### [redacted]Notes for Completion:

- Please note, with the exception of the cover page, this report will be published.
- To ensure compliance with GDPR, refrain from using any personal or identifying information unless you have obtained consent from the data subject and are content for this to be made public.
- Answer all questions in the template provided, noting the word limits.
- Include all relevant information in the reporting template hyperlinks and annexes will not be accepted as part of the report.
- Ensure answers are clear, concise and in plain English. Explain acronyms and avoid using jargon.

Supporting Documentation	Logical Framework, which reflects any changes in this report-	□ in progress				
Check box to confirm key documents have been submitted with this report	ing period.	☐ in progress				
	Budget					
	Case study	☐ in progress				
	Risk register					
As the project manager responsible for the completion of this report, I hereby confirm the information included is accurate and complies with the notes for completion.						
Scotland-based Project Manager: Si		Signature:				
[redacted]		[redacted]				

1. G	I. General project information				
1.1	Project reference Number	MAL/18/05			
1.2	Name of organisation	NHS Tayside EM-Malawi Project			
1.3	Lead partner(s) organisation	[redacted]			
1.4	Project title	Scottish Emergency Medicine -Malawi Project			
1.5	Reporting period	From: 31/03/2019 To: 30/10/2019			
1.6	Reporting year	2019-20			
1.7	Project start date	January 2019			
1.8	Project end date	March 2023			
1.9	Total project budget*	£1,067,211.06			
1.10	Total funding from Scottish Government*	£1,007,504			
1.11	Provide a brief description of the project's aims, highlighting which of the Sustainable Development Goals (SDGs) your project is working towards? (200 words)	Following the successful development of the first Adult Emergency and Trauma Centre in Malawi this project using the same methodology will develop 3 further Emergency and Trauma centres at the other 3 central hospitals across Malawi. The project team share best practice systems and processes of emergency care with Malawian Partners and with a cohort of volunteer clinicians and nurses from across Scotland mentor Malawian colleagues in each department until they are able to manage a sustainable service for themselves.  By 2023 the project aims to realise for the first time in Malawi a national network of emergency care  This project works towards SDGs SDG 3 Good health and Wellbeing SDG 4 Quality education SDG 5 Gender Equality SDG 10 reduce Inequalities SDG 17 Partnerships for the goals			

#### 2. Project progress and results

Please use this section to give an update on the progress the project has made during this reporting period.

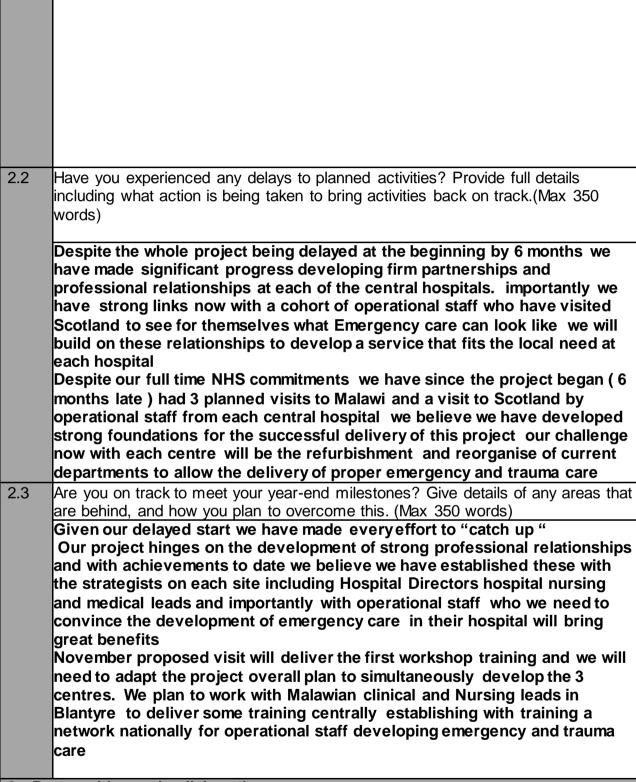
Provide an update on the progress your project has made during this reporting period. Use this space to update us on what has gone well and any challenges you have experienced, detailing how you have overcome these. (Max 350 words)

The project Scottish leads visited Malawi in July to consolidate partnership and observe current clinical practice in each centre since the development of Blantyre as the first AETC the practice of emergency care has begun in each centre We have agreement that Blantyre [redacted] will be National leads in country and we have agreed to develop and fund some joint training for all centres in Blantyre. We consider this an essential strengthening of the project support that will ultimately support a sustainable national programme for emergency care In September, 6 Malawian clinicians and nurses ( 2 from each central hospital) visited our Tayside Emergency service spending time observing practice in Dundee and Perth depts. This allowed in real time opportunity to see our aspirations for the service in Malawi. We also took opportunity with staff from each centre to work through how we can utilise their current departments to develop full emergency care on each site The visits were successful and we asked each participant to complete a reflection of the visit. all were highly complimentary see case study attached There were challenges bringing collegues over although SMP were extremely supportive with the visa process lack of internet access and familiarity with the process Malawi side led to delay and repeat application for a few colleagues Malawian colleagues in Scotland required significant support for all domestic /accommodation /subsistence requirements the project strategy team were exceptional support during the visit

The strategy team have during this reporting period actively recruited 40-60 clinicians and nurses from across Scotland interested in participating in the project Going forward all such volunteers will have to attend a mandatory project induction day the programme for which has now been developed by our team includes explicit code of conduct and safeguarding training our first induction day is planned for 29<sup>th</sup> February 2020 and is fully subscribed.

The Project team have a visit planned for November primarily this will begin the workshop training for each site as we write we hope to deliver as requested some generic training for all centres to come together in Blantyre but if this is not possible with Blantyre leads we will deliver this at each other central hospitals

We will also perform SWOT analysis of the project and share with in patient specialities at each site and finally will tie up the MoU agreements with each hospital.



#### 3. Partnerships and collaboration

This section allows you to discuss how partnership working is progressing on the project, as well as wider collaboration and sharing of learning.

3.1	Provide an update on how partnership working has gone during this reporting period. Let us know about any highlights, challenges or changes to roles and responsibilities. (Max 350 words)				
	We consider we continue to build positively on our partner to partner relationships inc importantly our project relationship going forward with our colleagues in AETC in Blantyre. e respectfully listen to our partners needs and gain their views and vision for their service we are helping to facilitate. We from the outset have strived to respond positively to partner requests a good example is the request to change timeframe of project from consecuitive development of new unit at each central hospita to a model were we will support and train the 3 units simultaneously while addressing any centre specific needs separately				
	We will continue to adapt to meet the needs of our partners as ultimate the success of the project will be reliant on Malawian partners takin ownership of their own service				
3.2	Have any international visits to the project taken place in this period? Give details including key activities and outputs of these visits.				
Date of vis	sit	Key achievements / outputs of visit	Follow-up actions		
Scottish 2019	Project Leads visit July	Agree MoU s observe current practice at each site have established clear intent to deliver national emergency service across Malawi by 2023	Initial SWOT analysis for each unit identify 2 operational staff from each unit to visit Dundee in sept 2019		
	Staff visit Dundee 2 from each site 2019	Opportunity to experience /observe mature ED in Dundee / Perth grasp what wish to develop in Malawi at each site			

	n Project Strategy team visit per 2019	Plan to deliver key workshops to staff from each centre inc develop ethos /philosophy of new dept and triage training	Also opportunity to complete MoU sign off in Zomba and Lilongwe		
4. Safeg	juarding and fraud				
Please e report.	ensure you complete questions	4.1 and 4.2 even if you h	ave no incidents to		
4.1	Have there been any incidents, relating to the Grant or the Project, in the last reporting period which contravene your safeguarding policy?				
	No				
4.2	-	re been any incidents in the last reporting period of financial misman- or fraud, relating to the Grant or the Project?			
	No				
4.3	Have these incidents been reported to relevant authorities, and if so, to whom?				
	N/A				
4.4	Describe what action has been taken, and highlight any lessons learned.				
	N/A				
5. Risk assessment					
5.1	Have any issues materialised addressed?	Have any issues materialised during this reporting period? If so, how were they addressed?			
	Please refer to risk assessme	nt provided at application	stage.		

Because the project has not yet begun to develop ETCs on any of the identified new sites the operational risks have not yet materialised as listed on our original application But we have engaged with all hospital directors and all clinical leads thus far to make them aware of the potential risks of lack of departmental space, equipment, staff and drugs and consumables that will risk the success of the project Assumption Risk Action taken Was this included in the Risk Assessment Table in your application? 6. Financial information This section will be reviewed alongside your mid-year budget spreadsheet, which must be included with this report. 6.1 Explain any variances to planned expenditure in this period. (Max 350 words) Delay in project starting, lack of drawing Project Manager Salary has left us significantly at variance with projected budget for this stage of the project with a significant underspend Once underway we have as a team made good progress with scoping the project and have delivered 2 with 3rd strategy team visit imminent and also hosted 6 key Malawian clinical staff in Scotland for observation of delivery of Scottish Emergency services Importantly in true refection of a people to people project we have listened to all our partners and agreed to deliver the project in a collective way, developing the 3 new ETCs simultaneously in partnership with the original Blantyre AETC leads rather that seguentially as expressed in the project proposal 6.2 At this stage, does your projected expenditure look to be on track? If not, outline the reasons why, and what plans are in place to bring spending back on track. If you are requesting changes to your budget at this stage, outline them below. (Max 350 words) Currently, we have a significant underspend mainly due to delayed start. Whilst we have tried since beginning the project to maximise our activities and expenditure this has to be balanced against the fact we undertake this work in our own personal time as we all are involved in full time NHS work. Once the salary for Project Manager is on stream she will

be able to relinquish her NHS post and devote maximum time to project work. Similarly I as project lead have agreed to take early retirement from NHS work (Q1 2020) to again be able to commit a greater proportion of time to the project without negative impact/ competing roles of NHS Work. From Q2 onward we aim Project Manager and Lead will spend 4 months per year in Malawi co-ordinating and delivering the project until completion

During Strategy visits to date it has emerged a strong partner view and request we deliver the development of the 3 new ETCs simultaneously rather than sequentially this will require some rethink and re alignment of the budget We as a Strategy team understand this and will work to this request; we look to ID team to assist us with this

Do you have a proposal for how you would like to utilise any of your ring-fenced underspend, excluding any currency gains? (Max 350 words)

Through discussions with Malawian partners and International Development team

As stated above we would wish to modify our budget to allow the simultaneous development of the 3 departments. This may require an uplift to allow for the simultaneous purchase of for example the teaching and seminar equipment required for each dept, as our original budget had such purchases spaced out in separate yearly budgets. However we would anticipate the final expenditure will balance out and will still be able to be delivered within proposed budget

Secondly we have significant ring fenced PM salary and following fruitful recent meetings with our Int development team we wish to explore perhaps for the next 6 months appointing an in-country project manager who will in the interim assist and keep the project on track with key tasks including preparation for Scottish team visits and project reports We hope to meet with suitable individual(s) during our November visit

#### 7. Any other information

Use this section to tell us any other relevant information regarding your project. (Max 350 words)

The Scottish EM-Malawi Project strategy team remain grateful for the patience and support from the Scottish Gov International team. We realise our reporting to date has been below standard expected but we have taken key steps to address and we reported this in our end of year 1 report.

The recent meetings in St Andrews House and with the Corra Foundation will help significantly to ensure our ambitious project reaches fruition and will maximise our impact for the benefit of the project and the emerging National Emergency and Trauma service in Malawi