

Countess/ Kisiizi Link – Project Board

Friday 7th March 2008

Countess/ Kisiizi Link – Project Board Member		Attendance	
Consultant Radiologist	Dr. Gian Abbott (GA)	<input checked="" type="checkbox"/>	
Assistant Service Manager, Surgical Division	Ms. Jenny Carden (JC)	<input checked="" type="checkbox"/>	
Principal Pharmacist	Ms. Joanne Crawley (JCr)	<input checked="" type="checkbox"/>	
Director of IM&T	Mr. Phil Davies (PD)	<input checked="" type="checkbox"/>	
Consultant Paediatrician (retired)	Dr. Gareth Evans-Jones (GE-J)	<input checked="" type="checkbox"/>	
PICC Service Team Leader	Mrs. Ileene Macaulay (IM)	<input checked="" type="checkbox"/>	
PA to the Head of Human Resources	Mr. Phil Owen – Secretary (PO)	<input checked="" type="checkbox"/>	
Dietitian	Ms. Abigail Price (AP)	<input checked="" type="checkbox"/>	
Specialist Spinal Practitioner	Ms. Heather Shilliday (HS)	<input checked="" type="checkbox"/>	
Consultant in Emergency Medicine	Mr. John Sloan (JS)	<input checked="" type="checkbox"/>	
Chief Accountant	Mr. Ray Thomas (RT)		Apologies sent. Rose Garrod attended on his behalf.
Director of HR & Corporate Services	Mr. David Wood – Chair (DW)	<input checked="" type="checkbox"/>	

Also in attendance:

Director, Griffiths & Armour, Insurance Brokers	Mr. Patrick Bark-Jones	<input checked="" type="checkbox"/>	
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Notes

Action

1.	Mr. Wood welcomed everyone to the meeting and gave an overview of the agenda	
2.	<p>Background and story so far</p> <p>There have been 2 visits to Kisiizi so far (by Mr. John Sloan and Mr. David Wood), which were followed up by an open staff meeting/presentation to the Trust in November (details of which are available on the Trust's intranet).</p> <p>Mr. Sloan provided an update on the background of the project and the links with Tropical Health & Education Trust (THET).</p> <p>As a result of the Crisp Report, the Government is supporting the setting up of institutional links between UK & African Hospitals, which provide mutual/sustainable benefits. The Trust is well placed to participate in this as it has a wide range of generalist experience.</p> <p>We have received £2,500 from THET, which will provide funding for the scoping visit (travel costs/ visas/ insurance etc). A similar amount was raised at the Celebration of Achievement event (6th March), which combined with the money that the Trust has allocated for this project, comes to</p>	

	<p>approximately £20k.</p> <p>It has been agreed that staff who visit Kisiizi will be paid at their normal rate, and departments will receive backfill, where necessary, to cover their absence.</p> <p>The purpose of this group is to now start working on the detail of this project and sub-groups will be established as appropriate to work on specific items between meetings.</p>	
3.	<p>Membership</p> <p>It was agreed that although not every department was represented, the current membership covered a good cross section of the Trust, and other people could be co-opted to attend for specific projects if this was deemed appropriate.</p>	
4.	<p>Terms of Reference</p> <p>Mr. Sloan had brought a copy of a draft Terms of Reference framework from a THET Links Group. Volunteers were requested to help develop this framework for our requirements and Mr. David Wood, Mr. Phil Davies, Ms. Rose Garrod and Mr. John Sloan agreed to produce a draft copy for discussion at the next meeting.</p> <p>Action – Mr. Wood to arrange for these volunteers to meet and draft the Terms of Reference before the next meeting</p>	DW
5.	<p>Scoping Visit</p> <p>We need to get into the detail of the project now. The team will be there for one week (at least 4-5 days at the hospital) to get an understanding of what the issues are, and how easy it will be to do some work that will lead to sustainable improvement to their services. The scoping visit team must have a good knowledge of the Trust here, and be able to come back with a clear idea of what colleagues at Kisiizi want. The team must come back with a clear vision of what should happen over the next 3 years - the objectives must be deliverable and able to make a real impact in the long term.</p> <p>There was a discussion around using Skype or Video Conferencing to find out more about their needs before we send out a team, but it was decided that this would be better used as part of the ongoing relationship, and that for the scoping visit it would be more beneficial to have a team at the hospital, as they would pick up things that you wouldn't notice via Skype.</p> <p>There may be an opportunity for Adrian Shutt, the General Surgeon from Kisiizi, to come and talk to the Project Board as he is visiting Liverpool shortly (possibly early April), prior to his taking up a post in Douglas, Isle of Man.</p> <p>Action – Dr. Gian Abbott to talk to Dr. Guy Sissons to arrange this.</p> <p>Mr John Sloan met with Dr Armoni, the Health Minister for Uganda, at a meeting in London. He is aware of what we are hoping to do and will make sure that what we do links into the Health system for Uganda. It would be important for the scoping team to meet with him, and this needs to be arranged well ahead of the visit.</p>	GA

	<p>The dates we have been offered are from the beginning of July to the end of October, and we need to book the accommodation as soon as possible to link in with other visitors that they have.</p> <p>There was some discussion around who should conduct the scoping visit but it was agreed that the following staff would go:</p> <ul style="list-style-type: none"> - Dr. Gian Abbott, Consultant Radiologist - Ms. Joanne Crawley, Principal Pharmacist - Mrs. Ileene Macaulay, PICC Service Team Leader - Ms. Abigail Price, Dietitian - Ms. Heather Shilliday, Specialist Spinal Practitioner <p>Action – Mr. David Wood asked these people to let him know of any dates that they definitely couldn't go, so he can book the accommodation and organise the travel arrangements</p> <p>It was clarified that there are health issues associated with this visit and the volunteers should discuss these risks with their families. There was an outbreak of ebola near Kisiizi recently, which is usually fatal and the decision to go should not be taken lightly.</p> <p>The Trust will look to provide advice on immunisations and vaccinations to the volunteers. The cost of these and malarial prophylaxis will be covered by the Trust.</p> <p>Action – Ms. Joanne Crawley to consider how the Trust can obtain appropriate medicines at minimum cost.</p>	<p>DW/GA/ JCr/ IM/AP/ HS</p> <p>JCr</p>
<p>6.</p>	<p>Insurance</p> <p>Mr. Patrick Bark-Jones, Director, Griffiths & Armour Insurance Brokers, advised that the scoping visit would be accommodated by the current arrangements with NHSLA cover, and our commercial insurance as a Foundation Trust. He would recommend a business package for travel insurance, which includes personal accident cover, unlimited medical expenses and a range of potential incidents. This will cover any paid employee travelling on behalf of the Trust, and any incidental holiday travel associated with the visit (although this would need to be agreed in advance). Staff would still be covered under personal injury benefit and Pension arrangements for loss of earnings etc, although there are some restrictions around this. There is already some personal accident cover for accidents in service, and the benefits for this would still be payable. However, this would not cover something that was contracted as a result of negligence or misconduct.</p> <p>The team should take out some medical supplies in case of an accident, so that we are not a drain on their resources.</p> <p>We are proposing to do more than other links to protect the interests of those we send out, but there will have to be some personal liability, and this will need to be signed before people travel. This will be organised centrally.</p>	

<p>7.</p>	<p>Fundraising</p> <p>Given that some people may want to contribute to this project, the question had been raised as to whether the Trust would register as a charity. There are schemes already running such as gift aid, and 'pennies from heaven' (rounding down your payslip to the nearest pound with the spare pennies being allocated to a charity).</p> <p>Ms. Rose Garrod has spoken to the Charity Commission about putting the scheme under the charitable funds of the Trust. There is a paper going to the Charitable Funds Committee on 20th March 2008, but in the guidance it actually lists this type of project because other Trusts have already done it, so it is likely that this will be OK. This will mean that we won't have to pay VAT for any medical equipment that is purchased for the project.</p> <p>To qualify, the project must benefit both patients and staff at the Countess of Chester Hospital NHS Foundation Trust. It will benefit staff with increased morale and greater awareness of rarely seen (in the western world) clinical conditions, and patients via the learning opportunities gained by staff.</p> <p>This will enable individuals to give to the charitable fund, and things like raffle tickets to be sold. Businesses could also contribute, although it would have to be a charitable donation and not something where they would benefit.</p> <p>Action – Ms. Rose Garrod to take a paper to the Charitable Funds Committee on 20th March, and link with Linda Walker in HR about setting up charitable giving through payroll.</p> <p>The Trust also intends to re-launch the Staff Lottery, and for a period all surplus proceeds will go to Kisiizi. An option may be to have a tick box of 3 charities/ causes, where people could nominate their cause.</p> <p>Action – Mr. David Wood to speak to Mr. Stephen Winterson about increasing awareness.</p>	<p>RG</p> <p>DW</p>
<p>8.</p>	<p>Donation of equipment and associated items</p> <p>This was seen to be a difficult area in the past but the Trust is now in contact with a company called MedAid (who have already supplied items to Kisiizi) and Procurement/Operations will be involved in taking this forward. The Trust has identified surplus linen, which could be sent to Kisiizi, but the cost of doing so needs to be compared with the cost of Kisiizi purchasing such linen in Uganda.</p> <p>THET has a discount with DHL, which we could benefit from.</p> <p>There is a lot of equipment that we could send out, but it was agreed that we would not send any equipment out until after the scoping visit.</p>	
<p>9.</p>	<p>Commonwealth Professional Fellowships</p> <p>This is a source of funding for an individual from the developing world (inc. Uganda) who might come to the UK to undertake some kind of formalised training programme.</p> <p>There are no reciprocal visits planned for 2008, so we won't be pursuing this</p>	

	<p>source of funding at the moment, but it is useful to be aware of it for 2009. The contact details are as follows:</p> <p>Commonwealth Scholarship Commission in the United Kingdom c/o The Association of Commonwealth Universities Woburn House, 20 – 24 Tavistock Square, London, WC1H 9HF</p>	
10.	<p>Next meeting: Friday 11th April 2008 from 12.30 - 14.00 in Conference Room B, Longhouse</p> <p>Future meetings: It is proposed that meetings be held monthly during 2008, given the need to move forward quickly with the early stages of the project. Proposed dates are:-</p> <p>Friday 9th May at 12.30 p.m. in the IM&T Boardroom. Friday 13th June at 12.30 p.m. in the Boardroom, T-Block. Friday 11th July at 12.30 p.m. in the Boardroom, T-Block. Friday 8th August at 12.30 p.m. in the Boardroom, T-Block. Friday 12th September at 12.30 p.m. in the Boardroom, T-Block. Friday 17th October at 12.30 p.m. in the Boardroom, T-Block. Friday 14th November at 12.30 p.m. in the Boardroom, T-Block. Friday 19th December at 12.30 p.m. in the Boardroom, T-Block.</p>	