

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

**Trustees' Annual Report
and Accounts**
For the year ended 31st March 2018

newborns
VIETNAM 

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About Newborns Vietnam

Newborns Vietnam is 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 but focused on Vietnam.

Our vision is a world where there are no preventable deaths of newborn infants, where every birth is celebrated, and mothers and babies survive and realise their full potential. We are determined to do more to stop babies from dying the day they are born, or in days after their birth.

For emerging middle-income countries, the transition from good basic care for all newborns to providing good quality neonatal intensive care is challenging. Outside high-income settings there are almost no neonatal nursing training programmes, or structured competency based post-qualification training for junior doctors. Low staffing levels and a lack of specialist training are the critical factors in explaining why outcomes of neonatal intensive care remain poor in low-income countries.

By working in partnership with our public-sector partners in Vietnam we are building capacity at local, regional and national hospitals to give all newborn infants and their mothers access to a safe, consistent standard of care delivered by appropriately trained health professionals.

About our five-year strategic plan goals

Our strategic priorities for 2017-2022 clearly outlines the steps required for our mission to end preventable newborn deaths to become a reality. This can only be achieved if there is a national neonatal training programme and a pilot managed network system.

Our strategic goals are designed to work together, combining them increases their impact.

1. Ensure fundamental change through education and by close integration with government agencies to establish this in a national context.
2. Develop the infrastructure to support training to facilitate a systematic change in the delivery of neonatal care and the transportation of sick newborns.
3. Central to this is the development of; specialist post graduate training for doctors and nurses, a managed network system, and the establishment of a Vietnam National Resuscitation Council.
4. Evaluate the impact of our education interventions on mortality and morbidity, and through our research and evidence base address the factors that limit improvements in care in middle-income countries,

Legal and administrative information

Charity name

Newborns Vietnam

Charity registration number

1144562

Company registration number

7787718

Legal Status

The organisation is a charitable company limited by guarantee and as such is governed by its Memorandum and Articles of Association. Each member is liable to contribute a sum not exceeding £10 in the event of the charity being wound up.

Registered company office

75 Maygrove Road,
London NW6 2EG

Bankers

Barclays Bank
38 Islington Green
London N1 8EH

Vietcombank
140-142 Le Loi Street
Danang City
Vietnam

Chairman of the board of trustees

Mr. Kenneth Atkinson

Mr. Ivor Cosimo Jencks (Chairman designate January 2017)

Trustees

Dr. Duncan Macrae (Vice Chairman)

Mr. Luke Humphreys (resigned January 2017)

Dr. Susan Blake

Mr. John Nicholas Robinson

Dr. Andrew Lyon (resigned January 2017)

Mrs. Suzanna Lubran

Professor. John Colin Partridge

Mr Bang H Trinh

Auditors

Goldwins Chartered Accountants
75 Maygrove Road
London NW6 2EG

Solicitors

Hogan Lovells International LLP
38th Floor, Bitexco Financial Tower
2 Hai Trieu
District 1
Ho Chi Minh City
Vietnam

Charity contact details

Newborns Vietnam
61 Wyatt Road, London N5
Telephone: 01392 770 108
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Website: www.newbornsvietnam.org

Structure, governance and management

Governing document

Newborns Vietnam is registered as a charity with the UK's Charity Commission and is a company limited by guarantee, incorporated in England and Wales on 26th September 2011 and governed by its Memorandum and Articles of Association dated 15th September 2011.

Newborns Vietnam is also licensed by the People's Aid Co-ordinating Committee (PACCOM) of the Vietnam Union of Friendship Organisations (VUFO), to operate as an International Non-Governmental Organisation in Vietnam.

Management

Members of the company elect a voluntary Board of Trustees (whom are also known as Directors), to be responsible for the overall governance and direction of the charity. Trustees are selected by the Board with regard to their suitability for the role, with the skills and experience to support our organisational growth, ensure good governance, transparency and provide highly specialist medical knowledge.

The Board currently has eight Trustees, including a Chairman, Vice Chairman, and Treasurer. Typically, the full Board meets four times a year, with additional meetings held by specialist committees, currently comprising a Medical, a Finance and a Sports/Events Committee, each of which is under the direction of two or more Trustees.

The day to day management of the charity's programmes are delegated to the Executive Director and are delivered in accordance with the approved delivery plan and annual budget.

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 save lives, by reducing neonatal mortality and morbidities.

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 which can be replicated across Vietnam and in south-east Asia, the provision of life-saving neonatal equipment, and, in partnership with public health providers, to support the development of managed neonatal networks with national and regional centres of excellence, to cascade skills and knowledge to medical staff working in the poorest areas and for those with the least access to medical services.

Our values

It is vital, as we grow as an organisation, that we ensure everybody understands what it is that makes us Newborns Vietnam. Our values are at the heart of everything we do as we continue in our mission to end preventable newborn deaths.

We are determined advocates working to raise awareness of neonatal mortality and advancing solutions informed by research and our direct experience. Our work is guided and informed by our commitment to getting the basics of newborn care right for every baby.

We believe passionately that every child, no matter where in the world they are born, deserves the chance to celebrate his or her first birthday and to grow into a healthy independent adult who can contribute to society without being burdened by the effects of adverse events during the first day or weeks of life.

Openness – we are committed to a culture of team work and collaboration

Inclusiveness – we respect people, value diversity and are committed to equality.

Partnership – we know that we will not advance neonatal care on our own, we collaborate with others and together we support our public health partners to bring about change.

Stewardship – we take great care of the resources entrusted to us by others, whether this is money, time or trust, and we are open and transparent in our reporting.

Inspire – through our work and our sports platform we inspire others to come together to help end preventable newborn deaths

Chairman's statement and annual review

Newborns Vietnam is increasing significantly its scope of operation as the Ministry of Health offer us increasing opportunities to contribute to advancing the health system. In the past year, we have focused on organisational growth to support an expansion of our training programmes and systematic change in the delivery of newborn care and the transportation of sick newborns.

Over the past six years we have demonstrated that the British clinical and nurse training model is transportable - this is evidenced by our prospective audits of admissions to the neonatal units that we work with and the significant reductions we have achieved in neonatal mortality. In addition, we have overseen a growth in professional satisfaction amongst medical and nursing staff and increased engagement from parents, both of which are important elements of sustained high quality neonatal care.

In 2017, we extended our post graduate training to the Vietnam National Children's Hospital in Hanoi. It quickly became clear that the neonatal care babies receive in provincial hospital is limited, that combined with a lack of facilities and long travel distances contribute significantly to the poor outcomes in babies transferred from lower level hospitals within Hanoi and twenty nine provinces to the Vietnam National Children's Hospital.

A scoping visit by United Kingdom experts in November 2017 recommended to the Ministry of Health the development of a pilot managed network and safe transport system within Hanoi by formalising the relationship between all children's and obstetric hospitals and selected general hospitals, the development of a neonatal educational package for provincial hospitals in northern Vietnam. This is an interim measure towards the development of a co-ordinated outreach training programme as part of the development of a managed clinical network for northern Vietnam, with the potential to roll out the model across the country.

Much of our medical team's work this year has focused on developing an assessment system for planning the levels of care and associated training for the Hanoi general hospitals and determining their role, level of care and training needs.

Our ongoing dialogue with the Ministry of Health has focused on strategies to support a national review of medical education, exploring a framework to establish an independent body to oversee setting standards for medical education, curriculum review, competency based assessment, quality audit, national examinations and setting up of a Vietnamese National Resuscitation Council.

Internally, we will continue to develop our organisation in line with our values. Above all, and crucial to our success, is that everything we do will always be evidenced by our outcomes, informed by our research and world-wide advances in neonatal medicine.

As ever, we are inspired by the commitment and dedication of our volunteer neonatal consultants and nurses, and humbled by the passion and endurance of so many men and women from ordinary walks of life who take on quite extraordinary challenges to raise awareness and funds for our work to end preventable newborn deaths.

Mr Ivor Cosimo Jencks, Chairman the Board of Trustees

How we work – Impact in the year

We are committed to ending preventable newborn deaths, by sharing British neonatal expertise and transferring skills. We work in partnership with the Ministry of Health and Vietnamese public hospitals. Besides sharing clinical skills and experience, experts from United Kingdom national training organisations have shared with the Ministry of Health models for the optimisation of medical school and postgraduate training. Our shared aim is to achieve change through education and ensure alignment with the needs of Vietnam and global best practice, integration across the education and training continuum and a focus on outcomes rather than inputs.

In January 2018, Vice Minister Nguyen Viet Tien welcomed, Neena Modi, President of the Royal College of Paediatrics and Child Health, and the Royal College's Chairman of Education, Dr David Evans. They were accompanied by nursing experts from the University of Nottingham. The team together with officials from the Ministry's Department of Maternal and Child Health, and Department of Education Science and Training, explored; the British licensing system for doctors, the post-graduate sub specialty training programmes, and our systems of evaluation, with a view to increasing independence and objectivity and moving from knowledge to competency-based evaluation.

A scoping visit by Dr Eleri Adams from Oxford University Hospital and Dr Steve Jones from the Royal United Hospitals, Bath, explored the challenges for national, general, provincial and district hospitals to provide safe consistent newborn care. Discussions with the Ministry of Health, concluded with a recommendation for the development of a managed network system with hospitals providing different levels of care according to their capacity with timely referral to a higher-level hospital and a safe transport system.

This year we have continued to develop our organisational capacity and expanded our neonatal post graduate training and worked with our partner hospitals to formalise the relationships between the children's and obstetric hospitals/key general/district hospitals, as the first step to develop a pilot managed network within Hanoi. To secure more immediate improvements we have developed an educational package for the provincial hospitals, this an interim measure towards the development of a co-ordinated outreach training programme as part of the development of a managed network system for northern Vietnam.

We have inspired and mobilised an incredible volunteer commitment, more than one hundred UK neonatal consultants and nursing experts have taught on our programmes, our Vietnamese community support is increasing year on year, hundreds of people from all walks of life are proud to join our sports events to awareness and funds to give every baby the best possible start in life.

Neonatal post graduate training for junior doctors

In Vietnam, the healthcare system and standards of care for preterm and sick babies trail behind those of more developed countries, resulting in limited progress in reducing neonatal deaths.

Outside of high-income settings there are almost no specialist neonatal training programmes for doctors and nurses. In Vietnam only 10% of doctors are specialists, and there is no neonatal nurse specialist training within nurse education, which are major factors in why newborn deaths remain high.

In 2016, we introduced formal competency based post graduate training for junior doctors working within the Da Nang Hospital for Women and Children's neonatal unit and extended the programme to the Vietnam National Children's Hospital, Hanoi in 2017. The training is adapted from the UK Royal College of Paediatrics and Child Health Level 1 and Level 2 curriculum and delivered over a two-year period.

The programme is taught by United Kingdom neonatal consultants, the aim is to raise the level of knowledge of all junior doctors about neonatal care and their ability to provide high quality care:

- facilitating objective assessment of their progress,
- recognising those reaching a competency level that will allow them to work safely at middle grade, supporting and teaching new junior members of the medical team at the hospital and in the provincial and district hospitals.

The training is evidence and competency based. The doctors must be able to demonstrate they can adopt a structured approach (in terms of diagnosis and investigations) to a clinical problem and make logical decisions regarding management.

The final assessment consists of two examination papers (testing knowledge and clinical problem solving), presentation of the findings from an audit/quality improvement project, demonstration of clinical skills and a review of each doctor's eportfolio.

| Impact of Junior Doctors Post-Graduate Training | | |
|---|-------|--------------|
| | 2017 | 2018 (March) |
| Number of neonatal doctors trained Da Nang | 11 | 11 |
| Number of neonatal doctors trained Hanoi | 15 | 15 |
| Examination Results Da Nang Level 1 April 2017 Mean score 6 candidates for written papers, eportfolio assessment and practical | 81.3% | |
| Examination Results Da Nang Level 1 October 2017 Mean score 5 candidates for written papers, eportfolio assessment and practical | 77.8% | |
| Training Placements in the United Kingdom | 2 | |
| Number of United Kingdom volunteer neonatal consultants | 30 | 10 |

Mortality and Improvements in Care

Newborns Vietnam conducted a prospective audit of all admissions to the neonatal unit of Da Nang Hospital during and after this intervention (1st November 2013 to 31st October 2015). The overall case fatality rate during this period was significantly reduced from 8.6% to 3.5% (Fisher's exact test $p < 0.0001$).

This fall in mortality was associated with a reduction in hospital acquired infection and halving of the number of infants treated with antibiotics.

A parallel study of nursing and parental views and attitudes noted a growth in professional satisfaction amongst nursing staff and increased engagement from parents, both of which are important elements of sustained high quality neonatal care.

Developing our evidence base

The extension of our UK post graduate training for junior doctors to the Vietnam National Children's Hospital in 2017 is already building capacity and change in practice.

A core data collection system has been established at Vietnam National Children's Hospital, all admissions have a data collection form in their notes, the data set includes, the referring hospital details, all aspects of medical care and outcomes.

We have completed twelve months of data collection and from this we can see the impact of poor diagnosis, delayed transfer from general and district hospitals within Hanoi and twenty-nine provinces, hospitals that refer high numbers of babies with birth asphyxia.

The data for 2017-18 is the baseline against which we will evaluate the impact of the Newborns post graduate training intervention and the neonatal nurse training on mortality and morbidity at Vietnam National Children's Hospital for 2018 – 2020.

The 2017 baseline data indicates that infection is the primary or underlying cause of death, the causes are multi factorial, overcrowding, poor hand hygiene facilities and practice and high rate of admissions from lower level hospital with infection, exacerbated by escalation of the use of third line antibiotics. Our challenge in 2018 is to improve hand hygiene facilities and practice and introduce good antibiotic stewardship.

At this early stage in the training it is encouraging to see a small downward trend in deaths.

The data system also provides information on the transfers from all hospitals within Hanoi and the twenty-nine provinces. We will build on this in 2018-19 to support the development of the pilot network and in particular to work towards easing overcrowding by providing improved care at local hospitals.

Neonatal nurse training, Da Nang

The programme objective was to address the deficit in Neonatal Nurses specialist training and develop their knowledge, skills, and practice.

Nurses were selected for places on the third phase of the Newborns Vietnam (NBV)/Canterbury Christ Church University for nurses working within the Da Nang Hospital for Women and Children. The course is delivered over a twelve-month period, Canterbury Christ Church University provide the primary taught content at a standard equivalent to UK Level 4, Higher and Further Education Framework.

The course is designed to develop the nurses understanding of the neonate as a unique individual, with specific anatomical and physiological limitations, to develop their understanding of the key principles of neonatal care, and building on these to further develop their understanding of the complexity of neonatal disease processes.

The course is founded on a system-based approach and for each system the content includes, but is not limited to, embryology; physiology; pathophysiology; aetiology of the disease process; management and nursing care plan for the neonate and family.

The integration of theory, the taught content to practical application was developed and led by Advanced Neonatal Nurse Practitioners from UK NHS teaching hospitals. A competency document was designed to assess the application of learning to the baby and competency in carrying out procedures/using equipment. The document was adapted from the Continuing Professional Development Portfolio: A route to Enhanced Competence in Neonatal Nursing document (NHS Scotland 2002. Newborns introduced this new concept to nurse training in Vietnam to overcome the problem with rote learning and to support nurses to apply their new knowledge to the baby.

All nurses met the pass requirement for the University taught content and competencies. Nurses received a certificate from United Kingdom Canterbury Christ Church University and Da Nang University of Medical Technology and Pharmacy.

| Impact - Neonatal Nurse Training, Da Nang & Quang Nam | | |
|---|------------|-----------|
| | 2013 -2016 | 2017-2018 |
| Number of nurses trained Da Nang | 45 | |
| Number of nurses trained Da Nang and Quang Nam | | 17 |
| Competency Assessment introduced in 2017 Mean score 16 candidates | | 72% |
| Competency Assessment introduced in 2017 Mean score 16 candidates | | 55% |
| Number of United Kingdom volunteer Advanced Nurse Practitioners | | 20 |
| Our longitudinal study of nursing and parental views and attitudes noted a growth in professional satisfaction amongst nursing staff and increased engagement from parents, both of which are important elements of sustained high quality neonatal care. The study is available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5505145/ | | |

Neonatal nurse training, Hanoi

In January 2018, to support the post graduate training programme we commissioned a nursing assessment by Oxford University Hospital, to establish the training needs of nurses working with the neonatal intensive care unit.

There is no current specific post-graduate neonatal nurse training available. Therefore, nurses who have worked on the unit for 2 or 20 years have only the specific neonatal knowledge they have gained from nursing, medical colleagues or short course. The depth and standard of this knowledge varies but at best is limited.

The assessment included direct clinical observation, consultations and interviews with the nurses which gave valuable insight into the roles that were expected of the nurses and the daily routines that were observing on the neonatal unit.

Workshop forums were conducted to discuss nurse to patient allocation and integrated nursing care. An assessment test based on UK QIS questions with a mixture of multiple choice answers and questions requiring application of knowledge to practice was undertaken by eighty-eight nurses under exam conditions.

The assessment report made recommended a system approach to teaching with supervised embedding of theory to practice with sessions on accountability and responsibility within nursing practice to highlight the consequences of the potential of unsafe practice and how to have a more robust system.

| Impact - Neonatal Nurse Training, Hanoi | |
|--|--------------------------------|
| Neonatal Nurse Training | 2017-2018 |
| Nursing Assessment Completed | |
| Number of nurses assessed | 88 |
| Assessment test results | Range from 31.5% to 87.5% |
| Training Provider Brief developed and tendered | Selection of Training Provider |
| Training Partnering Collaboration awarded to Edinburgh Napier University | |
| Number of United Kingdom volunteer Advanced Nurse Practitioners | 2 |

Research

This is a longitudinal study that is examining long term outcomes of former premature infants discharged from the neonatal intensive care unit (NICU) at the Da Nang Hospital for Women and Children. All infants less than 1500 grams and/or less than 34 weeks of gestation are eligible for this follow-up study until at least 24 months of age for the period following our education intervention 2016-2018. The infants will return to the clinic to have a neurodevelopmental assessment completed by trained Da Nang Hospital for Women and Children physicians at 6-9 months, 12-15 months, and 18-24 months corrected age.

The primary aim of the study is to determine the predictors of neurodevelopmental outcome using successive prediction based on: 1) neonatal diagnoses and medical risk factors and 2) behavioral and neurological variables derived at hospital discharge, 6-9 months of age, and 12-15 months of age in-order-to evaluate the effects of neonatal intensive care treatment regimens on infant outcome at 18-24 months of age.

A secondary aim of the project is the establishment of a high-risk infant follow-up (HRIF) program that will continue to identify infants with neurodevelopmental delay or impairment who may benefit from early medical intervention and developmental stimulation long after the study is finished. The study will be completed in 2019.

Equipment

We have continued to provide essential items of equipment and medical text books to support the development of a library for junior doctors at the Da Nang Hospital for Women and Children and Vietnam National Children's Hospital.

Our focus this year has been on equipment for babies who need some support to breathe and can be cared for using non-invasive respiratory assistance from a Continuous Positive Airway Pressure (CPAP) machine. Research has shown that CPAP is less injurious to the lungs than mechanical ventilation. The major concepts that embrace lung protection during CPAP are the application of spontaneous breathing at a constant distending pressure and avoidance of intubation and positive-pressure inflations. A major topic for current research focuses on whether premature infants should be supported initially with CPAP following delivery, or after the infant has been extubated following prophylactic surfactant administration. We have encouraged supporting all spontaneously breathing babies with CPAP and specifically to use CPAP to enable low birth weight babies to receive breathing support and to be Kangaroo Mother Care nursed by their mothers.

With the generous support of a grant from the British Business Group we provided Dolphin Bubble CPAP machines for Da Nang Hospital for Women and Children

We have invested in equipment to support simulation training for our intermediate provincial hospital training and for our planned national Newborn Life Support training programme.

Fundraising

Newborns relies on donations to support our work to end preventable newborn deaths, enable our policy work to standardise medical education and training, examinations and assessments, and make them more practical and clinically focussed and deliver training programmes that are embedded in the Vietnamese hospital system, which are replicable and sustainable.

Our supporters, sponsors and the babies and families that need our help are at the heart of everything we do. We are grateful to the thousands of people, companies and Foundations who continue to support us. Our work would not be possible without them.

We have continued to develop and grow our successful 'Inspired to Run', 'Inspired to Ride' events and to build partnerships with the major sports events organisers and leading companies in Vietnam who are promoting healthy lifestyles and the belief in the power of sports to transform lives.

We have reviewed our communications in preparation for the new data protection legislation in May 2018, we updated our privacy policy and reviewed the way we communicate with our supporters.

We were very proud to join with the VNG Corporation for their first 12+ 1 community running event and to witness the incredible impact of VNG Run Club in creating a healthier, warmer and more compassionate community. The impact of this run was two-fold; one, raising much needed capital to fund our programmes and two and perhaps more importantly, bringing awareness and spreading the news of our important mission to give every newborn the chance to celebrate his or her first birthday to the broader Vietnamese community.

Cycle a Difference 2017 was a bespoke cycle ride for Hogan Lovells and Lee and their clients, a truly inspiration three days in the stunning landscape of the central highlands. The pride and elation at completing this tough challenge finished with an emotional visit to the neonatal nursery at Da Nang Hospital for Women and Children.

Once again the Newborns relay teams were triumphant at the Techcombank Ironman 70.3 Da Nang, and we continued to enjoy wonderful support from the professional athletes for the traditional running with the Pros event to raise awareness and funds.

Our end of year Cycle a Difference event, brought together teams from Hong Kong, Vietnam and the United Kingdom, we started the four-day challenge with a visit to the Lao Cai Obstetric Hospital and Newborn unit, to present vital equipment with funds donated from the Vietnam Mountain Marathon. We were all touched by the simple request for international training and very basic equipment to help drive down the high levels of neonatal, in one of the poorest provinces in Vietnam.

We welcomed a new association with the Peter Bennett Foundation, Goldman Sachs Gives and the Manan Trust, we highly appreciated the continuing support of Vietnam Airlines.

In 2017 we have continued to build our sports platform with ever greater participation, bringing together more communities and companies. We have developed the organisational structure to support our expansion and are forging new relationships to secure institutional funding for our major programmes.

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.

In this year, at over £130k, spend on charitable activities has been higher than any previous year, the bulk of the spend (83%) being on training activities. Similarly, at almost £300k, income is over 30% higher than the previous best year, which has been primarily due to a significant increase in large corporate donations.

With cash resources of £337k in hand at the end of year, again the highest ever figure since its formation in 2011, the charity is well placed to develop its activities in 2018/19.

Reserves Policy

Bearing in mind the charity's minimal operational expenditure obligations, primarily because no staff are employed, or premises rented, the Trustees decided for this year that it was not necessary to hold reserves. However, at the end of the year the first member of staff was taken on in Vietnam, and therefore in 2018/19, the reserves policy will be reviewed bearing in mind this changed situation.

Next year: our targets for 2018-2019

We will continue to support the Ministry of Health and our public-sector partners to review and standardise medical education and training, examinations and assessments, and make them more practical and clinically focussed with a clear demarcation of clinical practice and research career paths. Promote and support a review of training content to promote a focus on the balance of practical clinical skills, professionalism and ethics.

We will advocate for mandatory resuscitation training for healthcare professionals involved in the delivery and care of the newborn infant and explore with our partners setting up a Vietnam National Resuscitation Council.

We will complete our pilot post graduate training for junior doctors at Level I at the Vietnam National Children's Hospital and commence specialist nurse training develop integrated team work and introduced family friendly care.

We will continue to build capacity at Vietnam National Children's Hospital in Hanoi to become a neonatal centre of excellence, act as the host hospital for the pilot managed network and administer a safe neonatal transport system and carry out assessments to inform the training for hospitals for inclusion in the network.

We will develop and pilot a training course for general and provincial hospitals to improve resuscitation skills and recognition of the sick newborn, provide guidance on immediate care and stabilisation and to suggest frameworks for escalation of care when relevant.

We will continue to evaluate the impact of our education interventions on mortality and morbidity, and through our research and evidence base address the factors that limit improvements in care in middle income countries.

Trustees' statement and responsibilities

The trustees (who are also directors of Newborns Vietnam for the purposes of company law) are responsible for preparing the Trustees' Report (incorporating the directors' report) and the financial statements in accordance with applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company [and the group] and of the income and expenditure of the charitable [company/group] 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 accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements, and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for maintaining proper accounting records which 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.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditors are unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

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 17th December 2018 and signed on its behalf by:



Chair of Trustees

17-12-2018

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

Opinion

We have audited the financial statements of Newborns Vietnam (the 'Charity') for the year ended 31 March 2018 which comprise the Statement of Financial Activities, the Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 31 March 2018 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice;
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report (incorporating the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' report (incorporating the directors' report) have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

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

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

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us;
- the financial statements are not in agreement with the accounting records and returns;
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not obtained all the information and explanations necessary for the purposes of our audit.

Responsibilities of the trustees

As explained more fully in the trustees' responsibilities statement, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

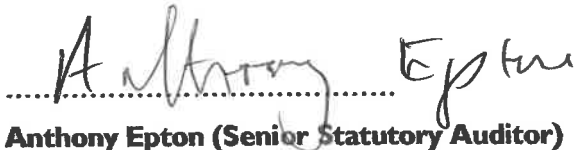
Our responsibilities for the audit of the financial statements

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

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

Use of our Report

This report is made solely to the Charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Charity'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 Charity's members as a body, for our audit work, for this report, or for the opinions we have formed.



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: 20 October 2018

Statement of Financial Activities

(incorporating Income and Expenditure Account)

For year-end 31st March 2018

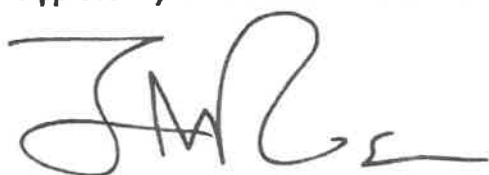
| | Unrestricted funds | Restricted funds | Total 2017/18 | Total 2016/17 |
|---|-----------------------|---------------------|------------------|------------------|
| | £ | £ | £ | £ |
| Incoming from: | | | | |
| Donations (Individual & Corporate) | 129,629 | 48,284 | 177,913 | 21,053 |
| Charitable Activities (Grants) | - | 7,474 | 7,474 | 5,082 |
| Other trading activities 5 | 113,289 | - | 113,289 | 99,210 |
| Other incoming (Bank interest) | 749 | - | 749 | 707 |
| Total incoming resources | 243,667 | 55,758 | 299,425 | 126,052 |
| Expenditure on: | | | | |
| Raising funds 6 | 25,809 | - | 25,809 | 14,391 |
| Charitable activities 7 | 130,771 | 14,632 | 145,403 | 57,289 |
| Resources expended | 156,580 | 14,632 | 171,212 | 71,680 |
| Net incoming / (outgoing) resources before transfers | 87,087 | 41,126 | 128,213 | 54,372 |
| Transfer between funds | (6,747) | 6,747 | - | - |
| Other recognised gains/(losses) | | | | |
| Foreign Exchange gains / losses | - | - | - | 2,016 |
| Net Movement in funds | 80,340 | 47,873 | 128,213 | 56,388 |
| Balance brought forward | 188,899 | - | 188,899 | 132,511 |
| Total funds carried forward 13 | 269,239 | 47,873 | 317,112 | 188,899 |

Balance sheet at 31st March 2018

| | | Unrestricted Funds | Restricted Funds | 2017/18 £ | 2016/17 £ |
|-----------------------|------------------------------------|-----------------------|---------------------|----------------|----------------|
| CURRENT ASSETS | | | | | |
| | Stocks | 2,694 | - | 2,694 | 1,839 |
| | Pre-payments | 314 | - | 314 | - |
| | Debtors 11 | 11,603 | - | 11,603 | 3,850 |
| | Cash at bank and in hand | 289,546 | 47,873 | 337,419 | 196,815 |
| | | 304,157 | 47,873 | 352,030 | 202,504 |
| CREDITORS | | | | | |
| | Amounts falling due in one year 12 | 34,918 | - | 34,918 | 13,605 |
| | NET CURRENT ASSETS | 269,239 | 47,873 | 317,112 | 188,899 |
| FUNDS | | | | | |
| | 13 | | | | |
| | Unrestricted funds | | | 269,239 | 188,899 |
| | Restricted Funds | | | 47,873 | - |
| | TOTAL FUNDS | | | 317,112 | 188,899 |

The financial statements have been prepared under the historical cost convention, and in accordance with the Companies Act 2006 and the requirements of the Statement of Recommended Practice, Accounting and Reporting by Charities.

Approved by the trustees on 17th December 2018 and signed on their behalf by:



.....

John Nicholas Robinson – Trustee

Company registration no. 07787718

The attached notes form part of the financial statements.

Notes to financial statements for the year ended 31st March 2018

I 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.

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.

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.

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.

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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.

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 2016/17 £ |
|------------------------------------|----------------------------|--------------------------|-----------------------|
| Incoming from: | | | |
| Donations (Individual & Corporate) | 15,313 | 5,740 | 21,053 |
| Charitable activities | - | 5,082 | 5,082 |
| Other trading activities | 99,210 | - | 99,210 |
| Investments | 707 | - | 707 |
| Total income | 115,320 | 10,822 | 126,052 |

| | | | |
|--|----------------|----------------|----------------|
| Expenditure on: | | | |
| Raising funds | 14,391 | - | 14,391 |
| Charitable activities | 42,866 | 14,423 | 57,289 |
| Total expenditure | 57,257 | 14,423 | 71,680 |
| Net income / (expenditure) for the year | 57,973 | (3,601) | 54,372 |
| Transfer between funds | (3,601) | 3,601 | - |
| Net income / (expenditure) before other recognised gains and losses | 54,372 | - | 54,372 |
| Other recognized gains / (losses) | 2,016 | - | 2,016 |
| Foreign Exchange gains / (loss) | | | |
| Net movement in funds | 56,388 | - | 56,388 |
| Balance brought forward | 132,511 | - | 132,511 |
| Total funds carried forward | 188,899 | - | 188,899 |

Exchange Rates

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

Trustee Remuneration and benefits.

There were no trustees' remuneration or other benefits for the period ending 31st March 2018.

There were no trustees' expenses paid for the period ended 31st March 2018, other than those noted in the related parties note.

| | | |
|--|----------------|----------------|
| 5 Other trading activities | 2017-18 | 2016-17 |
| | £ | £ |
| Fundraising events | 113,299 | 99,210 |
| 6 Cost of generating voluntary income | 2017-18 | 2016-17 |
| | £ | £ |
| Fundraising activities | 25,809 | 14,391 |
| 7 Charitable activities | 2017-18 | 2016-17 |
| | £ | £ |
| Medical staff training | 109,433 | 37,121 |
| Medical equipment and consumables | 20,134 | 8,514 |
| Medical facilities | - | 426 |
| Research | 2,598 | 4,133 |
| | 132,165 | 50,194 |
| Add Governance costs | 13,238 | 7,095 |
| | 145,403 | 57,289 |

| 8 Governance costs | 2017-18 | 2016-17 |
|--|-----------------|----------------|
| | £ | £ |
| Bank charges | 284 | 242 |
| Operational costs | 9,954 | 3,853 |
| Audit fees | 3,000 | 3,000 |
| | <u>13,238</u> | <u>7,095</u> |
| Less: Allocated to charitable activities | <u>(13,238)</u> | <u>(7,095)</u> |
| | - | - |
| 9 Analysis of Staff Cost | 2017-18 | 2016-17 |
| | £ | £ |
| Executive Assistant as from 01.12.17 | | |
| Wages | 2,802 | - |
| On-costs | 736 | - |
| | <u>3,538</u> | <u>-</u> |

None of the employees received employee benefits (excluding employer pension) during the year of more than £60,000 (2017: none).

Staff numbers

The average number of employees (head count based on number of staff employed) during the year was one (2017: none).

| 10 Stock | 2017-18 | 2016-17 |
|--|----------------|----------------|
| | £ | £ |
| Finished goods | <u>2,694</u> | <u>1,839</u> |
| 11 Debtors | 2017-18 | 2016-17 |
| | £ | £ |
| Donations made, but not yet received | 11,603 | 3,850 |
| 12 Creditors: amounts falling due within one year | 2017-18 | 2016-17 |
| | £ | £ |
| Accruals | 9,292 | 3,000 |
| Other creditors | <u>25,626</u> | <u>10,605</u> |
| | <u>34,918</u> | <u>13,605</u> |

13 Movement in funds

| | At 1.4.16 | Net movement in funds | Transfer between funds | At 31.3.17 |
|-----------------------|-----------|-----------------------|------------------------|------------|
| | £ | £ | £ | £ |
| Unrestricted | | | | |
| - General fund | 132,511 | 59,989 | (3,601) | 188,899 |
| Restricted funds | | | | |
| - Medical Equipment 1 | - | (1,264) | 1,264 | - |
| - Medical Equipment 2 | - | (2,337) | 2,337 | - |
| Sub-Total | - | (3,601) | 3,601 | - |
| Total funds | 132,511 | 56,388 | - | 188,899 |

Net movement in funds

| | Incoming resources | Resources expended | Movement in Funds |
|-----------------------|--------------------|--------------------|-------------------|
| | £ | £ | £ |
| Unrestricted | | | |
| - General fund | 117,246 | 57,257 | 59,989 |
| Restricted | | | |
| - Medical Equipment 1 | 5,082 | 6,346 | (1,264) |
| - Medical Equipment 2 | 5,740 | 8,077 | (2,337) |
| Sub-Total | 10,822 | 14,423 | (3,601) |
| Total funds | 128,068 | 71,680 | 56,388 |

| | At 1.4.17 | Net movement in funds | Transfer between funds | At 31.3.18 |
|---------------------------|-----------|-----------------------|------------------------|------------|
| | £ | £ | £ | £ |
| Unrestricted | | | | |
| - General fund | 188,899 | 87,086 | (6,747) | 269,239 |
| Restricted funds | | | | |
| - Medical Equipment | - | (6,341) | 6,341 | - |
| - Medical Consumables | - | (406) | 406 | - |
| - In Safe Hands Programme | - | 47,873 | - | 47,873 |
| Sub-Total | - | 41,126 | 6,747 | 47,873 |
| Total funds | 188,899 | 128,212 | - | 317,112 |

Net movement in funds

| | Incoming resources £ | Resources expended £ | Movement in Funds £ |
|---------------------------|----------------------------|----------------------------|---------------------------|
| Unrestricted | | | |
| - General fund | 243,667 | 156,580 | 87,087 |
| Restricted | | | |
| - Medical Equipment | 7,474 | 13,815 | (6,341) |
| - Medical Consumables | 411 | 817 | (406) |
| - In Safe Hands Programme | 47,873 | - | 47,873 |
| Total | 55,758 | 14,632 | 41,126 |
| Total funds | 299,425 | 171,212 | 128,213 |

14. Analysis of net assets between funds

Year Ended 31 March 2018

| | General unrestricted £ | Restricted £ | Total funds £ |
|--|------------------------------|-----------------|---------------------|
| Net current assets | 269,239 | 47,873 | 317,112 |
| Net assets at the end of the year | 269,239 | 47,873 | 317,112 |

Year Ended 31 March 2017

| | General unrestricted £ | Restricted £ | Total funds £ |
|--|------------------------------|-----------------|---------------------|
| Net current assets | 188,899 | - | 188,899 |
| Net assets at the end of the year | 188,899 | - | 188,899 |

15 Analysis of cash and cash equivalents

| | At 1 April 2017 £ | Cash flows £ | 31 March 2018 £ |
|--|-----------------------------|------------------------|---------------------------|
| Cash at bank and in hand | 196,815 | 140,603 | 337,418 |
| Total cash and cash equivalents | 196,815 | 140,603 | 337,418 |

| | At 1 April 2016 £ | Cash flows £ | 31 March 2017 £ |
|--|-----------------------------|------------------------|---------------------------|
| Cash at bank and in hand | 154,321 | 42,494 | 196,815 |
| Total cash and cash equivalents | 154,321 | 42,494 | 196,815 |

16 Related party transactions

- A** During the year under review, Mr N. Robinson, trustee, paid £18,047.45 expenses on behalf of the charity. None of these were personal expenses. The amount owing to Mr N. Robinson at the year-end is £18,047.45
- B** During the year under review, Mrs S. Lubran, trustee, paid £7,577.90 expenses on behalf of the charity. None of these were personal expenses. The amount owing to Mrs S. Lubran at the year-end is £7,577.90.