

### Dr Natalie Suff at University College London awarded £199,999 to develop new treatments for premature birth caused by infection in the womb

Dr Natalie Suff's study at UCL has looked at the role of vaginal infection in premature birth and neonatal infection. She has shown that the body's natural antibiotics known as antimicrobial proteins can help to prevent vaginal bacteria from entering and causing infection in the womb. The findings from this project could lead to new treatments for premature birth by boosting the local vaginal and cervical immune system of pregnant women. Given the increasing prevalence of antibiotic resistance, Dr Suff's study of antimicrobial proteins could also be an important contribution to the wider use of these proteins as a potential new type of antibiotic in the future. On the strength of these findings, she has received prestigious international prizes for her work at the British Society of Gene and Cell Therapy annual conference and the Society of Reproductive investigation conference.



### Dr Kate Navaratnam at the University of Liverpool awarded £199,810 to find out whether aspirin resistance in women increases risk of pre-eclampsia

Dr Navaratnam's project is the first rigorous and accurate testing of how pregnant women respond to aspirin in pregnancy. Aspirin is the standard treatment for women at risk of pre-eclampsia in pregnancy, a condition which affects 1 in 20 pregnancies and is a leading cause of maternal death. Her research has provided important evidence to suggest that women not taking the prescribed doses could be an important factor. The findings are extremely valuable in highlighting the importance of dosage and adherence and in generating further research into the effectiveness of treating



pre-eclampsia with low doses of aspirin. On the strength of her research, she has been awarded a prestigious National Institute Health Research (NIHR) Academic Clinical Lectureship in the University of Liverpool, where she will continue her research into the safe and effective use of key drugs, with the aim of personalising how we treat pregnant women.

### Dr Jennifer Tamblyn at the University of Birmingham awarded £197,877 to understand how vitamin D affects the immune system during pregnancy to prevent complications of pregnancy

The results from Dr Jennifer Tamblyn's research at the University of Birmingham show clearly for the first time that vitamin D plays an important role in regulating the mother's immune system via the placenta in pregnancy. Her research has highlighted two crucial new factors: firstly, that vitamin D has effects on the health of the developing baby very early on in pregnancy and secondly, that testing urine as well as blood is required to accurately measure levels of Vitamin D. These new findings will inform new Vitamin D supplementation in pregnancy trials and will revolutionise our use of vitamin D in pregnancy so that each women gets the right doses to prevent complications such as pre-eclampsia, fetal growth restriction and miscarriage.

#### Should ALL pregnant women take vitamin D? Placenta reacts actively to the mineral helping to promote healthy organ development

- Scientists say that vitamin D supplements could save pregnancies
- University of Birmingham study shows placenta cells respond to the vitamin
- Findings could have wide-ranging implications for many conditions

IN AN ARTICLE FOR THE GUY'S MAIL  
PUBLISHED: 10:08 26 December 2017 UPDATED: 10:23 26 December 2017

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Should all pregnant women be taking vitamin D supplements as well as folic acid to prevent pregnancy complications? That's the suggestion from new research that could potentially save the lives of mothers and their babies.

For the first time, scientists at the University of Birmingham have looked at exactly how the essential vitamin affects the health of the placenta - which supplies unborn babies with vital food and oxygen from their mothers.

The researchers' breakthrough discovery is that immune cells in the placenta respond to vitamin D, actively protecting the unborn's healthy development.

Dr Jennifer Tamblyn's research in the Daily Mail

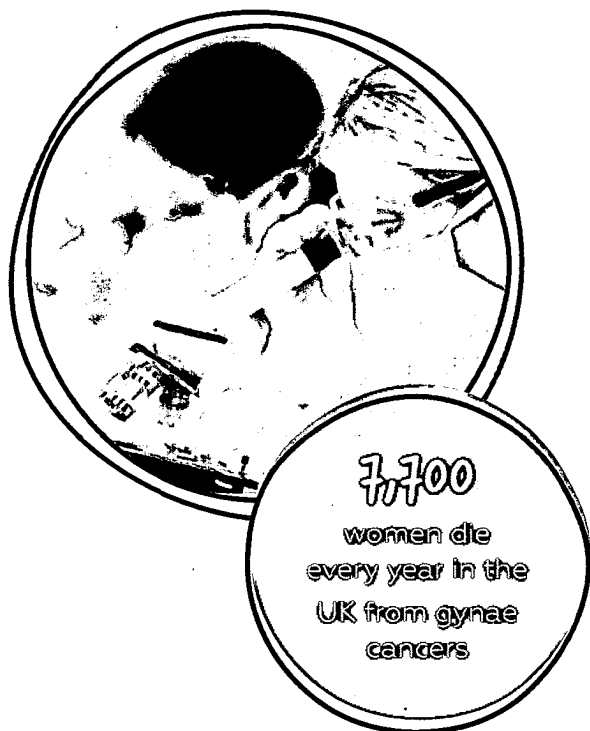
### How Wellbeing doctor helped little Kodi

Jennifer Chung was seen by a clinic after a previous miscarriage. She gave birth last October. Our researcher, Dr Ridout, said: "As soon as we started doing our markers at 18 weeks we knew her elafin levels were high.



"We knew that things were not going fantastically. But we kept seeing her every single week. Her baby was born at 28 weeks. He was early but he was alive. If we had earlier markers, we could help so many more women." The team previously found that women with raised levels of elafin, a protein found in the cervix, were more likely to have a pre-term birth.

# Gynaecological cancer: What we're doing to improve diagnosis and treatment



Over the last 54 years we have invested over £11 million into gynaecological cancer research and we continue to prioritise research into improving early detection, diagnoses and treatments. 21,000 women in the UK are diagnosed every year with gynaecological cancer and 21 will die each day. Ovarian cancer is the deadliest of all the gynaecological cancers, claiming the lives of 11 women a day in the UK alone. In around 70% of cases it is diagnosed too late to treat effectively. We invested our funds in 2017 to find an accurate and early diagnostic test for ovarian cancer and to find ways of preventing chemotherapy resistance which the disease typically develops making most treatment ineffective. If we can develop simple diagnostic tests to detect ovarian cancer and treat the disease early we will be able to save the lives of thousands of women and have worldwide impact.

## New awards

**Dr David Jeevan at the University of Birmingham awarded £181,956 to develop an innovative new urine test for an early diagnosis of ovarian cancer**

**"I have been working in gynaecology for nearly 10 years and in that time I developed a special interest in ovarian cancer from witnessing the terrible and distressing impact of this disease on my patients."**

Only 43% of women diagnosed with ovarian cancer will survive for 5 years and just over a third will live for 10 years or longer. The survival rate for ovarian cancer is so low largely because around 70% of women are in the advanced stage when they are diagnosed. As a result, women heroically endure extensive surgery and repeated cycles of chemotherapy with no hope of being cured. Tragically, in the advanced stages, as few as 5% of women will be alive 5 years later.

Dr David Jeevan is working on developing an effective new diagnostic test. A team of scientists at the University of Birmingham have discovered a way to use the latest super-computer technology to test for adrenal cancer by looking for a hormone pattern in urine. During the course of this work, they identified a woman who had an unusual hormone pattern in her urine who was later diagnosed with ovarian cancer. Building on this exciting breakthrough, our researchers strongly believe that this innovative new

technology could offer an accurate and cost-effective urine test for the early detection of ovarian cancer.

**Dr Garth Funston at the University of Manchester awarded £19,470 is comparing existing blood tests to develop better diagnostic blood tests for ovarian cancer**

Our researcher Dr Garth Funston is comparing two existing blood tests used to detect ovarian cancer. When a patient visits their GP with symptoms that suggest ovarian cancer, they undergo a blood test known as CA125 but it is unreliable as the blood tests of around half of patients with early cancer show a normal result. A number of hospital-based studies have suggested that another blood marker known as HE4 is much more effective than CA125, especially in the early stages. Dr Funston is testing HE4 in over 1000 women in Manchester presenting to their GP with symptoms that might be ovarian cancer. This is one of the first studies to compare CA125 and HE4, and to assess whether combining these tests will be more accurate in detecting ovarian cancer.

Each day  
**11 women**  
die of ovarian  
cancer in  
the UK

Eileen Cavalier OBE who founded The London College of Beauty Therapy, sadly passed away in March 2016 after a brave 10 year battle with ovarian cancer. Right up until the end, Eileen and her whole family were convinced that her resilience and strength of character would see her overcome the cancer once again. Her daughter Christianne said "she was such a beacon of strength and positivity her famous good humour surpassing all else"



## Ongoing and completed projects

**Dr Nicola Tempest at Liverpool Women's Hospital awarded £199,987 to provide evidence on the existence of stem cells in the lining of the womb to develop targeted treatments for womb cancer and endometriosis**

Dr Nicola Tempest is leading a vital piece of research to provide conclusive evidence on the existence of stem cells in the lining of the womb and to determine their precise location. It is strongly believed that when these endometrial stem cells function abnormally this can lead to common gynaecological diseases, such as endometriosis and womb cancer. Dr Tempest is mapping the endometrial glands to see where stem cells reside and how they affect the womb. She is doing this by building 3D gland maps which allow the construction of human endometrial glands to be understood in intricate detail for the first time. This is the first time this piece of research has been undertaken before in the scientific community and these models will enable Dr Tempest to locate where the stem cells arise. The results of her research will inform the development of preventative strategies and further research into new treatments targeting stem cells.

**Dr Felicity May at the University of Newcastle awarded £177,952 to develop a blood test to predict which treatments will work best for gynaecological cancer patients**

Dr Felicity May's project aims to personalise treatments by developing a blood test to see which gynaecological cancer patients will respond to hormone therapy. Successfully used to treat oestrogen-fed breast cancer tumours, hormone therapy offers a less toxic treatment to women whose tumours become resistant to chemotherapy. They have found, for example, that overweight women are more likely to have cancers that are fuelled by oestrogen and are more likely to benefit from drugs that inhibit the production of oestrogen. By identifying which women with different types of gynaecological cancer will respond to this treatment, doctors can ensure that the right drugs are delivered specifically to the patients who will benefit most.

**21**  
women die from  
a gynaecological  
cancer every  
day in the UK

Womb  
cancer  
incidence has  
increased by  
**65%**  
in females in UK  
since late 1970s

In seeking to provide evidence for the most accurate blood test for doctors to use at this early stage, this study will inform clinical guidelines and help to ensure that patients undergo the right accurate testing when they visit their GPs and that they are referred for early assessment and timely treatment in hospital.

**Dr Sarah McClelland at Barts Cancer Institute awarded £134,193 to investigate preventing chemotherapy resistance in ovarian cancer by targeting chromosomal instability**

One of the most distressing elements of ovarian cancer is that it develops a resistance to chemotherapy over time. Many women who initially respond well to treatment – surgery and chemotherapy – relapse within two years. Ovarian cancer cells have the ability to change shape quickly which makes tumours more difficult to treat but it is not yet known why. Our researcher, Dr Sarah McClelland, believes that it is the instability of chromosomes in cancer cells which allows them to change their shape quickly to evade chemotherapy treatment. She is looking at ways of stabilising these chromosomes to limit the cancer cell's ability to change its shape. This is an exciting new approach to understanding ovarian cancer and it is the first time that chromosomal instability has been studied in depth. The project will provide the first evidence that

targeting chromosomal instability in ovarian cancer cells could improve existing treatments and lay the foundations for a much-needed new treatment for women with this terrible disease.

**Dr Alison McClean at University of Liverpool awarded £17,080 to investigate endometrial cells to help improve our understanding of diseases such as womb cancer and endometriosis**

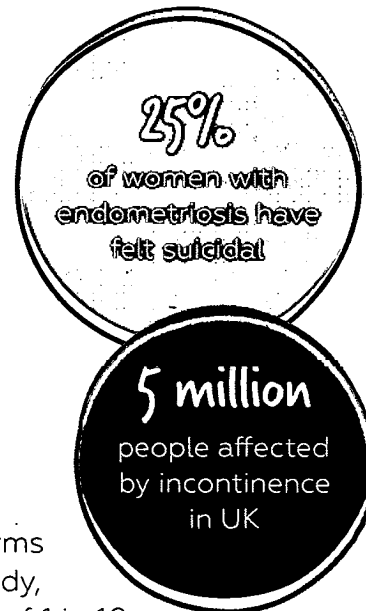
We have also been tackling endometrial (womb) cancer, which has risen by a shocking 21% in the last decade and is the 4th most common cancer in women. Endometriosis, also a disease of the womb, is a debilitating condition, causing severe pain, and in some cases infertility. Dr Alison McClean is studying cells in the endometrium or lining of the womb to further our understanding of these diseases of the womb. Currently, we do not know the definite cause of endometriosis and certain types of endometrial cancer. The evidence strongly suggests that by increasing our understanding of the cells in the lining of the womb, we will be able to facilitate further cell-specific research, to develop much-needed new treatments and to ultimately improve the survival rates and quality of life of patients with endometrial diseases.

# Wellbeing issues: Endometriosis, the menopause and mental health

We are proud to be one of the very few funders of research into wellbeing and mental health issues, which affect millions of women worldwide. Our research covers a wide range of distressing conditions, such as urinary incontinence, which affects 1 in 3 women over the age of 50, and Polycystic Ovary Syndrome (PCOS), which causes infertility and skin problems. These conditions have a debilitating impact on women's day-to-day life and affect women's mental as well as physical wellbeing. In 2017, we funded cutting-edge research into finding a new treatment for endometriosis and much-needed research into how to help working women going through the menopause.

Endometriosis is a little-known chronic and debilitating gynaecological condition where endometrial-like tissue, which forms the lining of the womb, is found growing in other places in the body, such as the bladder, bowel, fallopian tubes and ovaries. The lives of 1 in 10 women between the ages of approximately 11 and 55 - that is around 1.5 million women in the UK alone - are blighted by this often agonisingly painful condition.

It is as common as diabetes among women, yet very little is understood about its causes. The low awareness of endometriosis among the medical profession and the lack of research has led to an average diagnosis time of 7.5 years and there has been little progress in diagnosing and treating this disease for over 50 years. Existing surgical and hormonal treatments are harsh, often do not cure the disease and have life-changing side effects, such as infertility. Women as young as 21 years old choose to have a hysterectomy because of the unendurable pain. It is often dismissed as just 'women's problems' and women do not get the help that they need. It costs the UK economy a staggering £8.2 billion each year in hospital admissions, NHS treatments and lost productivity due to days taken off sick. Many women are forced to drop out of work which leads to economic disadvantage, and adds to their social isolation and depression. We are working hard to give these women a voice and to find treatments to end their pain and suffering.



Jenny Betts has lived with endometriosis since she was 12 years old. She's had six operations, hundreds of trips to hospital, begged for a hysterectomy when at 19 years old and passes out from the pain. She said: "From the age of 12 to 19 I was in and out of hospital nearly every month. I missed time off school. I did fall pregnant twice - once after IVF but lost the baby in the first 8 weeks. Now I've been told there is no hope of a child. It puts pressure on relationships and sadly has brought my marriage to an end. I keep reading about breakthroughs in other diseases but never about endometriosis. It just gets ignored. I think it's fantastic that Wellbeing of Women is doing research to try and find a treatment to end the misery of millions of women."

## What we are doing to change this

### Professor Andrew Horne at the University of Edinburgh awarded 198,864 to test the repurposing of anticancer drugs to treat endometriosis

Professor Horne treats women with endometriosis on a daily basis at the EXPECT Clinic in Edinburgh. Having witnessed their pain, social isolation and psychological distress, he is determined to find a new treatment that will make a genuine difference to their quality of life. Professor Horne is heading an exciting research project at the University of Edinburgh which could bring about the first effective new treatment for women with endometriosis.

In research\* previously funded by Wellbeing of Women, he made the discovery that endometriosis cells behave and spread in a similar way to cancer cells. As a result of this breakthrough, he and his research team are in the second year of their project trialling anticancer drugs already in use to treat endometriosis. The results so far are very promising and suggest that these drugs could offer a non-invasive, safe and cost-effective treatment. The next step will be a clinical trial.



**Researching anti-cancer drugs to treat endometriosis**

### The Menopause@Work project.

There are rising numbers of women working well into their 50's and 60's but more than 70% say they feel unsupported during the menopause, which can last up to 12 years. Nearly a third of women will suffer debilitating symptoms that impact their quality of life. Hot flushes, memory and concentration loss, exhaustion, and loss of confidence have been found to be particularly problematic for women at work. These symptoms can affect their performance which can hinder their career and cause them to give up work.

Professor Myra Hunter has developed a self-help booklet based on Cognitive Behavioural Therapy for working women with problematic hot flushes and night sweats (including sections on stress, hot flushes, night sweats and sleep). The study has shown that those who received the self-help booklet acknowledged a significant reduction in their symptoms.

### Mental Health

Conditions such as endometriosis and menopause can have a significant impact on the mental health of women. For example, suicide is the leading cause of maternal death in the UK in the first year after pregnancy and

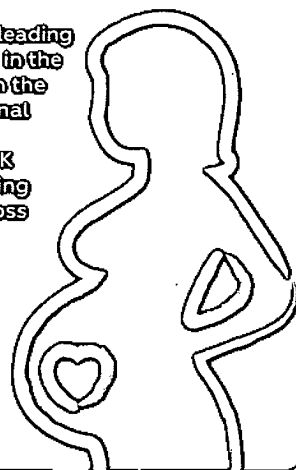
around 25% of women with endometriosis say that they have felt suicidal because of their disease. We have helped to move mental health issues in reproductive health from the margins to the mainstream and have invested over £1 million in research in this area. In 2017 we joined the Maternal Mental Health Alliance and also liaised with specialist maternal mental health experts to formulate a strategy on how best to support women with mental health problems.

We have widened the advertising of our grants to invite and attract applications for research in this area and we are currently funding a number of projects looking at reproductive health issues and their impact on the mental health of women. These include Pauline Slade's project to explore the impact of traumatic work-related experiences on obstetricians and gynaecologists in order to develop a preventative package to support these professionals who are so crucial in guaranteeing women's health and wellbeing. Dr Sharon Cameron is trialling a new contraceptive service in Scotland for women immediately after childbirth, potentially saving thousands of women from the risks and stress of another pregnancy so soon after giving birth. In 2017 Dr Kerry Evans successfully completed her project to develop a midwifery led intervention to help women with mild and moderate anxiety in pregnancy and her findings will now inform the larger-scale evaluation of this new approach to care.

**Endometriosis costs the UK economy a staggering £8.2 billion each year**

**The average diagnosis time for endometriosis is 7.5 years**

**Shockingly, suicide is the leading cause of maternal death in the first year of pregnancy in the UK. We joined the Maternal Mental Health Alliance (MMHA), a coalition of UK organisations campaigning to ensure all women across the UK get consistent, accessible and quality care and support for their mental health during pregnancy and in the year after giving birth.**



# Raising Awareness and Information

Wellbeing of Women works to raise awareness of the range of reproductive health issues that affect women of all ages through special events, coverage in print and broadcast media, as well as through a growing presence online and on social media platforms.

## Seminars

**To break the wall of silence surrounding these conditions and to reach out to women we held a number of well-attended public seminars. Including on the menopause and endometriosis. These seminars offer women a unique opportunity to share their experiences and to meet the leading experts in the field and to find out more about the latest research and medical developments.**

### Endometriosis: The 1 in 10

Professor Andrew Horne and clinical nurse specialist, Cath Deam, sat on a panel with nutritional therapist, Rebecca Pilkington, and a long-term endometriosis sufferer, who spoke movingly about her lifelong battle with the disease. Women with endometriosis shared their stories and were captivated by the developments in Professor Horne's research, which promises to be the safest and most effective new treatment in decades. While women were offered practical advice on diet and how to manage symptoms, they are desperate for a cure which will enable them to lead full, healthy and active lives.

### Menopause – The Silent Taboo

Over 150 guests attended our seminar, 'Menopause – The Silent Taboo', kindly hosted by Linklaters. Facilitator, ITV's Julie Etchingham, was joined by a panel of medical and nutritional experts and guest speaker, Newsnight's Kirsty Wark, who spoke candidly about her own experiences.

A lively Q&A session followed, which addressed women's concerns over HRT, and covered the importance of diet and exercise in managing menopausal symptoms and warding off osteoporosis and heart disease. All the women present were grateful that finally such a taboo subject was being tackled publicly. Many women suffer in silence rather than seek help for symptoms that in some cases have driven them to leave their jobs.

### All Party Parliamentary Group on Women's Health

We have been working with the All Party Parliamentary Group on Women's Health chaired by Paula Sherriff MP to put women's reproductive health issues high up on the public health agenda. Their report *Informed Choice? Giving women control of their healthcare* surveyed over 2,600 women and found unacceptable treatment of women with endometriosis and fibroids, two of the most common gynaecological conditions. The report sets out recommendations to ensure women can access better diagnosis and treatment.



# BEAT menopause BRAIN FOG

We know about hot flushes but menopause can also affect memory, mood and more. Here's how to cope at work and home...



On social media in 2017 reached over 8,000 followers on Twitter and reached a million people. (988,000)

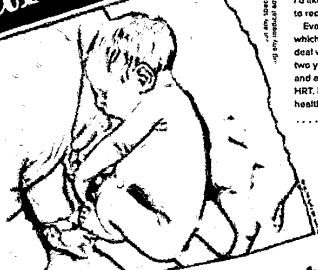
**Y**ou're about to introduce your boss of six years to a visitor when your mind goes blank. You make a joke and the moment passes, but the sweep of anger. Worse, though, is the sweep of anger triggered by a colleague re-picking a set of figures. Did you really lose it and tell them what to do with their spreadsheet? Sound familiar? Brain fog, hot flushes, mood swings, memory slips and poor concentration are all too real and, while they're just as bothersome at home, the menopause is still something of a taboo subject in the workplace.

Now the first generation of 50-plus women to be employed in such large numbers is set to change this, herald

**WOMEN 60%**  
of women aged 50 to 54 now  
work in the private sector  
compared with 40% in the  
public sector

## Most agonising dilemma any mother can face

With great compassion but also clinical honesty, a leading doctor reveals the truth about very premature babies – and the stark choices they present for parents and medics



## Hope for test to help mothers at risk of having late miscarriage



Success story: baby Kai with his mother Jennifer Chung and when he was born last October, at 35 weeks

A NEW test to spot mothers who are at risk of having a late miscarriage is being investigated by London researchers.

A King's College London team is working with pregnant women at St Thomas' Hospital in the hope of enabling doctors to intervene later weeks earlier than at present.

Out of 15 babies in two early-pregnancy tests at higher risk of stillbirth and death. But current tests are of limited use in predicting which women are at risk – and can be used only as a last resort when pregnancy has reached 24 weeks.

The distressed pregnant women in the care of St Thomas' are helping the King's College team to check whether promising results from a pilot study hold true in a larger sample.

The team previously found that women with raised levels of stress, a

protein found in the cervix, were more likely to have a pre-term birth. The aim is to reduce the number of late miscarriages.

Signs – those that happen between 16 and 24 weeks' gestation.

Dr Alexander Kaban, a research fellow

low funded by the charity Endowing of research, said: "We are looking at a new marker that perhaps will enable us to monitor earlier than we can at the moment, which means we can go on to deliver their baby early."

More than 2,000 high-risk women a year are referred to a specialist clinic at St Thomas' for help during their pregnancy. For up to 10 years ago, it has been nearly 10 years since the national trend of an increase in pre-term births.

"When we see women, even with the tests we do now, we are only reassured 50 per cent of them," Dr Kaban said. "These women are largely asymptomatic. They are high risk because of their previous history. They are incredibly nervous. They don't feel pain or have cramps. At present, doctors measure the length of the cervix and take vaginal swabs between 16 and 24 weeks to provide those at risk of early delivery. It's those at risk of early delivery that we are looking at. Between 24 and 36 weeks, every additional day that the child stays in the womb reduces the risk of death by three per cent."

Dr Kaban, who is also investigating what causes babies to arrive early, said: "We know that inflammation and infection is a problem and plays a role in late miscarriages. We have tried to look at the immune system of these women to see if



### When you're not working

Many of the stresses of menopause are life-related and apply just as much to those at home as those at work, points out Kathy Abernethy. You may have children leaving home (or not leaving home), elderly relatives to look after or be coping with relationship problems, divorce or bereavement. These tips can help.

**LET THE FAMILY KNOW** Just as you need to educate colleagues at work, so you need to let partners and family know menopause is a normal process and will pass. However, their understanding of symptoms will make a big difference.

**ONE-UP THE HOME** Limit the multitasking so you're not trying to make pastry while holding on for a call centre and wondering if the dog needs to go to the vet.

**TAKE YOUR PROBLEMS** Sharing experiences with someone you trust, such as a good friend or relative, can really help.

**GET OUT OF THE HOUSE** You may already go out a lot, but if you don't – perhaps because you have a dependent relative or work from home – it's especially easy to lose motivation or confidence.

Just a short walk where you might say hello to a neighbour, or a coffee break in a cafe is a boost. **DO SOMETHING YOU LOVE** It might be a dance class, gardening or painting – whatever it is, you need to build in time to do things that help you 'switch off'.

### 'My mental sharpness has come back'

**Cathryn Foreman**, 56, from Wales, has two stepdaughters and works for Capital People Consultants.

"The main thing, apart from night sweats and hot flushes that started in my late 40s, was my loss of confidence. I couldn't concentrate and started to question my ability to do things. I began to think, 'Am I going mad or have I just lost it a bit?' I never used to be like this. Suddenly, I couldn't remember people's names."

But menopause must be one of the last taboos in the workplace. I've suffered from debilitating symptoms at times but have never raised it with my employer? No. And I'm an HR professional working for a company that's LGBT-friendly and totally in the modern world. This is why I'm speaking about my experience, to raise awareness.

I'm very organised, which helped, and my advice would be to keep even more notes and allow plenty of time. Not everyone has symptoms, but for those who do, we should identify what support and help they need. Also, I'd like to reassure people that you do get through it. My mental sharpness has come back and I feel I'm me again."

Wellbeing of Women has transformed the lives of women by funding life-saving treatments, prevention and better care. Only 2.4% of all publicly funded research is dedicated to women's reproductive health. Wellbeing of Women was set up in 2013 and has since then funded more than 100 projects.

PRIMA.CO.UK | April 2018 75

# Harris-Wellbeing Preterm Birth Centre

Prematurity is the biggest killer of children under 5 and the cause of lifelong disabilities, such as cerebral palsy and poor vision, in surviving children. Wellbeing of Women is prioritising preterm birth as a key focus of our research and in 2015, we set up the Harris-Wellbeing of Women Preterm Birth Centre based at the University of Liverpool thanks to the extraordinary vision and generosity of Lord and Lady Harris of Peckham. Led by Professor Zarko Alfievic and Professor Sue Wray, the Centre's interconnected research programme aims to improve understanding of the causes of preterm birth and what can be done to predict and prevent it. There is a strong focus on developing personalised treatments. The Centre has become an international hub of research and draws upon national and international findings, which is key to accelerating progress and will have worldwide implications. The different research teams at the Harris-Wellbeing centre are tackling preterm birth on several different fronts:

## Genes

Personalised medicine will allow healthcare providers to tailor treatments for each individual woman. The more we know about how genes contribute to preterm birth, the better we will be at identifying women who are at higher risk. Over the last year a team of scientists have compared genetic (DNA and RNA) samples from women who delivered early with genetic samples from those who delivered at full term. They are currently measuring levels of an antioxidant mineral which could be linked to preterm birth in their cohort's blood samples. If they find that women who are giving birth prematurely are not absorbing this mineral, clinical trials of dietary supplements targeting this mineral could follow on from this research.

## Muscles

Another research team consists of laboratory scientists who are interested in the way women's muscles react to various drugs, with the aim of stopping the muscles in the uterus from contracting to prevent preterm birth. This work investigating how different drug combinations can affect the uterus will ultimately be useful in offering a range of treatment options. Researchers are identifying how genes contribute to preterm birth and will then test these treatments matched to the different genes expressed by women in uterine samples.

## Drug delivery

A third group of scientists want to better understand why drugs seem to work in the laboratory to stop contractions in laboratory models, but do not seem to work in the hospital to stop contractions in pregnant women. They are looking at whether drugs are able to get to the women's uterus without becoming diluted on the way and whether unwanted side effects can be reduced so more effective medications can be used safely. Scientists aim to build a delivery system to send the drug directly to the women's uterine tissue and are undertaking new and

exciting work to create a microscopic particle to deliver a drug, which it is hoped will improve the effectiveness of drugs to prevent preterm birth. If successful, this research could lead to clinical trials in pregnancy in the future.



Lady Harris visits the Centre led by Prof Zarko Alfievic

## The bird's eye view - summarising what we know about preterm birth

A final group of researchers are considering the bigger picture, bringing together all the strands of preterm birth research in order to summarise answers to well-known questions and to identify the questions for which we need better answers. For example, this team has summarised clinical practice guideline recommendations so that doctors and pregnant women can better understand which treatments are endorsed for pregnant women across the world (such as steroids for women at risk of preterm birth) and which treatments are not helpful (such as cerclage for women with twin pregnancy).





# Midwives Research programme

Our hardworking midwives and nurses are the foundation of the health service and its day-to-day work. A rich and diverse health research environment benefits patients and invigorates the workplace. Wellbeing of Women is one of the few sources of funding for midwives and nurses to carry out research in the field of reproductive health to improve care for women and their babies. Working in partnership with the Royal College of Midwives and the Burdett Trust for Nursing we established the Wellbeing of Women Midwives Research programme in 2013 to offer midwives and nurses the opportunity to pursue clinical academic careers, alongside their clinical role. Our grants enable them to develop the skills and expertise to conduct and lead research as well as to train future generations of health workers. From 2014 to 2017 our expenditure on research midwives totalled £281,452, which covered the costs of a Research Training Fellowship, 5 International Research Fellowships, 5 Entry-level scholarships and 28 student elective bursaries.

Our investment in midwives' research training is not only having an impact on midwifery practice in the UK, but also in low resource countries overseas. Well-trained midwives are seen by the World Health Organization as being able to reduce the number of women and babies dying by one third. The recipients of our International Research Fellowship have already made a difference in developing countries, where 60% of women give birth without a skilled birth attendant present.

Well-trained midwives are seen by the World Health Organization as being able to reduce the number of women and babies dying by one third.

Sierra Leone has one of the world's highest maternal mortality rates with eight unnecessary maternal deaths every day.



Lucy November's research into why so many teenage mothers are dying during childbirth in Sierra Leone has led to a mentoring scheme to train local women to support the most vulnerable girls: it will help them to re-establish family connection and support; encourage health seeking behaviours and advocating for respectful care at clinic, in labour and in the postnatal period; provide practical advice and support with parenting; and provide support and training in a small business and education or vocational skills training. If successful the scheme will be developed on a larger scale to reduce maternal mortality rates.



Aine Alam's International Fellowship focused on getting work-based midwifery teaching skills on to the curriculum in Pakistan and Uganda, in order to enhance the training of midwifery teachers, and adapt the training to the needs of resource poor countries and different cultures. Her publication 'Teach Don't Tell: Effective Strategies for Training Midwives' addresses the real issues of teaching and learning midwifery and will be of practical benefit to both teachers and students of midwifery here and overseas.



Jaki Lambert worked with women and midwives to successfully develop a tool to assess the quality of maternity care in South Africa to ensure that women get the care and services that they need. She developed the tool, a questionnaire, with questions that were short, easy to use and reflected women's experience in South Africa and what they valued in terms of care quality. She also evaluated a mobile phone application already in existence in South Africa in terms of its acceptability as a platform for assessing women's experience of quality of care and the barriers to good quality care.



Terry Kana used questionnaires and diaries to evaluate the work and tasks midwives perform in Bangladesh, their job satisfaction and the factors that help or create barriers to providing good midwifery care. This research provided a platform for the voices of midwives to highlight what they enjoy about their work and the very real problems they face. The information she has gathered will help to improve the education of student midwives and nurse midwives and the support they receive after qualifying, and will inform professional bodies in Bangladesh.

# Fundraising and events

Wellbeing of women raises funds from diverse sources to fund its pioneering research. Our incredible network of volunteers and supporters across the UK ran, trekked, played golf and cricket, shopped and baked in 2017 to raise money for our vital research to find new cures and treatments for women and their babies. We are hugely grateful to all our supporters and donors who so generously give their time, expertise and money.

## Annual Lunch

Wellbeing of Women's Annual Lunch sponsored by PwC is held to raise awareness of the charity and its work among women. The focus of the lunch is for influential women (and some men) from business, media, politics and health to come together to hear about the charity's work and openly discuss and debate the health issues and challenges which are important to them.

Around 200 guests gathered at the Royal College of Obstetricians and Gynaecologists (RCOG) in March to learn more about the vital role that Wellbeing of Women's training fellowships have played in launching the research careers of hundreds of talented young doctors and midwives. The audience was further inspired by hearing from three of the current recipients of our research training grants, undertaking exciting work in tackling ovarian cancer, premature birth and endometriosis and womb cancer. All of these outstanding young doctors are dedicated to carrying out research which will result in the sustainable improvements in women's health which will make a difference to the lives of women everywhere.

### Audience with...

#### Alexandra Shulman

Former Vogue Editor-in-Chief Alexandra Shulman OBE was in conversation with ex-National Newspaper Editor Eve Pollard OBE at two fantastic events. At a hugely enjoyable lunch for 150 guests hosted by Fortnum & Mason in February and at a champagne lunch at historic Holkham Hall in November, she shared behind the scenes stories of life as editor at the fashion bible for 25 years, such as what really happens when one of the world's most famous models doesn't arrive for a shoot and how do you keep a royal photo shoot quiet!



#### Rick Stein

TV chef Rick Stein joined Wellbeing of Women supporters for a fabulous lunch at the Bluebird, Chelsea. Rick served up tales from his latest book and TV series, *The Road To Mexico*, recounting his culinary adventures travelling from San Francisco down the length of California to Oaxaca, Mexico.

#### Val McDermid

Over a champagne lunch at Fortnum & Mason International bestselling crime novelist Val McDermid gave tips on how to sell 15 million books and become a world famous author.

## Corporate supporters

### Thank you PwC for supporting women's health

We are immensely proud of and tremendously value our partnership with PwC established over the years. PwC have sponsored three doctors to carry out research, which not only brings about new treatments to save and improve the lives of women and babies, but supports the education of young doctors and scientists, thus investing in future healthcare. Through the PwC Foundation we have developed relationships with staff at all levels across the regions, who have supported the charity with various activities including international and national challenge events and have also devoted time and effort to raise awareness and funds.

### PwC treks reaching new heights for Wellbeing of Women

This year two teams of intrepid PwC trekkers from across the UK have set off to conquer the highest peaks and raise funds for Wellbeing of Women. In February the first team trekked to the 'Roof of Africa' – Mount Kilimanjaro, and the second team from the PwC Foundation, took on the challenge of journeying to the base of one of the most iconic peaks in the world - Everest Base Camp. The team successfully summited the mountain on 12 April and raised an incredible total of £50,000.



### Hobbs

Hobbs designed a beautifully soft special pashmina as part of its Autumn Winter 2017 collection with £5 from every purchase donated to us. It has been very popular with our celebrity supporters posting pictures of themselves wearing the pashmina on Instagram and Facebook to help promote the charity's work. Hobbs also held a Shopping Night in November at their Long Acre store, with 10% of proceeds going to Wellbeing of Women.



We were generously supported by **Vitabiotics Pregnacare**, the UK's leading vitamin supplement brand for mums. We renewed an on-going partnership with their Wellwoman range and Vitabiotics supported various events throughout the year, including the Christmas Fair and Annual Celebrity Cricket.

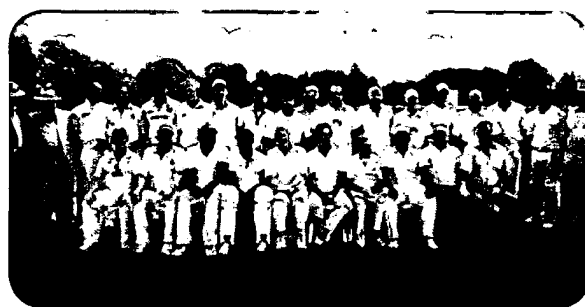
## Challenge events

### Charity Golf Day

In memory of the beloved Jodie Wilson and Lisa Waterman, the Robinson and Joy families and their friends organised a charity Golf Day on 28 July to raise money towards research into Amniotic Fluid Embolism; a rare and tragic pregnancy complication in which amniotic-fluid, fetal skin or other cells enter the mother's blood stream, which trigger an allergic reaction with heartbreaking results.

### Celebrity Cricket Day – Special Event

The 29th Celebrity Cricket Day, generously hosted once again in the beautiful grounds of Chairman of Trustees, Sir Victor Blank's home was an "all out" success. With Sky Sports Cricket there to capture the day and the sun shining throughout, it was a day not to be missed.



### Westminster 10k

On Sunday, 9 July, 18 runners took on the Westminster 10K challenge to raise money for Wellbeing of Women. Braving the very hot weather, our runners enjoyed a party atmosphere and cheering crowds as they ran passed some of London's most iconic landmarks.

### Bath Half Marathon 2017

One of the country's most popular Half Marathon Challenges over 13.1 miles, saw runners take on a two lap course around the River Avon in March.



### Virgin London Marathon 2017

In a fantastic show of support, 10 of our dedicated supporters took on the 26.2 mile route through the London landmarks as part of the 2017 Virgin Money London Marathon and between them raised a total of £30,000 for Wellbeing of Women. Among the Marathon Runners were our researcher, Dr Natalie Suff

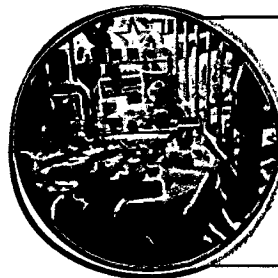
### City Christmas Fair

Our 13th Annual Christmas Fair sponsored by MAS and held at the Drapers Hall in December proved to be, as always, a hugely festive and successful event. Over 50 stalls offered a wide range of gifts to suit every taste and over 1000 eager shoppers visited during the course of the day. We are very grateful to Mrs Jane Jones and all of the committee who work so tirelessly all year round to organise this special event.

# Branches

Across Britain, our dedicated network of volunteers and supporters hosted an array of local events to raise money and awareness in different areas of the country. On the south coast, the **Brighton & Hove** branch held a wonderful champagne breakfast, while in **Ringwood** a shopping evening brought many new faces to the charity. In August, the **Wealden** branch hosted a fashion show and Dame Mary Archer joined the **Cambridge** branch for their fantastic annual lunch. Further north, **East Riding** threw a tea party while the Chair of **Nottingham** Branch, Halimah Gulzar, having been elected as Mayor of Broxtowe Borough Council, embarked on a number of fundraising activities, including the annual Bollywood Ball. Both Jersey and **Edinburgh** branches organised successful golf days, and the **Kelso** branch, also in Scotland, tackled a number of walks and treks to raise funds. Coffee mornings are always popular with our branches and a number held these throughout the year, including the **Lincoln** branch's in November.

Across the water, the **Northern Ireland** branch heroically took on the Dublin Marathon. Bringing the year to a close and to celebrate the festivities, the **Sheffield** branch put on their annual carol service and **Great Yarmouth** organised a fabulous Christmas dinner dance at the Gorleston Club. These are just a selection of the many events and activities our brilliant branches hosted - thank you to them all.



## Lincoln Branch

Our long-standing Lincoln Branch held their annual festive coffee morning. Over 40 guests enjoyed a freshly made cup of coffee and mince pie whilst they browsed the lovely stalls selling local Christmas treats such as home-made cakes and jams, home ware and accessories.



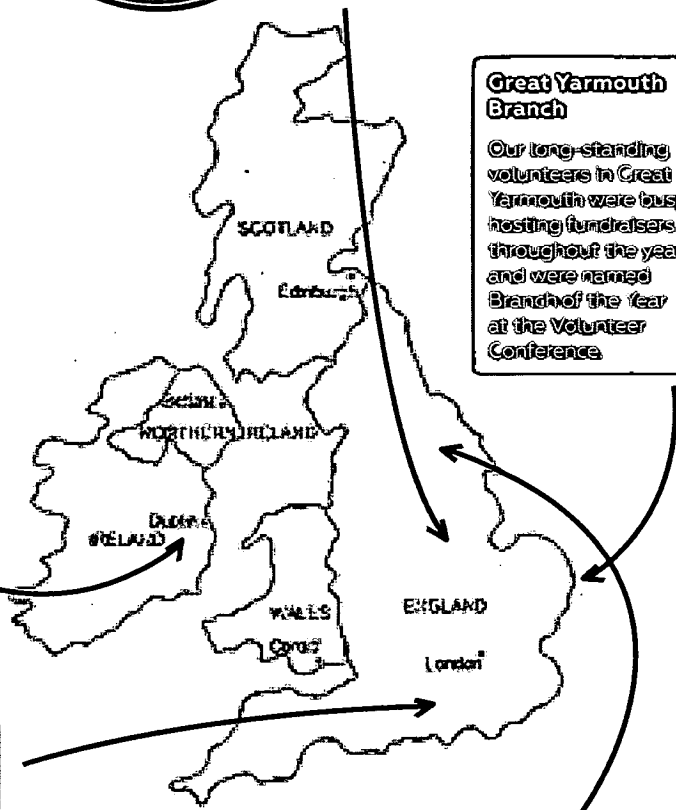
## Dublin Branch

On Sunday 29th October, our lovely supporter the Northern Ireland Branch - Kim, Marian, Heather, Jane, Judi, Christine, Karin and Jenny - took on the Dublin Marathon to raise vital funds for Wellbeing of Women.



## Brighton Branch

On 23rd July, our fabulous Brighton Branch of dedicated fund raisers hosted their first ever Country and Vintage Fayre to raise money for Wellbeing of Women and the local Newtimber Church.



## Great Yarmouth Branch

Our long-standing volunteers in Great Yarmouth were busy hosting fundraisers throughout the year and were named Branch of the Year at the Volunteer Conference.

## Cambridge Branch

On 7th February, our dedicated Cambridge Branch held their annual Lunch with Honorary Chair Eve Pollard and guest speaker Dame Mary Archer DBE. Guests were treated to a fantastic array of raffle and auction prizes.

# Future plans

Nearly all women will have a gynaecological or reproductive health issue at some stage in their lives and we want to ensure that the best treatments, preventions and diagnoses are available in this overlooked and underfunded area.

We want to see all women leading the fullest, healthiest lives possible at every age, so women have healthy babies and are free from the pain and suffering caused by reproductive health issues in their daily lives.

We believe that the best way to achieve this vision is to execute our mission of funding peer-reviewed pioneering research of the highest quality across the three main areas of reproductive health; pregnancy and birth, gynaecological cancers and wellbeing issues.

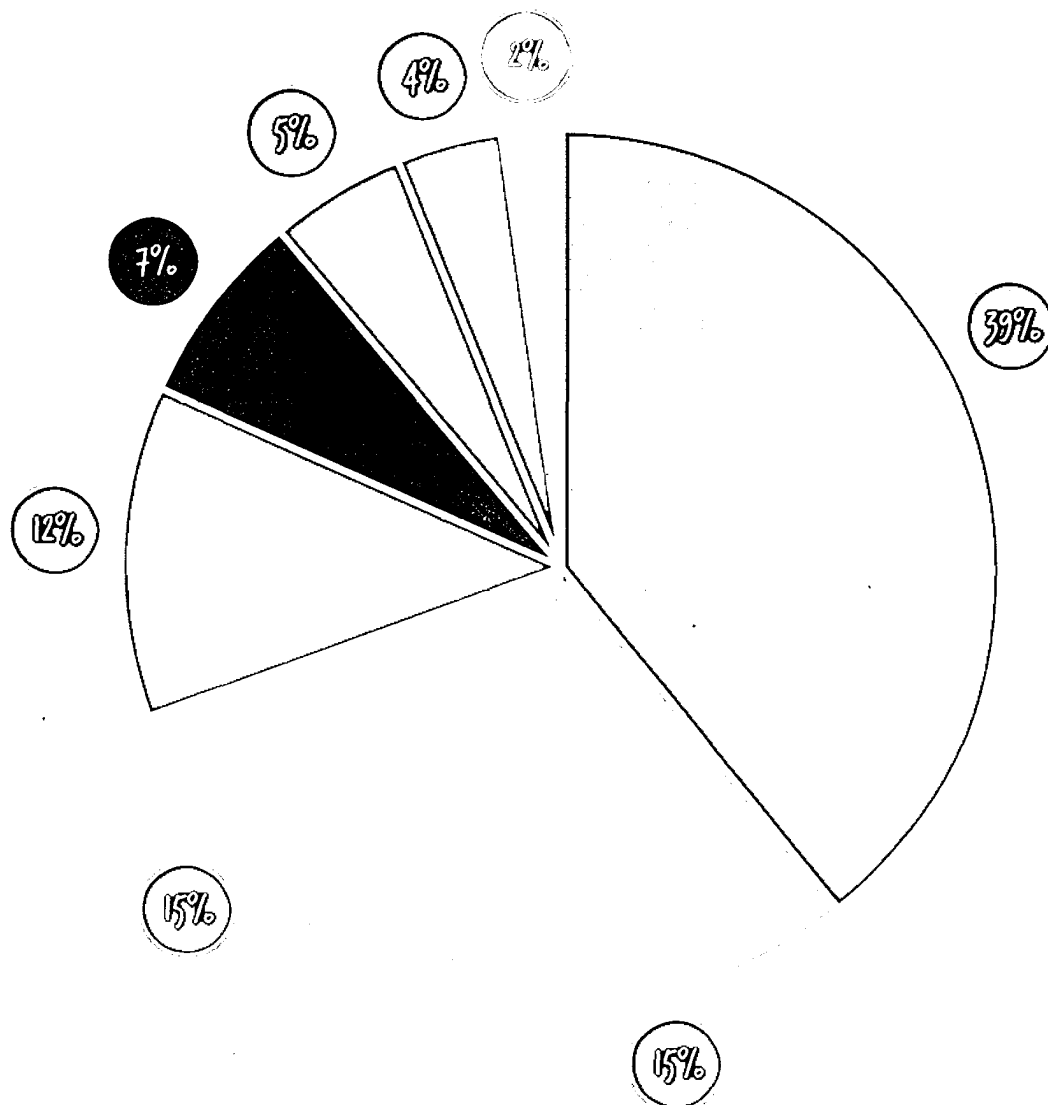
We aim to increase our expenditure in 2018 to fund research to have the greatest impact on women's and babies' health. We will fund only the highest-quality research and researchers of the highest calibre at institutions of excellence, as directed by the Wellbeing of Women Research Advisory Committee, and following our rigorous peer-review and selection process.

We will continue too to fund the early science that is so vital in building the body of evidence that results in the medical breakthroughs which lead to better treatments, improved diagnoses and cures. We will make research training grants to the brightest doctors and midwives, which are so essential in ensuring that we have the specialists in women's health that we need in the future.

We also aim to get our message out to more women and health professionals and to break the stigma surrounding women's reproductive and mental health to ensure that women can make informed choices. To do this we will expand our successful programme of public seminars events and increase our already impressive coverage in the media develop a stronger online digital presence. We will also continue to work with campaigning and lobbying groups and other organisations to put these issues higher up on the public health agenda.



# Income for the year ending 31 December 2017



39% Events

15% Trusts

15% Corporates

12% Major Donors

Individual Donations /  
Community events 7%

Investment Income 5%

Branches 4%

Gift Aid 2%



Or Women

# Thanks and acknowledgements

Wellbeing of women is entirely dependent on voluntary income and inspires people to donate funds or to raise money to fund its pioneering research. The charity is hugely grateful to all its donors and supporters, who include individuals, charitable trusts and foundations and corporate supporters. We would like to warmly thank all those who supported our work in 2017.



We would like to extend our special thanks to the following:

Accenture • Julius Baer • The Burdett Trust for Nursing  
Dow Jones • House of Care • Eveson Charitable Trust • H. Forman & Son • Hologic  
The James Tudor Foundation • The Inman Charity • Lord and Lady Harris  
Lucia Magnani • MAS • The P F Charitable Trust • Portland Hospital  
Prima • The Priory Foundation • PwC  
The Connie and Albert Taylor Charitable Trust  
Vitabiotics Ltd.

The following principles guide our fundraising activities:

- We thank our supporters
- Any wish to assign a gift to a particular aspect of our work is respected
- Supporters' data is kept secure and is not sold or shared for marketing purposes with other organisations
- Our supporters can contact us to opt out of further contact
- We do not use agencies and/or professional fundraising organisations
- We demand high standards for all fundraising activities to ensure supporters and the wider public do not feel pressured to give, and are treated with respect at all times, with a particular focus on the protection of vulnerable people
- We listen to supporters and act on their communication requests
- We are not unreasonably persistent and make every reasonable effort to respect the privacy of all donors and potential donors.
- We endeavour to build long-term relationships with our supporters, enabling them to support the charity in all the different ways that they may choose
- We genuinely appreciate feedback from supporters and the public and have procedures in place to review our fundraising activities in light of feedback and complaints we may receive.



# Trustee's Report for the year ended 31 December 2017

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## HONORARY PRESIDENT

Sir Marcus Setchell KCVO FRCS FRCSEd FRCOG

## HONORARY VICE-PRESIDENTS

Professor Lesley Regan (President, Royal College of Obstetricians and Gynaecologists)

Kathryn Gutteridge (President, Royal College of Midwives)

Professor Chittaranjan Narahari Purandare (President, International Federation of Obstetricians and Gynaecologists (FIGO))

Professor Jane Dacre (President, Royal College of Physicians)

## CHAIRMAN

Sir Victor Blank Hon FRCOG

## TRUSTEES

Eve Pollard OBE (Vice Chairman)

Professor Steve Robson (Research Advisory Committee)

Professor Peter Brocklehurst FRCOG

Michelle Feeney (resigned 2 September 2017)

Jackie Gittins

Lynn Hiestand

Gay Huey-Evans (Chairman, Investment Committee)

Philip Jansen

Carol Leonard (resigned 21 September 2017)

Professor Mary Ann Lumsden MD FRCOG

Claire Mellon MRCOG

Muir Moffat (Audit Committee)

Sir Ian Powell

Professor Steve Thornton (Royal College of Obstetricians and Gynaecologists nominee)

Debbie White (Chairman, Audit Committee)

## CHIEF EXECUTIVE

Tina Weaver

## CHAIRMAN RESEARCH ADVISORY COMMITTEE

Professor Steve Robson FRCOG



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## SOLICITORS

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London SW10H 0BL

## BANKERS

National Westminster Bank PLC  
10 Marylebone High Street  
London W1A 1FH

CafCash Limited  
Kings Hill  
West Malling  
Kent ME19 4TA

Company Registered Number	824076
Registered Charity Number (England & Wales)	239281
Registered Charity Number (Scotland)	SC042856

## ABOUT WELLBEING OF WOMEN

Wellbeing of Women invests in medical research to transform the lives of women and their babies.

Our mission is to improve treatments and find cures and preventions in women's reproductive health and childbirth.

We fund pioneering medical research to tackle health issues in three key areas: gynaecological cancers; pregnancy and birth, including premature birth and miscarriage, and wellbeing issues such as endometriosis, incontinence and menopause. Reproductive health and childbirth is a vastly underfunded and overlooked area with only 2.48% of publicly funded research devoted to it, making our work vital. Almost all women will experience some form of reproductive or gynaecological health problem during the course of their lifetime.

We are the only charity that funds research across the whole spectrum of women's reproductive health.

We aim to achieve medical breakthroughs in women's health by:

- Providing funding for pioneering peer-reviewed medical research projects into key areas of women's reproductive health to find cures, improve treatments and diagnoses.
- Investing in the future of women's health by awarding research grants to the brightest gynecologists, obstetricians and midwives, who will be the next generation of experts in reproductive health.
- Developing partnerships to ensure that the charity has access to the very broadest range of assets and experience when determining how best to invest its funds.
- Raising awareness of women's reproductive health and associated issues through our website, social media, collaboration with suitable companies and other organisations, public health seminars and lobbying groups.

Since the charity was established in 1964, we have invested in the region of £54 million in vital medical research which has led to many advances in care and cures now used in everyday clinical practice. This vital research has transformed – and saved – the lives of many women and their babies globally. Below are just some of the notable achievements that the doctors and research funded by us have contributed to:

- Use of ultrasound in pregnancy to help diagnose conditions such as Down syndrome.
- The use of artificial surfactant to help babies with respiratory problems breathe in the womb.
- One of our very first grants discovered that folic acid is a key factor in ensuring the healthy development of babies and folic acid is now taken routinely by pregnant women all over the world.
- Identifying the link between HPV and cervical cancer which has resulted in the national screening and vaccination programme.
- The development of the safe and effective use of lasers to treat cervical cancer.
- The establishment of 6 Harris Birthright or Harris Wellbeing centres, including the now world-renowned first fetal medicine centre in the UK, at Kings College Hospital London, led by Professor Kypros Nicolaides. Most recently, in 2015, the Harris-Wellbeing Preterm Birth Research Centre in Liverpool was established to identify the causes of and to find treatments to prevent premature birth - the greatest clinical and research challenge facing pregnant women, their families and health professionals.
- The creation of the Baby Bio Bank, the most comprehensive in the world containing 7,000 samples from families who have experienced pregnancy complications, now used to enable worldwide research into conditions such as miscarriage.

## ABOUT WELLBEING OF WOMEN (cont)

- Pioneering the widespread use of CyberKnife® technology - targeted radiotherapy - to treat gynaecological cancers
- The discovery that the drug metformin can be used to treat womb cancer
- Development of an innovative new method of cooling newborn babies which could prevent and reverse brain damage caused by oxygen starvation at birth
- The use of BOTOX to treat over active bladder disease, which causes urinary incontinence
- Our research is directly responsible for laying the foundations for neonatal intensive care today.

The charity invests almost £1 million each year in the highest quality research into women's reproductive health. Alongside Wellbeing of Women's training and research grants, the charity also provides expert and reliable health information via its website and newsletters and offers a series of health seminars.

We rely on voluntary income. With more income, we could fund more vital research and raise awareness of issues that affect not just women and babies but also their families:

Making the best use of the money available is challenging when the need is so great. It is critical that we raise the funds year on year, as in an era of public spending cutbacks, high-quality research into women's health, in particular, will simply not be funded.

Wellbeing of Women is confident that the funds raised by the charity are used effectively and in accordance with the charity's objectives and we remain grateful for the commitment and hard work of our supporters, volunteers, committees, researchers, trustees, staff and advisers who help us.

## STRUCTURE, GOVERNANCE AND MANAGEMENT

### Constitution

Wellbeing of Women is a Registered Charity (England and Wales 239281) and a Company limited by guarantee (Company no 824076) and governed by its Memorandum and Articles of Association.

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).

### 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.

### Board of Trustees

Wellbeing of Women is governed by a Board of Trustees who meet approximately every two months to set policy, agree strategy and ensure that the charity's charitable purposes are met. The Board is supported by subcommittees, each involving trustees and volunteers with the skills and experience required to help the charity deliver its' objectives. Details of the remit of the sub-committees are provided below.

The Board of Trustees regularly reviews the expertise required to help the charity deliver its objectives and, if gaps are identified or a vacancy occurs, new trustees are sought with the appropriate skills or experience. Potential trustees are then interviewed by at least the Chair and the Chief Executive and all appointments are considered by the Board of Trustees at a Trustee meeting before the appointment is confirmed. All trustees are fully briefed on joining the charity and are offered opportunities to increase their knowledge and expertise as they arise.

The executive team, led by the Chief Executive, is responsible for the day to day running of the charity and delivery of its charitable activities. Financial matters are overseen by the Head of Finance who is also the Company Secretary.

### Sub-Committees of the Board

#### The Audit Committee

The Audit Committee, chaired by a Trustee, meets at least three times per annum. The Committee 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 Audit Committee's specific responsibilities are clearly set out in the Terms of Reference for its members.

#### Risk management

The Trustees have reviewed the major risks to which the charity is exposed, particularly those related to operations and finances of the charity. The Trustees have given consideration to appropriate policies, procedures and systems to mitigate the charity's exposure to the major risks. Through this process, the Trustees are satisfied that the major risks identified have been adequately managed. It is recognised that systems can only provide reasonable, but not absolute, assurance that major risks have been adequately managed.

The major risks identified are:

- Inability to pay grants due to loss of investment value - Trustees are satisfied that the implementation of the investment policy, and expert and regular supervision of the Investment Committee, adequately mitigates this risk
- Loss of income or critical income stream, such as an important event, donor or supporter - this was addressed in 2017 with the implementation of a comprehensive donor management programme and development of a sustainable events calendar.

## STRUCTURE, GOVERNANCE AND MANAGEMENT (cont)

### The Investment Committee

The Investment Committee, chaired by a Trustee, meets at least three times per annum with fund manager, Cazenove Capital Management, to review the performance and structure of the portfolio.

The Committee's responsibilities are to:

- Safeguard and maximise return on the funds held within the investment portfolio to ensure that the charity can meet its future liabilities
- Advise on acceptable risk, timescales and opportunities to maximise the assets held in the portfolio
- Review and closely monitor portfolio performance at each Investment Committee meeting
- Report to Trustees on the return on the investments each quarter and advise on any potential opportunities or risks.

### Investment Policy

Wellbeing of Women grants are awarded only if there are unrestricted or restricted funds available to their full value, thereby guaranteeing funding to recipients. Wellbeing of Women's investment policy, therefore, aims to maximise the return available on these funds from within an investment portfolio created expressly for this purpose.

The policy:

- Aims to match risk and time horizons of investment assets to those of the liabilities (grant creditors) and reserves (restricted and unrestricted) that they represent
- Recognises that there is a cycle whereby reserves are constantly being built up by fundraising activity, then as grants are awarded reserves move to grant creditors. These in turn are depleted over several years as grants are paid out. The complete cycle takes from 4 to 6 years, depending upon the mix of fundraising and awards.

### Investment Policy (cont)

This timeframe allows the Investment Committee to take a long term view to investment returns and growth – allowing the ability to ride out short term fluctuations in value, whilst continuing to meet the demands of grant creditors

The portfolio is invested mostly in mixture of equity and bond funds, and also property and alternative funds - all being easily realisable if required

It is the policy of the charity to specifically exclude direct investments in the tobacco industry.

### Grant Making Policy and Process

**Background:** Wellbeing of Women funds pioneering research into reproductive health and childbirth to transform the lives of women and their babies. 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.

- Additionally, these training grants support the training of the individual applicant, allowing them to improve their skills and understanding.
- The charity is a member of the Association of Medical Research Charities (AMRC) and our grant making process is accredited for quality and best practice by AMRC following regular audit. Grants are awarded to researchers at recognised research centres throughout the UK.
- Grant Applications are invited annually and these are assessed by the Charity's Research Advisory Committee (RAC), an independent panel of 20 leading obstetricians, gynaecologists, midwives and specialists in women's health, from across the UK.
- The charity conducts two grant rounds each year, one in January/February and one in June/July.

## STRUCTURE, GOVERNANCE AND MANAGEMENT (cont)

### Grant Making Policy and Process (cont)

- We operate an open application process and 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 our Research Advisory Committee.
- Furthermore, all Research Training Fellowship applications and the top 50% of our Project Grant applications (chosen by a rigorous and transparent triage process) are subject to intensive international peer review by active researchers with expertise relevant to each application. The midwifery awards are also reviewed by a panel of distinguished midwifery researchers. 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.
- The RAC's criteria for assessment include: scientific validity, potential for improving clinical practice, translational impact, the resulting benefit to women's health and cost effectiveness.
- Those applications meriting award are put forward by the RAC to Trustees for consideration. Trustees make funding decisions with strategic guidance from the RAC and RCOG.
- The outcomes of previous investment are reviewed regularly by Trustees and the RAC to identify any learning that could improve this process.

### National Birthday Trust Fund

The National Birthday Trust Fund (NBTF) founded in 1928 as a 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 were consolidated within Wellbeing of Women as a restricted fund that was fully spent during 2017.

### 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

We have strong ties with the Royal College of Obstetricians and Gynaecologists, the Royal College of Physicians, The Royal College of Midwives, the International Federation of Gynaecology and Obstetrics and the Medical Women's Federation (FIGO).

### Scotland

Wellbeing of Women was entered onto the Scottish Charity Register on 12<sup>th</sup> January 2012. During 2016 Wellbeing of Women awarded grants in Edinburgh and Glasgow totalling £407,889 and continued to support two research and training projects awarded in previous years to Scottish universities with a total value over their lifetime of over £199,425. In addition, Wellbeing of Women raises funds in Scotland via its active Edinburgh volunteer branch and other sources.

## Financial Review

### Incoming Resources

2017 was a challenging year for Wellbeing of Women with the continued uncertainties around Brexit and the economy in general impacting on donor decision making. We are pleased therefore to report a total income of £1.828m (2016: £1.824m). Income from investments was slightly higher at £100.1k (2016: £98.1k), while we also saw an increase in capital value of £125k (2016: £232k gain).

### Expenditure

The charity took the opportunity to improve its existing process to support its plans to increase expenditure on medical research in future years. We spent £1.018m on medical research and dissemination (2016: £1.051m), but after the release of balances on completed grants amounting to £67K (2016: £106k), the net cost for the year was £1.018m (2016: £945k). Overall the charity spent slightly less on raising funds in 2017 than the previous year.

### Pension costs

Trustees are aware of a liability arising from the current actuarial valuation of the Royal College of Obstetrician and Gynaecologists (RCOG) defined benefit pension scheme of which Wellbeing of Women is a minority employer (see Note 12). Wellbeing of Women's share of the scheme's deficit is currently set at 4.3% of the total.

However, following an actuarial valuation of the scheme in 2016 and, in accordance with the plan agreed with the Scheme Trustees and the other employers, the charity made a lump sum payment of £43,000 in 2017 and is committed to monthly payments of £2,132.80 from 1 April 2020 to 31 March 2024 (Total £102,374) and monthly payments of £1,644.75 between 1 April 2024 and 31 March 2027 (Total: £59,211). Wellbeing of Women's Trustees are confident that these payments can be met from current and future income. In 2014, the Trustees decided to close entry for employees to the RCOG defined contribution scheme and to offer a new multi-employer defined contribution scheme administered by The Pension Trust on a comparable basis.

### Reserves

Trustees maintained the reserves policy taking into account best practice of other similar charities, professional advice and the charity's risk

management policy. Each year, Wellbeing of Women awards research grants and training/educational grants. Grants are only awarded if there are unrestricted or restricted funds available to their full value, thereby guaranteeing funding to recipients.

Restricted Funds may be restricted in a number of ways, for example: to be utilised in the future on a particular field of research, type of award, or geographical area; or to a specific award already underway. Trustees seek to apply restricted funds to optimum benefit at the earliest opportunity, and to release unrestricted funds that have been previously committed to underwrite grant awards.

The unrestricted and restricted funds brought forward from the previous year are available for Trustees to make awards in February and July. In determining the amounts to be committed in February, Trustees are careful to reserve funds for the round to come later in the year. At the July round, Trustees are mindful of the current fundraising performance of the charity before making further grant commitments.

Trustees consider it appropriate to maintain free reserves above a minimum target in order to protect the charity in the following eventualities:

- Fall in value of investments - the policy adopted by Trustees for making awards means that the ability to honour existing awards is not dependent upon future fundraising
- Failure of fundraising - the Trustees believe that the charity should be managed as a going concern with continued ability to generate an operating surplus and fund new research and training awards. To cope with unforeseen fluctuations in income Trustees deem it prudent to hold approximately six months operating costs (excluding event costs).

Taking these eventualities together, the minimum target of free reserves to be held has been set at £425k. Trustees maintained one designated fund within unrestricted funds:

- Revaluation Reserve: (£835k) - This represents the difference between the historical cost and market value of the investments. These funds are available to be used at the trustees' discretion, but the trustees are mindful that these reserves are subject to market fluctuation.

At the end of 2017 Wellbeing of Women had unrestricted funds of £1,636k (2016: £1,150k) and restricted funds of £625k (2016: £784k). The Trustees are satisfied that the surplus free reserves, together with balances in restricted and designated funds, form a secure base to fund charitable expenditure in 2018.

# Charities (Protection and Social Investment) Act 2016 Fundraising statement

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Wellbeing of Women aims to inspire people to donate funds to support our work or to raise money for us via a number of ways. These include applications to trusts and foundations, through relationships with individuals, partnerships with business, fundraising events, challenge events and by legacy giving.

- The following principles guide our fundraising activities:

- o We thank supporters appropriately
- o Any wish to assign a gift to a particular aspect of our work is respected
- o Supporters' data is kept secure and is not sold or shared for marketing purposes with other organisations
- o Our supporters can opt out of further contact
- o We do not use agencies and/or professional fundraising organisations
- o We demand high standards for all fundraising activities to ensure supporters and the wider public do not feel pressured to give, and are treated with respect at all times, with a particular focus on the protection of vulnerable people.
- o We listen to supporters and act on their communication requests.

We are not unreasonably persistent and make every reasonable effort to respect the privacy of all donors and potential donors.

- o We endeavour to build long-term relationships with our supporters, enabling them to support the charity in all the different ways that they may choose
- o We genuinely appreciate feedback from supporters and the public and have procedures in place to review our fundraising activities in light of feedback and complaints we may receive.

During 2017 there were no complaints relating to our fundraising activities.

By Order of the Trustees



Sir Victor Blank

Chairman

Dated: 20 September 2018



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

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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 at the end of the year and its 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.
- applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.

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
- 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

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## Opinion

We have audited the accounts of Wellbeing of Women (the 'charity') for the year ended 31 December 2017 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the notes to the accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 the Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the accounts:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2017 and of its incoming resources and application of resources, 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 requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the accounts is not appropriate; or
- the trustees have not disclosed in the accounts any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the accounts are authorised for issue.

## Other information

The other information comprises the information included in the annual report, other than the accounts and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the accounts does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the accounts or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of our audit:

- the information given in the Trustees' Report, which includes the Directors' Report prepared for the purposes of company law, for the financial year for which the accounts are prepared is consistent with the accounts; and
- the Directors' Report included within the Trustees' Report has been prepared in accordance with applicable legal requirements.

## **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the Directors' Report included within the Trustees' Report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- adequate and proper accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the accounts are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to take advantage of the small companies' exemptions in preparing the Directors' Report included within the Trustees' Report and from the requirement to prepare a Strategic Report.

## **Responsibilities of trustees**

As explained more fully in the Statement of Trustees' Responsibilities, the trustees, who are also the directors of the charity for the purpose of company law, are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

## **Auditor's responsibilities for the audit of the financial statements**

We have been appointed as auditors under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Acts and relevant regulations made or having effect thereunder.

Our objectives are to obtain reasonable assurance about whether the accounts as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these accounts.

A further description of our responsibilities for the audit of the accounts is located on the Financial Reporting Council's website at: <http://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

## **Use of our report**

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and with regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members 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 the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

**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  
United Kingdom  
NW1 3ER

21/9/18

Statement of Financial Activities for the year ending 31 December 2017  
Including Income & Expenditure Account

	Notes	2017 Unrestricted £	2017 Restricted £	2017 TOTAL £	2016 TOTAL £
<b>Income from</b>					
Donations and legacies	3	942,319	535,163	1,477,482	1,521,606
Other trading activities	4	250,838	-	250,838	204,416
Investment income		100,100	-	100,100	98,116
<b>Total income</b>		<b>1,293,257</b>	<b>535,163</b>	<b>1,828,420</b>	<b>1,824,138</b>
<b>Expenditure on</b>					
Raising funds	5	669,968	-	669,968	695,736
Charitable activities: medical research and dissemination	5	479,048	471,300	950,348	944,521
Other expenditure:	5,12	6,785	-	6,785	121,737
<b>Total resources expended</b>		<b>1,155,801</b>	<b>471,300</b>	<b>1,627,101</b>	<b>1,761,994</b>
Gains/ (Losses) on investments	6	125,397	-	125,397	232,576
<b>Net income before transfers between funds</b>		<b>262,853</b>	<b>63,863</b>	<b>326,716</b>	<b>294,720</b>
Transfers between funds	7	222,815	(222,815)	-	-
<b>NET MOVEMENT IN FUNDS</b>		<b>485,668</b>	<b>(158,952)</b>	<b>326,716</b>	<b>294,720</b>
Balance brought forward at 1st January	13,14	1,149,948	784,138	1,934,086	1,639,366
<b>Balance carried forward at 31st December</b>		<b>1,635,616</b>	<b>625,186</b>	<b>2,260,802</b>	<b>1,934,086</b>

The notes on pages 39 to 62 form part of these financial statements. All of the above results are derived from continuing activities. There are no other gains or losses other than those stated above.

# Balance Sheet as at 31 December 2017 (Company Number 824076 England & Wales)

	Notes	2017 £	2016 £
<b>FIXED ASSETS</b>			
Tangible assets	8	34,330	34,994
Investments	9	3,222,155	3,258,080
<b>Total Fixed Assets</b>		<b>3,256,485</b>	<b>3,293,074</b>
<b>CURRENT ASSETS</b>			
Debtors	10	205,320	195,458
Cash at bank and in hand		638,356	502,531
<b>Total Current Assets</b>		<b>843,676</b>	<b>697,989</b>
<b>LIABILITIES</b>			
Creditors falling due within less than one year	11	(1,262,143)	(1,419,009)
Pension Liability	11,12	-	(43,000)
		<b>(1,262,143)</b>	<b>(1,462,009)</b>
<b>NET CURRENT LIABILITIES</b>		<b>(418,467)</b>	<b>(764,020)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>2,838,018</b>	<b>2,529,054</b>
Creditors due within more than one year	11	(434,364)	(458,973)
Pension Liability	11, 12	(142,852)	(135,995)
		<b>(577,216)</b>	<b>(594,968)</b>
<b>TOTAL NET ASSETS</b>		<b>2,260,802</b>	<b>1,934,086</b>
<b>FUNDS</b>	13,14		
Revaluation reserve- designated fund		834,526	709,129
Other designated funds		-	55,204
General funds		801,090	385,615
<b>TOTAL UNRESTRICTED FUNDS</b>		<b>1,635,616</b>	<b>1,149,948</b>
<b>RESTRICTED FUNDS</b>		<b>625,186</b>	<b>784,138</b>
<b>TOTAL FUNDS</b>		<b>2,260,802</b>	<b>1,934,086</b>

The financial statements were approved and authorised for issue by the Members on 20 September 2018 and were signed on their behalf by:



Sir Victor Blank

Chairman

The notes on pages 39 to 62 form part of these financial statements

# Statement of Cash Flows for the year ended 31 December 2017

	2017 £	2016 £
<b>Cash flows from operating activities:</b>		
<b>Net cash provided by/ (used) in operating activities</b>	<b>(78,601)</b>	<b>76,433</b>
<b>Cash flows from investing activities:</b>		
Investment income	100,100	98,116
Purchase of tangible fixed assets	(10,112)	-
Proceeds of sales of investments	628,689	33,184
Purchase of investments	(389,379)	(208,419)
<b>Net cash (used in)/ provided by investing activities</b>	<b>329,298</b>	<b>(77,119)</b>
<b>Change in cash and cash equivalents in the reporting period</b>	<b>250,697</b>	<b>(686)</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>	<b>758,296</b>	<b>758,982</b>
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>1,008,993</b>	<b>758,296</b>

	2017 £	2016 £
<b><u>Reconciliation net income to cash flows from operating activities</u></b>		
Net movement in funds	326,716	294,720
Add back depreciation charge	10,776	7,405
Deduct interest income shown in investing activities	(100,100)	(98,116)
Deduct gains on investments	(125,397)	(232,576)
Increase in debtors	9,862	19,024
(Decrease)/Increase in creditors due in less than one year	(182,706)	253,874
Increase/(Decrease) in creditors due in more than one year	(17,752)	(167,898)
<b>Net cash (used) / generated from operating activities</b>	<b>(78,601)</b>	<b>76,433</b>

## **Analysis of Cash and Cash equivalents**

Cash at bank and in hand	638,356	502,531
Investments: cash & cash equivalents - notice deposits (less than 100 days)	370,637	255,765
	<b>1,008,993</b>	<b>758,296</b>

The notes on pages 39 to 62 form part of these financial statements

# NOTES TO THE ACCOUNTS

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## 1. CHARITY INFORMATION AND LIABILITY OF MEMBERS

Wellbeing of Women, a registered charity, is a company limited by guarantee registered in England and Wales, 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. The registered office is First Floor, Fairgate House, 78 New Oxford Street WC1A 1HB.

## 2. ACCOUNTING POLICIES

- a) **Basis of Preparation:** The financial statements are prepared under the historical cost convention, modified to include the revaluation of investments to market value, and in accordance with applicable accounting standards in the United Kingdom, the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities 2015" and Financial Reporting Standard (FRS) 102, together with the reporting requirements of the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. The Charity is a Public Benefit Entity as defined by FRS102.

The accounts are prepared in sterling, which is the functional currency of the charity.

- b) **Going concern:** At the time of approving the accounts, the Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The Trustees therefore continue to adopt the going concern basis of accounting in preparing the accounts. There are no material uncertainties about the charity's ability to continue.

- c) **Branches:** The accounts incorporate the results of the charity, its dormant subsidiary and branches for the year ended 31 December 2017.

- d) **Fixed Assets:** All assets costing more than £1,000 are capitalised. Fixed assets are depreciated in equal instalments over their estimated useful lives as follows:

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

- e) **Income recognition:** Donations and income from local branches are accounted as notified/received by the branches. All other income is accounted for on an accruals basis and where receipt is probable.

- f) **Expenditure recognition:** 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 they relate to on actual basis of costs incurred. Expenditure on raising funds include the salaries, direct costs and support costs associated with generating the donated income, together with the fees paid to the investment managers in connection with the management of the charity's investments, with the exception of small regional events where it is not possible to separate costs from income.

**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 (RAC) are formally approved by the Trustees of Wellbeing of Women, and the grantees informed of the decision.

- g) **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.

- 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 defined contribution scheme are charged to the statement of financial activities as they become payable. In

## NOTES TO THE ACCOUNTS

accordance with FRS102, a provision has been made in the statement of financial activities for the estimated pension costs deficit relating to the defined benefit final salary scheme.

- 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) **Debtors and prepayments:** Trade and other debtors are recognised at the settlement amount due after any trade discount offered and provision for bad and doubtful debts. Prepayments are valued at the amount prepaid net of any trade discounts due.
- k) **Cash and cash equivalents:** Cash and cash equivalents include cash in hand and other short term liquid investments with original maturities of three months or less.
- l) **Financial Instruments:** The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their market value.
- m) **Creditors and provisions:** Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any discounts due.
- n) **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. DONATIONS AND LEGACIES

	Unrestricted Funds 2017 £	Restricted Funds 2017 £	Total Funds 2017 £	2016 £
Donations and legacies	848,485	535,163	1,383,648	1,448,249
Challenge events	93,834	-	93,834	73,357
<b>Totals</b>	<b>942,319</b>	<b>535,163</b>	<b>1,477,482</b>	<b>1,521,606</b>
2016 Funds	889,152	632,454	1,521,606	

Donations represent income received from supporters, at events and local activities, from corporations and trusts, regular donations and appeals. The costs allocated (as shown in note 5) represent the costs of providing support and arranging activities

#### Legacy income and Challenge events

Income from legacies represent income from legacies notified during the period that can be reasonably measured. The costs allocated (as shown in note 5) represent the costs of administering the legacies and any marketing costs for future legacies. Challenge event income represents income from events in the UK and overseas organised on behalf of or for the benefit of the charity. The costs allocated (as shown in note 5) are the costs of the events and the development costs incurred in respect of new events for future years.

### 4. OTHER TRADING ACTIVITIES

	Unrestricted Funds 2017 £	Restricted Funds 2017 £	Total Funds 2017 £	2016 £
Income from events	179,383	-	179,383	128,639
Branch Income	71,455	-	71,455	75,777
	<b>250,838</b>	<b>-</b>	<b>250,838</b>	<b>204,416</b>



# NOTES TO THE ACCOUNTS

## Income from Fundraising events

Income from Fundraising events represent income received from ticket sales and raffles. The costs allocated (as shown in note 5) represent the costs of providing support and arranging the activities. Wellbeing of Women has nationwide network of branches run by volunteers who raise funds for Wellbeing of Women through a wide range of events and activities. Funds held by the branches at year end but not yet remitted to Head Office are included in the branch income reported in the accounts. Costs allocated to branches are direct costs of supporting the branch activities and typically include travel and promotional materials costs. All income for the current and prior year is unrestricted.

## 5. ANALYSIS OF EXPENDITURE

	Staff costs	Other Costs	Allocated support costs	Governance	Total	Total
	2017	2017	2017	2017	2017	2016
	£	£	£	£	£	£
<b>Expenditure on raising funds</b>						
Donations and legacies (note 3)	253,026	241,821	87,869	58,081	640,797	660,706
Other trading activities (note 4)	14,731	374	-	1,506	16,611	25,115
Investment management costs	-	11,422	-	1,138	12,560	9,915
<b>Total Expenditure on raising funds</b>	<b>267,757</b>	<b>253,617</b>	<b>87,869</b>	<b>60,725</b>	<b>669,968</b>	<b>695,736</b>
<b>Expenditure on Charitable activities:</b>						
Grants for medical research and training	-	720,681	-	71,833	792,514	847,501
Release of completed grant balances <sup>1</sup>	-	(67,373)	-	-	(67,373)	(106,079)
Grant administration costs	79,298	4,035	21,967	10,496	115,796	98,491
Medical research dissemination	61,801	1,081	36,612	9,917	109,411	104,608
<b>Total charitable expenditure</b>	<b>141,099</b>	<b>658,424</b>	<b>58,579</b>	<b>92,246</b>	<b>950,348</b>	<b>944,521</b>
<b>Governance</b>	136,456	-	16,515	(152,971)	-	-
(reallocated to expenditure based on the value attributed to them within each activity)						
<b>Other expenditure:</b>						
HMRC 2013 R&D tax claim provision	-	-	-	-	-	66,321
pension deficit provision	-	6,785	-	-	6,785	55,416
<b>Total expenditure</b>	<b>545,312</b>	<b>918,825</b>	<b>162,964</b>	<b>-</b>	<b>1,627,101</b>	<b>1,761,994</b>
	Staff costs	Other Costs	Allocated Support costs	Governance	Total	Total
	2017	2017	2017	2017	2017	2016
	£	£	£	£	£	£
Unrestricted Funds	545,312	447,525	162,964	-	1,155,801	1,211,155
Restricted Funds	-	471,300	-	-	471,300	550,839
	<b>545,312</b>	<b>918,825</b>	<b>162,964</b>	<b>-</b>	<b>1,627,101</b>	<b>1,761,994</b>

<sup>1</sup> 6 Months after completion of the grant, any unused portion of the grant award is released to enable the funds to be used on other projects

## NOTES TO THE ACCOUNTS

**Other Expenditure:** During 2016 HMRC asked for further information relating to two Research and Development Tax Relief claims that were paid by HMRC to Wellbeing of Women in 2015 and 2016. HMRC indicated that it considered that the basis on which these claims were made did not fall within the remit of the scheme. The liability for full refund of amounts received from HMRC was £148,807 (£66,321 in respect of amounts received in 2015 and £82,486 in respect of amounts received in 2016) and this liability has been reflected in these accounts.

	Support costs 2017 £	Governance costs 2017 £	2016 £
Net income is stated after charging:			
Operating lease rentals: premises rent	38,250	-	38,250
Professional fees and consultancy costs	992	-	900
Database, IT subscriptions and management	28,689	-	21,173
Website development (new website)	-	-	2,359
Depreciation	10,776	-	7,405
Auditors' remuneration: fees for audit services	-	11,850	11,550
Auditors' remuneration: fees for non-recurring audit services	-	5,772	-

	2017 £	2016 £
<b>STAFF COSTS</b>		
Wages and salaries	452,804	446,362
Social Security costs	48,972	47,761
Pension costs	29,413	36,199
Contractors	-	1,627
Payroll processing and recruitment costs	14,123	9,909
	<b>545,312</b>	<b>541,858</b>

The number of employees whose total employee benefits (excluding employer pension costs) amounted to over £60,000 in the year were as follows:

	2017	2016
£60,001 - £70,000	1	-
£70,001- £80,000	-	1

Contributions paid into a defined contribution pension scheme in respect of the above employee amounted to:

	£184,607	£180,286
The total remuneration (including taxable benefits but excluding employers pension contributions) of the key management personnel for the year was		

# NOTES TO THE ACCOUNTS

## TRUSTEE EXPENSES AND BENEFITS

All members of the Trustee's Management Board are company directors of Wellbeing of Women and received no emoluments for their services as directors. However, £1,155 travel expenses in relation to the Research Advisory Committee (2016: £114) were reimbursed to one medical trustee (2016: 1). There have been no other related party transactions during the year.

## 6. GAINS/(LOSSES) ON INVESTMENTS

The following gains from the investment portfolio were:

	2017	2016
	£	£
Realised gains/ (losses) on the disposal on investment assets	10,667	565
Unrealised gains/ (losses) on the valuation investment assets at year end	114,730	232,011
	<b>125,397</b>	<b>232,576</b>

## 7. TRANSFERS

During the year the charity received income from third parties to support specific research projects which had been funded in previous years from the charity's unrestricted funds. This income has been recorded as restricted income and then transferred to reflect the reimbursement from the restricted to unrestricted funds.

## 8. TANGIBLE FIXED ASSETS

	Computer Equipment	Office Equipment	Office Refurbishment	Furniture	Total
	£	£	£	£	£
<b>Cost</b>					
At 1 January 2017	16,688	7,056	55,177	2,383	<b>81,304</b>
Additions	10,112	-	-	-	<b>10,112</b>
Disposals	-	-	-	-	-
At 31 December 2017	<b>26,800</b>	<b>7,056</b>	<b>55,177</b>	<b>2,383</b>	<b>91,416</b>
<b>Depreciation</b>					
At 1 January 2017	16,688	5,645	22,071	1,906	<b>46,310</b>
Charge for the year	3,371	1,411	5,517	477	<b>10,776</b>
At 31 December 2017	<b>20,059</b>	<b>7,056</b>	<b>27,588</b>	<b>2,383</b>	<b>57,086</b>
<b>Net Book Value</b>					
At 31 December 2017	<b>6,741</b>	<b>-</b>	<b>27,589</b>	<b>-</b>	<b>34,330</b>
At 31 December 2016	<b>-</b>	<b>1,411</b>	<b>33,106</b>	<b>477</b>	<b>34,994</b>

# NOTES TO THE ACCOUNTS

## 9. FIXED ASSET INVESTMENTS

	2017 £	2016 £
Investments at market value	3,222,155	3,258,080

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

	2017 £	2016 £
Carrying (market) Value at Beginning of year	3,258,080	2,936,618
Additions	389,379	208,419
Disposals	(639,356)	(207,854)
Investment income received	100,077	98,116
Management fees	(11,422)	(9,795)
Realised gains/(losses)	10,667	565
Unrealised gains/(losses)	114,730	232,011
Market value at year end	<b>3,222,155</b>	<b>3,258,080</b>

	2017 £	2016 £
<b>Stated at Market value</b>		
UK Equities	902,244	994,725
Europe Ex UK equities	88,370	78,200
North America equities	129,233	123,334
Asia Ex Japan equities	95,352	75,574
Global Equities	34,440	139,330
Bonds: UK	757,706	832,164
Bonds: Global	403,704	458,640
Multi-Asset	256,764	-
Alternatives	183,705	300,348
	<b>2,851,518</b>	<b>3,002,315</b>

Cash	370,637	255,765
<b>Portfolio value at 31 December</b>	<b>3,222,155</b>	<b>3,258,080</b>

Historical cost of investments	2,387,629	2,548,951
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Holdings with a market value greater than 5% of the total portfolio value at 31 December 2017 are as follows:

	Percentage of overall portfolio	Market value of holding
Cazenove Equity Income Trust for Charities	15.64%	£450,795
Fidelity UK Corporate Bond Fund	14.01%	£403,704
Schroder UK Corporate Bond Fund	13.89%	£400,360
Majedie UK Equity Fund	9.12%	£262,713
M&G Strategic Corporate Bond Fund	7.92%	£228,262
Trojan Income Fund	6.55%	£188,737
Charities Property Fund	5.48%	£157,938

## NOTES TO THE ACCOUNTS.

	2017 £	2016 £
<b>10. DEBTORS</b>		
Trade debtors	22,800	20,000
Prepayments and accrued income	182,520	173,673
Other Debtors	-	1,785
	<b>205,320</b>	<b>195,458</b>

	2017 £	2016 £
<b>11. CREDITORS</b>		
<b>Amounts falling due within one year</b>		
Trade Creditors	22,615	19,615
Grants Payable- Unrestricted	249,183	348,884
Grants Payable- Restricted	714,287	804,898
Accruals and deferred income	113,472	84,240
Accrual: Research and Development Tax liability	148,618	148,807
Taxation and Social Security	13,968	12,565
	<b>1,262,143</b>	<b>1,419,009</b>
Pension Liability	-	43,000
	<b>1,262,143</b>	<b>1,462,009</b>

	2017 £	2016 £
<b>Amounts falling due after more than one year</b>		
Grants Payable: Unrestricted	422,888	334,931
Grants Payable: Restricted	11,476	124,042
	<b>434,364</b>	<b>458,973</b>
Pension Liability	142,852	135,995
	<b>577,216</b>	<b>594,968</b>

	2017 £	2016 £
<b>11a. MOVEMENT IN PROVISIONS AND FUNDING COMMITMENTS DURING THE YEAR</b>		
Grants payable at the start of the year	1,612,755	1,784,638
New grants awarded in the year (see note 20)	720,681	788,936
Release of completed grants balances (see details below)	(67,373)	(106,079)
Grants paid in the year	(868,229)	(854,740)
Grants payable at the end of the year	<b>1,397,834</b>	<b>1,612,755</b>

6 Months after completion of the grant, any unused portion of the grant award is released to enable the funds to be used on other projects.

## 12. POST EMPLOYMENT BENEFITS

### Defined Contribution scheme

Wellbeing of Women staff are entitled to become members of the multi-employer pension scheme operated by The Pension Trust. Prior to 2014 employees had the option of joining the Royal College of Obstetricians and Gynaecologists (RCOG) Pension Fund. During 2014 the Trustees decided that they would no longer support employees joining the RCOG scheme. The schemes are based on defined contributions and Wellbeing of Women's liability is restricted to the annual contributions. There were no outstanding contributions under these plans at year end.

The pension cost of both defined contribution schemes for the year are disclosed in Note 5.

# NOTES TO THE ACCOUNTS

## 12. POST EMPLOYMENT BENEFITS (cont)

### Defined Benefits Scheme

Until 2003 Wellbeing of Women staff were entitled to join the defined benefits section of the RCOG'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 7 are former Wellbeing of Women staff. The defined benefit pension scheme is a multi-employer scheme as defined in Financial Reporting Standard number 102 (FRS102) "Retirement Benefits" and under the provision of FRS 102 relating to multi-employer schemes, the contributions owed to the scheme are accounted as though it were a defined contribution scheme.

The most recent actuarial valuation of the RCOG's scheme was at 1 April 2016. The market value of the assets was £18,920,000, with the actuarial valuation of the liabilities (based on technical provisions measures<sup>1</sup>) being £23,896,000, resulting in a deficit of £4,976,000 for the whole scheme. Wellbeing of Women's share of this deficit has been determined at 4.3%.

In March 2017, the employers reached an agreement with the scheme's trustees about the assumptions underlying the valuation and the structuring of the recovery plan as follows.

	Whole Scheme £	Wellbeing of Women's share (4.3%) £
1 April 2020 to 31 March 2024: Monthly payments of £49,600	2,380,800	102,374
1 April 2024 to 31 March 2027: Monthly payments of £38,250	1,377,000	59,211
	<b>3,757,800</b>	<b>161,585</b>

The present value of this liability at a discount rate of 2.5% has been determined as £142,852 for 2017 (2016: £178,995) which is recognised as a liability and accordingly a charge has been made to the SOFA and Statement of Income and Expenditure of £6,785 (2016: £55,416) as shown below.

	2017	2016
Pension Liability- amount falling due within one year	-	43,000
Pension Liability- amount falling due in more than one year	142,852	135,995
	<b>142,852</b>	<b>178,995</b>
Pension deficit provision costs	<b>6,785</b>	<b>55,416</b>

In the event that an employer becomes unable to pay contributions, or is unable to make good any deficits in the future, the pension trustees would switch the valuation of the scheme based on the solvency measure<sup>2</sup>. If the scheme were to wind up, the employers would be required to pay enough into the scheme to enable members' benefits to be completely secured with an insurance company. If an employer becomes insolvent as a result, the Pension Protection Fund might be asked to take over the scheme and pay compensation to members.

<sup>1</sup> Technical provisions represent the value of the liabilities of a defined benefit pension scheme based on the statement of funding principles. It is an estimate of the assets that are required to pay the benefits already accrued in the scheme.

<sup>2</sup> Solvency represents the measure of a scheme's ability to purchase an insurance company policy providing all the benefits of the scheme in respect of all the members of the scheme. The solvency level is calculated by dividing the value of the assets at the assessment date by the estimated buy-out costs of the liabilities.

# NOTES TO THE ACCOUNTS

## 13. FUNDS MOVEMENT

	Balance Brought Forward £	Income £	Expenditure £	Revaluation £	Transfers £	Balance Carried Forward £
<b>RESTRICTED FUNDS</b>						
National Birthday Trust Fund	12,566	-	-	-	(12,566)	-
Menopause giving circle	97,511	-	-	-	-	97,511
Midwife research	29,928	50,000	-	-	-	79,928
Lisa Waterman Memorial Fund	19,337	3,617	-	-	-	22,954
Entry Level Scholarship (ELS)/Research Training Fellowships pledged at the annual cricket day	27,579	67,813	(52,909)	-	-	42,483
Sir Marcus Setchell Fund	26,555	-	-	-	(26,555)	-
Research (not project specific)	105,000	100,500	(78,106)	-	-	127,394
Harris Wellbeing Pre Term Birth Centre	465,662	-	(210,746)	-	-	254,916
IVF Research	-	3,750	-	-	(3,750)	-
Donations restricted to specific research projects	-	309,483	(129,539)	-	(179,944)	-
<b>Total Restricted Funds</b>	<b>784,138</b>	<b>535,163</b>	<b>(471,300)</b>	<b>-</b>	<b>(222,815)</b>	<b>625,186</b>
<b>UNRESTRICTED FUNDS</b>						
Revaluation Reserve: designated fund	709,129	-	-	125,397	-	834,526
Sir David Frost Fund-designated fund	55,204	-	-	-	(55,204)	-
General reserve	385,615	1,293,257	(1,155,801)	-	278,019	801,090
<b>Total Unrestricted Funds</b>	<b>1,149,948</b>	<b>1,293,257</b>	<b>(1,155,801)</b>	<b>125,397</b>	<b>222,815</b>	<b>1,635,616</b>
<b>TOTAL FUNDS AS AT 31 DECEMBER 2017</b>	<b>1,934,086</b>	<b>1,828,420</b>	<b>(1,627,101)</b>	<b>125,397</b>	<b>-</b>	<b>2,260,802</b>

# NOTES TO THE ACCOUNTS

## Restricted Funds

National Birthday Trust Fund	Balance of funds from the National Birthday Trust Fund (NBTF) consolidated within Wellbeing of Women following a uniting direction being granted in 2009. Funds to be used for grant awards.
Menopause giving circle	Funds received to be used for menopause research
Midwife Research	Funds received to fund midwife research
Lisa Waterman Memorial Fund	Funds received to be used towards research into amniotic fluid embolism
Entry Level Scholarship (ELS)/ Research Training Fellowships (RTF) pledged at the annual Cricket Day	Funds received to fund research Entry Level Scholarships and Research Training Fellowships
Research (not project specific)	Funds received to be used for non-project specific research
Sir Marcus Setchell Fund	Funds received to fund research grants
Harris Wellbeing Pre-term Birth Centre	Funds received from Lord and Lady Harris to establish the Harris-Wellbeing Centre for Preterm Birth Research at the Liverpool Women's Hospital
IVF Research funding	Funds received for IVF Research
Donations restricted to specific research projects	Funds received to fund specific individual projects

## Designated Funds

Sir David Frost Fund	The proceeds of the Annual Celebrity Cricket Match in 2014 and 2015 have been put into a 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 purpose of this fund.
Revaluation reserve	This represents the net increase in market value of the investments held since their purchase at historical cost

## 14. ANALYSIS OF FUND BALANCES

	Unrestricted	Restricted	Total Funds
	£	£	£
Tangible Assets	34,330	-	34,330
Investments	2,596,969	625,186	3,222,155
Cash at bank and on hand	638,356	-	638,356
Net Current Liabilities excluding cash and cash equivalents	(1,056,823)	-	(1,056,823)
Creditors due in more than one year	(577,216)	-	(577,216)
	<u>1,635,616</u>	<u>625,186</u>	<u>2,260,802</u>



# NOTES TO THE ACCOUNTS

## 15. COMMITMENTS

At 31 December 2017, the charity had total commitments under non-cancellable operating leases as follows:

	<u>2017</u>	<u>2016</u>
<b>Operating lease commitments</b>	<b>LAND AND BUILDINGS</b>	
	<b>£</b>	<b>£</b>
Future minimum lease payments due:		
Not later than one year	62,546	38,250
Later than one year and not later than five years	319,600	153,000
Later than five years	33,292	47,813
	<b>415,438</b>	<b>239,063</b>

## Capital commitments

At 31 December 2017 there were no capital commitments (2016: £Nil)

## 16. TRADING SUBSIDIARY

The company's subsidiary is Wellbeing Trading Limited (company number 01646523) 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. The company is dormant.

Consolidated accounts have not been prepared, as the inclusion if the charity's only subsidiary in a set of consolidated accounts would not be material for the purposes of giving a true and fair view.

Details of the Charity's subsidiary at 31 December 2017 is as follows:

Name of undertaking and country of incorporation or residency	Nature of business	Class of Shareholding	% Held	
			Direct	Indirect
Wellbeing Trading Ltd United Kingdom	The company is dormant	Ordinary	100	-

## 17. DEFERRED INCOME

Deferred income consists of payments received in relation to events being held in the following year

	<u>2017</u>	<u>2016</u>
	<b>£</b>	<b>£</b>
Balance as at 1 January 2017	6,870	500
Amount released to income	(6,870)	(500)
Amount deferred in the year	44,000	6,870
Balance as at 31 December 2017	<b>44,000</b>	<b>6,870</b>

## 18. RELATED PARTY TRANSACTIONS

There have been no related party transactions identified in the reporting period.

## 19. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES

## NOTES TO THE ACCOUNTS

	2016	2016	2016	2015
	Unrestricted	Restricted	TOTAL	TOTAL
	£	£	£	£
<b><u>Income from</u></b>				
Donations and legacies	889,152	632,454	1,521,606	1,719,608
Other trading activities	204,416	-	204,416	184,160
Investments	98,116	-	98,116	111,580
<b>Total income</b>	<b>1,191,684</b>	<b>632,454</b>	<b>1,824,138</b>	<b>2,015,348</b>
<b><u>Expenditure on</u></b>				
Raising funds	695,736	-	695,736	703,863
Charitable activities: medical research and dissemination	393,682	550,839	944,521	1,014,217
Other expenditure:	121,737	-	121,737	3,014
<b>Total resources expended</b>	<b>1,211,155</b>	<b>550,839</b>	<b>1,761,994</b>	<b>1,721,094</b>
<b>Gains/ (Losses) on investments</b>	<b>232,576</b>	<b>-</b>	<b>232,576</b>	<b>(35,782)</b>
<b>Net income before transfers between funds</b>	<b>213,105</b>	<b>81,615</b>	<b>294,720</b>	<b>258,472</b>
<b>Transfers between funds</b>	<b>54,387</b>	<b>(54,387)</b>	<b>-</b>	<b>-</b>
<b>NET MOVEMENT IN FUNDS</b>	<b>267,492</b>	<b>27,228</b>	<b>294,720</b>	<b>258,472</b>
Balance brought forward at 1st January	882,456	756,910	1,639,366	1,380,894
<b><u>Balance carried forward at 31st December</u></b>	<b>1,149,948</b>	<b>784,138</b>	<b>1,934,086</b>	<b>1,639,366</b>

### 20. NEW GRANTS MADE IN 2017

## NOTES TO THE ACCOUNTS

The following is a summary of the grants made in 2017. All grants are paid to institutions only.

Topic	Grant Type	University	Researcher	Grant Award	Duration
Unravelling the steroid metabolome in ovarian cancer to improve early diagnosis and therapy	Research Training Fellowship	Birmingham	Jeevan, David	£181,956	2 years
Feasibility of utilising two novel approaches to characterise the human endometrial epithelial cell subtypes.	Entry level Scholarship	Liverpool	Maclean, Alison	£17,080	1.25 years
Ameliorating the detrimental endothelial effects of free fetal haemoglobin in fetal growth restriction using hydroxychloroquine.	Entry Level Scholarship	Manchester	Brook, Adam	£18,687	2 years
Utility of biomarkers for ovarian cancer risk assessment in primary care: a feasibility study	Entry Level Scholarship	Manchester	Funston, Garth	£19,470	3 years
Association of birthweight with perinatal, childhood and maternal outcomes: A population based linkage Study	Research Grant	University of Glasgow RG	Dr Stamatina Iliodromiti	£129,549	2 years
Preventing Chemotherapy Resistance in Ovarian Cancer by targeting	Research Grant	Queen Mary University of London RG	Dr Sarah McClelland	£134,193	2 years
Developing a treatment to prevent premature labour caused by infection in the womb - Extension of existing grant	Research Grant	UCL	Dr Natalie Suff	£9,000	1 year
<b>Total</b>				<b>£509,935</b>	

### Payments made to The Harris Wellbeing Research Centre for Preterm Birth:

This research centre was established following a generous pledge from Lord and Lady Harris. The research centre is dedicated to improving our understanding of the causes of preterm birth and then to utilise targeted treatments.	University of Liverpool	£210,746	Funding ends in 2020
<b>Total</b>		<b>£720,681</b>	

(A list of on-going research in respect of awards made prior to 2017 can be found in Appendix 1.)

### Appendix 1

## NOTES TO THE ACCOUNTS

Value of Grants awarded, ongoing and completed in 2017

Award Type	Awarded in 2017		Ongoing Awards		Completed in 2017	
	Number	Award Value (£)	Number	Award Value (£)	Number	Award Value (£)
Research Grants (RG)	2	272,742	10	1,246,758	2	152,859
Research Training Fellowships (RTF)	1	181,956	1	199,987	4	666,731
Entry level Scholarships (ELS)	3	55,237	2	38,843	4	75,214
International Fellowship Awards (IFA) including FIGO Scholarship	0	0	2	39,615	3	59,569
<b>TOTAL</b>	<b>6</b>	<b>509,935</b>	<b>15</b>	<b>1,525,203</b>	<b>13</b>	<b>954,372</b>
We also are donating £1m over 5 years to the <b>Harris Wellbeing Centre for Preterm Birth</b> in Liverpool						

### ONGOING RESEARCH FOR GRANTS AWARDED IN PREVIOUS YEARS

# NOTES TO THE ACCOUNTS

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The following awards were made in previous years by Wellbeing of Women and are still ongoing.

## Research Project Grants

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

Dr Felicity May (Newcastle University)

£177,952 over 36 months [Gynaecological Cancer: 2012]

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

Professor Myra Hunter (King's College London)

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

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

Professor Gordon Jayson (University of Manchester)

£199,631 over 24 months [Gynaecological Cancer: 2014]

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

Dr Lucy Mackillop (Oxford University Hospitals NHS Trust)

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

***Risk factors, management and outcomes of amniotic fluid embolism***

Ms Kathryn Fitzpatrick (University of Oxford)

£24,862 over 36 months [Pregnancy and Birth: 2015]

Awarded with the generous support of the Lisa Waterman Fund

***Understanding why women have heavy periods: the role of oxygen and blood vessels***

Dr Jacqueline Maybin (University of Edinburgh)

£179,486 over 36 months [Quality of Life: 2015]

***Post Placental Intrauterine contraception (PPIUC): Health Service Evaluation***

Professor Sharon Cameron (University of Edinburgh)

£146,890 over 24 months [Pregnancy and Birth: 2016]

***Identifying best practice in IVF***

Professor Scott Nelson (University of Glasgow)

£62,135 over 24 months [Pregnancy and Birth: 2016]

***The impact of traumatic perinatal experiences in obstetricians and gynaecologists: implications for mental health and wellbeing***

Professor Pauline Slade (University of Liverpool)

£71,698 over 18 months [Pregnancy and Birth: 2016]

***Novel repurposing of drugs to treat endometriosis***

## NOTES TO THE ACCOUNTS

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Dr Andrew Horne (University of Edinburgh)

£198,864 over 24 months [Quality of Life: 2016]

### Research Training Fellowships

***Project to find out where stem cells are located in the lining of the womb in order to develop preventative strategies and new treatments for common gynaecological diseases related to the womb, such as endometriosis and womb cancer***

Dr Nicola Tempest (University of Liverpool)

£199,987 over 36 months - [Gynaecological Cancers/Quality of Life: 2015]

### Royal College of Midwives International Fellowship

***Promoting Respectful Maternity Care in Low Resource Settings: Bringing 'Whose Shoes' to Fort Portal, Uganda***

Hanna Webster (University of Salford)

£19,615 over 12 months - [Pregnancy and Birth: 2016]

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

### Entry-Level Scholarships

***Do severe tears at childbirth affect future pregnancies?***

Dr Andrew Woolner (University of Aberdeen)

£19,939 over 36 months - [Pregnancy and Birth: 2015]

***Feasibility of employing Laser capture microdissection to conclusively isolate genes (MAP4K4) involved in the ectopic growth of endometrial epithelial / stromal cells in endometriotic lesions***

Dr Helen Clarke (University of Liverpool)

£18,904 over 12 months - [Gynaecological Cancers/Quality of Life: 2016]

### FIGO- International Scholarship

***Developing capacity in evidence-based medicine in Mbale, Uganda***

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

£20,000 over 36 months [Pregnancy and Birth: 2015]

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

### Research Centres

***Harris-Wellbeing Preterm Birth Centre***

Professor Zarko Alfirovic (University of Liverpool)

£1,000,000 over 60 months [Pregnancy and Birth: 2015]

Awarded with the generous support of Lord and Lady Harris

# NOTES TO THE ACCOUNTS

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## **Appendix 2**

### **How we measure impact**

This rigorous selection procedure and independent peer review process guarantees that we fund only the highest quality research, which increases its likelihood of success, and ensures that our funds are invested strategically to achieve the greatest possible impact on improving women's healthcare.

The RAC monitors and evaluates the research projects. All recipients of Wellbeing of Women grants submit an annual progress report to the RAC for assessment and grading. Our Research Grants Manager keeps in close touch with all our researchers for the duration of their grant and follows up all recipients of Wellbeing of Women grants in order to evaluate the long-term impact of our funding on women's health.

Our impact can be measured by:

- Generation of new knowledge
- Translation of research ideas into new products and services
- Creation of evidence that will influence policy or other stakeholders
- Development of the human capacity to do research
- Stimulation of further research via new funding or partnerships

A key impact indicator for Wellbeing of Women is our dissemination of results of funded research at medical conferences and publication in high-impact medical journals. We encourage open access publication of our research findings to ensure greater dissemination among students, teachers, scientists, healthcare practitioners and for the benefit of women everywhere. This in turn, promotes greater learning and visibility, and enables other researchers to build on the findings, thus accelerating medical discoveries. Open access, therefore, offers an incremental return on investment in our research and increases the likelihood that the findings will be translated into clinical practice.

### **Projects completed in 2017**

**Topic:** Estimating aspirin resistance in women at high risk of pre-eclampsia

**Type of grant:** Research Training Fellowship 2014

**Name of researcher:** Dr Kate Navaratnam, University of Liverpool

#### **Outcome**

Dr Navaratnam's project is the first rigorous and accurate testing of how pregnant women respond to aspirin in pregnancy. Aspirin is the standard preventative treatment for pre-eclampsia, which is the second most common cause of pregnancy death. Her research has significantly found that no individual woman in the aspirin-resistant group was in fact non-responsive to aspirin at all time points in their pregnancies and has provided important evidence to suggest that women not taking the prescribed doses could be an important factor. Her findings are extremely valuable in highlighting the importance of dosage and adherence and in laying the groundwork for further research into the effectiveness of treating pre-eclampsia with low doses of aspirin.

Dr Navaratnam successfully completed her PhD at the University of Liverpool and graduated on 6th December 2017. On the strength of her research undertaken during her Fellowship, she has been offered and accepted a prestigious National Institute Health Research (NIHR) Academic Clinical Lectureship in the University of Liverpool, where she will continue her work investigating the safe and effective use of key drugs in pregnancy, with the aim of personalising how we treat pregnant women.

**RAC assessment:** 'This is an impressive and thorough piece of work. There are multiple facets to the project which included a study of 177 (156 completed) women at risk of preeclampsia and taking aspirin 75mg daily. Recruitment, chemical analyses (of aspirin responsiveness, metabolites, placental factors) and Genome wide association studies were carried out'.

# NOTES TO THE ACCOUNTS

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**Topic:** Preventing premature labour by reducing infection within the womb

**Type of grant:** Research Training Fellowship 2014

**Name of Researcher:** Dr Natalie Suff, University College London

## **Outcome**

Dr Natalie Suff investigated the role of vaginal infection in preterm birth and neonatal infection. It is known that cells in the cervix produce specialised "natural antibiotic" proteins that can kill bacteria and that women in whom the cervix is damaged, who have a reduced protective barrier to infection, are more likely to deliver early. The overall aim of this project was to boost the antibacterial capacity of the cervix by increasing the amount of specialised antibacterial protein produced by the cervix.

Dr Suff has shown that the body's natural antibiotics known as antimicrobial proteins can help to prevent vaginal bacteria from entering and causing infection in the womb in laboratory models. The findings from this project could lead to new treatments for premature birth by boosting the local vaginal and cervical immune system of pregnant women. Given the increasing prevalence of antibiotic resistance, Dr Suff's study of antimicrobial proteins could also be an important contribution to the wider use of these proteins as a potential new type of antibiotic in the future.

Dr Suff was awarded her PhD at University College London and on the strength of her findings, has received prestigious international prizes for her work at the British Society of Gene and Cell Therapy annual conference and the Society of Reproductive investigation conference.

RAC statement: 'The proposed work has been completed to a very high standard and submitted for publication. Success confirmed by Dr Suff becoming a co-applicant on a follow-on grant awarded by AMR (for a post-doctoral RA) to continue the work. Dr Suff's research has successfully demonstrated that gene therapy has potential to reduce infection-related preterm birth'.

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**Topic:** Human Neutrophil Elastase as a potential biomarker in women at risk of spontaneous preterm birth

**Type of grant:** Entry-level Scholarship 2016

**Name of researcher:** Dr Alexandra Ridout, Guys & St Thomas' NHS Foundation Trust

## **Outcome**

Dr Alexandra Ridout's project studied specific biomarkers of inflammation to identify women at risk of early delivery because of infection. She recruited a large cohort of women at high risk and low risk of preterm birth who consented to donate vaginal fluid samples during their pregnancy. She analysed two markers of inflammation in these samples, confirming that levels of a substance produced by the body's own immune cells (the system that helps fight infection), is raised in women who go on to deliver early.

This successful discovery stage pilot has confirmed the feasibility of this study and its findings must now be confirmed in a large sample of women, with the hope of developing a simple test using vaginal swabs to measure levels of the marker. This would allow doctors to identify women at increased risk for preterm birth so that they can intervene to save the baby.

Dr Ridout has taken on a role as a Clinical Research Fellow in the Division of Women's Health, Kings College London, and aims to develop her career as an independent researcher in women's health.

**RAC Assessment:** 'Outstanding. Achieved objectives of recruiting a large cohort of high risk and low risk women for preterm birth and conducted lab analyses for two biomarkers.'



# NOTES TO THE ACCOUNTS

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**Topic:** The role of Vitamin D in pregnancy

**Type of grant:** Research Training Fellowship 2014

**Name of researcher:** Dr Jennifer Tamblyn, University of Birmingham

## Outcome

Dr Tamblyn's project aimed to show that effects of vitamin D on the immune system are particularly important during pregnancy, where abnormal immune responses have been linked to serious complications of pregnancy, including pre-eclampsia and miscarriage. It aimed to show that the main group of immune cells targeted by vitamin D during pregnancy are those that are present in the maternal part of the placenta – the decidua.

This is the first study to use paired placental/ decidual and serum samples to assess the relationship between maternal levels of vitamin D and actual vitamin D levels in the placenta – both maternal and fetal sides of the placenta. The results show clearly that vitamin D plays an important role in the placenta, particularly as a regulator of placental immune cell function. The evidence from this study supports the hypothesis that vitamin D deficiency during pregnancy may lead to abnormal placental health. This, in turn, may affect the health of both mother and child. To confirm this, the next step is to carry out new vitamin D supplementation trials during pregnancy.

This research has highlighted two crucially important new considerations for new vitamin D trials in pregnancy. Firstly, because vitamin D has placental effects very early in pregnancy, any new supplementation trials would need to involve either very early supplementation or possibly pre-conceptual supplementation. Secondly, that we can no longer rely upon simply measuring maternal serum 25-hydroxyvitamin D as a measure of vitamin D status in pregnancy. Other measurements, such as urinary vitamin D, are required. New pregnancy vitamin D supplementation trials incorporating these new approaches may help to revolutionise our view of vitamin D in pregnancy.

Dr Tamblyn successfully obtained her PhD at the University of Birmingham.

**RAC Assessment:** In progress

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

**Type of grant:** Research Training Fellowship 2014

**Name of Researcher:** Dr Kerry Evans, University of Nottingham

## Outcome

The aim of this research was to develop a method of support that could be facilitated by midwives to improve symptoms of mild to moderate anxiety in pregnant women.

Dr Evans developed a new approach to care, which had three components:

- One-to-one pre-group meeting with the midwife who facilitated the group.
- Group sessions facilitated by the midwife and midwifery support worker.
- Selected self-help materials to be accessed between sessions.

The new approach was tested by two trained midwives and maternity support workers to see whether it could be provided as part of maternity services and whether it was acceptable to women. Women who were in their first pregnancy and met the eligibility criteria were recruited for the study. The data collected included questionnaires about anxiety, depression and quality of life. Research interviews with the women, midwives and support workers were conducted.

Women found that the new approach to care was acceptable and beneficial. The main benefit was achieved through sharing feelings and experiences with other women with anxiety. They welcomed having a midwife to facilitate the intervention and benefited from professional guidance alongside being supported with their anxiety symptoms. Midwives and support workers felt well prepared to facilitate the intervention and identified ways future training could be enhanced. The findings of the study will inform the larger-scale evaluation of this new approach to care.

## NOTES TO THE ACCOUNTS

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The study report is now being prepared for PhD thesis submission. Study findings will be presented to local, national and international audiences of maternity care professionals and researchers. The study concluded with a summary of recommendations for a protocol for a pilot trial.

**RAC Statement:** 'The submitted work is of a high quality. It is informed by underpinning theory and follows accepted MRC frameworks/guidance relating for the development and testing of evidence-based interventions.'

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**Topic:** Phenomenological experience, midwifery, cultural and media representations: A Qualitative Synthesis exploring the influences surrounding women's preparedness for birth.

**Type of Grant:** Entry-level Scholarship 2015

**Name of Researcher:** Ruth Sanders, Norfolk and Norwich University Hospitals NHS Foundation Trust

### Outcome

The research focused on how women prepare for birth and what informal resources they draw on. The information women receive from the mainstream media during pregnancy can have a significant impact on decision making for birth. Ruth Sander's project is the first investigation into the information sources which exist outside the professional maternity arena.

Women's emotions about how prepared they feel approaching birth can have a lasting impact on the way they approach their birth experience as well as their transition into motherhood and parenting. These informal sources are changing the relationship between midwives and women, whilst simultaneously seeming to increase levels of anxiety and challenging women's understanding and expectations of childbirth.

A lack of awareness by some professionals of women's information seeking behaviours generates barriers to women-centred support, leaving a wide gap between women's expectations of labour and birth and their actual birth experiences. The research suggests that further study of professional communication could be instrumental in creating a model of open dialogue between professionals and women, which is best created within a model of trustful continuity of carer.

The Paper was published in BMC Pregnancy and Childbirth and an abstract presented to the 'Normal UCLAN 12<sup>th</sup> International Normal Labour and Birth Research Conference.

**RAC Statement:** 'The review highlights the importance of informal sources in women's decision-making processes around labour and birth. Such sources are likely to illuminate and 'tap in' to women's underlying beliefs, perceptions and expectations of childbirth and it is important that midwives and other health professionals are aware of these. The project has achieved a range of good outcomes and the direction of travel for future research is clearly articulated'.

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**Topic:** What is the scope of practice and workload of midwives in Bangladesh

**Type of grant:** International Fellowship Award 2015

**Name of Researcher:** Terry Kana, Liverpool School of Tropical Medicine

### Outcome

The aim of this research was to better understand the work of midwives in low income countries using Bangladesh as an example. Midwives are the only health workers exclusively trained to provide care to women during their pregnancy, childbirth and after. This research is very important as it highlights what helps midwives to perform their role effectively during their shift and identifies the barriers they face when providing care to mothers and their newborn babies.

Terry Kana used questionnaires and diaries to provide a detailed description of the work and tasks midwives perform in Bangladesh and to evaluate their job satisfaction and the factors that help or create barriers to providing good midwifery care. This research provided a platform for the voices of midwives to highlight what they enjoy about their work and the very real problems they face. The information she has gathered will help to improve the education of student midwives and nurse midwives and the support they receive after qualifying. It will provide evidence to inform professional bodies and governments to realise the potential of investing in midwifery education.

## NOTES TO THE ACCOUNTS

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Terry Kana's poster was voted best poster at the Centre for Maternal and Newborn Care Scientific Conference in May 2016. She now proposes to do further research to explore how midwifery cadres access education to upgrade to becoming a registered midwife and to focus on the enablers and barriers to providing respectful midwifery care in low resource countries especially low cost interventions.

**RAC Statement:** 'Excellent'.

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**Topic:** Developing a tool to assess quality of maternity care in South Africa

**Type of Grant:** International Fellowship Award 2015

**Name of Researcher:** Jaki Lambert

### **Outcome**

The aim of Jaki Lambert's project in South Africa was to develop and evaluate a simple tool that can be used to assess and collate women's experience of care in childbirth in low resource settings to ensure that they get the care and services they need. She worked with women and midwives to successfully develop a questionnaire (the tool) with questions that were short, easy to use and reflected women's experience in South Africa and what they valued in terms of care quality. She also evaluated a mobile phone application already in existence in South Africa in terms of its acceptability as a platform for assessing women's experience of quality of care and the barriers to good quality care.

Jaki Lambert conducted Interviews with women who had given birth and received their care in both urban and rural districts of South Africa. Interviews were also undertaken with care providers. She has analysed these interviews to identify similarities and differences between the perceptions of those receiving and those providing care. This information is used to explore what the underlying causes and solutions are perceived to be by both women and those providing care.

Jaki Lambert has presented her findings widely including at the Priorities in Perinatal Health conference in South Africa, MAMA conference in Scotland and at the UCLAN 12<sup>th</sup> International Normal Labour and Birth Research Conference.

**RAC Statement:** 'The quality of the work was good and has achieved its objectives'.

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**Topic:** Exploring the contributing factors to high maternal mortality in adolescents in Eastern Freetown: a qualitative study.

**Type of Grant:** International Fellowship Award 2016

**Name of Researcher:** Lucy November, Kings College London

### **Outcome**

Lucy November's project explored the contributing factors to high maternal mortality in adolescents in Eastern Freetown in Sierra Leone. Sierra Leone has the highest maternal mortality ratio (MMR) in the world and this is increased in young women under 20 and is an even higher risk for teenage girls. The aim of this study was to explore the factors which make childbirth more risky for teenagers, in order to pilot and evaluate initiatives to improve their experiences and outcomes; finding solutions based on evidence rather than assumption.

Lucy November conducted six focus groups and sixteen interviews, in both English and Krio. These included groups of teenage mothers, groups of midwives, government officials and senior community elders. Her findings challenged the assumption that teenage girls have real choices regarding their sexual behaviour and contraceptive use, and suggests that risks to pregnant girls are because of stigma and abandonment, rather than physical immaturity.

Two potential interventions were identified; a mentoring scheme for the most vulnerable girls and a locally managed blood donation register. She has raised a start-up fund of £6000 to pilot the mentoring scheme. Local women will be trained as mentors: they will have four key roles; helping girls to re-establish family connection and support; encouraging health seeking behaviours and advocating for respectful care at clinic, in labour and in the postnatal period; providing practical advice and support with parenting; and providing support and training in a small business and to re-enter education or vocational skills training.

## NOTES TO THE ACCOUNTS

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Lucy November has been awarded follow-on funding from the by Kings Health Partners' Challenge Fund to carry out a feasibility study to will provide further evidence to apply for further funding and to develop the scheme further.

The idea of a community-based blood donation register is also in the planning stages.

Lucy November worked with a film student from Southampton University, Alice Lupton, to produce a short film about the project and the role of Wellbeing of Women as the funder as an engaging visual for use by Wellbeing of Women to showcase its fellowship funding.

**RAC Statement:** 'The work is of high quality. The findings are grounded and relevant and illuminate the particular set of psychological and social circumstances that adolescent girls have to negotiate within Eastern Freetown. Importantly, the researcher suggests possible solutions to begin to address the high maternal mortality rate in this client group.'

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**Topic:** Investigation of the role of advanced radiotherapy techniques for recurrent gynecological cancer

**Type of grant:** Research project grant 2014

**Name of researcher:** Dr Alexandra Taylor, The Royal Marsden Hospital

**Outcome:**

The overall aim of the project was to assess the role of new advanced radiotherapy techniques for treating recurrent gynaecological cancer. The radiotherapy dose currently used with standard techniques is limited by the risk of long-term and harmful side effects. Stereotactic radiotherapy (SBRT) with Cyberknife technology can deliver higher doses into the tumour, while avoiding more normal tissue by tracking the position of the tumour throughout treatment.

Dr Taylor's project aimed to determine the feasibility of using stereotactic radiotherapy for treating both central and sidewall pelvic disease in the primary radiotherapy setting and for the option of giving radiotherapy a second time for salvage treatment.

Their studies have been completed comparing the doses deliverable with the stereotactic techniques of Cyberknife or linear accelerator VMAT-SBRT to the standard treatment currently used for women with recurrent gynaecological cancer. For re-irradiation of the pelvic sidewall, they have demonstrated that it is feasible to specifically avoid the sciatic nerve roots without compromising on tumour doses. When using SBRT to deliver a central pelvic boost, they have shown that total tumour dose can be significantly increased while remaining within pre-determined dose limits so as not to cause damage to the bowel and bladder. This will result in better long term control and cure rates for patients with recurrent gynaecological cancers, previously thought to be untreatable and, therefore, terminal.

The results of these studies have been used to develop clinical guidelines for treating recurrent gynaecological cancer with advanced radiotherapy techniques. Dr Taylor has developed a clinical trial for treating pelvic disease with stereotactic radiotherapy and plans to have the study available in 7-10 radiotherapy centres across the UK.

**RAC Statement:** 'Good quality of work – project has been completed as planned with some interesting results. There are plans to progress the results of this study to a clinical trial. The data achieved will feed into guidelines for the management of recurrent cervical cancer'.

# NOTES TO THE ACCOUNTS

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**Topic:** The Transcriptome of the Polycystic Ovary

**Type of grant:** Research project grant 2016

**Name of researcher:** Professor Stephen Franks and Dr Kate Hardy, Imperial College London

**Outcome:**

Polycystic ovary syndrome (PCOS) is the commonest hormone disorder in women, affecting between 5-10% of women of reproductive age and typically first manifesting itself during adolescence. It is a major cause of infertility and causes distressing skin problems (acne and unwanted body hair) that contribute to a negative impact on quality of life and often, overt depression. PCOS is also associated with risks to long-term health, and, in particular there is a 3-fold increase in the risk of developing type 2 diabetes in later life. Infertility in women with PCOS is due to infrequent or absent ovulation (the monthly release of an egg) and can usually be corrected by the appropriate choice of treatment but many women remain involuntarily infertile and/or have persistent skin problems.

The purpose of the research project was to study how genes are expressed in cells from the ovary in women with and without PCOS. The research team also wanted to see whether the differences in the pattern of gene expression can be reproduced by treating cells in the laboratory with androgens, the hormones that are produced in excess in women with PCOS, and to find out if higher androgen levels have an impact on how the ovary functions.

Professor Franks and Kate Hardy have been able to show significant differences between normal and polycystic ovaries in the expression of key genes that affect hormone production in the ovary. Importantly, they have now accumulated a large series of samples that have allowed them to examine thousands of different genes in women with and without PCOS. They have found 450 genes that are expressed differently in cells from women with and without PCOS and we are now in the process of investigating the functional significance of these genes and the proteins that they code for.

These preliminary studies promise new insight into the causes of PCOS and open up the possibility of new, personalised treatments for this distressing condition. The results have been presented at the annual meeting of the Society for Endocrinology in November 2016 and in a series of lectures by Professor Franks.

**RAC Statement:** 'This project aimed to address the gene profiles in the granulosa cells from women with and without PCOS. The researchers found 450 differentially expressed genes. The work is of good quality'.

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**Topic:** Developing a functional assay of homologous recombination in primary cultures of endometrial cancer cells

**Type of grant:** Entry-level scholarship 2015

**Name of researcher:** Dr Lynne Warrander, University of Manchester

**Outcome:**

Problems in the mechanism by which cells in the body repair damage to their DNA can lead to the development of tumours and cancers. These problems also represent potential targets for drug treatments against cancer.

Dr Warrander's research aimed to use real samples of womb cancer cells taken from patients who were having an operation as part of their treatment, and to use these to grow more cells in the laboratory so that they could be used to look at how they repair damage to their DNA and to see how they responded to different treatments.

Dr Warrander was able to successfully take womb cancer cells from patients undergoing surgery, and grow these in the lab. The next step was to work out how the samples taken from different patients repaired damage to their DNA and, in particular, if it was possible to repair breaks to both strands of their DNA. Once damage was induced and it was shown that both the damage and repair process could be detected using a cell line, Dr Warrander went on to use the patient samples to determine which ones were able to repair the DNA damage. This allowed her to label specific patients as having a cancer which can or cannot repair double stranded DNA damage.

## NOTES TO THE ACCOUNTS

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Having successfully characterised samples from specific patients as being able to repair double stranded breaks in their DNA, Dr Warrander hopes to be able to apply this knowledge to develop targeted drug therapies, so patients will benefit from a treatment that will work for them. For example, when a patient has their surgery, it may be possible to test the cancer cells removed to see how each individual patient repairs their DNA and, depending on the results, offer a specific tailored treatment.

**RAC statement:** 'Dr Warrander has conducted high quality work. The experiments had a successful outcome and Dr Warrander clearly demonstrated the ability to generate primary cell cultures from endometrial cancer tissue, and a protocol for assessing homologous recombination (HR) status. This has led to the potential for a much larger biobank of endometrial cancer cells to be built up for functional work.'