Registered Company Number 07787718 (England & Wales)
Registered Charity Number 1144562

Trustees' Annual Report and Accounts

For the year ended 31st March 2016

newborns VIETNAM

Contents

About Newborns Vietnam	page 3
Our three-year strategic plan	page 3
Trustees, advisors and administration details	page 4
Highlights of the year	page 5
Vice Chairman's statement and annual review	page 6
Objectives and activities for the public benefit	page 7
Making a difference: Basic training for district hospitals	page 8
Making a difference: Advocacy and raising awareness	page 9
Making a difference: Research	page 10
Making a difference: Nurse practice educators	page 12
Making a difference: Infection prevention	page 14
Making a difference: Junior doctors	page 16
Making it happen: Fundraising	page 18
Financial review	page 20
Next year: Our targets for 2016/17	page 21
Trustees' statement and responsibilities	page 22
Independent auditor's report	page 23
Statement of financial activities	page 25
Balance sheet	page 26
Notes to the financial statements	page 27

About Newborns Vietnam

Newborns Vietnam is a charity dedicated to reducing neonatal mortality and promoting the health of newborns and their mothers in countries with high levels of neonatal mortality particularly in southeast Asia and Vietnam in particular.

Neonatal care has always faced challenges with the consequences of poor care being life threatening or life limiting. This spreads beyond the individual to changing the lives of the immediate family, the community and ultimately society globally.

Throughout the first four years of operation, the charity has built significant partnerships with Da Nang Department of Health and Da Nang Hospital for Women & Children and successfully conducted an impressive range of training programmes with extremely good results, as demonstrated by the 50% reduction in neonatal mortality rates at Da Nang Hospital, a 50% reduction in the use of antibiotics, and a tripled rate of breastfeeding.

Poor care can be caused by many constraints, staff shortages, compounded by lack of specific knowledge and competencies in managing sick term and pre-term newborns. In Vietnam there is no formal post qualification training for paediatric doctors who choose neonatal medicine as their speciality. In Vietnam many babies die even after admission to national and regional hospitals.

Outside of high-income settings there are almost no neonatal specialist training our local partnership initiatives support the development of enhanced neonatal outcomes by addressing the knowledge and skills deficit of local health workers.

We have ambitious plans for the future and are committed to developing more neonatal and medical education partnerships in more places. We know that we will not advance neonatal care overnight or on our own, but we will collaborate with others and together we will support our local health partners to bring about change.

Our aim is for all newborns and their mother to have access to safe, consistent standard of good care delivered by appropriately trained health professionals.

We are committed to working in partnerships with public health providers to build national and regional capacity to save newborn lives and improve standards of care.

Our three-year strategic plan goals

1. Newborns Vietnam commits to widen the scope and diversity of its activities, with both research and training designed to address the factors that limit improvements in neonatal care in Vietnam and other middle income settings.
2. Provide structured post qualification neonatal competency based training for junior doctors and nurses to support their development to deliver good standards of safe care, to develop clinical leadership and management skills to produce professionals sensitive to the needs of children and their families.
3. Improve basic newborn care at district and provincial hospitals and assess factors that impact on care delivery and transfer to higher level facilities.
4. Our goal is to develop our training programmes as a proven model that could be adopted as a national programme, hence improving inpatient care for pre term and sick term newborns thereby reducing mortality and long-term disabilities from poor care and reducing the burden of long-term care for the families and society.
5. Build on the success of our Cycle a Difference events to raise funds to support existing activities and growth plans.

Trustees, advisors, and administration details

Chair of the board of trustees

Leslie Morphy OBE (resigned December 2015)

Mr Kenneth Atkinson (chairman designated January 2016 – formally Chairman April 2016)

Trustees

Dr Susan Blake

Dr Katie Gallagher

Mr Luke Humphreys

Mrs Suzanna Lubran

Dr Andrew Lyon

Dr Duncan Macrae (Vice Chairman)

Dr John Colin Partridge

Mr Nick Robinson

Mr Bang H Trinh
(trustee designate January 2016)

Bankers

Barclays Bank,
38 Islington Green
London N1 8EH

Vietcombank
140-142 Le Loi Street,
Danang City
Vietnam

Auditors

Goldwins Limited
75 Maygrove Road,
London NW6 3 2EG

Charity name

Newborns Vietnam

Charity registration number

1144562

Company registration number

7787718

Registered company office

75 Maygrove Road,
London NW6 2EG
(from 26th September 2015)

Charity contact details

Newborns Vietnam
Wayside, Exmouth Road,
Ebford, Devon EX3 0QW

Telephone: 01392 770 108

Email: info@newbornsvietnam.org

Website: www.newbornsvietnam.org

Highlights of the year

April

Hogan Lovells confirmed sponsorship for 2015 Cycle a Difference Vietnam Challenge Ride

May

The first VNG IRONMAN 70.3 in Da Nang with a1,000 athletes from 54 countries taking part was a great profiling raising event for Newborns Vietnam with a donation of state of the art incubators and Team Britain for Newborn Vietnam winning the relay race and raising funds.

Launch of Infection Prevention and Intervention training.

June

First UK University led Nurse Educators training programme commenced

October

First Post qualification training for junior doctors in neonatology in Vietnam developed and approved.

November

Launch of Cycle a Difference Vietnam Challenge Ride with His Royal Highness, the Duke of York.

British Ambassador, Giles Lever, Mr Dang Viet Dung, Vice Chairman of the Da Nang People's Committee joins the Cycle a Difference for the final triumphant ride into Da Nang.

December

Nurse Practice Educators graduation

Award of equipment grant from the Australian Government (DAP)

January

Da Nang People's Committee awards Newborns Vietnam a certificate of merit for our work for newborn infants.

New partnership established with Royal Brompton and Harefield NHS Trust to provide training to support the development of cardiology services at the Da Nang Hospital for Women & Children.

February

'Getting the basics right first time for every baby' training course for district hospitals in Da Nang.

March

Junior doctors introduced to the UK eportfolio system for assessing and recording clinical training.

Vice Chairman's statement and annual review

2015 was a year of reflection for the charity, since starting operations four years ago the charity has built significant partnerships with Da Nang Department of Health and Da Nang Hospital for Women and Children and successfully conducted an impressive range of training programmes with extremely good results, as demonstrated by the 50% reduction in neonatal mortality rates at Da Nang Hospital for Women & Children, a 50% reduction in the use of antibiotics and a tripled rate of breastfeeding.

The Chair of the Board of Trustees. Lesley Morphy stepped down in January 2015 having successfully steered the charity from its inception to achieve its initial goals. Her immense experience in the not for profit sector gave the charity a firm foundation for growth. The appointment of Ken Atkinson, Executive Chairman of Grant Thornton, as Chairman designate of the Board of Trustee to support the growth of the charity and to widen the scope and diversity of our activities to reduce preventable newborn deaths, will benefit hugely from his thirty-nine years of business and charitable sector work in Asia.

In the context of our work, Vietnam has achieved impressive improvements in overall child health care and child mortality has substantially reduced but is still among the countries that contribute largely to child mortality in the region and the World. The latest World Health Organisation data shows Asia Pacific regional neonatal mortality at 9 deaths/1000 live births, whilst Vietnam's rate is 12/1000. In 2015, neonatal mortality accounted for three quarters of all infant deaths in Vietnam and more than half of mortality in under-fives.

For emerging middle-income countries like Vietnam, the transition from good basic care to providing high quality neonatal intensive care is challenging and the lack of specialist training for doctors and nurses and low staffing levels are the critical factors explaining why outcomes of neonatal intensive care remain poor. In the UK around 12% of all deliveries require some form of neonatal care. While the majority of the admissions are sick term babies (not pre term infants or infants with congenital abnormalities), both sick term and preterm newborns require timely high-quality inpatient care to survive. High quality care for sick newborns includes careful monitoring by well-trained nurses and doctors with a sound understanding of the physiological and psychosocial needs of small and sick newborns.

Many deaths among term and preterm newborns in Vietnam could be averted with high quality hospital Neonatal Intensive Care. Outside of high-income settings there are almost no neonatal nursing training programmes and no structured post-qualification education for junior doctors. Our neonatal training programmes are addressing this deficit, hence improving inpatient care for pre term and sick term newborns thereby reducing mortality and long-term disabilities from poor care and reducing the burden of long-term care for the families and society.

Our 2015 Cycle a Difference Vietnam Challenge Ride once again brought together the UK and Da Nang Vietnam in what is now an exciting event in the City of Da Nang's sports calendar. The highlight was His Royal Highness, the Duke of York joining the launch and the British Ambassador, Giles Lever leading the cyclists on the final day, flanked by the Vice Chairman of the Da Nang People's Committee and Newborns Vietnam trustee, Luke Humphreys as their made a triumphant entry to the City of Da Nang.

We are hugely appreciative of the support of the British Embassy, Da Nang People's Committee and our health and immensely grateful to our cyclists, corporate sponsors and donors for their continued dedication, commitment and generosity.

Dr Duncan Macrae, Vice Chairman of Board of Trustees 14th December 2016

Objectives and activities for the public benefit

In accordance with the Charities Act 2011, Newborns Vietnam is required to confirm that the activities it undertakes to achieve its objectives are all carried out for the public benefit as described by the Charity Commission.

The beneficiaries of the charity are newborn infants and their mothers who need specialist care due to complications of pregnancy, pre term birth or associated birth issues. The charity's object is to reduce neonatal mortality and minimise morbidity.

The aims of our charity are; to advocate for increased policy attention and global funding, develop interventions to reduce neonatal mortality and specifically neonatal nursing and clinical training programmes that are suitable for the local context that can be replicated across Vietnam and in other resource poor settings, together with the provision of life-saving equipment, and in partnership with public health providers, to support the development of a neonatal regional centres of excellence to cascade skills and knowledge to the poorest areas and those with the least access to services.

Making a difference: Basic training for district hospitals

In March 2015 we launched our training programme 'Getting the basics right first time for every baby' for eleven district hospitals around Da Nang. The aim was to improve the quality of care during and immediately after birth. This course provided an opportunity for the newly qualified nurse practice educators to teach alongside UK and US clinical educators.

The participants, a midwife, obstetrician and post natal nurse from each hospital were required to demonstrate competency in Early Essential Newborn Care, resuscitation, managing birth asphyxia, jaundice, thermoregulation and common problems in the newborn. Participants were provided with a teaching resource pack with check-lists and basic competencies to facilitate training and good practice in their respective hospitals.

We have proposed a three provinces collaboration that would build on the Newborns Vietnam and Da Nang Department of Health & Da Nang Hospital for Women & Children successful partnership. The aim of the collaboration is to enhance and build the capacity to provide intensive care for pre term and sick newborns at Quang Nam and Quang Ngai neonatal units, to explore the level of care that can be safely provided at these smaller units and the protocols for the timely transfer for sicker babies to Da Nang. The aim is to develop a formal partnership for a neonatal nurse training programme in 2017.

How did we do?

We developed a collaboration proposal to build the capacity of two provincial hospital's capacity to provide neonatal intensive care teaching materials for each hospital to develop training. We trained eleven district hospitals in basic newborn care and provided.

Making a difference: Advocacy and raising awareness

We continue to gather evidence to demonstrate that investment in neonatal training for nurses and doctors is essential to support better hospital based newborn services in low resource countries to levels closer to those seen in the developed world.

Data collected during our current research - The Impact of Nurse Education Intervention on infant outcomes - has already helped us provided evidence to the Ministry of Health, of the favourable impact of our work with the Da Nang Hospital for Women & Children over the past three years and to make recommendations for strategies for the continuing development of the quality of neonatal care in Vietnam.

Complex neonatal intensive care requires support from many other departments within hospitals. Our international advisors have noted a number of areas where improved support services would improve the outcomes of babies in NICUs:

Intravenous feeding: Intravenous ('parenteral') feed solutions are a source of infection, but are prepared under sub-optimal conditions in some NICUs. The required standard is that these solutions be prepared in a sterile facility within the hospital pharmacy.

Blood samples: The volume of blood required by the laboratories to undertake various necessary investigations is too large, such that babies either become anaemic from excessive sampling and then require top-up blood transfusions, or samples are not taken at all. Two steps are needed to address this problem.

Blood cultures as with other blood samples above, blood cultures systems need to be adapted to small blood volumes. In addition, the introduction of automated blood culture machines would speed up the diagnosis of infections and reduce the unnecessary use of expensive antibiotics.

How did we do?

We have presented the case that regional hospital laboratories should be equipped with neonatal / paediatric blood gas analysers capable of producing results from very small samples; secondly, consideration should be given to providing and maintaining reliable 'point of care' analysers to enable nurses and doctors to measure simple values close to the patient (blood gases, haemoglobin, simple blood electrolytes etc.).

We have applied for grant funding for a Laminar Flow hood for the sterile preparation of parenteral feeding solutions.

Making a difference: Research

The Peter Stebbings Memorial Charity awarded Newborns Vietnam a research grant to explore the impact of our nursing education programme on infant outcomes for all babies admitted to the Da Nang neonatal unit over a two year period (2013-2015).

The primary aim of the project was to determine whether the nurse training programme is effective in:

a) Improving the knowledge, skills and confidence of neonatal nurses

b) Improving important clinical outcomes (increasing the number of babies who survive neonatal illness, and/or reducing the burden of chronic illness attributable to neonatal care.

International researchers undertook a structured evaluation as the training evolves, and at intervals on completion to provide a strong "before and after" comparison. The 'before intervention' situation data is provided from study of all newborns admitted over a one-year period from November 2010 – October 2011. There are very significant improvements in outcomes between the two studies and will be explored in detail in the final report for publication.

The further aim was to explore changes in the perceptions and attitudes of nurses and parents towards their experiences in the neonatal unit following a neonatal nursing education intervention in a single neonatal unit in central Vietnam. For this element we chose a qualitative longitudinal research design to capture changes in perceptions through interviews conducted at different time points following the completion of the training programme, providing insight into the phenomena as it evolves through time

The aim of this study was to explore changes in the perceptions and attitudes of nurses and parents towards their experiences in the neonatal unit, through interviews conducted at different time points following the completion of the training programme, providing insight into the phenomena as it evolves through time.

The results of our interviews highlight many interesting changes in the responses over three time points. For nurses, this included changes in their perception of their nursing and parental role, a growing awareness of ethical issues and challenges communicating sensitive information with parents, and professional standards. For parents these changes included a growing sense of wanting more participation in their infants' care through both information sharing about their baby's condition and practical advice around baby cares, a growing awareness of ward practices which affect their engagement and satisfaction with care, and an increase in positive feedback for nurses.

A nurse commented during the research qualitative interviews; "after the training, my clinical practice changed a lot. Formerly, I did not care much about the temperature changes of the babies but now I know the problem of hypothermia is very important, so nurses are aware that it's necessary to regularly update the baby's temperature. Before the training, we did what doctors ordered mechanically and did not understand what to do. And now I am proud to be able to discuss with the doctors about the baby's condition".

Nursing practice is now based on accepted good standards of care, which have been shown worldwide to improve outcomes.

Data collected during the study has already helped us provide evidence, to the Ministry of Health, of the favourable impact of our work with the Da Nang Hospital for Women & Children's over the past three years and to make recommendations for ten strategies for the continuing development of the quality of neonatal care in Vietnam.

Although the formal evaluation is not yet completed we are confident that the specialist neonatal nurse training has brought about organizational change and improved the nursing care at the Da Nang Hospital for Women & Children neonatal intensive care unit, with direct benefits on the health outcomes, mortality and specifically gestational age survival, morbidity, infection and over use of antibiotics. We believe that our model of nurse training could be incorporated within general nursing or as a specialist programme for experienced nurses working in neonatal care in Vietnam and this wider implementation of our education model would potentially lead to improved outcomes of sick babies born in Vietnam, and through dissemination as a proven model to improved outcomes in other resource poor countries

How did we do?

The collection of baseline data for over 7,000 neonates provides a rich source of information for the outcomes of all aspects of neonatal care, this is used to analyse and monitor outcome and develop quality audits and indicators within the neonatal unit in Da Nang.

The qualitative interviews confirms that nurses perception of their role is changing as a result of the neonatal nurse training, this is evidenced by both change in their nursing practice and organisation change, without the training such change would not have been possible.

There are very significant improvements in outcomes and in particular gestational age survival.

Improvements in gestational age survival		
2010-11	28 weeks	72.7%
2013-15	28 weeks	31.8%
2010 -11	30-31 weeks	44.8%
2013-15	30-31 weeks	11.1%

Making a difference: Nurse practice educators

In June 2015 we launched the first Neonatal Practice Educators Training Course (PETC) in Vietnam. The course built on the outcomes of the neonatal nurse training in 2013-2014. The aim was to develop an initial cohort of Practice Educators, who developed the resources, knowledge and skills to teach basic neonatal interventions to junior staff in a range of practice settings, district hospitals, obstetrics and neonatal units so supporting the delivery of safe standards within basic neonatal care.

To complete the course and gain Practice Educator status, each of the neonatal nurses was required to produce two separate learning resources and to pass a summative teaching assessment on a self-selected topic for each of the five key areas of basic neonatal care. In order to successfully achieve this and to promote sustainability, we supported our local partner Da Nang University of Medical Technology & Pharmacy (DUMTP) to build their capacity to evaluate practice education (including the use of resources) by developing a bespoke local Practice Assessment Tool (PAT) and supporting its application to the neonatal practice education setting.

The course was to be facilitated by senior lecturers from Canterbury Christ Church University (CCCU) and was delivered to neonatal nurses from Da Nang Hospital for Women and Children (DHWC) who had successfully completed the neonatal nurse training course and senior nurses from the Vietnam National Children's Hospital, Hanoi.

How did we do?

The key outcomes of the Nurse Practice Educators course were:

The development of a local evaluation framework for Practice Education

The final PAT produced by the DUMPT lecturers was an in-depth and comprehensive document. This will enable robust, reliable and valid assessment of the neonatal nurses' ability to teach knowledge and skills to junior staff and to produce evidenced based teaching and learning resources.

The development of knowledge and skills to support Practice Education

The participants consistently developed their knowledge and skills in delivering teaching sessions. At the start of the course there was considerable anxiety amongst the group in relation to being able to succeed and complete all the required elements. This was especially evident when they were required to prepare a teaching session and resources to support learning; and to find the time to deliver practice education in busy and demanding clinical settings. However, the entire group responded positively to the taught content and demonstrated commitment, willingness to learn and tenacity when faced with challenging topics and tasks.

The final learning resources produced by each participant were amalgamated into one comprehensive learning resource. This allowed for standardised teaching to be delivered and can increase the potential for standardised care to be delivered by novice and inexperienced nurses.

The process of amalgamating the resources enabled the participants to discuss and explore best practice,

question each other, listen to alternatives, debate options and then finally agree on what the resource should contain. It was observed that everyone contributed to the discussion.

This indicated how confident each participant had become as at the start of the course such an animated and exciting debate would not have occurred. The final resource pack contains more teaching sessions than was required for the nurses to meet the course requirement. Furthermore, the quality of the information in the final resource pack is of an exceptionally high standard, visually appealing, easy to read, accurate and evidence based.

Making a difference: Infection prevention

Infection is a major cause of death and disability and avoidable harm in newborn babies. Hospital-acquired infection is of course a problem worldwide, with low rates being widely recognised as a marker of high quality and safe care.

Vietbam, with a large population and a high burden of infectious disease is faced with a huge challenge implementing effective infection prevention and control. Bacteria resistant to standard antibiotics are a threat world-wide, but are a particular problem in Vietnam. The World Health Organisation has just listed Vietnam among the countries with the highest rate of antibiotic-resistant infections. The relative ease of access to antibiotics, poor understanding of the need to carefully control their use, and inadequate in-hospital infection control systems results in a high level of hospital acquired infections, and the development of multi-drug resistant bacteria which are hard to treat, placing an additional strain on limited resources.

In Da Nang the prevalence of hospital acquired infection and is a major cause of death, either as a direct cause or as a contributory factor, and long-term neurodisability in survivors of neonatal care. In 2014 we established the baseline for hospital acquired infection and developed 4 specific areas for intervention, infection prevention and control measures, antibiotics, central line management and feeding strategies. The content of the programme was adapted from successful programmes in UK to suit the local context.

The programme goal is to reduce the incidence of hospital acquired infection by10% a year over two years and to develop and sustain good practice in all aspects of infection control and in particular stringent hand washing to reduce infection at least to the typical average for European neonatal intensive care units.

The stages of this project that have been completed are:

- Recognition of the factors in the Da Nang unit that are associated with increased risk of infection in the newborn.
- Development of agreed interventions and associated guidelines. This stage involved the development of audit tools and audit of current practice. Development and translation of infection prevention and control guidelines. The audit tools are used in the unit at three monthly intervals to monitor adherence to guidelines and infection rates.
- Development of the dataset required to monitor the outcome measures
- Data collection and evaluation.

Education and training of a team of ten doctors and twelve nurses and implementation of infection prevention measures the teaching included the following:

- Principles of infection prevention and control
- Hand hygiene
- Aseptic non touch technique
- Sharps, clinical waste and laundry management
- Use of parenteral nutrition and establishing milk feeding Healthcare associated infection
- Management of central venous lines
- Investigation of infection and antibiotic policy
- Documentation and monitoring
- Data collection and root cause analysis of infection episodes
- Practical measures relating to infection control in the event of infection occurring.

How did we do?

Between 2014 and 2015 there was a 30% decrease in the rate of positive blood cultures (*late onset sepsis – cultures done >72 hours of age*) and a 19% reduction in risk of dying where sepsis was the primary cause or a recognised major contributor to death. There was also a significant decrease in the antibiotic days and number of babies on prolonged courses of antibiotics (>10 days). Antibiotic stewardship to prevent emergence of resistance is a vital measure in any infection prevention programme.

Regular audits have been carried out in the following areas:

- Hand washing and gel compliance
- correct aseptic touch
- correct peripheral cannulation
- PiCC line insertion and management
- Prevention of ventilator associated pneumonia

The project has increased the hospital's awareness of good infection control practices and the need for regular audits to measure the rate of hospital acquired infection. The project is currently on going and as good infection practice improves over the next year and becomes firmly embedded in daily routines together with adherence to guidelines we expect to see a further reduction in hospital acquired infection.

Making a difference: Junior doctors

In Vietnam there is no formal post qualification training for paediatric doctors who choose neonatal medicine as their specialty. In Vietnam many babies die even after admission to national and regional hospitals the lack of specialist training is a major factor. The Newborns Vietnam neonatal post qualification-training eighteen month programme for junior doctors working within the Da Nang Hospital for Women & Children was launched in October 2015.

Our objective is to provide a pilot structured post qualification neonatal competency based training course for junior doctors that would support their development to deliver good standards of safe care, to develop clinical leadership and management skills to produce professionals sensitive to the needs of children and their families.

The wider goal is to develop a proven training model that could be adopted as a national programme, hence improving inpatient care for pre term and sick term newborns thereby reducing mortality and long-term disabilities from poor care and reducing the burden of long-term care for the families and society.

The aim is to raise the level of knowledge of all junior doctors about neonatal care and their ability to provide high quality care. The curriculum consists of 105 competencies (mainly clinical) grouped into 17 sections. The competencies include knowledge, an approach to diagnosis, interpretation of relevant investigations and various aspects of clinical management. There is also a requirement to demonstrate competence in performing certain practical procedures used in everyday practice.

There are standard report forms for each type of assessment, all of which are recorded in a personalised eportfolio experience, in particular, case-based discussions. The training includes two clinical training placements in the UK for doctors with the greatest aptitude and knowledge to become future leaders.

How did we do?

We recruited the UK teaching team which is led by Dr. Alyson Skinner, MB, BCh, BAO (NUI), MD (NUI), MMEd, MSc (Clin Nutr), DCH, BA (Hons), BSc (Pharm), FRCP (UK), FRCPCH, Walsall healthcare NHS Trust. Dr. Skinner is also an Examiner for the RCPCH and a faculty member for the Effective Educational Supervision course delivered throughout the UK. The teaching consultants are:

- Dr Andrew James Lyon MA, MBChB, FRCP, FRCPCH, Royal Edinburgh Infirmary
- Dr David Quine BSc, MBChB, MRCPCH, Royal Edinburgh Infirmary
- Dr Paula Midgley, M.BCh.B, MRCP, M.D, FRCPE, FRCPCH, Royal Edinburgh Infirmary
- Dr Nim Subhedar, MBChB, MRCP, FRCPCH, MD, Liverpool Women's Hospital
- Dr Liz McKechnie, BSc. MBBS, MRCP, FRCPCH, Leeds Teaching Hospital
- Dr Lawrence Miall, MBBS, BSc, MRCP, FRCPCH, Leeds Teaching Hospitals NHS Trust Leeds
- Dr Neil Patel, BA MBChB, MRCPCH, FRACP, MD, Royal Hospital for Children Glasgow
- Professor Colin Partridge, M.P.H., M.D., University of California, San Francisco.

- Dr Steve Jones, B.SC, M.B. B. S, MRCP, FRCPCH, University Hospital Bath

At the start of the training the junior doctors had a very unstructured and disorganised approach to clinical problems and their management. The first initiative introduced was teaching on how to present cases on ward rounds using a standard systematic approach. All the trainees have adopted this way of working and it ensures all aspects of a baby's care are addressed and a logical management plan is formulated.

The principal daily ward round led by the UK Consultant takes place in the morning and there is a second ward round in the late afternoon when the results of all investigations are reviewed and treatment plans are changed if appropriate. This working method of practice has led to greater patient safety, a more efficient way of working and improved outcomes.

The trainees were introduced to the eportfolio in February 2015. This was an entirely new experience for them and took some time to establish. It was very gratifying that after the first six months, all trainees are positively engaged with the eportfolio and actively seeking educational supervision for their assessments.

Making it happen: Fundraising

In three years our Cycle a Difference Vietnam Challenge Rides have raised over half a million pounds and ninety-two cyclists from around the world have cycled over 115,000 km. In 2015 more sports men and women took part in an endurance event for Newborns Vietnam.

In 2015 the first VNG IRONMAN 70.3 was held in Da Nang, over 1,000 athletes from 54 countries taking part. For Newborns Vietnam and the Da Nang Hospital for Women & Children it was a wonderful weekend and one that has inspired many new supporters for our work who are taking part in endurance sports to support our work to change the life chances of babies who are born too soon, too sick and too small.

The Ironman team organised for the Professional Athletes, to visit the neonatal unit at the Da Nang Hospital for Women & Children. Following a presentation from the Director of the Hospital and a tour of the newborn infants unit. Andrew Messick, global CEO of Ironman and Fred Uytengsu, President of Sunrise expressed how impressed they were by the dedication of the doctors and nurses and the good results that were achieved with so little equipment. They were delighted to make a donation for two incubators this incredibly generous donation will help move newborn care to another level.

Newborns Vietnam also had a charity entry for the Ironman relay race. Team Britain for Newborns, in horrendous conditions (heat and humidity) came first with a time of 4hrs.39 mins! They were cheered all the way by nurses from the neonatal unit.

The female Pro athlete winner of the Women's Ironman championship donated her winnings to Newborns Vietnam. She spoke of it being a great race and of her visit to the Da Nang Hospital for Women & Children and wanting to give something back to make a difference for the newborns in Vietnam. This was such an amazing and inspiring moment there were more than a few tears in the crowd. This amazing generosity was used to buy a Continuous Positive Airway Pressure (CPAP) machine. CPAP has been instrumental in saving newborn lives around the world, and it remains one of the most important tools in the low-cost intervention lifesaving kit.

Planning continued through the year for our epic 10 day cycle ride we are delighted to have secured continuing support from Premier Oil Plc, to welcome new sponsor Hogan Lovells and a strategic partnership with Vietnam Airlines.

Planning continued through the year for our epic 10 day cycle ride we are delighted to have secured continuing support from Premier Oil Plc, to welcome new sponsor Hogan Lovells and a strategic partnership with Vietnam Airlines and Suntory Pepsi Co Vietnam.

25 cyclists took the 2015 cycling challenge, a total of 1,700 km with 17,500 metres of climbing in just twelve days and raised over $145,000. Newborns Vietnam was very honoured that his Royal Highness the Duke of York, joined Giles Lever the British Ambassador to Vietnam for the Launch of 2015 Cycle a Difference Vietnam Challenge Ride at the Sofitel Legend Metropole, Hanoi. All along the way the people of Vietnam cheered the cyclists, asked for photos with then and national TV cameras followed their last pedal stokes into Da Nang.

The British Ambassador and Executive directors from the ride Sponsor Hogan Lovells joined the ride for the final day from Hue to Da Nang. The made a triumphant entry into the City with a police escort and were joined by the Vice Chairman of the People's Committee, Mr Dang Viet Dung and the Da Nang Director of Health, Dr Ngo Thi Kim Yen

who led the way to the finish line at the Da Nang Hospital for Women & Children. They were welcomed by hundreds of cheering nurses.

Ordinary men and women from all walks of life take on incredible challenges, it is humbling to see athletes of all abilities pushing their bodies and mental capacity to the limit of their endurance to raise funds for our work.

How did we do?

We built on the success of our 2013-14 events 'Cycle a Difference' events as unique journey for a great cause that has secured the support of cyclists from all walks of life and companies around the region.

More endurance athletes are inspired to take part in events for Newborns Vietnam.

We have secured new sponsors and strategic partnerships.

Financial review

Newborns Vietnam continues to operate on a sound financial basis, meeting its fundraising targets in line with expectation, and therefore delivering its programmes as planned.

This has been the most successful year for fundraising to date, the non-grant income of £203k being over 40% higher than the £144k raised in 2013/14.

With over £100k spent over the year on charitable purposes, the charity starts in 2016/17 in a strong position with resources of over £130k.

Reserves Policy

Bearing in mind the charity's minimal operational expenditure obligations, primarily because no staff are employed, or premises rented, the Trustees decided that in this year it was not necessary to hold reserves. The trustees' plans for 2016/17 are predicated on budgeting to meet the programme deliverables and they will continue to reconsider on a regular basis, the requirement for reserves and specifically holding a small reserve for unforeseen circumstances.

Next year: our targets for 2016/17

The completion and publication of our research evaluation of the impact of the nursing education intervention on mortality and nursing practice will provide evidence to support a wider implementation of our nurse education model within Vietnam. It will potentially lead to improved outcomes of sick babies born in Vietnam, and through dissemination as a proven model to improved outcomes in other poor and middle-income countries.

Our pilot post qualification training for junior doctors will provide competency based training for junior doctors that will support their development to deliver good standards of safe care, to develop clinical leadership and management skills to produce professionals sensitive to the needs of children and their families. The wider goal is to develop the pilot as a proven training model that could be adopted as a national programme.

It is clear from our experience in Da Nang that there are major problems with newborn care at national, regional and the lower level hospitals

We will continue to support Da Nang Hospital for Women & Children to provide better facility based care for all sick newborns and to develop their capacity as a regional training hospital and centre of neonatal excellence. We will complete the Level 1 training for junior doctors and commence Level 2.

We will more closely with the Da Nang Department of Health to develop our collaboration to improve basic newborn care at a district hospitals and neonatal intensive care at provincial hospitals.

Trustees' statement and responsibilities

The trustees (who are also directors of Newborns Vietnam Ltd. for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

The law applicable to charities in England & Wales requires trustees to prepare financial statements for each financial year that give a true and fair view of the resources of the charity 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
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable group will continue in business.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group 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.

Approval

This report was approved by the Board of Trustees on 14th December 2016 and signed on its behalf by:

K. M. Atkinson

Chair of Trustees

Independent Auditor's Report to the Members and Trustees of Newborns Vietnam

We have audited the financial statements of Newborns Vietnam for the year ended 31 March 2016 which comprises the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's members, as a body, in accordance with Sections 495 and 496 of the Companies Act 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 auditor's 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.

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

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

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the APB's website at www.frc.org.uk/our-work/codes-standards/audit-and-assurance/standards-and-guidance/standards-and-guidance-for-auditors/scope-of-audit/uk-private-sector-entity-(issued-1-december-2010.aspx

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006.

Opinion on other requirement of the Companies Act 2006

In our opinion the information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- the charitable company has not kept adequate accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements 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.
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees' Annual Report; or
- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements.

Anthony Epton

Anthony Epton (Senior Statutory Auditor)
for and on behalf of
Goldwins Limited
Chartered Accountants and Statutory Auditor
75 Maygrove Road
West Hampstead
London NW6 2EG

Date: 23 December **2016**

Statement of Financial Activities
(Incorporating Income and Expenditure Account)
For the year end 31st March 2016

		Unrestricted funds £	Restricted funds £	Total 2015/16 £	Total 2014/15 £
Income from:					
Donations (Individual & Corporate)		73,797	25,120	98,917	-
Charitable activities		-	23,307	23,307	10,500
Other trading activities	5	105,214	-	105,214	69,077
Investments		161	-	161	221
Total income		179,172	48,427	227,599	79,798
Expenditure on:					
Raising funds	6	36,183	-	36,183	3,037
Charitable activities	7	54,879	51,237	106,116	101,047
Total expenditure		91,062	51,237	142,299	104,084
Net income / (expenditure) for the year		88,110	(2,810)	85,300	(24,286)
Transfer between funds		(2,810)	2,810	-	-
Net income / (expenditure) before other recognised gains and losses		85,300	-	85,300	(24,286)
Other recognised gains/(losses)					
Foreign Exchange gains / (loss)		(419)	-	(419)	1,197
Net movement in funds		84,881	-	84,881	(23,089)
Balance brought forward		47,630	-	47,630	70,719
Total funds carried forward	13	132,511	-	132,511	47,630

All of the above results are derived from continuing activities.
There were no other recognised gains or losses other than those stated above.
The attached notes form part of these financial statements.

Balance sheet at 31st March 2016

		Unrestricted Funds	Restricted Funds	2015/16 £	2014/15 £
Current assets					
Stocks	10	2,059	-	2,059	2,149
Debtors	11	1,094	-	1,094	386
Cash at bank and in hand		147,546	6,775	154,321	55,282
		150,699	6,775	157,474	57,816
CREDITORS					
Amounts falling due in one year	12	(18,188)	(6,775)	(24,963)	(10,186)
NET CURRENT ASSETS		132,511	-	132,511	47,630
FUNDS	13				
Unrestricted funds				132,511	47,630
Restricted Funds				-	-
TOTAL FUNDS				132,511	47,630

The financial statements have been prepared in accordance with the special provisions for small companies under Part15 of the Companies Act 2006.

Approved by the trustees on 14th DECEMBER 2016 and signed on their behalf by:

.....

Kenneth Atkinson – Trustee
Company registration no. 07787718

The attached notes form part of the financial statements.

Notes to the financial statements for the year ended 31st March 2016.

1 Accounting Policies

Accounting convention

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) and the Companies Act 2006.

The charitable company 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 or note.

Reconciliation with previously Generally Accepted Accounting Practice (GAAP)

In preparing the accounts, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 a restatement of comparative items was required. The transition date was 1 April 2014. The trustees believe that a restatement of comparative items is not material, and therefore not required.

Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred. Income received in advance for the provision of specified service is deferred until the criteria for income recognition are met.

Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised so refer to the trustees' annual report for more information about their contribution.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds comprise of trading costs and the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose.
- Expenditure on charitable activities includes the costs of delivering services to further the purposes of the charity and their associated support costs.
- Other expenditure represents those items not falling into any other heading.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the charity's programmes and activities. These costs have been allocated to expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 6.

Resources expended

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Stocks

Stocks are valued at the lower of cost and net realisable value after making due allowances for absolute and slow moving items.

Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Fund accounting

Unrestricted funds are available to spend on activities that further any of the purposes of charity. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.
Unrestricted funds are available to spend on activities that further any of the purposes of charity. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

Further explanation of the nature and purpose of each fund is included in these notes to the financial statements.

2 Detailed comparatives for the statement of financial activities

	Unrestricted funds £	Restricted funds £	Total 2014/15 £
Incoming from:			
Charitable activities	-	10,500	10,500
Other trading activities	56,455	12,622	69,077
Investments	221	-	221
Total income	56,676	23,122	79,798
Expenditure on:			
Raising funds	3,037	-	3,037
Charitable activities	70,568	30,479	101,047
Total expenditure	73,605	30,479	104,084
Net income / (expenditure) for the year	(16,929)	(7,357)	(24,286)
Transfer between funds	(1,744)	1,744	-
Net income / (expenditure) before other recognised gains and losses	(18,673)	(5,613)	(24,286)
Other recognized gains /(losses)			
Foreign Exchange gains /(loss)	1,197	-	1,197
Net movement in funds	(17,476)	(5,613)	(23,089)
Balance brought forward	65,106	5,613	70,719
Total funds carried forward	47,630	-	47,630

3 Exchange Rates

Exchange rate of Vietnam Dong to Pounds Sterling are those quoted as the transfer rate by the Vietcom bank (Joint Stock Commercial Bank of Vietnam) for the day given at the bank headquarters.

4 Trustee Remuneration and benefits.

There were no trustees' remuneration or other benefits for the period ending 31st March 2016. There were no trustees' expenses paid for the period ended 31st March 2016, other than those noted in the related parties note.

5 Other trading activities

	2015-16 £	2014-15 £
Fundraising events	105,214	69,077

6 Cost of generating voluntary income

	2015-16 £	2014-15 £
Fundraising activities	36,183	3,037

7 Charitable activities

	2015-16	2014-15
	£	£
Medical staff training	24,394	49,668
Medical equipment	59,902	22,643
Medical facilities	735	4,494
Research	16,000	17,857
	101,031	94,662
Add: Governance costs	5,085	6,385
	106,116	101,047

8 Governance costs

	2015-16	2014-15
	£	£
Bank charges	272	106
Operational costs (website)	301	1,679
Audit fees	4,512	4,600
	5,085	6,385
Less: Allocated to charitable activities	(5,085)	(6,385)
	-	-

9 Analysis of staff costs and the cost of key management personnel

There were no employees employed during the year (2015: None).

10 Stock

	2015-16	2014-15
	£	£
Finished goods	2,059	2,149

11 Debtors

	2015-16	2014-15
	£	£
Donations made, but not yet received	755	386
Prepayments	339	-
	1,094	386

12 Creditors: amounts falling due within one year

	2015-16	2014-15
	£	£
Accruals	3,000	3,000
Other creditors	21,963	7,186
	24,963	10,186

13 Movement in funds

	At 1.4.15	Net movement in funds	Transfer between funds	At 31.3.16
	£	£	£	£
Unrestricted				
- General fund	47,630	87,691	(2,810)	132,511
Restricted funds				
- Medical Equipment 1	-	(2,130)	2,130	-
- Medical Equipment 2	-	(680)	680	-
- Research	-	-	-	-
Total funds	47,630	84,881	-	132,511

Net movement in funds

	Incoming resources	Resources expended	Movement in Funds
	£	£	£
Unrestricted:			
- General fund	179,172	91,481	87,691
Restricted funds:			
- Medical Equipment 1	25,120	27,250	(2,130)
- Medical Equipment 2	7,307	7,987	(680)
- Research	16,000	16,000	-
Total funds	227,599	142,718	84,881

14 Related party transactions

A During the year under review, Mr N Robinson, trustee, paid £18,693 expenses on behalf of the charity. Mr N Robinson is also due for the payment of £2,994 expenses from 2014/15, and £1,778 for medical equipment expenses. None of these were personal expenses. The amount owing to Mr N Robinson at the year end is £13,117.

B During the year under review, Mrs S Lubran, trustee, paid £1,021 expenses on behalf of the charity. None of these were personal expenses. The amount owing to Mrs S Lubran at the year end is £1,021.

C During the year under review, Mr Colin Partridge, trustee, received £2,579 payment for services provided under the grant funded Research Project.

D During the year under review, Ms Katie Gallagher, trustee, received £5,110 payment for services provided under the grant funded Research Project.

15 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. Each member is liable to contribute a sum not exceeding £10 in the event of the charity being wound up.