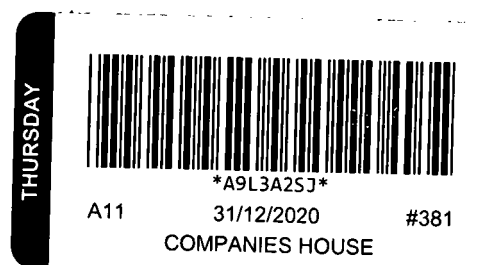


**Registered Company Number 07787718 (England & Wales)**  
**Registered Charity Number 1144562**

## **Trustees' Annual Report and Accounts**

For the year ended 31<sup>st</sup> March 2020



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.

We are a very focused enterprise that supports the Vietnamese government's healthcare agencies make fundamental improvements to the country's neonatal care systems. We work not just through advocacy, but by active, practical partnerships that deliver measurable results to prove the change strategies, and engender their adoption at a national level, maximising the benefit to society.

In Vietnam, the healthcare system and standards of care for preterm and sick babies trail those of more developed countries. While newborns have a better chance of survival than ever before in Vietnam, the majority of under-5 deaths still occur during the first year (82 per cent) and the first month (61 per cent).<sup>1</sup>

Outside of high-income settings, there are almost no specialist neonatal training programmes for doctors and nurses. Many newborn lives could be saved and morbidity prevented by strengthening the existing hospital-based care within Vietnam. There are serious constraints to overcome relating to low staffing levels and poorly equipped facilities. These constraints are compounded by a lack of specific knowledge and competencies in dealing with small and sick newborns amongst existing clinicians and nursing staff.

Newborns Vietnam champions the right for every baby and their mother to receive the best possible care. We work in partnership with the Vietnamese health authorities and public hospitals to eliminate harmful and outdated practice, and empower health professionals and leaders to lead systemic change. 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.

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<sup>1</sup> <https://www.unicef.org/vietnam/maternal-child-health>

## About our five-year strategic plan

In 2019 we reviewed our strategic priorities. Our wider involvement with the City of Hanoi's hospitals and northern provincial hospitals gave us a deeper understanding of the limitations of a highly theoretical medical and nursing education system, the lack of both an organisational framework for the designation of care in the lower-level hospital and a safe transport service. These issues need addressing if Vietnam is to bring its neonatal care services into line with the better care provided within high-income countries. This includes not just the training requirements for the top specialist hospitals with neonatal intensive care units (NICUs), but the need for appropriate training for, and management of, neonatal care at all levels of hospitals.

Our findings remained consistent with the content and focus of our programmes and can be summarised as;

- the need for standardised post-graduate training for neonatal doctors and nurses including work-based competency assessment, through the establishment of a revised national curriculum,
- the need for standardised resuscitation training and internationally recognised certification through the establishment of a National Resuscitation Organisation for Vietnam,
- the need for the establishment of managed neonatal networks, with standard guidelines, an appropriate level of training and the provision of a safe transport system, to ensure that babies receive the care they need wherever they are born and can be promptly and safely moved to more specialised neonatal units if necessary.

During the past year, we have developed a framework of action for how Newborns Vietnam can meet these needs and to inform our new five-year business plan, beginning in 2020 and completing in early 2026, that will support the government authorities to;

- institute a new Neonatal Curriculum for post-graduate paediatric and neonatal training for doctors and nurses including work-based competency assessment,
- train a faculty of resuscitation instructors and establish a National Resuscitation Organisation for Vietnam (VNRO), and
- establish a pilot Managed Neonatal Network in Hanoi.

# 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  
Da Nang City  
Vietnam

## Chairman of the board of trustees

Mr. Ivor Cosimo Jencks

## Trustees

Dr. Duncan Macrae (Vice Chairman)  
Mrs. Suzanna Lubran MBE, Executive Director  
Mr. Tien Hoanh Nguyen  
Professor. John Colin Partridge (resigned 12<sup>th</sup> December 2019)  
Mr. Desmond Poon,  
Mr. John Nicholas Robinson (Treasurer)  
Mr. Bang H Trinh  
Mr. Martin Reimann (appointed 12<sup>th</sup> December 2019)

### **Auditors**

Goldwins Chartered Accountants  
75 Maygrove Road  
London NW6 2EG

### **Solicitors**

Hogan Lovells International LLP  
38th Floor, Bitexco Financial Tower  
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# 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 26<sup>th</sup> September 2011 and governed by its Memorandum and Articles of Association dated 15<sup>th</sup> 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 (who 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 Medical, Education and Finance, committees, 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 vision and values

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.

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.

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.

Openness – we are committed to a culture of teamwork 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

It is with great pleasure and pride that we share with you our achievements of 2019.

The highlights and headline outcomes are impressive, 150+ doctors, nurses and midwives from Vietnamese Hospitals received training to UK standards with over 7,500+ hours of training provided in Vietnam by our UK volunteer doctors and nurses. We congratulated doctors at the Vietnam National Children's Hospital for achieving excellent examination results and for their great effort to undertake post graduate study in English and work full-time. This is a huge achievement and one that is already supporting major improvements in outcomes with a 26% reduction in the neonatal mortality rate and an 18% reduction in the rate of infection as cause of death.

With Ministry of Health support and in partnership with Vietnam National Children's Hospital, Newborns Vietnam secured Course Provider status from the European Resuscitation Council (ERC) (the regulatory body for countries outside the UK) to deliver a national Newborn Life Support (NLS) programme with ERC accreditation in Vietnam. We launched the first NLS courses in June and over the year our UK NLS instructors trained 111 doctors, nurses & midwives from 10 hospitals, 20 participants being selected for instructor training. The aim over the next four years is to develop a self-sustaining body of Vietnamese instructors to roll out the programme across the country, but as an essential component, still delivered to the European Resuscitation Council standard.

Our UK/Hanoi neonatal network planning group has worked tirelessly to adapt the international network model to suit the Vietnamese context, developed standard guidelines, and created training plans for each hospital which are to be led by a team of doctors and nurses who have completed UK neonatal training. Initially, the effect of the network model will be introduced as a pilot involving nine hospitals in Hanoi, covering the centre and north of the city. The hospitals will provide different levels of care according to their capacity, skills and facilities. The aim is to provide the right level of care at the right time by appropriately trained staff for every baby, underpinned by a dedicated neonatal transport service. The key to key to success is reducing the overloading at the central hospitals, improving facilities and care at local hospitals.

I am very proud of our nurse education partnership with Edinburgh Napier University, the impact of investing in training for qualified nurses at the Vietnam National Children's Hospital and St Paul Hospital is inspirational. The change in less than a year is remarkable, doctors and nurses have come to understand the vital role of parents and the benefits of good developmental care and a family care model. We have enabled parent visiting in neonatal intensive care units, an achievement that gives great happiness to many families. It was a very special day when we guided the introduction of Kangaroo Mother Care, and breastfeeding for stable babies by their mothers.

One of the many high points of the year for me was seeing the first two cohorts of nurses graduate, pride shone on their faces as they received their Edinburgh Napier University certificate.

In 2019, we also saw massive growth in community engagement with our sports community network mobilising tens of thousands of amateur and professional athletes to raise awareness of our work to end preventable newborn deaths in Vietnam.

Partnerships forged through endurance sports have opened the door to Vietnamese and international corporate support with companies providing; funding for critical elements of our work, an IT system to support doctors learning, a database for our pilot Hanoi neonatal network hospitals to share information and measure outcomes, and to purchase essential equipment to save more newborn lives.

**Mr Ivor Cosimo Jencks, Chairman the Board of Trustees**

## How we work - Impact in the year

From our direct experience and research, we have identified the three most important factors that could improve neonatal care outcomes in Vietnam:

- 1) the implementation of standardised post-graduate training for neonatal doctors and nurses including work-based competency assessment, through the establishment of a revised national curriculum,
- 2) the implementation of standardised resuscitation training and certification through the establishment of a National Resuscitation Organisation for Vietnam, and
- 3) the establishment of managed neonatal networks across the country. Within each network the hospitals provide supportive integrated family care to include Early Essential Newborn Care (EENC), Kangaroo Mother Care (KMC), use standard guidelines and work together to provide different levels of safe consistent care. Each network would have a dedicated transport system to move sick babies safely to the hospitals in the network that provide the more specialised care.

2019 was a successful year, we built a firm foundation for the implementation phase of the Hanoi Pilot Neonatal Network (HNN). With Vietnam National Children's Hospital (VNCH), Phu San Hanoi and St Paul Hospital, our team of UK neonatal experts advised and supported an assessment of six lower-level hospitals to review their facilities, equipment, capacity and training need. A report was shared with each hospital details areas for improvement and immediate training needs. All lower-level hospitals committed to improving their facilities and services and collectively we developed the Hanoi Network Hospital 'Patient Promise' - the focus being on getting the basics right:

- An enjoyable birthing experience.
- A Clean, safe and pleasant environment.
- Appropriate facilities and equipment.
- Professional friendly and supportive staff.
- Family members happy with care and access/visiting.

We established the key priorities; improving delivery room ambience, more privacy and support for mothers, and full implementation of EENC and resuscitation training.

In February our UK data expert spent time with each hospital understanding their data systems and agreeing the specification for the network data base. Each hospital committed to collecting the data to evidence if the network is working - are the right babies in the right place and is mortality reducing and outcomes improving? The launch of the pilot network was delayed by the Vietnam COVID lockdown so planning continued on-line.

Newborns Vietnam and VNCH were granted course provider status by the European Resuscitation Council (ERC) the regulatory body for countries outside the UK, and our plan to develop a self-sustaining Vietnamese body to provide a national mandatory accredited Newborn Life Support Training, a training plan and a timetable to achieve a fully trained Vietnamese Faculty (NLS instructors). We welcomed UK instructors in June and October with 111 doctors, nurses and midwives successfully completing the course and gaining an ERC certificate.

Our nurse training partner Edinburgh Napier University (ENU) delivered a bespoke curriculum to meet the specific learning needs of intensive care nurses in Vietnam. The first cohort of eight nurses were selected to be project champions for improving practice. The training was a great success in terms of learning and empowering nurses their confidence grew throughout the course and a new sense of professionalism developed. They identified barriers to change; the low status of nurses in Vietnam and the lack of integrated working, doctors giving instructions and nurses following. A very important change of practice was implemented three months into the first course; the introduction of Kangaroo Mother Care (KMC) in the intensive care unit and increased KMC in the stable baby nurseries. Twenty-four nurses successfully completed the course and received their certificates from the British Ambassador to Vietnam.

In January we held our second sharing experience seminar in London for our medical, nursing volunteers and other delivery partners. This is our annual review of the volunteer teaching experience, the quality and suitability of the training in the Vietnamese context. The focus was on refining and developing our neonatal teaching materials into a format that could secure approval as a sub-specialty of the paediatric curriculum and adapting the UK neonatal network model.

In March as COVID situation became more acute we developed a blended learning system, with an on-line repository for training materials and biweekly programme for two hospitals to continue their UK Level 1 post graduate training, the sessions are clinically focused, with a case presentation, discussion followed by teaching around specific issues relating to the case.

In response to the COVID-19 pandemic we launched two online learning programmes. The first is a revision programme designed as a series of practical scenarios to use the knowledge the doctors have gained, test how they would apply it, tease out gaps and promote discussion about their clinical practice and decision making. The second is more instructional around specific cases, and the Vietnamese Doctors present the case as if on the daily ward round with a UK consultant, with results, X-rays etc. with discussion on the management of that case. Depending on the case, a second teaching session is linked to it, but the teaching is much broader. What began as a necessity is proving to be a very valuable additional teaching aid that lends itself well to providing top-up training for general and provincial hospitals.

We continued to support the Ministry of Health's medical education reform and with a week-long workshop led by Dr Christine Pierce and Dr David Evans, Royal College of Paediatrics and Child Health, to develop a curriculum to support general paediatric training, determine the content, and determine how to develop appropriate education supervision. The programme was structured to gather information, facilitate discussion and get input from leading hospitals and medical Universities, culminating in a drafting session to produce a road map for a general paediatric curriculum (neonatology sub-specialty flow from this work) that was submitted to the Ministry of Health to support their review of medical education.

# Neonatal post graduate training for junior doctors in Da Nang and Hanoi

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 15% of doctors are paediatric specialists, and there is no neonatal nurse specialist training within nurse education. These 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 (VNCH) in 2017, and Phu San Hanoi and St Paul Hospital, Hanoi in 2019.

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, and its 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.

## Da Nang Hospital for Women and Children

Doctors at Da Nang Hospital for Women and Children completed their UK Level 2 training in 2018 and they have made many changes to their clinical practice with a year-on-year reduction in mortality. We are providing on-going support to 2021 with additional training placements at UK hospitals.

Da Nang Hospital for Women and Children (maternity hospital)			
Year	Admissions	Deaths	Mortality Rate
2017	3223	74	2.3%
2019	3412	62	1.82%
Improvement in mortality rate in 2 years			20.9%
Breastfeeding has increased from 49% in 2014 to almost 100% in 2019, note some sick pre-term newborns receive breastmilk from the Human Milk Bank			

### Vietnam National Children's Hospital

Following the successful completion of Post Graduate Level 1 training in 2018, under which 14 VNCH Doctors met Level 1 Assessment requirements, 11 Doctors joined the Level 2 training programmes, which completed within 2019, 8 passing their Examinations.

Level 2 Post Graduate Training	Doctors Training	Doctors Passing Examination
Vietnam National Children's Hospital, Group 1	3	3 (100%)
Vietnam National Children's Hospital, Group 2	8	5 (63)%

### Impact of Education Intervention on Outcomes

A core data collection system was established at VNCH in 2017 to evidence the impact of our education intervention and build our understanding of number of babies transferred within Hanoi and the reason for admissions. All babies have a data collection form in their notes. The data set includes, the referring hospital details, all aspects of medical care and outcomes.

From the first two years of data collection, we can see the impact of poor diagnosis pre-admission to VNCH, delayed transfer from general and district hospitals within Hanoi and twenty-eight provinces and importantly a reduction in neonatal mortality.

Vietnam National Children's Hospital (referral hospital)			
Year	Admissions	Deaths	Mortality Rate
2017	3733	475	12.7%
2019	3783	348	9.34%
Improvement in mortality rate in 2 years			26.80%
Breastfeeding is increasing around 49% and will be greatly supported by the development of a Human Milk Bank, planned for 2020.			

**Phu San Hanoi (Hanoi Obstetrics and Gynecology Hospital)**

Pre-Course Assessments in Hanoi	2018	Mean Score for Pre-Course Assessment (Pass mark 60%)
Hanoi Obstetrics and Gynecology Hospital	14	50%

The Phu San doctors have made excellent progress with the Level 1 assessments with half of doctors completing 50% of the assessments. With excellent support from the hospital directors many changes of practice arising from the training have already been implemented; a revised admissions policy which has significantly reduced the unnecessary separation of mother and baby, the use of Continuous positive airway pressure (CPAP) in delivery room, preterm babies transferred in plastic bags to avoid heat loss, delayed cord clamping, review of antibiotic policy, appointment of team leaders for each nursery, and improvements in transfer from delivery suite to the neonatal intensive care unit.

**St Paul Hospital**

St Paul Hospital is an important hospital for the city of Hanoi providing specialist surgery and acting as a gateway hospital for neonatal referrals from lower-level hospitals and from the community. It also has an important role within the pilot network. Following a pre-course assessment in 2018, an eight-week Foundation level training programme for seven doctors and sixteen nurses commenced in February 2019.

Pre-Course Assessments in Hanoi	2018	Mean Score for Pre-Course Assessment (Pass mark 60%)
St Paul Hospital	6	46%
Number of United Kingdom volunteer neonatal consultants		12

With the support of translator, the doctors and nurses engaged well with the training and made many immediate changes to the clinical and nursing care.

## Neonatal nurse training in Hanoi

The first two cohort of nurses undertaking the Edinburgh nurse training for qualified neonatal nurses at Vietnam National Children's Hospital (VNCH), completed a bespoke curriculum designed to meet the specific learning needs of the VNCH intensive care unit. The aim was for the curriculum and training provision to be dynamic and sustainable in the evolving and challenging environment of Vietnam. Delivery was over a 16-week block with 8 weeks theoretical teaching and 8 weeks practice education. In conjunction with face-to-face teaching and clinical practice, an online virtual learning platform (VLP) is provided to implement a blended and interactive teaching and learning approach to the programme.

The use of a Virtual Learning Environment enabled pre-course reading and completion of self-assessment materials leading to more dedicated face-to-face classroom teaching time. Each cohort of neonatal nurse trainees were evaluated by both formative and summative assessments. Each nurse completed a core competence workbook. Clinical competence was assessed by the ENU practice educators either by direct observation of practice or with clinical simulation sessions. Core competencies were successfully achieved by all students.

The formative assessment included MCQ examination at 6 weeks and a group quality improvement project presented in week 15.

Summative assessment comprises of four components:

- Attend 80% of the training/clinical practice sessions.
- Achieve 60% pass rate in the summative multiple-choice question (MCQ).
- Achieve a pass grade in the observed structured clinical examination (OSCE).
- Achieve all of the core clinical competencies during the training period.

All 26 nurses successfully completed the course.

Formative and Summative Assessments					
Cohort No.	No. of Nurses	Average MCQ Pass %	Core Competence Passes	OSCE Passes	
				1 <sup>st</sup> attempt Passes	2 <sup>nd</sup> attempt Passes
1	8	95%	8	6	2
2	16	89%	16	16	0

The course learning outcomes were met but as importantly, the nurses' confidence grew throughout the course and a new sense of professionalism developed. They identified barriers to change; the low status of nurses in Vietnam and the lack of integrated working, doctors give instructions and nurses follow. The nurses identified areas for immediate change in the neonatal nurseries with priority given to the introduction of quiet time with the lights off, scrubbing the hub, and nurses joining the doctors' ward round.

A very important change of practice was implemented three months into the course the introduction of Kangaroo Mother Care (KMC) in the intensive care unit and increased KMC in the stable nurseries. Planning began for the development of a Human Milk Bank.

# Neonatal Network

The development of the pilot Hanoi Neonatal Network is under the guidance of the Hanoi Department of Health with a UK/Hanoi neonatal network planning group comprising UK neonatal experts with a lead Vietnamese doctor from Vietnam National Children's Hospital, Phu San Hanoi and St Paul Hospital. The UK network model has been adapted to suit the Vietnamese context.

A further review of the hospitals selected for inclusion in the pilot Hanoi Neonatal Network took account of geographical proximity, local conditions, number of transfers and supportive leadership. The final selection of 9 hospitals in Hanoi is a mix of central and local hospitals comprising:

- Vietnam National Children's Hospital
- Phu San Hanoi Hospital
- St Paul Hospital
- Duc Giang General Hospital
- Dong Anh General Hospital
- Soc Son General Hospital
- Bac Thang Long General Hospital
- Gia Lam District General Hospital
- Hoai Duc District Hospital

During the year the planning group has carried out further assessments of the facilities at the six lower-level maternity hospitals, designated the level of care that can be provided, and developed standard guidelines and training plans for each hospital. The hospital leaderships have committed to meet the Network Patient Promise and to carrying out improvements to the facilities. The training in 2020-21 will be led by a team of doctors and nurses who have completed UK neonatal training alongside our UK training team.

## Equipment

We have continued to provide essential items of equipment with a focus in 2019 on providing medical sinks, paper towels and dispensers to support our work to reduce hospital acquired infection.

We have invested in additional equipment to support simulation training for our planned national Newborn Life Support training programme, including simple bag and masks for resuscitation at birth and the provision of non-invasive respiratory assistance from Continuous Positive Airway Pressure (CPAP) machines in delivery rooms.

During the assessment of the network hospitals, we drew up a plan of the basic equipment for each hospital, this equipment would support each hospital to safely resuscitate babies at birth and to manage babies that need a little help and thereby avoid transfer to the central hospital.

# Fundraising

In eight years, we have raised awareness across the Vietnamese and International business community, of the need to drive change in the health education system, to get the basics right and move towards world-class care for every baby.

In 2019 we saw massive growth in community engagement with more than 45,000 men and women from all walks of life participating in sports events to support our work. The Vietnamese, international, and business community has taken Newborns to its heart. They see first-hand the need in the hospitals we partner with, our UK teaching in action, the dedication to learning, and the commitment of the Vietnamese doctors and nurses. It is an emotional and inspirational experience.

Partnerships forged through endurance sports have opened the door to corporate support from Vietnamese companies, both financial and in-kind. The latter has helped deliver critical elements of our work, in particular the development of an IT system to support the doctors' learning, and a database for the network hospitals to share information and measure outcomes of essential basic equipment.

The UpRace launched in 2018 reflects the vibrant and diverse Vietnamese community, runners coming from universities, schools, business and sports clubs. More than 32,000 people participated, running 2 million km and raising a total of over £200k for Newborns Vietnam and two other NGO.

Newborns Vietnam is immensely proud of its grassroots, sports-related, fundraising, which in 2019 provided 42% of income, and the very significant in-kind contribution from airlines, hospitality groups, and graphic designers to name just a few.

We don't just work with sports, in 2019 we benefitted from a new initiative, 'eating for newborns', with a % of the signature dish at the Chops restaurants in Hanoi being donated to Newborns Vietnam, the initiative being launched by the famous Vietnamese singer, Ho Ngoc Ha, and movie star Kim Ly.

However, trustees recognise that to deliver our five-year plan, we needed to secure long-term funding for specific programmes and build our delivery capacity. Over the past two years, we have improved our understanding of our audiences and their needs by taking an insight-led approach to help inform our awareness-raising activity. Newborns Vietnam has strengthened its connections politically, with clinicians, researchers and with sponsors highlighting the need to continue to drive change in the health education system, to get the basics right and move towards world-class care for every baby.

Thanks to the support of the Peter Bennett Foundation and the second year of wonderfully generous three-year donation from Edrington, Newborns Vietnam has the support to build our organisational capacity.

Newborns Vietnam will seek funding to roll out the network model and specifically to provide safe transport for critically sick babies. To do this we will look for support

from regional and international Foundations for its programmes that will have both a local and national impact; the focus is on medical education reform, standard curriculum, reference text, resuscitation and AMR research. The more likely support is from Foundations in the Asia Pacific region who are already engaged in Vietnam, with a keen interest in improving health outcomes for mothers and babies, who want to work with an NGO that is influencing and shaping health policy and practice. Newborns Vietnam's long-term partnership with the Vietnamese public health authorities, combined with a robust UK-Vietnam health education partnership, provides a secure foundation for operational success and influencing policy development in the healthcare sector.

# Financial review

During 2019-20, Newborns Vietnam has continued on its path of organisational growth and programme development.

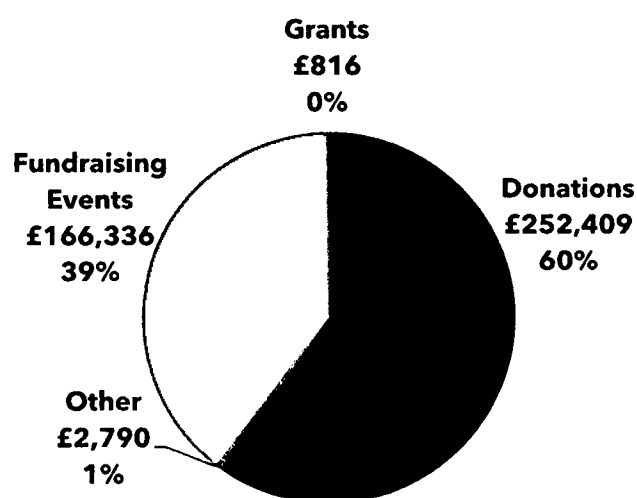
The Charity increased its programme activity during 2019-20 in line with plans developed during 2018-19. With the number of neonatal consultants and clinical educators brought to Vietnam at the highest level ever, and the commencement of training under its contract with a UK University, expenditure on the Charity's training, development and equipment programmes rose considerably. Overall expenditure increased by over 350% from £101k in 2018-19 to £459k in 2019-20.

With the rise of COVID-19 at the end of the year, the Charity's expenditure profile is expected to significantly change in 2020-21. This will be addressed through a review by trustees and incorporated into a revised 5-year business plan.

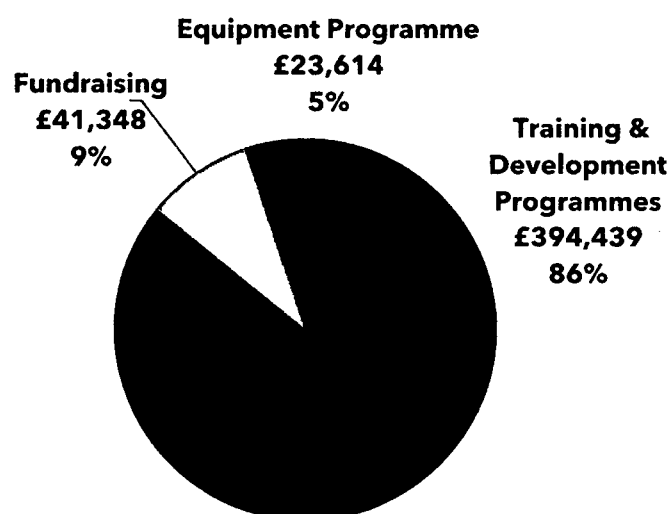
Last year's review reported that the Charity expected that income in 2019-20 would be less than in 2018-19, however the success of fundraising events in 2019 resulted in an income reduction of only 7.6%, total income being £422k in 2019-20 compared to nearly £457 in 2018-19. With income being only £37k less than expenditure during the year, the Charity has retained most of its starting balance from the beginning of the year, holding cash resources of almost £636k to start the 2020-21 year.

With the onset of COVID-19 affecting sports events which are the Newborn Vietnam's key fundraising activity, fundraising is expected to be very challenging in 2020 and beyond, hence this strong financial position for the beginning of 2020-21 is important, as it ensures that the Charity has the resources to continue to operate in a changing financial environment.

## INCOME 2019-20



## EXPENDITURE 2019/20



## Reserves Policy

The charity's trustees have agreed that its reserve policy requires the retention of sufficient financial resources to meet our legal obligations resulting from a closure of the organisation over a three-month period. The calculated sum includes; the gross cost of staff for two months and an allowance for redundancy, a set sum based on the general running costs budget for small contractual commitments, and reasonable allowances for the termination of any large contracts (over £3,375 per annum) that are held. The allowance is reviewed at least on a quarterly basis, or upon the taking on of any new large contractual commitment.

## Next year: our targets for 2020-2021

During the year ahead we intend to implement and support the operation of the pilot Hanoi Neonatal Network covering the centre and north of the city (area 2) and undertake assessments for lower-level hospitals in network areas 1 (east Hanoi) and 3 (south Hanoi in preparation for roll out of the network model across the City.

We plan to complete post graduate training for Phu San Hanoi and St Paul Hospitals, and support the neonatal leaders from these hospitals to fulfil their role as trainers and mentors for the lower-level hospitals.

Whenever there is a change in how healthcare is being delivered, there must be a system in place to monitor the effect of that change. Information is needed to;

- make sure the pilot network is functioning appropriately, based on agreed transfer protocols, are the right babies being cared for in the right place at the right time?
- allow analysis of situations where the network does not appear to be working,
- allow analysis to show that this model of care will improve outcomes for all the babies being cared for in the network, with a reduction in mortality.

The information necessary to monitor the network is obtained by the sharing of data relating to the care and outcome of all babies cared for in all the hospitals within the network.

Therefore, the nine hospitals within the pilot network will all collect data about babies admitted to their neonatal units. This will be shared and discussed at the Network Management Group comprising board members from each hospital. It is intended that the Board will be established in 2020 and operational in 2021.

What Newborns Vietnam and our network hospital partners are doing is introducing what is akin to a 'bundle of care' and testing if this bundle makes a difference. The bundle includes a better environment, guidelines, family centred care, structured training programmes and network working, amongst many other strands.

Care bundles have been recognised as effective ways of improving many aspects of healthcare. A care bundle is a set of interventions that, when used together, significantly improve outcomes even if each part of that bundle alone may not have a significant impact. Aspects of this 'care bundle' include changes of environment and systems of care.

It must be understood that the significant improvements in outcome often come from things that do not at first seem to be 'high tech' intensive care. Newborns Vietnam has been instrumental in driving forward a whole host of very important care packages which have been essential, and without which, outcomes cannot improve no matter how much training you give to nurses and doctors. These include but are not limited to:

- changes to the environment within the unit with more handwashing facilities and overall better cleaning and hygiene,
- better handwashing,
- less noise and other noxious stimuli for the babies, understanding of management of pain,
- developmental care and more parent involvement in the care of their baby,
- better equipment and a better understanding of how this is used,
- guidelines to standardise care,
- improvements in breastfeeding,
- better preparation and use of parenteral nutrition,
- cohort nursing to prevent the spread of infection,
- importance of measuring and auditing care outcomes.

There will be many more which form the basis on which other work can build, to improve care across the network hospitals. Over the first five years of operation of the pilot neonatal network our target is a 25% reduction of neonatal mortality.

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, and promote and support a review of training content to promote a focus on the balance of practical clinical skills, professionalism and ethics.

Thanks to the support of our corporate information and technology partners, the data system for the pilot network, medical teaching assessments and parent experience applications will be developed and tested. These systems will support the evaluation of the impact of our education interventions on mortality and morbidity, and through our research identify 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 of the income and expenditure of the charitable company 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 hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

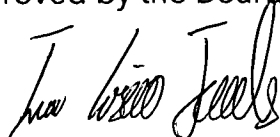
In so far as the trustees are aware:

- 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 17<sup>th</sup> December 2020 and signed on its behalf by:



Ivor Cosimo Jencks, Chair of the Board of Trustees

# 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 2020 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 of 31 March 2020 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: [\[www.frc.org.uk/auditorsresponsibilities\]](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Use of our Report**

This report is made solely to the 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: 29 / 12 / 2020

# Statement of Financial Activities

(incorporating Income and Expenditure Account)

## For year-end 31st March 2020

	Unrestricted funds	Restricted funds	Total 2019/20	Total 2019/18
	£	£	£	£
<b>Income from:</b>				
Donations (Individual & Corporate)	240,876	11,533	252,409	264,192
Charitable Activities (Grants)	-	816	816	18,116
Other trading activities 5	166,336	-	166,336	173,084
Other incoming (Bank interest)	2,790	-	2,790	1,495
<b>Total income</b>	<b>410,002</b>	<b>12,349</b>	<b>422,351</b>	<b>456,887</b>
<b>Expenditure on:</b>				
Raising funds 6	41,348	-	41,348	13,431
Charitable activities 7	377,762	40,291	418,053	87,979
<b>Total expenditure</b>	<b>419,110</b>	<b>40,291</b>	<b>459,401</b>	<b>101,410</b>
<b>Net income / (expenditure) before transfers</b>	<b>(9,108)</b>	<b>(27,942)</b>	<b>(37,050)</b>	<b>355,477</b>
Transfer between funds	(1,936)	1,936	-	-
<b>Other recognised gains/(losses)</b>				
Foreign Exchange gains / losses	1,111	-	1,111	(661)
<b>Net Movement in funds</b>	<b>(9,933)</b>	<b>(26,006)</b>	<b>(35,939)</b>	<b>354,816</b>
<b>Balance brought forward</b>	<b>635,129</b>	<b>36,799</b>	<b>671,928</b>	<b>317,112</b>
<b>Total funds carried forward</b> 13	<b>625,196</b>	<b>10,793</b>	<b>660,989</b>	<b>671,928</b>

## Balance sheet at 31<sup>st</sup> March 2020

		Unrestricted Funds	Restricted Funds	2019/20 £	2018/19 £
<b>CURRENT ASSETS</b>					
	Stocks	3,257	-	3,257	11,922
	Pre-payments	341	-	341	6,213
	Debtors 11	15,007	-	15,007	3,479
	Cash at bank and in hand	637,558	10,793	648,351	665,794
		<hr/> 656,163	<hr/> 10,793	<hr/> 666,956	<hr/> 687,408
<b>CREDITORS</b>					
	Amounts falling due in one year 12	(30,967)	-	(30,967)	(15,480)
		<hr/> 625,196	<hr/> 10,793	<hr/> 635,989	<hr/> 671,928
<b>NET CURRENT ASSETS</b>					
<b>FUNDS</b>					
	Unrestricted funds 13			625,196	635,129
	Restricted Funds			10,793	36,799
				<hr/> 635,989	<hr/> 671,928
<b>TOTAL FUNDS</b>				<hr/> <hr/>	<hr/> <hr/>

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 17<sup>th</sup> December 2020 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 2020

## 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.

### 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.

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

**3 Detailed comparatives for the statement of financial activities**

	Unrestricted funds £	Restricted funds £	Total 2018/19 £
<b>Incoming from:</b>			
Donations (Individual & Corporate)	262,996	1,196	264,192
Charitable activities	18,116	-	18,116
Other trading activities	173,084	-	173,084
Investments	1,495	-	1,495
<b>Total income</b>	<b>455,691</b>	<b>1,196</b>	<b>456,887</b>
<b>Expenditure on:</b>			
Raising funds	13,431	-	13,431
Charitable activities	74,315	13,664	87,979
<b>Total expenditure</b>	<b>87,746</b>	<b>13,664</b>	<b>101,410</b>
<b>Net income / (expenditure) for the year</b>	<b>367,945</b>	<b>(12,468)</b>	<b>355,477</b>
Transfer between funds	(1,394)	1,394	-
<b>Net income / (expenditure) before other recognised gains and losses</b>	<b>366,551</b>	<b>(11,074)</b>	<b>355,477</b>
<b>Other recognized gains /(losses)</b>			
Foreign Exchange gains /(loss)	(661)	-	(661)
<b>Net movement in funds</b>	<b>365,890</b>	<b>(11,074)</b>	<b>354,816</b>
Balance brought forward	269,239	47,873	317,112
<b>Total funds carried forward</b>	<b>635,129</b>	<b>36,799</b>	<b>671,928</b>

**3 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.

**4 Trustee Remuneration and benefits.**

There were no trustees' remuneration or other benefits for the period ending 31<sup>st</sup> March 2020. There were no trustees' expenses paid for the period ended 31<sup>st</sup> March 2020, other than those noted in the related parties note.

**5 Other trading activities**

	2019-20 £	2018-19 £
Fundraising events	166,336	173,084

<b>6 Cost of generating voluntary income</b>	<b>2019-20</b>	<b>2018-19</b>
	<b>£</b>	<b>£</b>
Fundraising activities	19,453	13,431
Add Governance costs	21,895	-
	<u>41,348</u>	<u>13,431</u>
 <b>7 Charitable activities</b>	 <b>2019-20</b>	 <b>2018-19</b>
	<b>£</b>	<b>£</b>
Medical staff training	341,845	45,006
Medical consumables	2,676	6,534
Medical equipment	18,055	-
Research	-	355
	<u>362,576</u>	<u>51,895</u>
Add Governance costs	55,477	36,084
	<u>418,053</u>	<u>87,979</u>
 <b>8 Governance costs</b>	 <b>2019-20</b>	 <b>2018-19</b>
	<b>£</b>	<b>£</b>
Bank charges	1,185	203
Operational costs	73,187	32,881
Audit fees	3,000	3,000
	<u>77,372</u>	<u>36,084</u>
Less: Allocated to fundraising activities	(21,895)	-
Less: Allocated to charitable activities	<u>(55,477)</u>	<u>(36,084)</u>
 <b>9 Analysis of Staff Cost</b>	 <b>2019-20</b>	 <b>2018-19</b>
(Programme and Finance Staff)	<b>£</b>	<b>£</b>
Wages	35,836	18,946
On-costs	878	610
	<u>36,714</u>	<u>19,556</u>

None of the employees received employee benefits (excluding employer pension) during the year of more than £60,000 (2019: none).

### Staff numbers

The average number of employees (head count based on number of staff employed) during the year was two (2019: two). At the end of the year, there were three employees.

<b>10 Stock</b>	<b>2019-20</b>	<b>2018-19</b>
	<b>£</b>	<b>£</b>
Finished goods	<u>3,257</u>	<u>11,922</u>

<b>11 Debtors</b>	<b>2019-20</b>	<b>2018-19</b>
	<b>£</b>	<b>£</b>
Donations made, but not yet received	7,849	3,479
Refunds due, but not yet received	7,158	0
	<u>15,007</u>	<u>3,479</u>

<b>12 Creditors: amounts falling due within one year</b>	<b>2019-20</b>	<b>2018-19</b>
	<b>£</b>	<b>£</b>
Training and operation creditors	28,966	6,172
Other creditors	2,001	9,308
	<u>30,967</u>	<u>15,480</u>

**13 Movement in funds**

	<b>At 1.4.19</b>	<b>Net movement in funds</b>	<b>Transfer between funds</b>	<b>At 31.3.20</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Unrestricted				
- General fund	635,129	(7,997)	(1,936)	625,196
Restricted funds				
- Medical Consumables	-	(1,936)	1,936	-
- In Safe Hands Programme	36,799	(36,799)	-	-
- Ambulance Purchase Fund	-	10,793	-	10,793
Sub-Total	<u>36,799</u>	<u>(27,942)</u>	<u>1,936</u>	<u>10,793</u>
Total funds	<u>671,928</u>	<u>(35,939)</u>	<u>-</u>	<u>635,989</u>

<b>Net movement in funds</b>	<b>Income including gains</b>	<b>Expenditure and losses</b>	<b>Movement in Funds</b>
	<b>£</b>	<b>£</b>	<b>£</b>
Unrestricted			
- General fund	411,113	(419,110)	(7,997)
Restricted			
- Medical Consumables	740	(2,676)	(1,936)
- In Safe Hands Programme	816	(37,615)	(36,799)
- Ambulance Purchase Fund	10,793	0	10,793
Sub-Total	<u>12,349</u>	<u>(40,291)</u>	<u>(27,942)</u>
Total funds	<u>423,462</u>	<u>(459,401)</u>	<u>(35,939)</u>

**Movement in funds 2018/2019**

	<b>At 1.4.18</b>	<b>Net movement in funds</b>	<b>Transfer between funds</b>	<b>At 31.3.19</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Unrestricted				
- General fund	269,239	367,284	(1,394)	635,129
Restricted funds				
- Medical Consumables	-	(1,394)	1,394	-
- In Safe Hands Programme	47,873	(11,074)	-	36,799
Sub-Total	47,873	(12,468)	1,394	36,799
Total funds	317,112	354,816	-	671,928

<b>Net movement in funds</b>	<b>Income including gains</b>	<b>Expenditure and losses</b>	<b>Movement in Funds</b>
	<b>£</b>	<b>£</b>	<b>£</b>
Unrestricted			
- General fund	455,691	(88,407)	367,284
Restricted			
- Medical Consumables	1,196	(2,590)	(1,394)
- In Safe Hands Programme	-	(11,074)	(11,074)
Total	1,196	(13,664)	(12,468)
Total funds	456,887	(102,071)	354,816

**14 Analysis of net assets between funds**  
**Year ended 31 March 2020**

	<b>General unrestricted</b>	<b>Restricted</b>	<b>Total funds</b>
	<b>£</b>	<b>£</b>	<b>£</b>
Net current assets	625,196	10,793	635,989
Net assets at the end of the year	<b>625,196</b>	<b>10,793</b>	<b>635,989</b>

**Year ended 31 March 2019**

	<b>General unrestricted £</b>	<b>Restricted £</b>	<b>Total funds £</b>
Net current assets	635,129	36,799	671,928
Net assets at the end of the year	<b>635,129</b>	<b>36,799</b>	<b>671,928</b>

**15 Analysis of cash and cash equivalents**

	<b>At 1 April 2019 £</b>	<b>Cash flows £</b>	<b>At 31 March 2020 £</b>
Cash at bank and in hand	665,794	17,443	648,351
Total cash and cash equivalents	<b>665,794</b>	<b>17,443</b>	<b>648,351</b>

	<b>At 1 April 2018 £</b>	<b>Cash flows £</b>	<b>At 31 March 2019 £</b>
Cash at bank and in hand	337,419	328,375	665,794
Total cash and cash equivalents	<b>337,419</b>	<b>328,375</b>	<b>665,794</b>

**16 Related party transactions**

During the year under review, Mr. J. N. Robinson, trustee, paid £2,001 expenses on behalf of the charity. None of these were personal expenses. The amount owing to Mr. J.N.Robinson at the year-end is £2,001.

During the year under review, the charity spent £2,558 on trustee travel and meeting expenses.

**17 Post balance sheet events**

The World Health Organization declared the outbreak of the coronavirus a pandemic in March 2020. As we progress through 2020, more information is becoming known about the scale and impact of the coronavirus. The pandemic might have a financial effect on the charity and its operations. This may include changes to project implementation plans, alterations to ways of working and reductions in future donations.