



## Trustees' annual report for the period

		Period start date			Period end date		
<b>From</b>	Day	Month	Year	<b>To</b>	Day	Month	Year
	01	11	2017		30	09	2018

### Reference and administration details

Charity name *Trinidad and Tobago  
Healthcare UK Forum*

Other names charity is known by *TTHUF*

Registered charity number (if any) *Not applicable*

Charity's principal address  
*74 Haynt Walk  
London  
SW20 9NX*

### Names of the executive committee who manage the charity

Trustee name	Office (if any)	Dates acted if not for whole year
<i>Roger James</i>	<i>Chair</i>	
<i>Tricia Zenisa George</i>	<i>Secretary</i>	
<i>Lehoma Tannis-Harriet</i>	<i>Assistant Secretary</i>	
<i>Leanard Phillip</i>	<i>Treasurer</i>	
<i>Natasha Queva</i>	<i>Assistant Treasurer</i>	

### Names of the trustees for the charity, if any, (for example, any custodian trustees)

Trustee name	Office (if any)	Dates acted if not for whole year
<i>Rosalind Phillips McMillan</i>	<i>Trustee</i>	
<i>Kirt Hunte</i>	<i>Trustee</i>	
<i>Carol-Ann Murray</i>	<i>Trustee</i>	
<i>Michaelene Holder-March</i>	<i>Ex-Officio Trustee</i>	
<i>Dr Natalie Johnson</i>	<i>Trustee</i>	
<i>Shelley</i>	<i>Education</i>	<i>From 1 February</i>

<i>McLetchie-Holder</i>	<i>Advisor</i>	<i>2018</i>
<i>Karen Gordon</i>	<i>Trustee</i>	<i>Until October 2018</i>
<i>Shellie Bishop</i>	<i>Trustee</i>	<i>Until September 2018</i>
<i>Allison Thompson</i>	<i>Trustee</i>	<i>Until June 2018</i>

## Structure, governance and management

### Description of the charity's trusts

Type of governing document

*Constitution adopted 17 October 2018*

How the charity is constituted

*Association consisting of over 70 'members'*

Trustee selection methods

*Trustees initially volunteered for the Interim Board for one year. Thereafter, Trustees are appointed or reappointed every three years at the Annual General Meeting held in October.*

### Additional governance issues (Optional information)

You **may choose** to include additional information, where relevant, about:

- Policies and procedures adopted for the induction and training of trustees
- The charity's organisational structure and any wider network with which the charity works
- Relationship with any related parties
- Trustees' consideration of major risks and the system and procedures to manage them

*There is a membership policy in place.*

*TTHUF has been given permission to use the meeting room at the T&T High Commission in London, where the High Commissioner is able to attend, if required.*

*All trustees give their time voluntarily and receive no remuneration or other benefits.*

## Objectives and activities

**Summary of the objects of the charity set out in its governing document**

*To contribute to improving the safety and effectiveness of healthcare in Trinidad and Tobago, the Commonwealth and non-Commonwealth countries, so that people receive care and treatment that is quality assured and evidence-based.*

**Summary of the main activities undertaken for the public benefit in relation to these objects**

*In planning our activities for the year, we kept in mind the Charity Commission's guidance on public benefit at our trustee meetings.*

*The focus of our activities remains contributing to improving healthcare standards. Improved structures, policies and governance, will benefit the population by making the health service safer and more effective.*

*Our focus has been on establishing relationships with various people in authority in the health sector in T&T. Our goals are to identify what are their vision and priorities for their services and establish how TTHUF could be assistance.*

### **Additional details of objectives and activities (Optional information)**

You **may choose** to include further statements, where relevant, about:

- Policy on grantmaking
- Policy programme related investment
- Contribution made by Volunteers

*Contributions are made by Trustees and member-volunteers. We are grateful for the many hours trustees and members have spent liaising with key contacts in T&T, supporting our fundraising activities and participating in sub-committees. Without this valuable contribution of time, energy, expertise and money, we would not have been able to achieve so much.*

# Achievements and performance

## Summary of the main achievements of the charity during the year.

### **June 2017**

- *Group formed. Began using WhatsApp as a means of communicating with each other*

### **October 2017**

- *Request for the formation of an interim Board for one year*
- *Met with T&T High Commissioner, His Excellency Mr Orville London*
- *First public advertisement on the T&T High Commission's Facebook page*

### **November 2017**

- *First interim board meeting*
- *Name and type of charity agreed- Charitable Incorporated Organisation (CIO)*
- *Facebook page created*
- *TTHUF email address created*
- *Contact details of key decision makers in T&T supplied by the High Commission*
- *Initial email contact made with the Minister of Health of Trinidad and Tobago*
- *Met with the President of Trinidad and Tobago, His Excellency Mr Anthony Carmona*
- *Telephone contact at Board meeting with the then Minister of Health of Barbados, as TTHUF explored the concept of replicating our model with other Caribbean islands.*

### **December 2017**

- *Relationships owners identified from the Board to liaise with key contacts in T&T*
  - *MoH, TTRNA, TRHA, NWRHA, NCRHA, SWRHA, UTT*

### **January 2018**

- *Logo created*
- *First general membership meeting held- Membership Meeting ToR and Membership fees agreed for the future- Annual subscription, online payment option.*

### **February 2018**

- *Seven sub-committees formed with Board leads*
  - *Governance*
  - *Education and Training*
  - *Acute Hospitals*
  - *Fundraising*
  - *Staffing*
  - *Mental Health*
  - *Public Health*
- *Banner, leaflet and business cards created*
- *Crowd funding page created*
- *Terms of reference for Board and membership meetings agreed*
- *Board voted unanimously to adopt Chair's address as the official address of the organisation*

### **March 2018**

- *UK Healthcare Market Visit in POS, Trinidad (appendix 1)*
- *Board confirmed two Patrons to promote and support the organisation. They are:*
  - *H.E. Mr Orville London in his capacity as High Commissioner. Once he demits office, he will cease to be a patron, and*
  - *Professor Andrew Ramroop, OBE*
- *TTHUF Values created following consultation amongst Board members*
  - *INTERACT- Integrity, Teamwork, Respect, Accountability, Commitment*

**April 2018**

- Represented at a meeting with the PM of T&T
- Strategic Partnership Agreement developed- Shared with ERHA, TRHA and TTRNA
- Second Members Meeting

**May 2018**

- Raised £1,163.99 through crowdfunding
- Article published in T&T by the TTRNA stating that TTHUF and the TTRNA have pledged to work together

**June 2018**

- TTHUF T-shirts went on sale- so far sold 39 of 50. Profit so far £125
- Invoice template created to be used for any expenses going out of or revenue coming into the organisation

**July 2018**

- TTHUF Curry-Que fundraiser- raised £2,420.31 on the day, plus online orders on donations
- Education Advisor meeting with Kings College, London re- mandatory training for healthcare staff. Also contact with UTT re-accredited e-learning packages for staff

**August 2018**

- Nominations for substantive Board closed. 11 nominations received. No need for elections
- Provided commentary to CNO in T&T on questionnaires about the conduct of nurses
- TRHA asked for assistance in recruiting a CEO

**September 2018**

- Bank account opened with Metro Bank- three approved signatories; Two to sign  
Opening balance £3,409.09
- Received email from Nursing Department in the MoH, requesting how T&T will benefit from an association with TTHUF
- Communication from three medics in T&T about challenges and resources required (appendix 2)

**October 2018**

- Final Interim Board Meeting
- AGM

## Financial review

### Brief statement of the charity's policy on reserves

*We hold cash at bank of £3,409.09, all of which are unrestricted funds. These funds are held to meet any unforeseen expenditure that may occur, for example, venue rental, website domain purchase.*

### Details of any funds materially in deficit

*Not applicable*

### Further financial review details: (Optional information)

You **may choose** to include additional information, where relevant about:

- The charity's principal sources of funds (including any fundraising).
- How expenditure has supported the key objectives of the charity.
- Investment policy and objectives including any ethical investment policy adopted.

*Our main source of funds this year has been through fundraising. We had a crowdfunding page for three months, sold souvenir T-Shirts and held a Curry-Que. Carib Brewery in Trinidad, donated 10 cases of beer towards the Curry-Que fundraiser which was held in July.*

### **Future Plans**

- *The priority for the coming year is to become a Registered UK Charity.*
- *We will build on relationships established with the Chief Nursing Officer, TTRNA and TRHA, UTT, King's College.*
- *We will re-new efforts to engage with the ERHA, NCRHA, NWRHA and SWRHA.*
- *We will submit a pre-application form to the Ministry of Health, for the supply of services and undertake at least one project in the country.*
- *We will demonstrate to the MoH how TTHUF can benefit T&T*
- *We will participate in World Mental Health Week in T&T in October 2019.*
- *We will launch our website and 5-year Strategic Plan.*
- *We will hold our fundraising Curry-Que in the summer and conduct fundraising health check stalls at Family Days.*
- *We will continue attempts to sign SPAs with the T&T authorities.*

# Declaration

The trustees declare that they have approved the trustees' report above

**Signed on behalf of the charity's trustees**

<b>Signature(s)</b>	<i>Roger James</i>
<b>Full name(s)</b>	Roger James
<b>Position</b>	<i>Chair</i>
<b>Date</b>	<i>18 October 2018</i>

## **Honorary Treasurer's Report 2017 – Leonard Phillip**

In my first year as Treasurer of the Trinidad and Tobago Healthcare Forum (TTHUF) I am pleased to report that the charity is in a healthy financial position. There were three fund raising events during the reporting period. A crowd funding page that ran for approximately three (3) months. A Trinidad and Tobago Style Curry Que. In my opinion, all events were relatively successful.

As at 30/09/2018 TTHUF hold a credit of Three Thousand, Four Hundred and Nine pounds and nine pence (£3409.09) in its newly established Bank Account opened with Metro Bank. The Treasurer supported by the Assistant Treasury submitted three quarterly financial reports to the Board during 2018 as follows:



**Quarter 1 – January to March 2018**  
**Trinidad and Tobago Healthcare UK Forum**  
 Quarterly Financial Report  
 For period 1 January 2018 to 31<sup>st</sup> March 2018

<b>Balance brought forward (31 December 2017)</b>		<b><u>£0.00</u></b>
<b><u>INCOME (Deposits)</u></b>		
<u>Date</u>	<u>Description</u>	<u>Amount</u>
31 March 2018	<b>TOTAL INCOME</b>	<b>£0.00</b>
<b><u>Expenditure</u></b>		
12/02/2018	E-ticket (IntFlight)	<u>£637.50</u>
01/03/2018	Promotional leaflets	<u>£ 90.00.</u>
31/03/2018	<b>TOTAL EXPENSES</b>	<b>£637.50</b>
 <b><u>ENDING BALANCE (APRIL 2018)</u></b>		 <b><u>-£727.50</u></b>

Q1 expenses consist of the Secretary's airfare to Trinidad and Tobago to attend the UK Market Event in Trinidad. This was a once in a three-year opportunity to promote TTHUF amongst decision makers in the T&T health sector. Due to the short notice of the event (approximately one month) and the recommendation by the British High Commission that TTHUF should be present, the Board agreed to fund the Secretary's travel.

Expenses for this quarter also included the purchase of 500 promotional leaflets for the UK Market Event in Trinidad.

Prepared by Assistant Treasurer - Natasha Queva Kent 12/04/2018  
 Signature.....  
 Date:.....

Reviewed and Approved by Treasurer – Leanard Phillip 12/04/2018  
 Signature.....  
 Date:.....

Quarter 2 – April to June 2018  
**Trinidad and Tobago Healthcare UK Forum**  
 2<sup>nd</sup> Quarter Financial Report  
 For period 1 April 2018 to 30 June 2018

<b>Balance brought forward (31 Mar 2018)</b>		<b><u>-£727.50</u></b>
<b><u>INCOME (Deposits)</u></b>		
<b><u>Date</u></b>	<b><u>Description</u></b>	<b><u>Amount</u></b>
June 2018	Crowdfunding	<u>£1,071.15</u>
30/06/2018	<b>TOTAL Income</b>	<b><u>£1,071.15</u></b>
<b><u>EXPENSES</u></b>		
June 2018	45 Gildan Cotton T-shirt	£239.22
June 2018	5 Gildan Children T shirt	<u>£21.80</u>
30/06/2018	<b>Total Expenses</b>	<b><u>£261.02</u></b>
<b>Total Income balance less Expenses (£1,071.15 - £261.02)</b>		<b><u>£810.13</u></b>
<b><u>Expenses brought forward from 31 March 2018</u></b>		
April 2018	<b>Refund Pending</b>	<b>£727.50</b>
<b><u>ENDING BALANCE (30<sup>th</sup> June 2018)</u></b>		<b><u>£810.13</u></b>

Prepared by Assistant Treasurer - Natasha Queva Kent 06/07/2018  
 Signature.....  
 Date:.....

Reviewed and Approved by Treasurer – Leanard Phillip 07/07/2018  
 Signature.....  
 Date:.....

**Quarter 3 – July to September 2018**

**Trinidad and Tobago Healthcare UK Forum**

3<sup>rd</sup> Quarter Financial Report

Period 1<sup>st</sup> July 2018 to 30<sup>th</sup> September 2018

**Expenses brought forward (30 June 2018) £-727.50**

**Income b/f forward (30/06/2018) (£1,071.15 - £261.02) £810.13**

**INCOME (Deposits)**

<u>Date</u>	<u>Description</u>	<u>Amount</u>
June to July 2018	Cash donations	£670.00
July 2018	Orders/Reserved	£455.00
July 2018	Door/Food Sales	£1532.81
July 2018	Bar	£755.50
July 2018	Raffle	£132.00
30 September 2018	<b>Total Income</b>	<b>£3,545.31</b>

**EXPENSES**

July 2018	Drinks for Curry Q	£270.87
July 2018	Leaflets to advertise Curry Q	£55.00
July 2018	Leaflets for UK Market Event	£90.00
July 2018	Hall Rental for Curry Q	£420.00
July 2018	Bar License for Curry Q	£21.00
July 2018	M&S gift prize voucher	£25.00
July 2018	Shopping for items for Curry Q	£297.71
30 September 2018	<b>Total Expenses</b>	<b>£1179.58</b>

Balance due as at 30/09/2018 (Income less Expenses (£3,545.31 - £1179.58) £2365.73

**Plus Income brought forward at 30/06/2018 £810.13**

**Total Balance at 30/09/2018 £3175.73**

**Expenses brought forward from 31 July 2018**

12/02/2018	E-ticket (IntFlight)	£637.50
01/03/2018	Promotional leaflet	£ 90.00
12/04 2018	<b>Refund Pending</b>	<b>£727.50</b>

E-ticket Refund will be deducted from INCOME BALANCE once claim is submitted.

Prepared by Assistant Treasurer - Natasha Queva Kent 08/10/2018

Signature.....

Date:.....

Reviewed and Approved by Treasurer – Leonard Phillip 08/10/2018

Signature.....

Date:.....

For the year ending 30 September 2018, the charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

**Trustees responsibilities:**

- The members have not required the charity to obtain an audit of its financial statements for the year in question in accordance with section 476;
- The trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of financial statements. These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

These financial statements were approved by the board of trustees and authorised for issue on Wednesday 17<sup>th</sup> October 2018, and are signed on behalf of the board by:

Leanard Phillip

Honorary Treasurer

## Appendix 1

### Summary Of 1:1s at Healthcare Market Conference in T&T for TTHUF Membership information

#### **1:1 with President of the Trinidad and Tobago Registered Nurses Association (TTRNA)**

The TTRNA is an 88-year-old organisation. It is a regulatory body. In 2014 it became a union/association. It has grown as a result of its union functions. Nurses used to be classed as public servants, now they can lobby the government directly. The view is to improve nursing from within; i.e. nurses looking after nurses. The stalwarts are moving on. There are now young and new executives in the pool.

#### **Key issues:**

- Nursing problems are many and growing.  
Funding for the Mental Health Officer concept was stopped 3 years ago.  
Unqualified and untrained staff doing chemotherapy duties.
- Problems with returning nursing personnel.  
Poor physical environment of the healthcare institution. Basic health and safety requirements not met. OSHA does not take any action.
- The Nursing Care Act needs to be revised- to re-register as a nurse, no updates are needed. A system is needed. There are no mandatory requirements. A portal was introduced. Five nurses up to the portal as it was not mandatory.  
There is a heavy reliance on the government to make decisions.
- The qualifications are internationally recognised. There is a nursing academy. There is only one accredited healthcare institution- St. Clair Medical Centre. It is the only one in the Caribbean.
- Nurse management is based on seniority. Post basic qualification is needed instead of a Masters. There is no incentive to be promoted as the nurses lose their specialist allowances.
- Severe shortage across the country; about 2/3 short. No one to replace staff who have gone past retirement age.
- Nurses are not currently being hired by the government.
- District Health Visitors needed but there is no funding. Government does not see the need.
- Primary care workers are not seen as necessary.
- Key stakeholders were not directly involved in health. Reliant on advisers.
- There is the Nursing Personnel Act, which must be revised.
- There is a strong relationship with other regional bodies.
- There are Nursing Regional Council Exams; the exception is Guyana which has its own system.
- Adaptation is only done in the private sector which is unregulated with unregistered personnel working.

#### **1:1 meeting with Secretary c/o Community Mental Health & Wellness Clinic**

#### **Key issues:**

- Clinic setting- more staff needed. The clinic is in the Barataria Community Mental Health and Wellness Clinic.
- Challenge of stigma.
- Mental Health Officers- more needed to go out into the community
- Trained mental health officers- training of officers and social workers- there is no replacement when one is on leave.
- Accredited training of social workers who go into hot spots. Protection needed.
- Need for an ambulance or mini-van to take staff into the community to give injections to

those who cannot come to the clinic appointments. Transport service to be introduced and developed. A shuttle service that can pick up the clients and take them to the clinics.

- Therapy to start in the clinic- ceramics and painting.
- Continual OT service. More OTs needed in the clinics. Younger children to be kept occupied.
- Dementia is on the rise.
- Sourcing video games which are available to be interacted with.
- Medical supplies sometimes fluctuate- medication is available at times.
- More psychologists needed.
- Lack of funds.
- Tai Chi, water aerobics, walking around the Savannah.
- Safety issues
- Student support services- the education system
- Sexual abuse
- A safe house environment is missing.
- Help is needed to develop a place where the young can go for treatment (the young suicidal persons); a rehab centre.
- De-stigmatisation of mental health- a media blitz e.g. using the arts, known personalities.
- *Proper restraints needed- (Posey) leather restraints. Currently using gauze and bandages.*
- Scholarships in Child Psychology and Forensic Psychiatry.
- WhatsApp technology training to enable patients to communicate with the doctors.
- Police Officers training is needed,
- Computer skills programme for patients.

### **1:1 with the Children's Authority**

In 2015 legislation was passed which gave the CA powers. The CA sits under the Office of the Prime Minister. It is a statutory agency. Governance is independent of the government but funded by the Office of the Prime Minister. They receive reports of child abuse, investigating reports, assessing the children. Case management duty. There are two assessment centres- social workers, doctors, psychologists. A holistic approach is taken. There are regulatory rules for homes for children and the CA can issue and revoke licences. A Research Unit exists.

#### **Key issues:**

- Placement issues- 13,000 validated cases, not enough foster carers, not enough children's homes.
- Availability of resources in the public sector: e.g. painting skills.
- No public working Speech and Language Therapist.
- Funding is limited.
- Training and re-education of stakeholders.
- No formal training in forensic examinations
- No standardisation of holistic training of medical professionals.
- Capacity building related to the suitability of foster and adoptive areas.
- Partnering with teams in the UK.
- Exploration of electronic tracking systems such as used in the UK.
- Police Service- Child Protection Service works with the Children's Authority
- Advocacy work- communications and sensitisation of the role of the CA.
- The CA does not directly legislate for children in healthcare; that falls under the Ministry of Health.
- The criteria for staff- minimum criteria, not regulated.
- There is a stringent recruitment process - psychometric testing, extensive background checks are done before employment.
- Training is done at induction and there is ongoing training. All employees have clinical

supervision.

- There is a roll out of a national protocol that everyone signs up to.
- There are discussions to alter the age of criminal responsibility from 7 years of age to 12 years of age. The Children's Court is now open.

### **Meeting with the Executive Team of the Tobago Regional Health Authority (TRHA) 16/03/2018**

RHA Act created the RHAs. Sections 5 & 6 set out the functions of the RHAs. (5<sup>th</sup> Schedule). The TRHA is a bit peculiar- can obtain policy direction from the THA Secretary for Health. The TRHA has a close connection with the THA. The ministry of health is responsible for governance at national level. Technical assistance is offered by the Ministry of Health (MOH).

#### **Key issues**

- Specialist training for Obstetrics and Gynaecology for junior doctors required. Assistance with being placed in specialist programmes in the UK. This also applies to any other specialty.
- TTHUF to provide a listing of the areas where that training is provided/required.
- Recruitment when positions are advertised. Help needed with advertising for vacancies to reach out to other professionals.
- Specialist trained doctors and nurses in all specialist areas required.
- Accredited certified training- not just an exercise. Needed for the advancement of career.
- Quality and Governance- help needed
- Medical Board- mandatory training is in progress. There is a need for specialist updates and training.
- There is no specific mandatory training for nurses. TRHA can control this. Work to be done with the education department. There is no education manager in post.
- There is a procurement process. There is a 3-quote system.
- For TTHUF, there will be a process via the Board. Potential for the legal process. Contractual engagement- identifying legislation and which law in which country will apply if ever there are problems.

#### **Safeguarding**

- There is no constant approach at the moment. Children with special needs make use of the hospital facilities.
- There is no service for parents with children with special needs. The Children's Authority does not yet have a presence in Tobago.
- There will be an assessment centre in Tobago.

#### **Audits**

- The focus is on finance, inventory and quality.
- Support needed with procedural documents (reader friendly styles). SOPs have been reviewed.
- Intranet service- has been on the table for some time.

#### **Diagnostics**

- Specialist training is needed (not happening in Tobago).
- Donations of equipment
- Issues with the liability of reading the scans outside of the jurisdiction. Need to register with the Medical Board of T&T.

## **Appendix 2**

### **Challenges to the T&T health sector**

#### **General**

- 400 junior doctors graduating, but no increase in jobs since 1976.
- UWI responsible for the training, but no communication with government, hence discrepancies in numbers.

#### **Orthopaedics**

- In Tobago:
  - No consultants, only junior doctors
  - No scanners

#### **Cancer**

- Cancer screening is an area of concern
- No linear accelerator for radiotherapy. No one trained in public sector to use it either.
- No nurses to carry out chemotherapy etc
- In Tobago:
  - Patients must go to Trinidad for radiotherapy and machine used is under par

#### **Cardiology**

- Non-communicable diseases are the main area of concern i.e. hypertension and diabetes
- In Tobago:
  - New cath lab, but no cardiologist or team to run it
  - Reports currently being copied to disc and sent with patient to Trinidad. Simple technology can be used to forward scans to Trinidad and avoid delay in results and management
  - Information technology outdated
  - Delays worsened as issues with transport to and from Tobago

### **Resources needed**

#### **Equipment**

- CT scanner
- MRI
- Ultrasound machine
- Portable ultrasound machine
- C-ARM
- Fluoroscopy unit
- Computers (PC OR MAC)
- Workstation High Resolution Monitors
- Digital X-Ray Unit
- PACS/RIS
- Paper printers/scanners

#### **Training skills in**

- PACS/RIS/Informatics
- Leadership
- Business plans
- IT/Networking
- Interventional Radiology
- Breast Imaging
- Chest Imaging
- Musculoskeletal

### **Access to Educational Databases/ Lectures/Conferences**