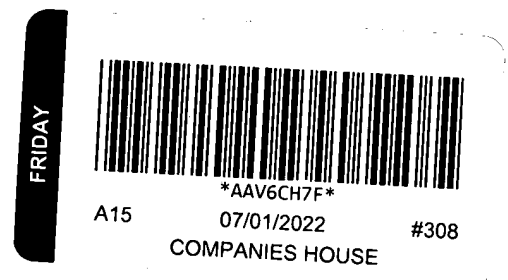


Registered Company Number 07787718 (England & Wales)
Registered Charity Number 1144562

Trustees' Annual Report and Accounts

For the year ended 31st March 2021



newborns
VIETNAM 

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Chairman's statement and annual review

I have had the privilege of being Newborns Vietnam Chairman for three years. The mission to end preventable newborn deaths in Vietnam and the Newborns team's determination to make this happen inspired me to take up the role. It has kept me inspired throughout three terms and will continue to do so in my new role as a passionate supporter and advocate.

I'm looking back on the extraordinary achievements of our staff team, our amazing UK medical and nursing volunteers in sharing British neonatal clinical and nursing expertise, embedding teaching and driving systemic change in the care of mothers and babies in Vietnam.

Over the last nine years, Newborns Vietnam has expanded the geography and reach of our training programmes from one regional hospital in central Vietnam to fifteen hospitals in three Cities and four Provinces. This expansion has impacted on outcomes for hundreds of thousands of babies and their families, with year on year reductions in neonatal mortality.

A highlight for me was the launch of the pilot Hanoi neonatal network by the Director of Hanoi Department of Health and the British Ambassador to Vietnam. Trustees listened with pride to the Director of Health for Hanoi sharing the progress since the signing ceremony in 2019. He outlined our work to adapt the British network model to suit the Vietnam context, the importance of the data systems we have developed with our sponsor technology companies from smart phone apps to a central data base to evidence improvements in care, parent satisfaction, and the impact of the network model.

The last year, of course, has brought challenges none of us could have foreseen. But the public health emergency caused by the pandemic has also focused attention on key policy issues, that are at the heart of our work to drive down mortality rates; Baby Friendly Hospitals, no unnecessary separation of mother and baby, breastfeeding initiated at birth, and the development of Human Milk Banks.

So, it's with sadness, pride and hope that, I hand over the reins to our interim Chairman Dr Duncan Macrae. He will steer Newborns Vietnam through the next stage of the journey to bring about a world where every baby has an equal chance to survive and thrive.

Mr Ivor Cosimo Jencks, Chairman the Board of Trustees

Executive Director's statement

This year, like everyone, we have experienced the enormous contrast between plans and reality. All of us at Newborns Vietnam have faced the unforeseen challenges of the COVID-19 pandemic. Of course, when the coronavirus hit, our immediate priority was to support our partner hospitals to ensure the safety of their staff and patients, Newborns staff and our United Kingdom medical and nursing volunteers. In consultation with the Ministry of Health and Hanoi Department of Health, Trustees took the decision to suspend our UK neonatal postgraduate teaching in April and for our staff to work from home.

Throughout the year I have taken great inspiration from the way our staff, hospital partners, supporters, and most importantly, our UK and Vietnam health professionals have dealt with these unprecedented times. Our priorities changed overnight, with an abrupt stopping of face-to-face UK teaching, the challenge was to maintain the clinical focus of our postgrautes training online and provide more lectures. An interactive programmes based on real time clinical cases presented by Vietnamese doctors to our UK experts, provided a rich ground for assessing clinical decision making, highlighting gaps in knowledge, and maintaining quality and investigatory learning. Given the call on UK doctors time during the height of the pandemic in the UK, an amazing 2,000 hours of dedicated teaching was provided.

Our emergency appeal mid-year to support Da Nang Hospital for Women and Children, in the grips of a huge wave of infections that threatened to overwhelm the health service, with serious knock on effects for the health and futures of newborn infants, saw an overwhelmingly generous response from supporters both existing and new.

This has been a year of impressive achievements despite the disruptions caused by COVID-19. We welcomed the British Ambassador to Vietnam and the Hanoi Director of Health to celebrate the launch of the Hanoi Neonatal Network, a collaboration of nine hospitals sharing their expertise and knowledge, so quality of care in all the hospitals in that network area is improved and every baby receives the right care, at the right place, at the right time.

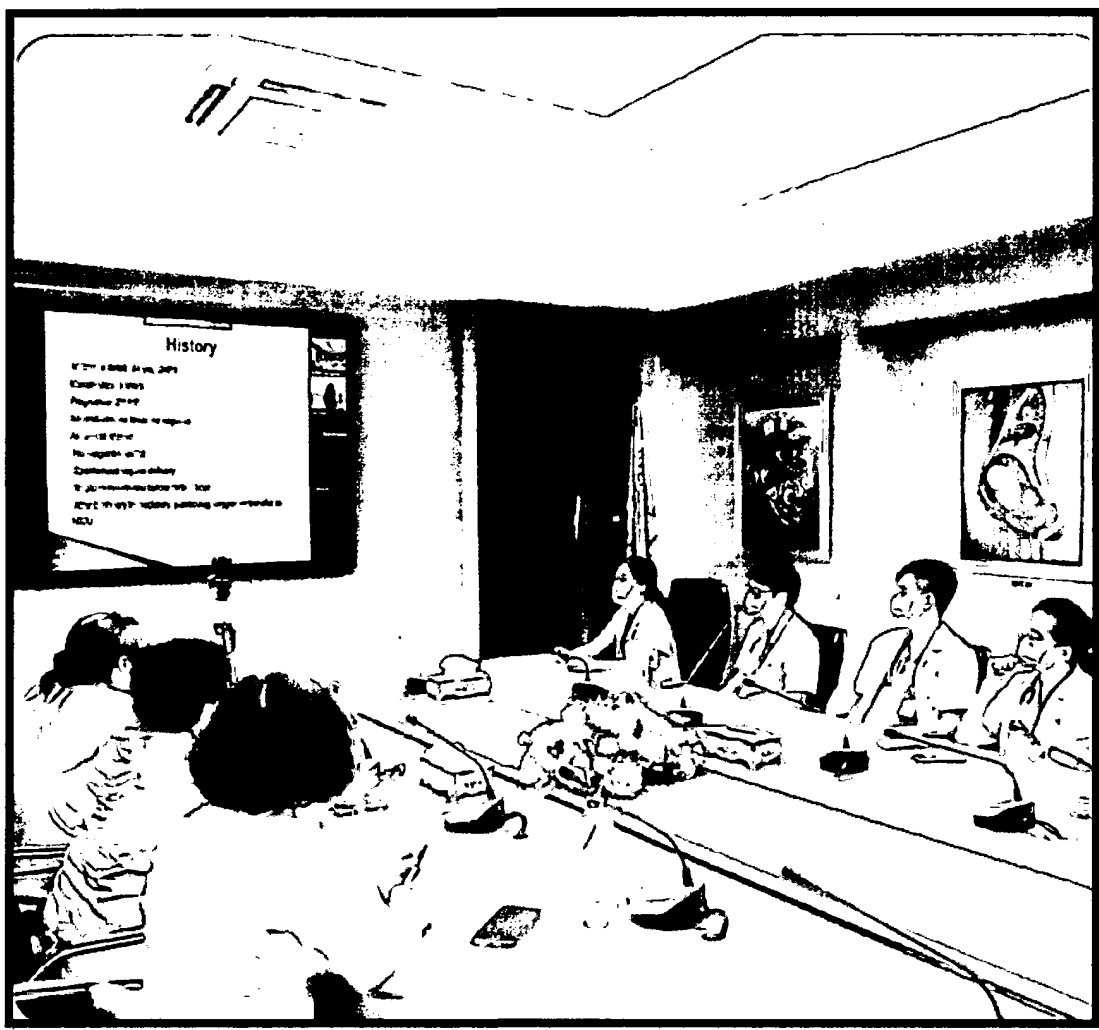
We witnessed with great pride hospitals working together to establish their newborn nurseries and put their training into practice. Thanks to the annual UpRace community running event, funds were raised to provide essential basic lifesaving equipment to seven hospitals.

Against a backdrop of the challenge of the COVID-19 pandemic at the major hospitals we work with, mortality has continued to fall, clearly evidencing the sustainability of our education interventions.

Among the lessons the coronavirus pandemic has been teaching us, the biggest one is to find ways to sufficiently invest in a better and more efficient medical fraternity and give medical professionals the respect and infrastructure that they truly deserve once this crisis is over.

The future is unknown, but what remains true is our resolute belief that with your help, we can achieve our mission – **zero preventable newborn deaths in Vietnam.**

Suzanna Lubran MBE - Executive Director



This report details our progress against our goals, it is a review of our journey, achievements and challenges over the past year.

**We hope the report inspires many more to support our mission for Vietnam
- to end preventable newborn deaths.**

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 Vietnam's government's healthcare agencies to make fundamental improvements to the country's maternal and 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 at 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).¹ In 2019, child mortality rates in rural areas (26.0 per 1,000 live births) were more than double those in urban areas (12.7). The Government's national target is, by 2030, to reduce the national mortality rate to below 8 per thousand, a 25% reduction, and as part of that target, to reduce the rate within provinces where the rate is currently over 15 in a 1,000 live births, down to below 12 in 1,000 live births, a 20% reduction.

We believe that the most effective way of achieving the target and saving newborn lives starts with getting the basics right for every mother and baby. Simple solutions; skin to skin care at birth, early breastfeeding, no unnecessary separation of mother and baby and effective hand hygiene. We work collaboratively with our public health partners, providing a nurturing learning environment to build capacity and knowledge to support excellence in the delivery of basic services for mothers and babies and specialist neonatal intensive care.

We empower and support health professionals to lead system change adapting British models of training and care systems to the Vietnam context. Our approach is aligned with the Government's strategy to build capacity at local level, reducing overload at the central hospitals. Our network model recognises that neonatal care is expensive, and that not all hospitals caring for babies have the resources and expertise to deal with every sick newborn. We are testing the model in Hanoi for nine hospitals in a defined geographical area, the hospitals follow the same training programme, standard guidelines and procedures and work together to treat the babies and by sharing their expertise and knowledge, the quality of care in all the hospitals in that network is improved. This system change, coupled with an effective transport system, will mean every baby receives the right care, at the right place, at the right time.

Data guides our work, providing evidence of the impact of our education interventions to reduce mortality and support sustainable change and inform scaling up the Neonatal Network model to the remote provinces with the highest levels of mortality

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

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.

Implementing our strategy to end preventable newborn deaths

The goals set out in our 2020-24 business plan are drawn from nine years of work in Vietnam, our first hand experience of the limitations of a highly theoretical education system, the lack of an organisational framework for the designation of care in the lower level hospital, a safe transport service and a mandatory national resuscitation training. We must address these issues if Vietnam is to bring its neonatal care services into line with the better care provided within high-income countries like the UK, Australia, Singapore and certain European 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.

To achieve our goal to reduce neonatal mortality and improve outcomes for all newborns and their mothers 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, with standard guidelines, an appropriate level of training to get the basics right for every baby including Early Essential Newborn Care and the provision of a safe transport system. This would 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.

Impact in the year

2020 was a year of impressive achievements despite the disruption caused by COVID-19. Against a backdrop of the challenge of the pandemic for our major hospitals partners in Da Nang and Hanoi, mortality has continued to fall, clearly evidencing the sustainability of our education interventions.

Our Hanoi Neonatal Network hospitals each committed to an improvement and training plan. We provided each hospital with basic equipment for their nurseries to enable them to provide basic care to reduce the transfer babies with non-serious problems to the overloaded central hospital.

Training was delivered by doctors and nurses trained by our UK teaching team for 255 nurses, doctors and midwives. The training is empowering medical and nursing staff to implement baby friendly practices, recognising that babies have the very best long-term developmental outcomes if their parents are able to be partners in delivering their baby's care.

From a position whereby no parent visiting was allowed in the neonatal nurseries, and where babies routinely separated from their sick baby, this year all the hospitals in the Hanoi pilot network moved further along the journey to becoming Baby Friendly Hospitals, with more and more hospitals establishing Kangaroo Mother Care nurseries to enable even the sickest babies to bond with their mothers.

"These nurses have not only become the voice of the baby but also advocate for parents and families who previously may have been separated from their sick newborn from birth. It is just wonderful to see the impact of neonatal education is having on the Vietnamese nurses and the families in their care."

Anne Moylan, Programme Manager Vietnam, Edinburgh Napier University

With our partner hospitals, we developed protocols to support COVID infected and at-risk mothers and babies to be together during and immediately after birth. We called for action for vaccinations for pregnant women and supported hospitals to access donor breastmilk.

22

Doctors at 3 Hospitals
in training at UK
postgraduate level.

2,000+

Hours of online training
provided by UK doctors
and nurse educators.

255

Doctors, Nurses,
Midwives

Trained in resuscitation at birth,
recognising, stabilising and
managing a sick newborn.

Trained how to manage common
newborn illnesses.

Joint programme Newborns Vietnam
and Phu San Hanoi Hospital.

9 Hospitals

sharing their expertise and knowledge,
so quality of care in all the hospitals is
improved and every baby receives the
right care, at the right place, at the right
time, standardising care with shared
guidelines and training.

Provided

basic equipment for 7 hospitals to help babies
breathe and keep them warm.



25%

Reduction in the neonatal mortality rate
and an 15% reduction in the rate of
infection as cause of death at the Vietnam
National Children's Hospital, Hanoi.

Baby Friendly

1st change

All 9 Hospitals in the Network are
seeking Ministry of Health designation
as Breastfeeding Centres of Excellence.

2nd change

Skin to skin at birth reduces infection,
use of antibiotics, admissions to neonatal
units and mortality, and increases
sustained breastfeeding.

3rd change

The use of continuous positive airway
pressure (CPAP) machines in delivery
room, to allow babies with respiratory
distress to receive CPAP whilst in
skin-to-skin contact with their mothers.



Stable babies moved from intensive
care to Kangaroo Mother Care, reducing
separation and improving outcomes.



~ 100

Families did not suffer the loss of
their baby.

UK Neonatal post graduate training for junior doctors - Impact of COVID

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 we extended this two-year programme to the Vietnam National Children's Hospital in 2017, and Phu San Hanoi and St Paul Hospital, Hanoi in 2019.

The face to face clinical teaching had to be put on hold in early 2020 due to COVID international travel restrictions. Our early adaption of the Level 1 training to on-line teaching around daily clinical cases has exceeded our expectations and going forward, Blended Learning will add richness and diversity to our programmes connecting a wider field of experts to share knowledge and research. We are very grateful to our British based doctors and nurses who adopted the new methods and mediums with commitment and energy. And the huge enthusiasm and commitment of the Vietnamese doctors who, despite working 24/7 shifts for 7 days, maintained their commitment to the programme.

Da Nang Hospital for Women and Children

Doctors at Da Nang Hospital for Women and Children completed their UK Level 2 training in 2018, 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. These are on hold due to the pandemic.

The ongoing commitment to maintaining the practice of a daily ward round with clinical teaching and the use of the UK competencies for training new doctors, interns and doctors on short placements from provincial hospitals is impressive. The hospital is a pilot for the soft testing of our bilingual eportfolio, which allows all doctors to record their progress through training and then document their ongoing continuing professional development. Assessments in the workplace are linked to the competencies that need to be achieved. The progress of trainees can be monitored by trainers and educational supervisors and feedback recorded.

Da Nang Hospital for Women and Children (maternity hospital)			
Year	Admissions	Deaths	Mortality Rate
2017	3223	74	2.30%
2019	3412	62	1.82%
2020	4987*	102	2.04%
Improvement in mortality rate in 3 years			11.3%
Breastfeeding has increased from 49% in 2014 to almost 100% in 2019 which has been maintained in 2020, note some sick pre-term newborns receive breastmilk from the Human Milk Bank			

* Impact of COVID-19 wave 2

Vietnam National Children's Hospital

Following the successful completion of Post Graduate Level 2 training in 2019, the review of clinical practice in March 2020, showed that many of the recommendations in our end of course report had been implemented, particularly the continuation of the daily ward round, the completion of Kangaroo Mother Care (KMC) training and the opening of the KMC unit to enable stable babies to stay with their mothers, parent visiting and the first stage of developing a Human Milk Bank.

Impact of Education Intervention on Outcomes

A core data collection system established at Vietnam National Children's Hospital 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 four years of data collection we can see the impact of the training and more systematic approach to care.

Vietnam National Children's Hospital (referral hospital)				
Year	Admissions	Deaths	Mortality Rate	Rate of Improvement
2017	3,870	497	12.8%	n/a
2018	4,036	464	11.5%	10.5%
2019	4,061	375	9.2%	19.7%
2020	3,637	269	7.4%	19.9%
Breastfeeding is increasing around 49% and will be greatly supported by the development of a Human Milk Bank, planned to open in early 2022.				

Phu San Hanoi (Hanoi Obstetrics and Gynecology Hospital)

The Phu San doctors have continued to improve their skills. With excellent support from the hospital directors many changes of practice arising from the training have already been implemented, the revised admissions policy has significantly reduced the unnecessary separation of mother and baby, the use of continuous positive airway pressure (CPAP) in the delivery room, preterm babies transferred in plastic bags to avoid heat loss, delayed cord clamping, review of antibiotic policy, and appointment of team leaders for each nursery and improvements in transfer from delivery suite to the neonatal intensive care unit. The major achievement in 2020 was the completion of Kangaroo Mother Care (KMC) training and the opening of the KMC unit to enable stable babies to stay with their mothers.

UK Level 1 Post Graduate Training, 2020-21	
Hanoi Obstetrics and Gynecology Hospital (Phu San Hanoi), number of Doctors involved:	13
Number of United Kingdom volunteer neonatal consultants providing training:	12
Hours of on-line training provided:	1,000

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. The St Paul doctors completed a Foundation training course in 2019 and commenced Level 1 in 2020 just as the pandemic hit Vietnam. Their commitment to the on-line training and supporting and delivering training for the pilot network hospital has been impressive. With excellent support from the hospital directors, many changes of practice arising from the training have already been implemented, the nursery environment, developmental care and parent involvement is great to see, a huge change in a very short time.

UK Level 1 Post Graduate Training, 2020-21	
St. Paul, number of Doctors involved:	7
Number of United Kingdom volunteer neonatal consultants providing training:	9
Hours of on-line training provided:	1,000

Neonatal nurse training in Hanoi

Training for the third cohort of qualified nurses working within the Vietnam National Children's Hospital's neonatal unit commenced the Edinburgh University's nurse training bespoke curriculum designed to meet the specific learning needs of nurses providing complex intensive care. The aim is for the curriculum and training provision to be dynamic and sustainable in the evolving and challenging environment of Vietnam. This is a hugely popular course, to bridge the gap monthly on-line refresher sessions have been provided for all VNCH nurses.

Neonatal Network

To build a greater understanding of the intensity and levels of care within the pilot network hospitals, between July and August 2020 all nine 'network' hospitals participated in a data collection survey.

The aims of the survey were to determine the intensity of care at each hospital, numbers of transfers from within Hanoi to VNCH and St Paul and numbers from provincial hospital, thereby provide information to:

- compare staffing levels in relation to the intensity of care,
- develop a plan to reduce transfers within Hanoi, develop the capacity of lower level hospitals and by improving local hospitals care, facilities and equipment encourage mothers to return to their home hospital for KMC and low-level care,
- assist in planning the network strategy beyond the pilot.

The key information the survey provided was that during the two months; there were 884 inpatient babies at VNCH, of which;

- 40% had been transferred from other hospitals in Hanoi, while 58% had been transferred from 151 provincial hospitals, in 28 provinces, the furthest coming from 200km to the south of Hanoi.
- 46% of the babies received high level care at VNCH, while 54% received lower level care, which should be able to be provided by the referring hospitals, if they could receive the level of support being provided by NewbornsVietnam to the lower-level hospitals in the pilot network.

The impact of the information recorded by the survey is that;

- significant numbers of babies are being put at risk because they can't receive the lower-level care that they should, and, although there is currently no safe transport system, they have to travel to a high level hospital - VNCH
- the high number of babies needing only lower-level care at VNCH creates overcrowding, which means that is more difficult for VNCH to provide the high levels of staff resourcing necessary to properly care for the babies needing higher level care.

From this information, NewbornsVietnam finalised its plans, and it is now implementing its programme to support the pilot network lower-level hospitals, which include;

- signing up each hospital to their own individual improvement plan, developed for their own specific needs,
- helping them reorganise their nurseries and delivery rooms to provide improved hygiene and environment,
- providing a training plan, which for 2020-21 provides blended training from the mid-level hospital staff and on-line training from UK experts,

- providing, and training the staff to use, basic but essential neonatal care equipment,
- supporting the hospitals to develop EENC (Early Essential Neonatal Care, and
- setting a programme of reviews.

"For me the most impressive thing about Newborns Vietnam is that they can associate the 9 hospitals in Hanoi Neonatal Network. Thanks to that great work, I am able to promptly share information about my patients with my colleagues in the Neonatal Network and work closely to bring the best treatment to our newborn babies. In the past year, thanks to the support of Newborns as well as the doctors in the Neonatal Network, I was able to promptly provide first aid, initial treatment and safely transport a 32-week premature baby with weight of 1.3 kg to St Paul Hospital and now the baby is stable and discharged. In addition, thanks to the equipment sponsored by Newborns Vietnam as well as the professional help from the Hanoi Neonatal Network and all the UK consultants, the neonatal unit in my hospital has made important changes in the process of treating and caring for newborn babies."

Doctor Le Quang Minh, Gia Lam, District Hospital, Hanoi

Effect of COVID-19

COVID has directly impacted the full implementation of the pilot network training as a number of the hospitals were designated to receive COVID-19 patients and later as referral hospitals for COVID infected mothers to give birth.

In the window where COVID was under control, initial training for six lower level network hospitals was delivered for 255 doctors, midwives and nurses by Phu San Hanoi (Hanoi Obstetrics and Gynecology Hospital) and St Paul Hospital focusing on resuscitation at birth, developmental care, the use of non invasive ventilation and the recognition and management of the sick newborn.

A highlight of a difficult and challenging year for the hospitals and Newborns was the handover of new equipment for delivery room and to establish newborn nurseries with the essential equipment required to care for common newborn illnesses. The handover provided an opportunity to review progress, doctors reported less transfers and more successful management of sick babies during the transfer.

As the year progressed and the wave of infections increased, travel restrictions severely limited transfers of sick babies within the City and from the provinces. To provide support and advice, our UK teaching team provided a series of on-line sessions designed to build capacity to manage more complex cases.

Equipment

In addition to the comprehensive package of equipment provided to seven of the nine pilot network hospitals, we have continued to provide essential items of equipment to all the hospitals we work with, with a particular focus on providing equipment, fittings and consumables, such as medical sinks, automatic door openers, paper towels and dispensers, that support our work to reduce hospital acquired infection.



Fundraising – growing powerful partnerships together

One of our strategic aims is to grow our partnerships with individuals, businesses and organisations with significant resources to help end preventable newborn deaths. The support they offer us could be financial, resources, ideas and insight awareness and understanding of the issues facing middle income countries in providing universal health coverage, harnessing the positive impact of technology in healthcare.

We hugely appreciate our partnership with Edrington, Premier Oil, Karl Storz, Topas Travel, Seedcom, Hong Ngoc Hospital and VNG Corporation who have supported us financially and raised awareness and understanding of our important mission to end preventable newborn deaths.

We are immensely grateful to KMS Solutions who have developed a bilingual ePortfolio system that allows doctors undertaking our UK Level 1 postgraduate training to record their progress through their training and then document their ongoing continuing professional development. Assessments in the workplace are linked to the competencies need to be achieved. The progress of trainees can be monitored by trainers and educational supervisors and feedback recorded.

We have engaged in conversations with new and existing sponsors about support to scale up the network model of care, supporting the development of a new national paediatric curriculum to incorporate neonatology as a sub specialty for post graduate studies

We welcomed back UpRace an impactful community running event we are excited to see it develop year on year demonstrating the power of sports to transform lives and raise awareness and funds for health, education and the environment. UpRace 2020 was the most successful yet, with more people than ever supporting Newborns. We were humbled by support we received from people from all walks of life participating in sports events.

We worked hard to ensure that our supporters who gave so generously understood what they had helped make possible. Making every supporter feel valued, allied to our work and proud of what we have achieved together. Without our many other generous partners, we would not have achieved all we have this year.

Next year: our targets for 2021-2022

Vietnam, having initially managed to avoid a serious Covid 19 outbreak, is now facing a huge wave of infections (Delta variant) that is threatening to overwhelm the health service, and has serious knock on effects for the health and futures of mothers and newborn infants.

In the year ahead we will face many challenges, a recently published global survey found that newborns were being separated from their mothers in half the world's countries as a precautionary measure if the mother had tested positive for COVID-19.

We will prioritise raising awareness and support for vaccination for pregnant women, mothers suspected or confirmed COVID-19 not to be separated from their infants and breastfeeding recommendations practiced with additional infection prevention and control measures such as mask wearing, hand hygiene and wiping surfaces. in line with World Health Organisations (WHO) recommendations.

Within the Hanoi network hospitals we will provide support to build confidence at all levels of the health system for infected mothers and babies to stay together, promote breastfeeding and seek options to provide donor breastmilk for mothers to sick to express milk.

The options to transfer sick babies to higher level hospitals are likely to be limited, we will continue to provide on-line training to support hospitals to manage more complex cases that would normally transfer to a higher level central hospital.

One of our key goals is for all 8 network hospitals to achieve designation as breastfeeding centres of excellence, the first steps is an Early Essential Newborn Care (EENC) learning visit to Da Nang Hospital for Women and Children and a formal assessment, prior to commencing training.

The extension of the pilot network to a further ten hospitals in Hanoi is planned, with an assessment of facilities, capacity and care as the first step.

The UK Level 1 neonatal postgraduate and Edinburgh Napier University nurse training will continue on line for Vietnam National Children's Hospital, St Paul and Phu San Hanoi and we will welcome the National Obstetrics and Gynaecology Hospital. To support the earliest possible completion of Level 1, the quality improvement project for the Level 1 exam will be supervised online with a final presentation of the projects planned for January 2023.

We will develop a formal partnership with Son La Department of Health initially for three hospitals, to introduce a pathway to achieve Baby Friendly care with basic training and equipment to support implementation with the goal of developing capacity of a single hospital to provide a higher level of care for three provinces and reduce the transfer of babies to Hanoi, a six hour journey.

We will need to be ready to support our hospital partners in the face of the escalation of the pandemic.

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

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

Chairman of the board of trustees

Mr Ivor Cosimo Jencks (to 20th January 2021)

Trustees

Dr Duncan Macrae (Vice Chairman, Interim Chairman from 20th January 2021)

Professor Khu Khan Thi Dung (appointed 5th June 2020)

Mr Nguyen Long (appointed 5th June 2020)

Mrs Suzanna Lubran MBE (Executive Director)

Mr Tien Hoanh Nguyen

Mr Desmond Poon,

Mr Martin Reimann

Mr John Nicholas Robinson

Ms Samantha Campbell (appointed 5th June 2020)

Mr Bang H Trinh

Charity contact details

Newborns Vietnam

61 Wyatt Road, London N5 2JU

Telephone: 01392 770 108

Email: info@newbornsvietnam.org

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, Education and Finance, 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.

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 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

Thank You

We greatly appreciate and thank our strategic partners, UK medical and nursing volunteers, companies, athletes, and thousands of individuals for supporting us through this challenging year!

We are proud of how we have stood together; to support mothers and babies in the face of the COVID-19 pandemic, to keep our health professionals safe, and to continue our work to drive down neonatal mortality rates.

Each and every donation is making a difference to the life chances of newborns in Vietnam.

Accor Hotels
AIP, swimming team
AKA Asia,
Alchemy Asia
Alan Grincer
British Embassy Hanoi
Bu Baby
CellphoneS
Classic Fine Foods (Da Nang)
Cho Tot Company Limited
Chops
DK Engineering
Edrington
Ecomobi Media Co. Ltd
Empire City
Endurance Academy
Freshfields Bruckhaus Deringer LLP
Frogs Legs swimming team
Galaxy Education and Training
Gene Friend Vietnam Company Limited
Giving Lunch
Greenhat Events
Got It
Haravan
Henry Boot & Friends
Hilton Hanoi Opera
Hoan My Corporation
Hogan Lovells
HongKong Land
Hong Ngoc Hospital
Hotel de L'Opera - Mgallery
Hyatt Regency Danang Resort and Spa
ICUC Hanoi
IDS Medical
iPOS.vn
Isla Climbing Challenge
Kark Storz
KMS Solutions
Minh Long 1 Co. Ltd

Mobile World Investment Corporation (MWG)
MoMo (M - Service JSC)
MTTS (Life Kit)
MUDE
Mullenhouse Salt
NRE Group
Nutifood
Payoo
Peter Bennet Foundation
Philips Vietnam
Phu Bao Group
Pmax
POPS Worldwide
Premier Oil (Harbour Energy Company)
Red Bridge Restaurant & Cooking School
Renaissance International School Saigon
Sam Wilson Visuals
Savills Vietnam
Seedcom
Sunrise Events
Sofitel Legend Metropole
Techcombank HCM International Marathon
Tiki Corporation
Tek Experts
The Coffee House
Topas Travel
Trusting Social
UnAvailable
Velo Vietnam
Vietnam Airlines
VletBay Inc
VietMedical
VNG Corporation
Windsor Property Management Group Corp
Yola Education JSC
Zoomations
and all the individuals, too numerous to list here, we thank you all!

Financial review

As expected, the COVID-19 pandemic has made 2020-21 a challenging year for the Charity.

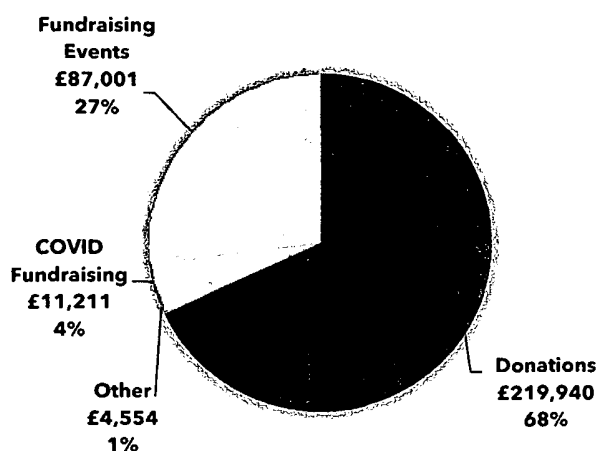
The international travel restrictions had a significant effect on planned expenditure. The contract for the face-to-face training from our UK University partner was suspended and it was no longer necessary to meet the cost of travel for the 100+ international medical staff originally expected to come to Vietnam to teach. As a result, the spend on training and development dropped to £81k, just over a fifth of spend last year of £394k. On the other hand, we were able to accelerate our programme to provide essential equipment to our partner hospitals, the spend of nearly \$160k being nearly seven times the spend of nearly £23k the previous year. Furthermore additional equipment and consumables to a value of over £15k were provided to support our partner Hospital in Da Nang meet its immediate needs in combatting the effects of COVID on its neonatal services. Overall the year's expenditure was £285k, about 38% lower than last year's spend of \$459k.

As anticipated income reduced as a result of the pandemic, primarily because almost all fundraising sports events were cancelled or postponed. As a result, income declined to £322k, nearly 24% less than the £422k raised last year. However, donations were higher than might have been expected, and a short special fundraising appeal raised over £11k to provide equipment and consumables needed as a result of the COVID pandemic.

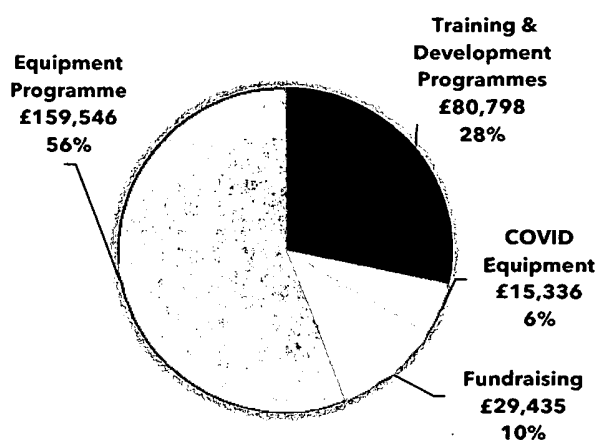
Overall, the reduction in expenditure being higher than the reduction income, has resulted in an annual surplus of £38.9k rather than a budgeted for deficit of £21.4k.

As a result the Charity ends the year with resources of nearly £635k and is in a strong financial position to weather the difficulties caused by the COVID-19 pandemic that are continuing into the future, and ensuring we continue to deliver our programmes.

INCOME 2020/21



EXPENDITURE 2020/21



Reserve Fund

The charity's trustees have agreed that its reserve policy requires the retention of sufficient financial resources necessary 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 (over £3,375 per annum) contracts that are held. The allowance is reviewed at least on a quarterly basis, or upon the taking on of any new large contractual commitment.

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.

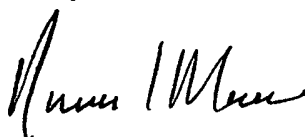
In so far as the trustees are aware:

- 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 16th December 2021 and signed on its behalf by:



Dr Duncan Macrae, Interim Chairman 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 'charitable company') for the year ended 31 March 2021 which comprise the statement of financial activities, balance sheet and notes to the financial statements, including 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 charitable company's affairs as of 31 March 2021 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

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. 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. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company 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; or
- 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 received all the information and explanations we require for our audit; or
- the directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of the trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial

statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees 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 charitable company'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 charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.

- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available 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 charitable company'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 charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Anthony Epton

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

Date: 29 December **2021**

Statement of Financial Activities

(incorporating Income and Expenditure Account)

For year-end 31st March 2021

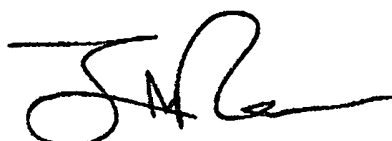
		Unrestricted funds	Restricted funds	Total 2020/21	Total 2019/20
		£	£	£	£
Income from:					
Donations (Individual & Corporate)		215,659	15,492	231,151	252,409
Charitable Activities (Grants)		-	-	-	816
Other trading activities	5	85,399	1,602	87,001	166,336
Other incoming (Bank interest)		4,554	-	4,554	2,790
Total income		305,612	17,094	322,706	422,351
Expenditure on:					
Raising funds	6	29,435	-	29,435	41,348
Charitable activities	7	238,606	17,074	255,680	418,053
Total expenditure		268,041	17,074	285,115	459,401
Net income / (expenditure) before transfers		37,571	20	37,591	(37,050)
Transfer between funds		(5,152)	5,152	-	-
Other recognised gains / (losses)					
Foreign Exchange gains / losses		1,292	-	1,292	1,111
Net Movement in funds		33,711	5,172	38,883	(35,939)
Balance brought forward		625,196	10,793	635,989	671,928
Total funds carried forward	13	658,907	15,965	674,872	635,989

Balance sheet at 31st March 2021

		Unrestricted Funds	Restricted Funds	2020/21	2019/20
		£	£	£	£
Current assets					
	Stocks 10	3,760	-	3,760	3,257
	Debtors 11	4,300	-	4,300	15,348
	Cash at bank and in hand	658,262	15,965	674,227	648,351
		666,322	15,965	682,287	666,956
Creditors					
	Amounts falling due in one year 12	(7,415)	-	(7,415)	(30,967)
Net current assets		658,907	15,965	674,872	635,989
Funds	13				
	Unrestricted funds			658,907	625,196
	Restricted Funds			15,965	10,793
Total funds				674,872	635,989

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 16th December 2021 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 2021

1 Accounting Policies

Basis of preparation

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.

2 Detailed comparatives for the statement of financial activities

	Unrestricted funds £	Restricted funds £	Total 2019/20 £
Incoming from:			
Donations (Individual & Corporate)	240,876	11,533	252,409
Charitable activities (Grants)	-	816	816
Activities for generating funds	166,336	-	166,366
Other incoming (Bank interest)	2,790	-	2,790
Total incoming resources	410,002	12,349	422,351
Expenditure on:			
Raising funds	41,348	-	41,348
Charitable activities	377,762	40,291	418,053
Total expended	419,110	40,291	459,401
Net incoming / (outgoing)			
Resources before transfers	(9,108)	(27,942)	(37,050)
Other recognized gains /(losses)			
Foreign Exchange gains /(loss)	1,111	-	1,111
Transfer between funds	(1,936)	1,936	-
Net movement in funds	(9,933)	(26,006)	(35,939)
Balance brought forward	635,129	36,799	671,928
Total funds carried forward	625,196	10,793	635,989

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 31st March 2021.

There were no trustees' expenses paid for the period ended 31st March 2021, other than those noted in the related parties note

5 Other trading activities

	2020-21 £	2019-20 £
Fundraising events	87,001	166,336

6	Cost of generating voluntary income	2020-21	2019-20
		£	£
	Fundraising activities	4,603	19,453
	Add Governance costs	24,832	21,895
		<hr/> 29,435	<hr/> 41,348
7	Charitable activities	2020-21	2019-20
		£	£
	Medical staff training	10,925	316,846
	Medical equipment & consumables	166,209	20,731
		<hr/> 177,134	<hr/> 337,576
	Add Governance costs	78,546	55,477
		<hr/> 255,680	<hr/> 393,053
8	Governance costs	2020-21	2019-20
		£	£
	Bank charges	1,616	1,185
	Operational costs	98,462	73,187
	Audit fees	3,300	3,000
		<hr/> 103,378	<hr/> 77,372
	Less: Allocated to fundraising activities	(24,832)	(21,895)
	Less: Allocated to charitable activities	(78,546)	(55,477)
		<hr/>	<hr/>
9	Analysis of Staff Cost	2020-21	2019-20
	(Programme and Finance Staff)	£	£
	Wages	45,390	35,836
	On-costs	934	878
		<hr/> 46,324	<hr/> 36,714

None of the employees received employee benefits (excluding employer pension) during the year of more than £60,000 (2021: none).

Staff numbers

The average number of employees (head count based on number of staff employed) during the year was four (2021: four). At the end of the year, there were six employees.

10	Stock	2020-21	2019-20
		£	£
	Finished goods	3,760	3,257

11 Debtors	2020-21	2019-20
	£	£
Donations made, but not yet received	4,282	15,007
Prepayments	18	341
	<hr/> 4,300	<hr/> 15,348

12 Creditors: amounts falling due within one year	2020-21	2019-20
	£	£
Training and operation creditors	3,773	28,966
Other creditors	3,642	2,001
	<hr/> 7,415	<hr/> 30,967

13 Movement in funds in 2020-2021

	At 1.4.20	Net movement in funds	Transfer between funds	At 31.3.21
	£	£	£	£
Unrestricted				
- General fund	625,196	38,863	(5,152)	658,907
Restricted funds				
- Medical Consumables	-	(1,027)	1,027	-
- COVID Equipment & Consumables	-	(4,125)	4,125	-
- Network Medical Equipment	-	5,172	-	5,172
- Ambulance Purchase Fund	10,793	-	-	10,793
Sub-Total	<hr/> 10,793	<hr/> 20	<hr/> 5,152	<hr/> 15,965
Total Funds	635,989	38,883	-	674,872

Net movement of funds in 2020-2021

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted			
- General fund	305,612	266,749	38,863
Restricted funds			
- Medical Consumables	712	1,739	(1,027)
- COVID Equipment & Consumables	11,210	15,335	(4,125)
- Network Medical Equipment	5,172	-	5,172
- Ambulance Purchase Fund	-	-	-
Sub-Total	17,094	17,074	20
Total Funds	322,706	283,824	38,883

Movement in funds in 2019-2020

	At 1.4.19 £	Net movement in funds £	Transfer between funds £	At 31.3.20 £
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	36,799	(27,942)	1,936	10,793
Total funds	671,928	(35,939)	-	635,989

Net movement of funds in 2019-2020

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted			
- General fund	411,113	(419,110)	(7,997)
Restricted funds			
- Medical Consumables	740	(2,676)	(1,936)
- In Safe Hands Programme	816	(37,615)	(36,799)
- Ambulance Purchase Fund	10,793	-	10,793
Sub-Total	12,349	(40,291)	(27,942)
Total funds	423,462	(459,401)	(35,939)

14 Analysis of cash and cash equivalents

	At 01.04.21 £	Cash flows £	At 31.03.21 £
Cash at bank and in hand	648,351	25,876	674,227
Total cash and cash equivalents	648,351	25,876	674,227

	At 01.04.19 £	Cash flows £	At 31.03.20 £
Cash at bank and in hand	665,794	(17,443)	648,351
Total cash and cash equivalents	665,794	(17,443)	648,351

15 Related party transactions

During the year under review, Mr. J. N. Robinson, trustee, paid £3,642 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 £3,642.