

Company Registration Number: CE008100

Charity Registration Number: 1169632

The MASIC Foundation

A charitable incorporated organisation

Annual Report and Financial Statements

for the Year Ended 31 December 2021

The MASIC Foundation

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The MASIC Foundation

Reference and Administrative Details

Trustees

Prof Michael Keighley MA MS FRCS, President

Prof Debra Bick OBE MMed Sc PhD RM Chair

Mr Geoffrey Hand MA, Treasurer

Mrs Julie Cornish MD FRCS

Prof Robert Freeman MD FRCOG

Mrs Ranee Thakar MD FRCO

Patrons

The Baroness Cumberlege CBE DL HonFRCP HonFRCN

Mr Eddy Morris FRCOG MD FRCOG

Prof Lesley Page CBE PhD DSc RM HonFRCM

Sir Marcus Setchell KCVO FRCS FRCOG

Prof Dame Cathy Warwick DBE DSc RM

Mr Andrew Williams PPFS MS FRCS

The MASIC Foundation

Reference and Administrative Details

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PO Box 10875
Nottingham
NG12 5YU

Registered Office

The MASIC Foundation
PO Box 10875
Nottingham
NG12 5YU

Company Registration Number

CE008100

Charity Registration Number

1169632

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Independent Examiner

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Instagram

<https://www.instagram.com/masicfoundation/>

The MASIC Foundation

Reference and Administrative Details

Facebook

<https://www.facebook.com/MASICFOUNDATION>

LinkedIn

<https://www.linkedin.com/company/masicfoundation>

The MASIC Foundation

Trustees' Report

Origin:

The MASIC Foundation was formed in 2016 and is the only multi-disciplinary charity consisting of injured women and healthcare professionals to support women with obstetric anal sphincter injuries (OASI) causing anal incontinence (AI) following birth.

Aims: Our aims are:

1. To **support injured women** who have become incontinent of faecal waste from a childbirth injury and to raise public awareness of this unspoken taboo.
2. To collaborate with organisations who are trying to **prevent** anal sphincter injuries during childbirth called OASI (Obstetric anal sphincter injury) by providing stories from injured women so as to reinforce the impact these injuries have on everyday life and to **conduct research** into the impact of these injuries.
3. To **inform the medical profession** about the frequency of injury and the effect they have on the baby the partner and the family as a whole.

How OASI affects women

- More than 1 in 5 women in the UK experience bowel incontinence after a vaginal birth, which equates to 180,000 a year who are willing to admit to it more likely quarter of a million a year in reality which means that about 7 million suffer some form of bowel incontinence as a result of having a baby.
- The number of women sustaining an OASI has tripled between 2000 and 2012
- Nearly all women who suffer AI following childbirth feel ashamed, lack confidence and experience mental health and body image issues, which can have a profound effect on their family and relationships
- Many women with AI become socially isolated and fear leaving the security of their homes. Many either are unable to return to paid employment or suffer workplace compromise.
 - These injuries have a huge impact on the partner and the child
- Many injuries are undetected at birth and can be prevented, as demonstrated by the RCOG/RCM OASI Care Bundle with whom we collaborate
- Many women with severe perineal trauma suffer from a compromised relationship with their baby

The following story highlights the long term physical and psychological issues of these injuries and their consequences.

My son's forceps delivery, and subsequent 3b OASI tear, happened eight years ago. It's hard to remember now, how my body and my life felt before the day my baby was born.

I remember dreaming about new motherhood, and how wonderful it would be to hold my new baby for the first-time – to look forward to first walks with the pram, all the beautiful moments women are told to expect with their new arrival. My reality was being so traumatised and unwell after his delivery that I couldn't get out of bed for weeks, couldn't pick my tiny baby up, breast feed him, or lift the weight of his new car seat or pram.

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I sustained permanent pudendal nerve damage due to being in the pushing stage for three hours, followed by two failed attempts to deliver my baby with the ventouse, which then necessitated a forceps delivery where an episiotomy tore into the anal sphincter and caused deep vaginal tearing. I suffered a postpartum haemorrhage and lost 1.5l of blood.

Short term this delivery caused a great deal of trauma. My body went into shock, and even though I was repaired with emergency surgery following the delivery, I suffered PTSD and severe postnatal depression. I couldn't bond with my baby, and I felt shame and a failure that my birth had left me with these life changing injuries. If I tried to speak out about how I was feeling to the health visitor or GP, or even to my family, I felt like I was being judged on my ability to parent. I was told my injury was 'all in my head' on numerous occasions and another health professional suggested that maybe it was because 'deep down I didn't want my baby.' The ignorance and judgement I faced only worked to compound my isolation and distress and I feared I was a bad mother because of the things I was being told. I was given every mental health diagnosis you could throw at somebody rather than anybody acknowledging that the brutal injuries I had sustained had affected me profoundly as a woman and had greatly impacted my quality of life.

Long term I have lost normal bowel function. I have daily urgency and an impaired ability to empty the bowel fully. I cannot fully control flatus and have a lot of scar tissue on the back wall of the vagina next to the bowel which causes ongoing problems. I suffered for several years with debilitating pudendal nerve pain before finally finding a specialist physio who was able to work the scar tissue internally to offer me some relief and improved function. Unsurprisingly my sexual function has been greatly affected by the injuries I sustained. My muscles are weak and damaged, and I have very little sensation. I am constantly worried that my partner will leave me because of this. Nobody ever talks about the profound affect this has on a woman psychologically.

My ability to exercise and partake in the activities that I used to love has also been badly affected by my injuries. I was a keen runner prior to giving birth and I enjoyed going to the gym three or four times a week after work and keeping fit. Since the forceps delivery I have to be extremely careful about the activities I can safely do. I have slowly got back into walking and jogging on the treadmill, but it is only ever possible by using a pessary and tampon to hold everything in place. All spontaneity and joy has been taken from exercising. It now becomes something I do to try and keep the weight off, whilst hoping I'm not making prolapses and deteriorating bowel function more likely.

When I gave birth I had no idea what had just happened to me, or what the years ahead would entail. Fighting to be heard and to get treatment. Countless visits to gynaecologists, urogynaecologists, colorectal surgeons, colorectal nurses, women's health physiotherapists and nerve specialists. Humiliating tests and repetitive internal examinations. Spending thousands of pounds on private appointments. Speaking to other women to whom this has happened. All of this has led me to understand what a forceps delivery did to my body. And it has led me to realise that I will never get back the quality of life I once took for granted.

The question I am left with is how did I walk into an NHS hospital to have my baby delivered, and walk out the broken woman I am today? What went so wrong that I am left like this, and why wasn't I told that that being left like this was a possibility of birth?

The answer isn't simple. But it should be. Had I had information antenatally about the risks of vaginal birth, which could include a forceps delivery, I would have made different decisions. I could have refused an epidural because this increases the risk of instrumental delivery.

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I could have exercised my right to a caesarean section. I could even have made the decision not to continue with my pregnancy. Because the right for a woman to have information about what could happen to her body at birth is the same right that a woman has to bodily autonomy in all areas of her life.

My salvation has been finding MASIC, and I truly believe I wouldn't be here today without the support and hope that the charity offers. MASIC gives women a safe space to talk openly about the impact severe birth injuries have, and in doing so allows health professionals to learn about these impacts and change and improve practice. A package like the OASI Care Bundle would have improved my experience of giving birth because I would have known about the risks of a forceps delivery, and steps would have been taken in my care to try and prevent the perineal trauma I sustained.

Looking back on my birth it is so clear to me that motherhood would have looked a very different prospect to me had I known what could be at stake. I valued my health and fitness, I valued my sexual health, and I couldn't have imagined that my bowel continence would be at stake aged 33. If I had gone into hospital for another procedure I would have been told about the risks and benefits of the procedure and been given a consent form to sign before the procedure went ahead. Why are birthing women denied this right?

Stories like these drive change.

Thus, MASIC has a pivotal role in informing the public and the profession about the consequences of these injuries. So often a midwife says goodbye two weeks after the birth and does not know what happens to them and their families after a traumatic birth which impacts on how they live for the rest of their lives.

MASIC advocates have helped to produce this advice sheet used in the OASI care bundle to reduce the incidence of injury and their consequences

[Tears during Childbirth, 2 pages: permission for including this in the MASIC Annual report was provided by email through Dorian Martinez for the OASI care bundle on Dec 16 2021]

Tears during Childbirth

Antenatal discussion guide

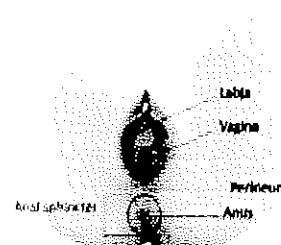
OASI
CARE BUNDLE

What types of tears can occur during childbirth?

Up to 9 In every 10 women who give birth vaginally will experience some sort of graze or tear that affects the labia or, more frequently, the perineum, which is the area between your vagina and anus.

For most women, these tears are minor and heal quickly. After your baby's birth, the midwife or doctor looking after you will ask to examine your vagina, perineum and anus to see if you have any grazes or tears, how deep they are and discuss treatment options.

- 1st degree: tears affecting only the skin, usually heal quickly and without treatment.
- 2nd degree: tears affecting both muscle and skin, usually require stitches.
- 3rd and 4th degree: deeper tears which extend to the muscle that controls the anus (the anal sphincter), requiring stitches to heal. These tears are also called 'obstetric anal sphincter injury' (OASI).



Tearing

1st degree tear



2nd degree tear



3rd degree tear



4th degree tear



Anal sphincter

What causes OASI?

OASIs are not always possible to predict. You may be at higher risk if:

- You are of South Asian ethnicity
- This is your first vaginal birth
- Your baby is over 4kg (9 lbs)
- You have a long second stage of labour (the stage when you push your baby out)
- Your baby needs to be born quickly
- Your baby's shoulder gets stuck behind the pubic bone (shoulder dystocia)
- Ventouse/ kiwi cup or forceps are used to help you give birth to your baby



Please speak to your midwife or doctor if you have questions about this information.

For more information about perineal tears, visit:

<https://www.rcog.org.uk/tears>

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What can be done to reduce the risk of an OASI?

From 35 weeks, you may choose to try **perineal massage** until your baby is born, which has been shown to reduce the risk of tears. Ask your midwife about how to do this or visit <https://www.rcog.org.uk/tears>

During birth, there are a few ways your midwife or doctor can support you in protecting your perineum. The **OASI Care Bundle** is a set of four practices that have been found effective in reducing risk of OASI when applied together. The first practice involves antenatal discussion about the remaining three practices—this is to support you in providing informed consent during and after birth.

The OASI Care Bundle

- ✓ Developed by experts
- ✓ Supported by women with OASI
- ✓ Found to be effective in a 2017-18 study (OASI1)

- 1 In the antenatal period, your midwife or doctor will discuss OASI with you and what can be done to reduce the risk of it occurring.
- 2 With your consent, your midwife or doctor will use their hands to support both your perineum and the baby's head at the time of birth and communicate with you to encourage a slow and guided birth.
- 3 If you should need an **episiotomy**—a small cut through the vaginal wall and perineum to make more space for your baby to come out—your midwife or doctor will ask for your consent to do this.
- 4 After your baby has been born, your midwife or doctor will offer to examine your vagina, perineum and anus (Just Inside the back passage) to make sure that any tears are identified and appropriately treated to avoid further consequences.

A **warm compress** during the pushing phase of labour has shown to be beneficial in reducing perineal tears. Ask your midwife or doctor if they offer this.

The OASI Care Bundle will not affect the choices that you have made about your birth.

In some birth positions it may be difficult for your midwife or doctor to use their hands to support your perineum and the baby's head, but you can still give birth in the position you find most comfortable. Your midwife or doctor will support your choices to provide personalised care and promote a safe and positive birth experience for you.

What are the long term effects of OASI?

Most women who have an OASI that is detected and repaired heal completely, but it can take some time.

Some women may experience:

- Difficulty or inability to control their bowels or the passing of wind
- Depression, feelings of anxiety, low mood, isolation
- Anxiety about having to access the toilet often with concerns about leaving the house
- Difficulty bonding with their baby
- Concerns about leakage while exercising
- Concerns about having sex or giving birth again



If you experience any of these symptoms, help and support are available for you.

Contact your doctor or midwife as soon as possible to access further care and support for your recovery. This may include referral to surgery, a pelvic floor clinic or the perinatal mental health team.

You may also visit the MASIC website for further information and support: www.masic.org.uk

This discussion guide was developed for the OASI2 Project, which studies the implementation of the OASI Care Bundle in maternity units across Great Britain. For more information about the OASI2 project, please visit: <https://www.rcog.org.uk/OASICareBundle>

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Achievements and performance

Support for Women with AI after a childbirth injury:

The MASIC Foundation has established local Support Groups, run for injured women and supported by MASIC Advocates (women who have suffered AI and willing to share their experiences) and linked via social media in Cardiff and Nottingham. These Support Groups have all evolved from Focus Groups held in conjunction with our Education Days. Unfortunately, during the Covid-19 pandemic the only face to face meeting was one in Cardiff in the Summer when meeting restrictions were lifted, as a consequence we have had to much more active on our social media platforms. We believe that by generating support groups women will become empowered to speak out so as to drive change. The plan in 2022 is to re-start support groups face to face where possible in a number of different locations. Some of the resource to make this possible has been from a successful research grant from the lottery fund to fund a support group in the Greater Manchester area.

There is a vibrant online community of women who support each other through their experiences of AI from birth trauma, which is managed by one of our MASIC Advocates

As a consequence of the pandemic much more support has been achieved and our profile is increasing especially as a result of our press release on the consequences of OASI on the mother-baby relationship, an article in the Telegraph on the impact of injury (7 September 2021) <https://www.telegraph.co.uk/health-fitness/body/cant-help-blaming-baby-injuries/>, the BBC news (23 September 2021) "Giving birth left me needing a colostomy" <https://www.bbc.co.uk/news/uk-58153996> and an article in the Mail on Sunday about women's choice before and during childbirth (August 21 2021) <https://www.dailymail.co.uk/health/article-9914863/The-mums-denied-caesarean-left-damaged-life-natural-births.html>

Social Media Statistics:

- In November/December 2021, MASIC's Twitter account made 30.5k impressions. We had 1052 profile visits (10-fold increase year on year) and we currently have 1,491 followers (up 50% year on year)

The MASIC Instagram account was launched in 2020.

- In November/December 2021 our Instagram account made 34,653 impressions (number of people who have seen our posts and stories). We had 1,128 profile visits (335 this time last year, 4-fold increase) and have 1,557 followers (tripled followers year on year)

Another platform that MASIC has developed in 2020 is a page on Facebook.

This page has a private support group that is just for MASIC Advocates to share their stories and ask for peer to peer support. It has been a lifeline for many injured women during the pandemic when support groups have been unable to meet face to face. This online support group currently has 242 active members from across the UK. In November/December 2021 we reached 8,939 Facebook accounts and had 451 page views. We currently have 618 followers.

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Helpline:

Although a web based Helpline was initiated in 2021, the take up has been low. Most calls for help come through the social media platforms. The charity then advises the person requesting information/advice of the most appropriate Trustee or Staff member who can field the request. This request for advice (often surgical) has been used by 8 women in 2021

The Impact of MASIC education events has been based on feedback from attendees. These scored **exceptional in 77% and good/very good in 87%** of cases. Women's stories carried the highest impact. Open unprompted comments were received from 54%.

Two examples;

I never knew before how bad it was for women.

What I heard will change the way I practice.

In 2021 education days were replaced by Webinars which generated positive feedback as well as edited information available on the website, this too has generated much greater social media traffic.

Webinars In 2021

Owing to the restriction placed on social gatherings the Executive took the decision in 2020 that for the time being all educational activity would have to be conducted on line. This proved a costly and time consuming exercise even with the assistance of a highly experienced professional advisor/manager, a high quality has been achieved.

The programmes have included:

- Managing the consequences of OASI a patient and professional perspective 18 March
- OASI and Anal Incontinence : can it be prevented 3 June
- Understanding the emotional consequences of a birth trauma experience 8 July (in collaboration with Wellbeing of women)
- Rectovaginal fistula after Childbirth in the UK 14 October
- Riske of anal incontinence after another vaginal birth having suffered a previous OASI 11 November

These events are supported by a range of sponsors to cover costs, we particularly wish to thank the following Law firms for their support: Bolt Burdon Kemp, Enable Law. Moore Barlow, Clarke Willmott, Royd Withy King. We also wish to thank the following commercial companies for their support: Episcissors, THD, MacGregor, Axonics, Renew, Cooke, EV Sport, Coloplast.

More webinars are planned in 2022.

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Survey on the Impact of an anal sphincter injury on the mother-baby relationship.

An online survey took place in January 2021. There were 325 responders: 85% said that the perineal injury resulted in a negative impact on the mother's relationship with her child, 14% this was permanent. This damaged relationship was both physical and emotional in 69%, physical alone in 9% and emotional only in 14%. The factors reported by respondents that impacted on a negative mother-baby bond were: pain 78%, bad memories 78%, embarrassment from symptoms of bowel incontinence 52%, inability to do normal activities with the child 50%, hospital clinic appointments 50%, doubts about the ability to be a mother 49%, having to dash to the toilet 48%, being confined to the house 47%, wider family relationship issues 46%, postnatal depression 45%, blaming the baby 34%, surgical operations 31%, doubting one's role as a mother 30%, regretting having the child 24%. Half of the responders said that their ability to breast feed was compromised. Here are some comments:

- It was hard to transition to being a mother when my body was impacted by pain and discomfort
- I believe I have never bonded with my child because of the injuries, not being able to move/take her out of the crib for the first few days because of the pain I was in
- Can't run around with him, can't play or show him how to do sports or any high impact activity, can't kick a ball, do a cartwheel, anything that involves any kind of jumping can't carry him.

Coping with the Covid pandemic In 2021 We have established a rhythm of working by monthly virtual Executive committee meetings (excluding holidays) and a weekly on-line support dialogue.

We appointed an external advisor: Sam Smethers (previously CEO for the Fawcett Society) for the year to provide:

- a rigorous assessment of our strengths and weaknesses in the form of a Strategic review,
- advice over staff appraisals,
- webinar consultancy support,
- fundraising,
- a policy for recruiting new Trustees,
- Governance policies and a Staff handbook
- the recruitment of a CEO to take the charity forward in 2022.

We have appointed Nikki Powell a bookkeeper to assist with a budgeting policy.

We have successfully completed five webinars (details see above)

We have rebranded and completely re-written the website with huge capacity to provide more information and stories which has resulted in a monumental increase in the charity's profile.

We completed a survey on the impact of perineal trauma on the mother-baby bond (see above) with a press release.

We generated press coverage in The Telegraph, BBC online, the Mail on Sunday, Forbes, The Daily Mail, Huffpost and on Mumsnet.

We continue to advise and support the OASI care bundle through The Royal College of Obstetrics and Gynaecology and The Royal College of Midwifery in the roll out of the second phase of the perineal trauma prevention programme.

MASIC have been invited to collaborate with the AMILIE project through Bowel Research UK to find out what women with bowel incontinence know about treatment options

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Trustees' Report

We have appointed a CEO to start work for the charity in 2022.

We were successful in an application to the National Lottery Awards for All to fund regional support groups.

We were also successful in a grant from Albert Hunt Trust to fund support group activity.

Successful grant application to NIHR RfPB in collaboration with the University of Warwick to convert women's stories into e learning for general practice. This will describe the impact of an early Obstetric anal sphincter injury as well as deterioration with the menopause on daily living from a socially and ethnically diverse group of women.

Website

In May 2021 we launched a charity rebrand and a completely new Website in collaboration with Two Stories design agency which was masterminded by Jen Hall, our social media and website co-ordinator and MASIC advocate (socialmedia@masic.org.uk). The cost of this was covered by a very generous donation from Leigh Day.

Administration and Governance

Trustees:

Professor Debra Bick remains Chair of Trustees and is the line manager for all existing staff

Mr Geoffrey Hand continues as Treasurer and advisor on Governance/Legal matters

Professor Robert Freeman continues to chair the Education committee

Mrs Ranee Thaker continues as our obstetric and gynaecology global co-ordinator

Mrs Julie Cornish continues as our colorectal advisor and Welsh co-ordinator

Professor Mike Keighley remains President and assists the staff when needed

We will be recruiting new Trustees in 2022

The MASIC Foundation

Trustees' Report

Staff:

- Mrs Anna Clements a MASIC Advocate remains our Administrator and Co-ordinator admin@masic.org.uk,
- Ms Jen Hall a MASIC Advocate is our social media and Website Co-ordinator and support co-ordinator socialmedia@masic.org.uk.
- Mrs Nikki Powell is our financial bookkeeper finance.masic@gmail.com

The following subcommittees have remained somewhat dormant owing to the heavy demands placed on clinical staff during the pandemic but are to be re-developed in 2022 when the CEO joins the team (a) Finance and Audit; (b) Public Affairs; (c) Commercialisation planning, (d) Research and (e) Fundraising and Events.

Council:

We have a group of over 40 Council Members: These members are supporters of the charity and are a resource for subcommittees, education events, fundraising, political debate, public awareness and support. Council members, unlike Trustees have no responsibility to the charity commission, the membership is reviewed on an Annual basis.

Financial review

Commentary

With sponsorship from partners, donations, income from webinars, successful grant applications, lottery funding and gifts we were able to sustain a capital sum of about £100,000 so as to pay salaries, the cost of our external consultant, two stories for the re-design of the website, a webinar technical advisor, office running costs, press penetration and bid writers for grants.

Fundraising Strategy

- Corporate sponsorship from companies, law firms and other organisations, by unrestricted educational grants to support our educational activities. . We secured funding for the re-branding programme and the new website. Some support is in kind, including free meeting rooms and other facilities for events. Trustees constantly review the relationship between the charity and commercial organisations to ensure that these are appropriately managed. We secured and funded the expertise of two bid writers who have helped to secure grants in 2021 and further applications are in the pipeline for 2022
- Applications to trusts and foundations for unrestricted funding of our day-to-day work and sustainability has continued. We have won a grant from the Lottery Awards for All fund to deliver a regional support group in the NorthWest England and received a successful grant from the Albert Hunt Trust to fund support group activity.
- Research grants: Two successful applications one unsuccessful.
- Events: It has not been possible to run any fund-raising events since October 2019.

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Trustees' Report

Public Affairs and collaboration with other charities committed to perinatal health

MASIC believes it is important to work with parliamentarians to try to influence policy, in order to improve prevention, detection and treatment of OASI. As outlined above, a submission was made to the Jeremy Hunt/Health and Social Care Committee inquiry into safety of maternity care.

We have previously briefed the All-Party Parliamentary Group on Population, Development and Reproductive Health, on issues concerning OASI but further meetings have not been possible during the pandemic.

We were members of a working party organised by Mumsnet to raise public awareness over matters of perinatal consent, with a range of other collaborators including Birth Trauma Association, Birthrights, Making Births Better, Maternity Action, Fourth Degree Tears and the OASI Care Bundle development team. A statement is ready to be used when appropriate to improve information to pregnant mothers so that they are more aware of choice and risk.

Research

Research into the prevention and treatment of AI from childbirth injuries is a priority of the Foundation, where funding opportunities arise. We are exploring funding in a range of potential research areas, to support women who have OASI, including:

- a) The financial burden of OASI; loss of income, medical treatments/investigations and litigation,
- b) The psychosexual impact of OASI
- c) The impact of OASI on the partner
- d) The impact of a new Vaginal speculum on the outcome of repair in OASI
- e) Producing accessible materials for women affected by OASI especially to the BAME community
- f) Mapping services that signpost women needing advice and help
- g) Participating in the OASI 2 Care Bundle implementation study via

Structure, governance and management

Constitution

The charity is governed by a Constitution and registered with the Charity Commission for England and Wales as a Charitable Incorporated Organisation on 13 October 2016.

Recruitment and Appointment of Trustees

Trustees are drawn from women who have suffered severe birth trauma and healthcare professionals involved in the prevention or treatment of OASI. In selecting individuals for appointment, the Trustees have had regard to the skills, knowledge and experience needed for the effective management of the Foundation (financial, fundraising, counselling, marketing, commercial). New Trustees are provided with and appropriate induction on joining the charity. Initial training and annual refresher courses are mandatory for all Trustees. We have a document entitled **The Role of Trustees** There is a recruitment pack for new trustee applications

Public Benefit

The Trustees confirm that they have complied with the requirements of section 4 of the Charities Act 2011. They have due regard to the public benefit guidance published by the Charities Commission for England and Wales in determining the activities undertaken by the Charity.

All Trustees give their time voluntarily and no Trustee receives any private benefit or remuneration from the Charity. The Charity is run by the Trustees who meet at least three times per year.

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Staff

We should soon have a CEO to manage the existing team currently consisting of Administrator, Website/social media/support group co-ordinator and a bookkeeper.

Risk management

The Trustees recognise there are a range of strategic risks to which MASIC is exposed. These include financial, reputational, technological, legal and operational risks. We have a risk assessment policy document.

Complaints:

We have a complaints procedure document.

Conflict of Interest:

We have a conflict of interest policy document.

Financial policies and procedures:

We have a document entitled Financial policies and procedures.

Governance:

We have an updated MASIC Foundation Governance document.

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Business Plan:

We have a draft document entitled Business plan. This is a template only for a new planning document which will be written within the first year of the new CEO working for MASIC.

Data Protection Policy:

A new document has been produced in collaboration with our external consultant to cover data protection for employees, workers and consultants.

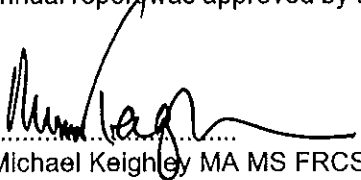
Staff Handbook:

This is another new document which includes: annual leave policy, bullying and harassment policy, compassionate leave policy, complaints procedure, dress code policy, disciplinary and dismissal procedure, early and late working policy, diversity and inclusion policy, equipment policy, exit interview procedure, flexible working policy, grievance procedure, handover notes policy, health and safety policy, induction policy, house rules, internet email and social media policy, leavers procedure, maternity paternity and adoption policy, performance review procedure, probation review procedure, recruitment and selection policy, remote working policy, shared parental leave policy, sickness policy and procedure, statement of standards of behaviour, time off in lieu policy (TOIL), trustees expenses policy.

Reserves Policy

The Trustees review their reserves policy annually, assessing the financial risks surrounding the Charity's future ability to fulfil its objectives. There is a reserves policy document.

The annual report was approved by the Trustees of the charity on 9th May 2022 and signed on its behalf by:


.....
Prof Michael Keighley MA MS FRCS
President

9th July 2022

The MASIC Foundation

Statement of Trustees' Responsibilities

The law applicable to charities in England and Wales requires Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of incoming resources and application of resources of the charity for that period.

In preparing these Financial Statements the Trustees are required to:

- (a) Select suitable accounting policies and then apply them consistently;
- (b) Observe the methods and principles in the Charities SORP;
- (c) Make judgements and accounting estimates that are reasonable and prudent;
- (d) State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- (e) Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Charities Act 2011 and the Charity (Accounts and Reports) Regulations 2008. They are also responsible for safeguarding the assets of the Charity and hence taking reasonable steps to prevent and detect fraud and other irregularities. The Trustees are responsible for the maintenance and integrity of the Charity and the financial information included on the Charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The MASIC Foundation

Independent Examiner's Report to the trustees of The MASIC Foundation

I report on the accounts of the charity for the year ended 31 December 2021 which are set out on pages 19 to 28.

Respective responsibilities of trustees and examiner

The trustees of the CIO are responsible for the preparation of the accounts. The trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

Having satisfied myself that the charity is not subject to audit and is eligible for independent examination, it is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

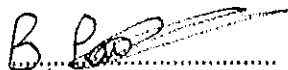
In connection with my examination, no matter has come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with section 130 of the Charities Act 2011; and
- to prepare accounts which accord with the accounting records and comply with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities

have not been met; or

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



Benjamin Powell MSc ACA

Oakmoore Court
11C Kingswood Road
Hampton Lovett
Droitwich
Worcestershire
WR9 0QH

9 July 2022

Date:.....

The MASIC Foundation

Statement of Financial Activities for the Year Ended 31 December 2021 (Including Income and Expenditure Account and Statement of Total Recognised Gains and Losses)

	Note	Restricted funds £	Total 2021 £	Total 2020 £
Income and Endowments from:				
Donations and legacies	3	-	9,346	9,316
Charitable activities	4	-	45,718	33,252
Grants		12,000	12,000	-
Total Income		12,000	67,064	42,568
Expenditure on:				
Raising funds		-	(5,009)	(73)
Charitable activities	5	(4,332)	(63,380)	(25,321)
Other expenditure	6	-	(3,498)	(1,814)
Total Expenditure		(4,332)	(71,887)	(27,208)
Net income/(expenditure)		7,668	(4,823)	15,360
Net movement in funds		7,668	(4,823)	15,360
Reconciliation of funds				
Total funds brought forward		4,332	100,391	85,031
Total funds carried forward	13	12,000	95,568	100,391

All of the charity's activities derive from continuing operations during the above two periods.

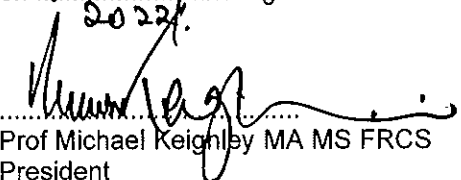
The funds breakdown for 2020 is shown in note 13.

The MASIC Foundation

(Registration number: CE008100)
Balance Sheet as at 31 December 2021

	Note	2021 £	2020 £
Fixed assets			
Tangible assets	10	868	-
Current assets			
Debtors	11	5,023	4,084
Cash at bank and in hand		<u>94,159</u>	<u>98,028</u>
		99,182	102,112
Creditors: Amounts falling due within one year	12	<u>(4,482)</u>	<u>(1,721)</u>
Net current assets		<u>94,700</u>	<u>100,391</u>
Net assets		<u>95,568</u>	<u>100,391</u>
Funds of the charity:			
Restricted funds		12,000	4,332
Unrestricted income funds			
Unrestricted funds		<u>83,568</u>	<u>96,059</u>
Total funds	13	<u>95,568</u>	<u>100,391</u>

The financial statements on pages 19 to 28 were approved by the trustees, and authorised for issue on 19th May 2022 and signed on their behalf by:


Prof Michael Keighley MA MS FRCS
President

9th July 2022.

The MASIC Foundation

Notes to the Financial Statements for the Year Ended 31 December 2021

1 Charity status

The charity is a charitable incorporated organisation and consequently does not have share capital.

2 Accounting policies

Summary of significant accounting policies and key accounting estimates

The principal accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

Statement of compliance

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

Basis of preparation

The MASIC Foundation meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

Going concern

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern nor any significant areas of uncertainty that affect the carrying value of assets held by the charity.

Income and endowments

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received and the amount of the income receivable can be measured reliably.

Donations and legacies

Donations are recognised when the charity has been notified in writing of both the amount and settlement date. In the event that a donation is subject to conditions that require a level of performance by the charity before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that these conditions will be fulfilled in the reporting period.

Grants receivable

Grants are recognised when the charity has an entitlement to the funds and any conditions linked to the grants have been met. Where performance conditions are attached to the grant and are yet to be met, the income is recognised as a liability and included on the balance sheet as deferred income to be released.

The MASIC Foundation

Notes to the Financial Statements for the Year Ended 31 December 2021

Expenditure

All expenditure is recognised once there is a legal or constructive obligation to that expenditure, it is probable settlement is required and the amount can be measured reliably. All costs are allocated to the applicable expenditure heading that aggregate similar costs to that category. Where costs cannot be directly attributed to particular headings they have been allocated on a basis consistent with the use of resources, with central staff costs allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use. Other support costs are allocated based on the spread of staff costs.

Raising funds

These are costs incurred in attracting voluntary income, the management of investments and those incurred in trading activities that raise funds.

Charitable activities

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

Governance costs

These include the costs attributable to the charity's compliance with constitutional and statutory requirements, including audit, strategic management and trustees's meetings and reimbursed expenses.

Government grants

Government grants are recognised based on the accrual model and are measured at the fair value of the asset received or receivable. Grants are classified as relating either to revenue or to assets. Grants relating to revenue are recognised in income over the period in which the related costs are recognised. Grants relating to assets are recognised over the expected useful life of the asset. Where part of a grant relating to an asset is deferred, it is recognised as deferred income.

Tangible fixed assets

Individual fixed assets costing £0.00 or more are initially recorded at cost, less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Depreciation and amortisation

Depreciation is provided on tangible fixed assets so as to write off the cost or valuation, less any estimated residual value, over their expected useful economic life as follows:

Fund structure

Unrestricted income funds are general funds that are available for use at the trustees's discretion in furtherance of the objectives of the charity.

Restricted income funds are those donated for use in a particular area or for specific purposes, the use of which is restricted to that area or purpose.

The MASIC Foundation

Notes to the Financial Statements for the Year Ended 31 December 2021

3 Income from donations and legacies

	Restricted funds £	Total 2021 £	Total 2020 £
Donations and legacies;			
Donations	-	9,346	9,316
Grants, including capital grants;			
Grants	<u>12,000</u>	<u>12,000</u>	<u>-</u>
	<u>12,000</u>	<u>21,346</u>	<u>9,316</u>

4 Income from charitable activities

	Total 2021 £	Total 2020 £
Charitable income;		
Sponsorship and conference income	<u>45,718</u>	<u>33,252</u>

The MASIC Foundation

Notes to the Financial Statements for the Year Ended 31 December 2021

5 Expenditure on charitable activities

		Unrestricted funds	Restricted funds	Total 2021	Total 2020
	Note	General £	£	£	£
Conference and event costs		3,489	-	3,489	4,092
Governance costs	7	55,559	4,332	59,891	21,229
		<u>59,048</u>	<u>4,332</u>	<u>63,380</u>	<u>25,321</u>

£57,258 (2020 - £23,653) of the above expenditure was attributable to unrestricted funds and £4,332 (2020 - £1,668) to restricted funds.

6 Other expenditure

	Unrestricted funds	Total 2021	Total 2020
	General £	£	£
Marketing and publicity	1,677	1,677	406
Depreciation, amortisation and other similar costs	434	434	-
Other resources expended	187	187	140
Independent Examiner's remuneration	1,200	1,200	1,268
	<u>3,498</u>	<u>3,498</u>	<u>1,814</u>

The MASIC Foundation

Notes to the Financial Statements for the Year Ended 31 December 2021

7 Analysis of governance and support costs

Governance costs

	Unrestricted funds			
	General	Restricted	Total	Total
	£	funds	2021	2020
		£	£	£
Staff costs				
Wages and salaries	36,102	-	36,102	18,122
Pension costs	1,020	-	1,020	-
Other staff costs	1,144	-	1,144	288
Other governance costs	<u>17,293</u>	<u>4,332</u>	<u>21,625</u>	<u>2,819</u>
	<u>55,559</u>	<u>4,332</u>	<u>59,891</u>	<u>21,229</u>

8 Independent examiner's remuneration

	2021	2020
	£	£
Examination of the financial statements	<u>1,200</u>	<u>1,268</u>

The MASIC Foundation

Notes to the Financial Statements for the Year Ended 31 December 2021

9 Taxation

The charity is a registered charity and is therefore exempt from taxation.

10 Tangible fixed assets

	Furniture and equipment £	Total £
Cost		
Additions	1,302	1,302
At 31 December 2021	1,302	1,302
Depreciation		
Charge for the year	434	434
At 31 December 2021	434	434
Net book value		
At 31 December 2021	868	868

11 Debtors

	2021 £	2020 £
Other debtors	5,023	4,084

12 Creditors: amounts falling due within one year

	2021 £	2020 £
Other taxation and social security	542	182
Other creditors	2,800	399
Accruals	1,140	1,140
	4,482	1,721

The MASIC Foundation

Notes to the Financial Statements for the Year Ended 31 December 2021

13 Funds

	Balance at 1 January 2021 £	Incoming resources £	Resources expended £	Balance at 31 December 2021 £
Unrestricted funds				
<i>General</i>				
General	96,059	55,064	(67,555)	83,568
Restricted funds				
Restricted funds	<u>4,332</u>	<u>12,000</u>	<u>(4,332)</u>	<u>12,000</u>
Total funds	<u>100,391</u>	<u>67,064</u>	<u>(71,887)</u>	<u>95,568</u>
	Balance at 1 January 2020 £	Incoming resources £	Resources expended £	Balance at 31 December 2020 £
Unrestricted funds				
<i>General</i>				
General	85,031	36,568	(25,540)	96,059
Restricted funds				
Restricted funds	<u>-</u>	<u>6,000</u>	<u>(1,668)</u>	<u>4,332</u>
Total funds	<u>85,031</u>	<u>42,568</u>	<u>(27,208)</u>	<u>100,391</u>

The MASIC Foundation

Notes to the Financial Statements for the Year Ended 31 December 2021

14 Analysis of net assets between funds

	Unrestricted funds General £	Total funds £
Tangible fixed assets	868	868
Current assets	99,182	99,182
Current liabilities	<u>(4,482)</u>	<u>(4,482)</u>
Total net assets	<u>95,568</u>	<u>95,568</u>