

External Inspection of the King Edward VII Memorial Hospital, Falkland Islands

Memorandum and Terms of Reference

Version	Date	Comment	Authority
1.0	21 May 24	Initial document draft – sent to Prof Cummings to review.	DHSS
1.1	18 July 24	Updated following meeting with Prof Cummings to narrow scope.	DHSS
1.2	05 September 24	Aim and ToRs further refined following meeting with Prof I. Cummings and Prof H. Fuller on 02 Sep 24.	DHSS

Background

The King Edward VII Memorial Hospital [KEMH] is the only hospital in the Falkland Islands, a British Overseas Territory in the South Atlantic. Although a British territory, the Falkland Islands are internally self-governing with its own legal system. At this time there is a limited amount of legislation pertaining to the regulation of medical services in the Falkland Islands and the health service is **not** part of the NHS. However, as a British territory, the medical service does look to the UK for guidance in relation to the standards of care it provides. UK guidance can however, only ever be followed or implemented as far as is reasonably practicable within the resource constraints of a remote island archipelago with fewer than 4,000 residents.

The KEMH is a GP-led hospital, which provides a wide range of primary care services as well as secondary care services to the local population in an ‘under one roof’ model of care. The inherent nature of running a healthcare facility at such a scale of operation in such a remote environment means that the level of clinical risk held is often very high, as clinicians are often expected to operate at the limits of their skill-sets, knowledge and experience. Medical Treatment Overseas [MTO] is therefore a critical aspect of the KEMH’s operational model where local resources, facilities, capability or capacity do not allow for treatment to occur in-house. In some circumstances however, emergency medical evacuation cannot always occur as swiftly as would be optimal owing to logistical issues such as the airport being closed when rotor winds are forecast.

The Falkland Islands have a level 4 reciprocal agreement with the UK, and accordingly the majority of off-islands referrals are to the UK. However, emergency medevacs and some other MTOs are referred to South America. The most time critical medevacs utilise an A400/ Voyager airframe, which is an RAF asset based at Mount Pleasant Airport. In these circumstances the KEMH provide the medical crew for the flight. The majority of medevac transfers to South America are however by private air ambulance.

Introduction to external inspection

The KEMH provides a number of services, including secondary care provision, to the British Forces South Atlantic Islands [BFSAI] base at Mount Pleasant, approximately 35 miles distant from the KEMH. The exact nature and stipulations for the reciprocal services provided between the MoD and KEMH are outlined in the *FIG-MOD Memorandum of Understanding for Medical Services*. In order to provide the required level of assurance as part of the MoD’s internal quality assurance processes the KEMH

does receive periodic assurance visits from the MoD, which focus on the areas of healthcare provision of interest to the MoD.

Notwithstanding the usefulness of above programme of MoD assurance visits it has been assessed by KEMH senior management and members of the legislative assembly [MLAs] that an independent review of the KEMH would be useful tool to provide an objective overview of the current status of healthcare provision at the KEMH, so that areas of good practice can be highlighted and therefore supported to be maintained and areas where improvement could be made can be identified via an action plan and appropriate support given to make feasible improvements within the context of the Falkland Islands.

In early 2024 the Director of Health and Social Services undertook an initial review of the approaches to healthcare inspection in other UK overseas territories and crown dependencies. This included discussions with the CQC [English regulator], Healthcare Improvement Scotland, the Jersey Care Commission and UK Healthcare Ambassador to the UK Overseas Territories, Professor Ian Cummings. From these discussions it became apparent that not only would a considerable body of work be required to adapt the inspection framework of another country, which in many areas would simply be inappropriate to apply, but that all three organisations had clear capacity constraints that would limit such a venture being feasible in the short or medium term. Furthermore, it was ascertained that whilst the uptake of such inspections across the UKOTs has to date been very limited, there does exist an unmet need across the UKOTs for such an activity, and as such the UKOT branch of the UK Health Security Agency [UKHSA] would be interested in working with the Falkland Islands to trial a form of inspection that is appropriately tailored to the operational environment of each UKOT where such an inspection is requested. It is anticipated that the learning and outcomes from this approach may then be beneficial for other UKOTs.

Aim of the external inspection

The aim of this inspection is to provide a balanced overview to both staff and the Public as to the current status of healthcare provision at the KEMH. It is envisaged that the inspection and the subsequent report will be a useful tool to help guide future service development and improvement at the KEMH.

The ethos of this inspection is that it aims to be a positive experience to aid staff in providing the best services possible to all users of the KEMH. Whilst the report will rightly identify areas of weakness, where improvement is required, it aims to balance this by also recognising areas where provision may in fact be noticeably good or exceed the expected level of provision.

Terms of Reference

This inspection will;

- Deliver an inspection that is aligned with the CQC inspection framework that addresses five key questions;
 1. Is it safe?
 2. Is it effective?
 3. Is it caring?
 4. Is it responsive to people's needs?
 5. Is it well-led?

As a first inspection, a particular emphasis should be drawn to the first two key questions.

- Be based around key lines of enquiry for each service area that are adapted from the CQC single assessment framework (where appropriate and applicable to the Falkland Islands).
- Give consideration to the differences in healthcare practice between England and the Falkland Islands; discussion between the inspection team and the KEMH may be required to agree what constitutes suitable evidence for a key line of enquiry in instances where there is a notable difference between England and Falkland Islands. The ultimate decision on what constitutes 'suitable evidence' will be made by the inspection team.
- Scope: the inspection will focus on the following key services provided at the KEMH; emergency care (including ambulance and A&E), ward-based care, theatres and the process for medical treatment overseas. In order to make the inspection both focused and manageable, those areas which are specifically out-of-scope are listed in the next section.
- Review the quality of physician-provided (medical) care across all service areas, in order to review the current model of physician-provided care.
- Review data handling arrangements and security of patient notes in-line with the Governance domain of the CQC single assessment framework.
- Provide opportunities for public engagement with the inspection process, and the outcomes of this engagement should be anonymously reflected in the final report where possible. This should include;
 - Opportunistic engagement with service users during the inspection.
 - The opportunity for service users to provide feedback to inspectors via e-mail in advance of the inspection. The identity of any individuals who share feedback via this route will not be shared with the KEMH less in circumstances where serious safety or safeguarding concerns are raised which may place a professional or moral obligation on the inspection team to report the issue further where it is assessed that not doing so would place an individual or individuals at serious risk.
 - Arrange meetings with individuals who provide feedback, at the discretion of the inspection team.
 - Production of a publicly-available report.
- Provide a comprehensive report as to the findings of the inspectors. A version of the report that is suitable for public consumption should also be produced. This must be written in such away as to be accessible to as wide a cross-section of the Public as possible. The Public version of the report should not contain any omissions or redactions, other than are necessary due to reasons of protecting commercially sensitive or confidential information.
- Produce a report that highlights those areas of good practice where service provision may exceed that which might ordinarily be expected in such an environment, in order to assist the Directorate with identifying those areas where current service provision should be maintained.
- Produce an action plan that provides recommendations for areas for locally achievable improvement. These should be annotated as far as is reasonable to show which may be considered more urgent in their nature, and which may be for further discussion or consideration for the future.
- Provide senior management and MLAs with an initial overview of the key findings prior to departing the islands.

Out of scope

As highlighted, the provision of services at the KEMH is extremely broad. It is assessed as being infeasible to review all possible areas of activity, especially where this will be the first exercise of its kind in the Falkland Islands. Areas specifically out of scope for this inspection, other than how they interact with those areas identified as being within the scope are:

- Allied health services- Speech and Language, Physiotherapy, Occupational Therapy
- Any services not provided within the KEMH building e.g. community care services, social services.
- Dental
- Emotional Wellbeing Service
- Imaging
- Obstetrics
- Pathology
- Pharmacy (prescribing practices and medicines management to be included in, however management of the pharmacy department itself if out of scope).
- Primary Care (excepting that a general review of the team of doctors will be undertaken).
- Speech and Language Therapy/ Audiology

Logistics

The inspection itself is scheduled to take place across five working days from 11th November 2024.

It is anticipated that a total of four individuals, suitably qualified and experienced for an undertaking of this nature will be led by Professor Ian Cummings.

Accommodation and flights for Professor Ian Cummings to be met by UKHSA.

Accommodation and flights for other members of the team to be met by KEMH.

Obligations of the KEMH

The KEMH will;

- Make every effort to ensure that key members of staff are available to meet with the inspection team.
- Make every effort to provide copies of relevant policies/ documentation etc as requested.
- Assist the inspection team with logistics arrangements to travel to the Falkland Islands and welfare arrangements whilst here.
- Agree to be open and transparent throughout.
- Follow-up with any further documentation or information as is requested once with on-site visit concludes.
- Finalise the terms of reference- to be agreed by both parties, not less than one month before the commencement of the inspection.

Next Steps

DHSS to liaise regularly with Professor Cummings at least monthly from May 2024 to ensure delivery date for on-site inspection remains on target.

Agreement

I confirm the acceptance of the above Memorandum and Terms of Reference

Professor Ian Cummings, Lead Inspector- UK Healthcare Ambassador to the Overseas Territories

Signature

Date:

John Woollacott, Director of Health and Social Services, Falkland Islands Government

Signature

Date: