OPEN AGENDA

Health and Medical Services Committee

Held at 10 am Thursday 22nd February 2024,
KEMH SS Uganda Conference room

PART 1

0.00	**The Use of a Dictaphone During the Meeting.** **The Hospital Manager attending under section 5(4) of PHO1894.**	
1.0	**Apologies for Absence & Welcomes.**	
2.0	**Declarations of Interest.** (*if required)*	
3.0	**Confirmation of the Open Minutes of the Last Meeting held on 16th November, 2023.**	**MLA JB**
4.0	**Matters Arising from the Open Minutes of the previous meeting held on 16th November, 2023.**	**MLA JB**
5.0	**Director's Report** – R*eport attached.*	**DHSS**
6.0	**Financial Report** – *Report attached.*	**DHSS**
7.0	**IVF under MTO Policy** – attached.	**DHSS**
8.0 8.1 8.2	**Falkland Islands MPower Scan + E-cigarettes / vapes** Presentation from Carol Morrison – Head of Public Health. Early Screening Check list HIA	**HPH**
9.0	**Major Incident Review update –** attached.	**DHSS**
10.0	**Reminders & Recalls for patients – attached**	**MLA JB**
11.0	**Reviewed MTO Survey Form – attached for discussion**	**CMO**
12.0	**Date of the Next Meeting** Wednesday 22nd May, 2024 at 10 am in the KEMH SS Uganda Conference room.	**MLA JB**
13.0	**Exclusion of Press and Public.** *The Chairman to move as follows:* *"I move that the press and public be now excluded on the ground that the next items of business to be considered are likely to disclose exempt information under paragraph(s) 7 Information about individuals; of Schedule 3 of the Committees (Public Access) Ordinance 2012."*	**MLA JB**
14.0	**Confirmation of the Exempt Minutes of the previous Meeting held on 16th November, 2023.**	**MLA JB**

OPEN AGENDA

15.0	**Matters Arising from the Exempt Minutes of the previous Meeting held on 16th November, 2023.**	**MLA JB**
16.0	**MTO appeal** Not for publication as per item 13.0	**DHSS**
17.0 17.1	**Lay Member** Lay Member Ted Jones' three years is up at the end of March 2024. Advertisements have gone out with closing date of 12th February. Board members to discuss/vote applications	**DHSS**
18.0	**Date of the Next Meeting.** Wednesday 22nd May, 2024 at 10 am in the KEMH SS Uganda Conference room.	**MLA JB**

OPEN MINUTES

Health and Medical Services Committee
Held at 10 am on Thursday 16th November, 2023
KEMH SS Uganda Conference Room

Open Minutes

These minutes are draft minutes until confirmed by resolution at the next meeting.

Attending:	
MLA John Birmingham	Assembly Member (Chair)
MLA Gavin Short	Assembly Member (MLA GS)
John Woollacott	Director of Health & Social Services (DHSS)
Dr Rebecca Edwards	Chief Medical Officer (CMO)
Janette Vincent	Interim Hospital Manager (IHM)
Justin McPhee	Lay Member (LM JMcP) – On Teams
Wg Cdr Hannah McCall	SMO MPC (SMO MPC)
Apologies:	
Ted Jones	Lay Member (LM TJ)
Also present:	Media representatives and members of the public were present.
Minutes:	Jessica Campos PA to DHSS & CMO (PA)

PART I

		Action
0.0	**<u>The Use of a Dictaphone During the Meeting</u>** The use of a Dictaphone was agreed by all.	
	Note: The Hospital Manager may be able to attend under section 5(4) of PHO 1894 "*any person may, with the permission of the committee, attend during the whole or part of any meeting of the committee and may, with such permission, speak in relation to any matter at any such meeting, but he/she shall not vote in relation to any matter coming before the committee*."	
1.0	**<u>Apologies and Welcomes.</u>**	
1.1	Apologies as recorded above. The Chair welcomed Wg Cdr Hannah McCall to the meeting.	
2.0	**<u>Declarations of Interest</u>** (*if required)* *None.*	
3.0 3.1	**<u>Confirmation of the Open Minutes of the previous meeting held on 2nd August, 2023</u>** The minutes were confirmed as a true and accurate record,	
4.0	**<u>Matters Arising from the Open Minutes of the previous meeting held on 2nd August, 2023</u>**.	
4.1	No actions were outstanding from the previous meeting.	

OPEN MINUTES

5.0	**<u>The Director's Report</u>** – *standing item.*	
5.1	A copy of the Director's report had been circulated prior to the meeting and the DHSS was invited to give an overview of the report.	
5.2	DHSS added that waiting times (page 2) are as follows: • **GP appointments**, DHSS noted that the current average waiting time for a routine GP appointment is 1 working day. Urgent *same-day* appointments continue to be available. • **Dental Department**, Check-up appointments are available within 3 weeks. Emergency appointments continue to be available on the day, including weekends. • **Emotional Wellbeing Service**, Routine appointments for new assessments are usually available within 1-2 weeks (initial contact is almost always the same day the referral is received). Following initial assessment, we do not currently have a waiting list for general Emotional Wellbeing services. Following initial assessment, highly specialised services (e.g. Eye Movement Desensitization and Reprocessing (EMDR) therapy have waiting lists of 5 months, but all patients on waiting list are seen for review every 4-6 weeks to do therapeutic preparation while they wait. Neurodevelopmental assessments currently have a waiting list of c6 months. • **Physiotherapy**, Urgent appointments: 2 weeks or less, half hour appointment available within 2- 3 weeks. Other appointments within 3 weeks depending on triage category. Priority patients are seen within 3-4 weeks. Women's Health appointments available within 1 week. • **Optometrist visit**, Optometrist saw 470 patients from 4th Sept – 25th October 2023.	
5.3	DHSS commented that in October it was visits from a Gastroenterologist, Consultant Gynaecologist and an Emergency Medicine Consultant. Rounding off the year will be a visit by a Consultant Urologist in late November. Optometrist Tim Deakin returned to the UK in late October after an eight -week long visit.	
5.4	DHSS took the opportunity to congratulate Janice Dent on her 30 years of Services to the Health Department and also welcomed Janette Vincent as interim Hospital Manager , Mrs Vincent will be in this role until the newly appointment Hospital Manager arrives in the Island by Mid-January 2024. DHSS noted that as part of the succession plan, Kelly Moffatt has been appointed as Hospital Management and Support until January 2024. DHSS shared with the board that there are currently 5 students attached to DHSS through the apprenticeship scheme, these are distributed as follows; 2 in nursing (one of which is currently overseas in College), 1 in physio, 1 in dental and 1 in administration/ logistics. The Directorate was also pleased to advise that it will be offering up to 10 placements for this year's work experience scheme.	
5.5	Regarding Doctors camp visits, DHSS gave feedback on planned 'Camp Visits' for the previous quarter. (page 6)	

	DHSS shared with the board that 10 visits were completed, 3 visits were cancelled due to only 1 or 2 patients were waiting to be seen (as per the camp visit policy there is a minimum of 3 patients to be seen) and 3 visits were cancelled as there were no patients waiting to be seen.	
5.6	**Medical Treatment Overseas Report:** DHSS added that the Medical Treatment Overseas (MTO) had been able to refer patients overseas for routine reviews mainly to the UK, some to Chile and to Uruguay, referrals as follows (from July to September 23): • **Total referrals** **46** • Patients sent to South America (Uruguay) 3 • Patients sent to South America (Chile) 6 • Patients sent to other Country • Patients sent to the UK 37 Of which: • Entitled 3 • Non-Entitled (not funded by KEMH) 43	
5.7	**Hospital Charitable Funds** DHSS presented the open and closing balance for the CST Community Fund and the KEMH Fund. Which was £19,744.54 & £68,050.68 respectively. The CST Community Fund was used to pay Wi-Fi Services, birthday cakes and utilities for 8 Thatcher Drive (Community Hub) ,etc. DHSS added that the KEMH fund was used to purchase the ceiling panels for Radiography. DHSS added that no donations have been received in the previous quarter for both funds.	
5.8	DHSS stated the following regarding Capital projects: • **Tussac House.** The construction progress reportedly remains on track for completion, as planned, in early 2024. With residents moving in from June 2024. An Open Day was organised by the building contractor, RSK, on 11th November with over 200 visitors. This was an excellent opportunity for members of the public, as well as DHSS staff, to see the facility and the progress that has been made to date. • **Operational Expenditure** for Tussac House was approved in August in ExCo paper 79/23. An additional operational budget of £820,449 for the first full financial year of operation 2024/25 is approved. It is to be noted that this is in addition to the existing Community Support Team budget, which will be transferred into a single pot. This will bring the total operational budget for the Community Support Team to circa £3.5 million. • **Fair Charging Policy** for Tussac House was approved in September in ExCo paper 80/23. As was outlined in the previous Director's Report no charge for care or treatment is included in the approved charges. However, charges for Rent and Service Charge(s) were approved. It is currently assessed that the majority of potential residents will be eligible for various forms of financial support such as rent rebate. Residents accommodated in a single (ensuite) room, for those requiring nursing-level care will be charged the same amount as is currently charged at Hillside House once the service charge is included (currently £292.20pcm). One- and two-bedroom apartment accommodation will cost £382.47pcm and £424.07pcm respectively (including the service charge). Catering	

	charges will be in addition and will be charged based on actual use. All fees and charges will be reviewed annually as part of the budget setting process and are likely to increase in line with the inflationary uplift applied across medical services charging. • **Statement of Purpose & Standards of Care**. This document will set a baseline to underpin the standards of care delivered across the Community Support Team's services, so not only in Tussac House, but also in people's own homes or other social care facilities. The 'draft' has already been approved by ExCo, but further work was required. This document will set the baseline for the nationally agreed levels which are deemed appropriate for the Falkland Islands, by Honourable Members. DHSS added that he is working on this paper at the moment will be brought back for approval in December 2023. The chair added that he also went to the Tussac House open day and added " This is a really good facility and I would like to thanked RSK, also to note that there will be and FIG sponsored Open day closer to opening time".	
5.9	DHSS stated that in reference to the EPR system (Electronic Patient Record) Phase 1; the procurement of new system, is well under way. The completion of the functional requirements specifications has allowed the tender to be released, the deadline for applications was the 14th November 2023. In addition to having a much more detailed functional requirement specification than previous tenders, a different approach to the tender process has been adopted by breaking the requirements down into lots. The 4 lots are a primary care system, a secondary care system, community system and a dental system. Suppliers will be able to bid for one or more lots. Once the tender deadline has passed a rigorous process of tender evaluation will commence, after the initial paper scoring this will progress to functional demonstrations and virtual site visits to view systems in operation. An ExCo paper seeking approval of funds for the successful system/s is scheduled to be brought forward in March 2024. This will then enable phase 2 of the project (implementation of a new system). DHSS added that it is mandatory as part of the tender requirements, that the 4 lots will have to be linked between each other and also to include a link to the Lab system.	
5.10	Regarding Arthroplasty (Hips and Knees) DHSS added that in July this year a paper was approved by ExCo, for the approach and funding, of outsourced arthroplasty for qualifying persons, who suffer chronically, with hip and/or knee issues. A significant backlog of cases had arisen in the Falkland Islands as a result of long wait times on the NHS for these operations. DHSS reported that this scheme is now fully functional, as of 31st October, 13 patients have already received operations under this scheme. This means that around half the individuals on the original waiting list have already operations, which is ahead of the schedule that was anticipated. DHSS noted that 26 patients are still on the waiting list. CMO added that some patients have declined private treatment and were willing to wait longer.	
5.11	Orthodontics. DHSS shared with the board that the orthodontic service has now started. It is recognised that, for various reasons, the introduction of this new service has taken longer than envisaged. The service is now beginning to see those students who are currently in year 10; there are approximately 20 students in this year group requiring some form of treatment. The introduction of this service will be managed to ensure that the dental service is able to operate within its capacity and that other forms of dental treatment are not adversely impacted. Those on the year 10 waiting list are currently being reviewed by the Senior Dentist to ensure that those	

	individuals who are likely to require up to 18 months' treatment are started by mid-January '24 so that treatment can be completed before departing for college in the UK. DHSS noted that as the end of October 3 patients have had their braces fitted and a further 6 fittings are expected to occur in November 23. DHSS noted that at the moment the department is low on dentists.	
5.12	Regarding KEMH Redevelopment DHSS commented Whilst future stages of works to the KEMH redevelopment remain on hold, subsequent to the decisions made in ExCO 79/22 which made the release of future funds contingent on the appointment of a dedicated project manager and a strategic review of the use of the building, those works that were already funded in phase 1 continue to progress to completion. A new UPS distribution board has now been fitted, which will enable connection to the UPS of additional areas of the laboratory, the new ED facility and pharmacy fridges, amongst other essential services. It will also allow for further future connection to the UPS system. Final designs for the laboratory phase 1 work and the ED flow facility have been approved and these projects are currently in the procurement phase, with the KEMH awaiting detailed worked schedules. On the completion of these two strands of work the phase 1 of the redevelopment will be complete. ED flow stands for 'endoscopic disinfection' and is the process by which endoscopes are decontaminated after use prior to their further use.	
5.13	DHSS added that his focus area for this report was the Laboratory . DHSS commented that the lab has been working toward UKAS accreditation for a number of years (CMO confirmed that it was over 20 years). DHSS noted that UKAS is the United Kingdom Accreditation Service, which is appointed by the UK Government to assess and certify organisations that provide certification, testing, inspection and calibration services. UKAS will assess against international ISO standards, in this case ISO 17025:2017; testing and calibration laboratories. DHSS added that within the laboratory, the Food, Water and Environmental (FEW) Lab, sometimes called the Public Health Lab provides testing for a number of government services and private sector entities as for example, water testing for the swimming pool and Stanley Harbour on behalf of the Environmental Department. Importantly, meat and fish samples are tested on behalf of the Veterinary Department and these products are key exports for the Falkland Islands. DHSS noted that the Veterinary Department is the competent authority for the regulation of food production and export to the UK and EU. In order to meet EU food hygiene law, bacteriology tests are conducted in the Falkland Islands. The Department has previously been audited by the EU and UKAS accreditation is an outstanding action that will provide the recommended level of assurance that testing conducted in the Falkland Islands complies with international standards. DHSS shared with the board that a pre-assessment by UKAS occurred in August 2023, a number of actions were identified that require action before the final assessment,however, the report is largely favourable. The final assessment is now scheduled for March 2024. DHSS finally added that the Laboratory staff, led by Kim Finlayson are to be congratulated on their hard work to date. Reaching this stage has not been easy, and multiple set-backs have occurred along the way. This project is an excellent example of cross-departmental working between the laboratory at the KEMH and the Veterinary Department to support economic activity in the	

	Falkland Islands. The chair added " I added, I would like to second what John has just said and congratulate the Lab for all their efforts".	
5.14	Healthcare Governance Update: DHSS referred from pages 10 to 16 of the Director's Report. DHSS noted that all Service Level Objectives have been met for this quarter. DHSS shared with the board that DNA's (did not attend) have improved in this quarter and thanked the community for calling in to cancel their appointments if they are not needed. CMO added " I would like to add that in most GPs surgeries in the UK if you miss three appointment you are barred from that GP surgery, this is taken very seriously, however they also send text messaging reminders to their patients and that would be more challenging to implement here, ". DHSS agreed and added that this would be a non-essential but nice to have feature on the new EPR system. CMO added " Our waiting time here is very low, just one day with a maximum of three days, we are very fortunate to have this capacity as anyone that needs to be seen on the day will be seen". DHSS noted that the DNAs for the optometrist have decreased in 50% compared to the previous visit. DHSS commented that he was very pleased to see that the compliments (10) were higher than complaints (9). Regarding incident reporting DHSS noted that the reason for the high number of incidents reported by the Community Support Team are twofold. 1.That they have the largest number of staff (over 50 – full time, part time, casual, agency) covering Community, Hillside and satellite services (providing care for certain individuals) and a client base of over which there are a total of over 70. 2.The staff are very diligent in documenting accidents/incidents which mainly consist of Falls – most are unwitnessed and have been reported by either the client or family member; and Medication incidents. DHSS added that there has been a recent increase in incidents relating to safeguarding which is now being reported separately in Q-Pulse and a new category under Violence/Harassment/Abuse - Safeguarding - has been implemented. CMO added " let me clarify that this abuse is not from staff to patients, it is abuse from service users – patients to staff members". DHSS added that in page 16 of the report, Statistics related to A&E department from July to September as well as Ambulance Call-Out (including 999 calls and public requests)it is a new feature in the report and they were both included for information. CMO quoted that in relation to A&E " most attendances are not urgent and we are trying really hard to clamp this and gathering information is the first steep as some patients use A&E and the ward as a drop-in GP surgery as they have free access to the hospital, so they come in when is	

convenient for them, this is not acceptable and it is not an appropriate use of the staff's time". The Chair supported CMO's comments and asked if there were any signage to make people think about the urgency of their visit?" CMO added " no, the only signage that we have is to tell patient to not come in if they have for example diarrhoea or vomiting and to phone instead if they need to be review, so we can see them in a safe environment, we could put up some signage to remind people, it would also help if they can ring the ward first so we can prepare to see them (triage over the phone) or advise them when they ought to be coming as we might be busy rather than just stroll in, nowhere else in the world people can just walk in to the ward and this is no necessarily the best way to manage the business ". Agreed by the Chair and suggested that a flyer could be send to each household to remind/ tell people about this and other thinks like keeping passports up to date just in case of a medical emergency .

Regarding training DHSS commented that there have been some changes made on Q-Pulse in order to capture the Mandatory Training undertaken by staff.

DHSS noted that an annual report will be produced at the end of the calendar year and that this quarter the emphasis has been on Safeguarding.

6.0 **Financial Report** – *standing item.*

6.1 The Financial Report had been circulated prior to the meeting, including a summary of expenditure up to 31st October 2023 report.

DHSS added that in relation to 23/24 revenue a total approved DHSS 23-24 net revenue budget was **£17,539,716** (excluding MTO), net position of spend (expenditure less revenue received) was 5,155,111, committed funds add up to £489,251 with a remaining revised budget (after commitments) of £11,895,354.

DHSS noted that the revenue to DHSS was as follows:

- The total Approved DHSS 23-24 net revenue budget was £17,232,175.
- Approved 2022- 2023 Revenue Carry Forwards £342,541.
- Total Revised Revenue Budget 2023-24 as per Dynamics **£17,539,716.**

Additional In year Funding Approvals (Via Exco – not currently appropriated to DHSS in Dynamics)

Title of ExCo Paper	Exco No.	23/24 £	24/25 £	25/26 £	26/27 £	27/28 £	27/28 £
Electro BioMedical Engineer (EBME) – Adjustment to post terms and conditions	75/23	20,230	20,230	20,230	20,230	20,230	20,230
Tussac House: Operating Costs	79/23	328,491	820,449	820,449	820,449	820,449	820,449

	Orthodontics Operational Expenditure Baseline Reset, for Years 1-3 [and annual recurring thereafter].	112/23	138,950	158,950	128,950	84,950	84,950	84,950
	DHSS Additional Funding Total		**487,671**	**999,629**	**969,629**	**925,629**	**925,629**	**925,629**

Revenue (Medical Treatment Overseas)

The total Approved MTO 23-24 net revenue budget was £2,310,000.

Approved 2022- 2023 Revenue Carry Forwards £30,506.

Total Revised Revenue Budget 2023-24 as per Dynamics **£2,375,506.**

Note: £35,000 income for Immigration Medicals was transferred from MTO to DHSS Medical (0204) Budget to align where expenditure is incurred.

Additional In year Funding Approvals (Via Exco – not currently appropriated to MTO in Dynamics)

Title of ExCo Paper	Nr	23/24	24/25	25/26	26/27	27/28	27/28
		£	£	£	£	£	£
Arthroplasty 'Catch up' Plan	78/23	590,940	201,568	201,568	201,568	201,568	201,568
MTO Additional Funding Total		**590,940**	**201,568**	**201,568**	**201,568**	**201,568**	**201,568**

DHSS commented the following regarding capital:

- The total Approved DHSS 23-24 Capital budget was £2,598,685. This excludes projects that are managed by PWD (E.g. Hospital redevelopment and Tussac House).
- DHSS's overall Capital spend for 2022-23 was underspent due to a number of slippages in the programme. As a result, £515,230 was approved as carried forward to 2023-24.

DHSS added that regarding 2024-2025 the budget setting programme has started with initial Head of Services meeting with the Chief Executive and Treasury on 3rd November and it is anticipated that the time table will be released shortly.

7.0	**<u>Services available for people with sight problems. Discussion.</u>** Building a world ready for sight loss document: Our Ask for next UK Government Building a world ready for sight loss document. See the person not the sight loss document. All the above-mentioned documents were circulated prior to the meeting for information.	

	The Chair added that he brought this item to the agenda as would like to know what services for people with sight problem were provided/offered by DHSS. CMO added that there are a number of services provided by DHSS • visiting optometrist • visiting ophthalmologist that is coming back in January 2024 to perform cataracts surgeries • Surgeon coming to the Islands to do blepharoplasty to lift the eyelid (this service is not offered in the NHS). • CMO provides Lucentis eye injections to treat patients with diabetic retinol degeneration, also not delivered free of charge in the UK for most diabetic patients. CMO added " we don't have high street optometrist services, the more advanced treatment that we are offering in the Islands far exceed some of the services in the NHS". DHSS noted that if there is a medical problem that would compromise a patient's sight and they could lose their sight; they will get a medivac to South America. Aggreged by the CMO and quoted " life, limb and vision saving are what we define our Aeromed categories". MLA GS added "we are doing things in the Falklands better that what I thought we have been doing in relation to sight issues"	
8.0	**<u>Discussion regarding the update of MTO Survey Form</u>** The chair noted that the reason for bringing this item to the agenda was to see the suitability of the MTO survey form. The chair provided copies of the current MTO Survey Form to the board. It was agreed by the board that MTO Survey Form needed to be review and amend- revamp. CMO agreed that she would review the MTO Survey Form and will bring back on the next meeting.	**CMO**
9.0	**<u>Electric Vehicle – Discussion</u>** The chair confirmed that FIG have purchased 3 electric vehicles and that DHSS will be using one of the three vehicles on a trial basis. Agreed by DHSS and added " one vehicle will come to us to trial and if it meets our needs, we would get to keep it at the end of the trial as I understand , we are getting a small vehicle, we cannot transport wheelchair users, but we will be able to use it either as a van for goods or transport staff".	
10.0	**<u>Hospital reception seating and signage – Discussion</u>** LM JMcP noted that he brought this item to the agenda as he had a few people querying about the seating arrangement at the KEMH reception area, as chairs were quite low and it was difficult for patients to get in and out off. IHM added that she was aware that there were some higher seats in storage and that she would check with engineering to get the higher seats to the reception area as well as blinds or screens to cover the ceiling windows as the Chair added " on a hot day people get really hot and on a rainy day people get wet".	**IHM**

	LM JMcP also noted that it was really hard for patients to see the patient's information board and where they should go on the electronic sign, due to glare from sunlight. DHSS added that the reason behind the sign being where it is, was so the receptionist could also see when people were called. DHSS also noted that the electronic sign is linked to EMIS (Electronic Patient Record System) there was no other way to display the information. CMO added that as the system is outdated, the sign regularly crashes and displays the wrong information, CMO noted that the best and polite way was for clinicians and dentists to come to reception to collect their patients when they are ready for them. DHSS added that they may be getting a new sign once their new EPR system is in place.	
11.0	**Fees and Charges – Discussion.** Copy of 2023/2024 approved fees & charges circulated prior to the meeting. DHSS added that the reason for this item to be on the agenda was mainly for information and awareness of the board in relation to all the DHSS currently approved fees and charges (same info that gets gazetted) mainly for non-entitled patients and/ or non-FIG Services as part of openness and transparency during the budget setting process it was requested that all Government fees and charges get review during the process by the relevant committee when such a committee exist. DHSS noted that most fees and charges come under the remit of Public Health Ordinance therefore the appropriate committee for the fees and charges to be presented and review was HMSC. DHSS added that it has been suggested that fees and charges will be uplifted by the prevailing rate of inflation at the start of budget setting (this year is just over 8%) DHSS added that they are not planning any significant changes to the existing fee and charges apart from updating the Tussac House charges (rent, etc) to service users. MLA GS queried about the cost of immigration medical (line 0205) fees and charges for children as it was as high as the cost for an the adult medical. CMO added " the cost that is charged to users is not even close to the actual true cost to undertake the medicals, although the cost for children is actually similar to the cost to undertake an adult medical, they are significantly under to what actually cost us". It was approved by the board to apply the inflationary rate to fees and charges for the 2024/2025 budget settings.	
12.0	**Date of Next Meeting** Thursday 22nd February 2024 at 10 am in the KEMH SS Uganda Conference room.	

PART II (Closed)

13.0	**Exclusion of Press and Public** *The Chairman to move as follows:* *"I move that the press and public be now excluded on the ground that the next items of business to be considered are likely to disclose exempt information under paragraph(s) 7 Information about individuals; of Schedule 3 of the Committees (Public Access) Ordinance 2012."*	

OPEN MINUTES

14.0	**<u>Confirmation of the Exempt Minutes of the previous Meeting held on 2nd August 2023.</u>** The minutes were confirmed as a true and accurate record.	
15.0 15.1	**<u>Matters Arising from the Exempt Minutes of the previous Meeting held on 2nd August, 2023.</u>** **Accompanying individuals for patients under MTO. Action:** Meeting to be held between MLA GS, MTO Co, HM, Stephen Jaffray & Cancer Support and report back on next HMSC. **Action carried forward.**	
16.0	**<u>Home medical equipment power supply – Discussion</u>** LM JMcP added that he would like to discuss this item with the board as a patient's daughter contacted him as the patient uses a CPAP (continuous positive airway pressure) machine at night time and the machine does not have supporting power supply in case of a power cut, LM JMcP added " this cause a lot of distress within the family as if a power cut happens at night a family member needs to go and check that their mother is ok and when family contacted the KEMH engineers they were advised that it was up to the family to purchase the supporting power supply". CMO added " this is a very good question as we also have people on West Falklands with very similar medical equipment that they need to use during the day and throughout the night, so I don't know how we support their electric driven medical equipment?". Action: DHSS to discuss this issue with the engineering department as to how this can be mitigated as it will dependent on how critical this would be for the patient. CMO added " you are not going to die if you CPAP switch off for one night, there are a lot of people that have their own privately funded CPAP machines, that we as hospital don't provide anything for it, not even maintenance" .	**DHSS**
17.0	**<u>Hearing aids – Discussion</u>** LM JMcP added that a few members of the community have contacted JMcP as the standard issued hearing aid that is provided to patients are a very basic model with a very limited functionality and asked whether there could be flexibility/support of purchasing different hearing aid models, if patients are happy to pay the difference. DHSS added that he would be happy to support that initiative if the Speech and Language Department (SALT) were able to offer the support the set up and maintenance of enhance hearing aids and users were happy to pay for the difference DHSS to check with SALT. It was agreed by the board that this item will be published in full in the Open section of HMSC.	

OPEN MINUTES

18.0	**<u>Companions for MTO's – Discussion</u>** Discussion around eligibility criteria for MTO companions. It was agreed that KEMH will share figures relating to the breakdown on funding with MLAs	
19.0	**<u>Hospital Infrastructure – Discussion</u>** The Chair added that this was discussed as part of the Director's report and that he was content with that. DHSS added " could we please discuss the KEMH roof " Agreed by the Chair. DHSS added that as of yesterday a new leak has been found near the casualty department, plus the two leaks in the reception area and one leak in theatre that has been repaired. DHSS added that a survey on the roof was due and that most of the roof was needed to he replaced and that a draft EXCO paper has been written by him and sent it to PWD for review. PWD decided to combine the "KEMH new roof project" and the "FICS roof project". DHSS noted that EXCO paper would go in the new year.	
20.0	**<u>Date of the Next Meeting</u>** Thursday 22nd February 2024 at 10 am in the KEMH SS Uganda Conference room.	
	Meeting finished at 11.20 am	

Minutes confirmed on Thursday 22nd February 2024

Signed: _____MLA John Birmingham, Chair

Health & Medical Services Committee

DIRECTOR'S REPORT

February 2024

Item 5.0

Introduction

This report seeks to update Committee Members, and the Community, on the situation across all of the Functions of Health, offered by the Directorate of Health [and Social Services]; covering the range of work since the last meeting in November 2023, and planning for future projects.

Appointments and Waiting Times

January 2024		
	Routine	**Emergency**
Primary Care	The current average waiting time for a routine GP appointment is 1 working day. Urgent *same-day* appointments continue to be available.	Emergency appointments continue to be available on the day.
Dental Department	Check-up appointment slots and routine appointments are a wait of approx. 2-3 weeks We have a waiting list and are approx. 12 months behind on dentist recalls. Visiting Maxillo Facial consultant Daniel Archer – Surgeon arrived on Saturday 3rd February for 2 weeks to see patients.	Emergency appointments continue to be available on the day, including weekends.
Emotional Wellbeing Service	Routine appointments for new assessments are usually available within 1-2 weeks (initial contact is almost always the same day the referral is received). Following initial assessment, we do not currently have a waiting list for general Emotional Wellbeing services. Following initial assessment, highly specialised services (e.g. Eye Movement Desensitization and Reprocessing (EMDR) therapy or neurodevelopmental assessments) have waiting lists of c5 months, but all patients on waiting list are seen for review every 4-6 weeks to do therapeutic preparation while they wait. Neurodevelopmental assessments currently have a waiting list of c6 months.	Urgent appointments are seen within one working day.
Physiotherapy	Routine Patients are getting an appointment within 3 -4 weeks depending on triage category. Priority patients are seen within 3-4 weeks. Half hour appointment available within 1-2 weeks	Urgent appointment: 1-2 weeks

Visiting Specialists

In the first two months of 2024 we've had specialist visits from Michael Parker (Cardiac Physiologist), Simon Claridge (Consultant Cardiologist), Chris Fox (Consultant Gastroenterologist), Paul Rosen (Consultant Ophthalmic Surgeon), Chris Norris (Consultant Oculoplastic Surgeon), Dan Archer (Consultant MaxFac Surgeon), Richard Davidson (Anaesthetic Advisor), Fraser Gibb (Consultant Psychiatrist), Adam Fityan, (Consultant Dermatologist), Sean Woodcock (Surgical Advisor) and Niall Moore (Radiology Advisor).

Optometrist Tim Deakin is due to arrive next week for a two-month visit.

Starters and Leavers		
Department	**Job Title**	**Comments**
SMT	Hospital Manager	We welcomed Andrew Potts that arrived in the Islands on the 25th January 24 on a 4 years contract.
Community Support Team	Support Workers (Carers)	Zoe Gibson – Carer from Dedicare, left her post at the end of October 23. Deena Jones – Personal Care Assistant joined the team on the 13th November 23. Debbie Hamilton - Residential Support Worker from Dedicare arrived mid-November for a 6 months contract. Viola Sibanda – CST Carer. (Dedicare) – joined on the 16th November 23 for a period of 2 years. Linda Allan - Residential Support Worker from Dedicare left the Islands mid November 23. Samantha Wilson - Residential Support Worker from Dedicare left the Islands mid November 23. Samual & Thandiwe Chagana - Carers CST (Dedicare) – joined on 23rd November 23 for a period of 2 years. Monica Siamwere - Carer CST (Dedicare) – joined on 23rd November 23 for a period of 2 years. Tariro Smart - Residential Support Worker from Dedicare commenced work on 1st December 23 for 6 months. Kirsi Pulkinnen - Carer CST (Dedicare) – joined on 10th December for a period of 6 months. Eva-Lena Johansoon – Carer – CST (Dedicare) joined the team on 27th December 23. Cheryl Womack & Asa Karlburg – Carers - CST (Dedicare) arrived on 4th January 24 under a 6 months contract. John Maud – Residential Support Worker – CST (Dedicare) arrived on 4th January 24 under a 6 months contract. Karita Lundqvist – Carer – CST (Dedicare) arrived on 20th January under a 6 months contract. Maria Seivagg - Carer – CST (Dedicare) arrived on 1st February under a 6 months contract. Lissa Lonnberg – Residential Support Worker -CST (Dedicare) arrived 8th February for 6 months.

	Community Nurse	Rhys Davis - Residential Support Worker -CST (Dedicare) arrived 8th February for 6 months. Ruth Stewart – Carer left her post in early February. Chris Houghton -Community Nurse (Dedicare) – left the Islands on the 19th December 23. Sue Clareborough – Nurse – CST (Dedicare)) arrived on 4th January 24 under a 3 months contract.
Emotional Wellbeing Services	CPN's School Nurse/CAMHS Practitioner	Mick Norman – CPN (Dedicare) – left his post on the 22nd December 23. Rachael Johnson joined the team as a School Nurse for the 0-19 Service as well as part of the EWS Service in early February.
Laboratory	Biomedical Scientist	Wendell Junai – Biomedical Scientist (Dedicare) arrived on 20th January and will be with us for 3 months.
Medical	GP/ Anaesthetist/ Surgeon	We welcomed back Dr Doug Johnson – GP who joined the team on 1st December 23. Dr Andrea Zukowski – Canadian GP Trainee – commenced working with us on 20th November 23 until 6th January 24. Dr Sarah Howard - Canadian Trainee GP – started working with us on Monday 8th January 24 and left on mid- February. Dr Alex Frieson – Canadian GP Trainee – commenced working with us on 12th February until the end of March. Dr Chris Richards – Anaesthetist (Dedicare) who commenced work on the 1st December until 19th January 24. Dr Cath Livingstone – Anaesthetist (Dedicare) took over from Dr C Richards from 18th January under a 3 months contract. Dr Rhys Cottle & Leah Ellmes (ward nurse) – they both arrived on 2nd November and left the Islands late December 23. Dr Sanjay Gupta – GP (Dedicare) – left the Islands on the 22nd December 23. Dr Frank Fogerty – GP (Dedicare) – Left the Islands on the 9th January 24. Dr Abi Taylor – GP – joined the team from 15th January to 17th May 24. Dr Mattias Weinig – **GP** – arrived on the 25th January on a long-term contract.
Ward	Nurse/ Midwife	Kathleen Allardice– Staff Nurse – Left her post in November 23. Kristal Ersoy – Staff Nurse (Ward) (Dedicare) arrived on the 14th December 23 for 3 months. Matthew Dickinson - Ward Staff Nurse (Dedicare) arrived on the 21st December 23, for 2 months contract.

		Yvonne Blair - Midwife (Dedicare) arrived on the 21st December 23, for 2 months contract. Beauller Manomano – Nurse/Midwife (Dedicare) – left on the 12th December 23 and returned on 5th February 2024. Emiliah Muteweri – Staff Nurse (Dedicare) – left on the 12th December 23, due to return in February 24. Mary Winwood – Senior Staff Nurse left her post mid-February.
Radiology	Radiographer/Sonographer	Paula Sylvester – Radiographer (Dedicare) – left at the beginning of December 23 and returned on the 27th December 23. Antonia Harcus – Radiographer/Nurse – who is working in both the ward and Imaging Dept since 22nd December 23.
Physiotherapy	Physiotherapist	Michelle Johnson - Locum Physiotherapist – left her post on 19th January 24.
Dental	Locum Dental Officer Dental Hygienist	Sumalatha Venugopal – Dentist (Dedicare) arrived on the 21st December for 1-month contract. Simon Smith – Dentist started on Monday 5th February for a 3-month contract. Julie Hanks – Dental Hygienist (Dedicare) left the Islands early December 23.
Pharmacy	Pharmacy Technician Pharmacist	Fedia Bouanga started her post on 7th December 23. We say good bye to Thomas Allen – Pharmacist that left his post on the 16th February after nearly 3.5 years. Matthew Stoten – Pharmacist joined the team on 2nd February under a four-year contract.
Logistic	Medical Stores Assistant	Keirah Henry – Medical Stores Assistant – who commenced working with us from 18th January.
Engineering	Engineering Coordinator EBME	Carole Goss – Engineering Coordinator – left her post on the 14th December 23. Miraflor DeLeon – Engineering Coordinator**.** Commenced working with us on the 7th February. Daniel Cant left his post and flew back to the UK on the 13th February.
Facilities	Drivers Cook	Jethro Cornetes – Driver/ Security Officer joined the team on 23rd November 23. Blessed Mapuranga – joined the team as casual Driver/Security from January 24. We welcomed back Dave Morris – Casual Driver from mid-December 23. Theo Hartmann – Cook – has returned on a casual basis as of early January 24.

Doctors' Visits to Camp

Now a regular feature of my HMSC reports, I include camp visits information. As such, please see below the data from November, December 2023 & January 2024:

Camp Visits (November, December 2023 & January 2024)		
Date	**Location**	**Patients seen**
7 November	Fox Bay	**Cancelled as Dr was called back to KEMH**
21 November	Hill Cove, Pebble & Saunders	3 x Hill Cove, 3 x Pebble & 3 x Saunders
28 November	Port Howard & Shallow Harbour.	2x Port Howard , 1x Shallow Harbour.
5 December	North Arm	**Cancelled as no patients to be seen**
12 December	Fox Bay & Port Stephens	7 x Fox Bay & 4 Port Stephens
19 December	No Visit	**No patients to be seen**
26 December	No Visit	**Not arranged.**
2 January	No Visit	**Not arranged.**
9 January	No Visit	**Not arranged.**
16 January	No Visit	**No patients to be seen**
23 January	Hill Cove, Carcass, Pebble & Saunders	3 x Hill Cove,1 x Carcass, 1 x Pebble & 3 x Saunders
30 January	Port Howard & Shallow Harbour.	2x Port Howard , 1x Shallow Harbour.

Medical Treatment Overseas

Overseas Referrals from October, November & December 2023 – MTO Report	
Total referrals	**63**
Patients referred to South America (Uruguay)	2
Patients referred to South America (Chile)	18
Patients referred to other Country	0
Patients referred to the UK	43
Of which: **Entitled** **Non-Entitled (not funded by DHSS)**	 59 4

Charitable Funds Balance

Charitable Funds	
COMMUNITY FUND	
Opening Balance as of 1st October 2023 :	**£19,744.54**
Quarterly Expenditure:	**£ 1,095.93** (bills, fruits, Birthday cakes, Christmas party for Service users)
Quarterly Donations:	No donations for the quarter
Closing Balance as 2nd February 2024:	**£18,648.61**
KEMH FUND	
Opening Balance as 30th September 2023	**£ 68,050.68.**
Donation from an overseas patient:	£4,914.06
Closing Balance as of 29th December 2023	**£ 72,964.74**

Capital / High Profile Projects

Tussac House: The construction progress reportedly remains on track for the main construction, as planned, for the end of April 2024. Following the commissioning of all systems and snagging it is expected that the building will be handed over to the Health and Social Services Directorate in July 2024. With residents expected to be able moving in following this completion. Externals are progressing well with the east wing and north wing cladding being completed over the few weeks, Main entrance Accoya cladding now in place, and central core exterior Rockslip now installed. The internals are progressing with the east wing underfloor heating installed in all apartments, and north wing fire lid and wall boarding progressing well. The plant room is starting to be connected up with both mains power and water supplies

The Head of Care Services recruitment process is underway. This individual will be responsible for the operational management of Tussac House, as well as the wider Community Care services. It had been hoped that the post holder would be in place by now, allowing for greater traction on the tasks required to be completed before opening. In the meantime, the wider DHSS team have divided up tasks amongst them, and progress is being made on items such as resident's agreements.

Electronic Patient Record (EPR): The tender evaluation process is well under way, following the deadline for applications on the 14th November 2023. The first stage of the tender evaluation is complete (paper sift) and the second stage (functional demonstrations) is in progress. It is likely that the provisional date of returning to ExCo (March '24) to seek approval for the procurement to proceed will be amended to allow more time for the detailed evaluation process is completed.

Orthodontics: The new service is making good progress is on schedule with the workflow predicted. To the end of January 18 students have had braces fitted (our target for the first year was 15 due to being slower and only a part-year).

We are now at the stage of doing the assessments and treatment planning for the young adults who have been given grandfather rights, and will start to place braces on these patients soon. We are trying to keep orthodontics to one day a week, and we will slot these new patients in to available slots as they arise. These means that the availability of other dental services is not unduly affected.

A routine with the orthodontic specialist, Dr Brickley, for fortnightly remote supervision has been established. Cases from the 2 weeks previous are being reviewed, and new treatment planning is discussed. This format seems to work well.

There are however, a small number of patients (less than 10) who have been triaged as too complex for us to handle here with our level of skill or expertise. These cases would be seen directly by a specialist if in the UK (rather than an orthodontic therapist), or need their orthodontics within a hospital orthodontic setting due to a need for surgical or other complex preparatory procedures alongside their braces. These students will require treatment when they go to college overseas.

KEMH redevelopment: The hospital redevelopment project board has now been reformed and an interim project manager is now in place. The project manager is currently working towards producing a project plan, that will allow future stages of the redevelopment to be unlocked.

The most pressing priority at the moment is the installation of laboratory autoclaves. Current equipment has failed, meaning the laboratory are having to import significant amounts of pre-made agar, as well as use a small portable autoclave at the limits of its intended function. The laboratory uses significant amounts of agar and other media for microbiological testing, this service is used by the hospital to check for infectious diseases, but much more widely in the Food and Water Lab as part of it's testing programme that is delivered to other government departments and outside agencies.

The new autoclaves are on-island, but significant plumbing, electrical and other enabling works are required before these will be operational. Additionally, the KEMH redevelopment board must agree to allow the release of further funds. It is hoped that there will be an agreed way forward on this issue in the next month.

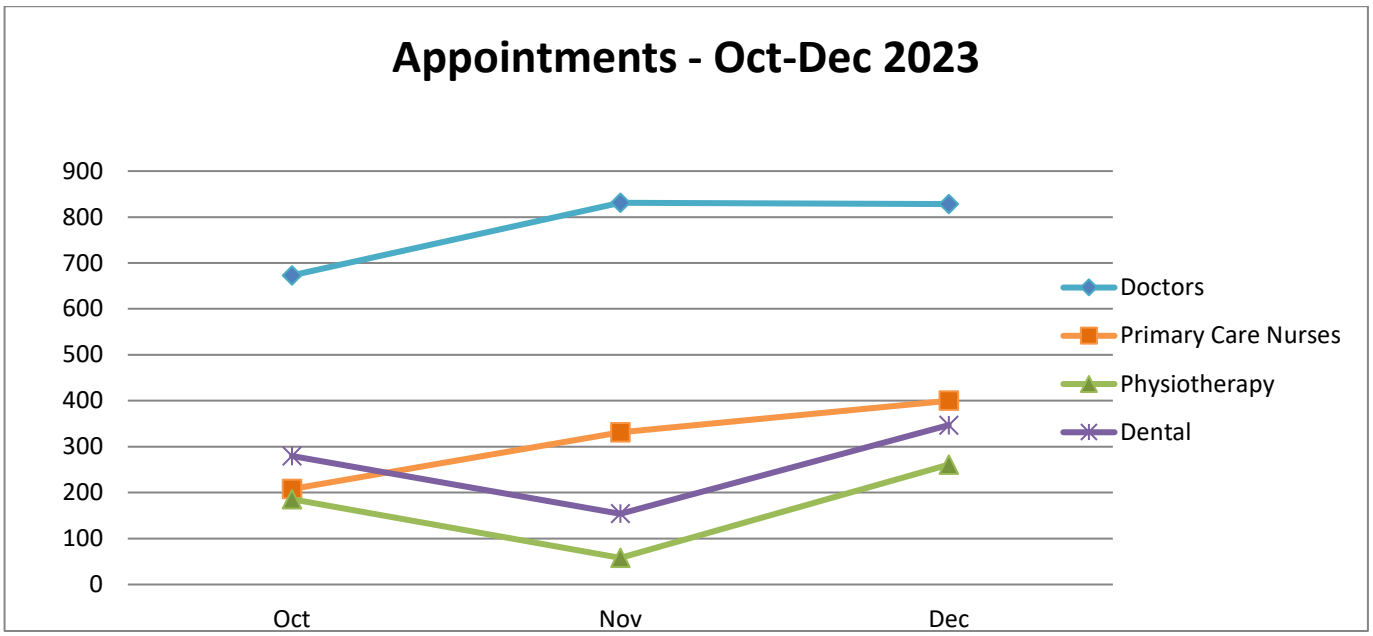
Healthcare Governance Report

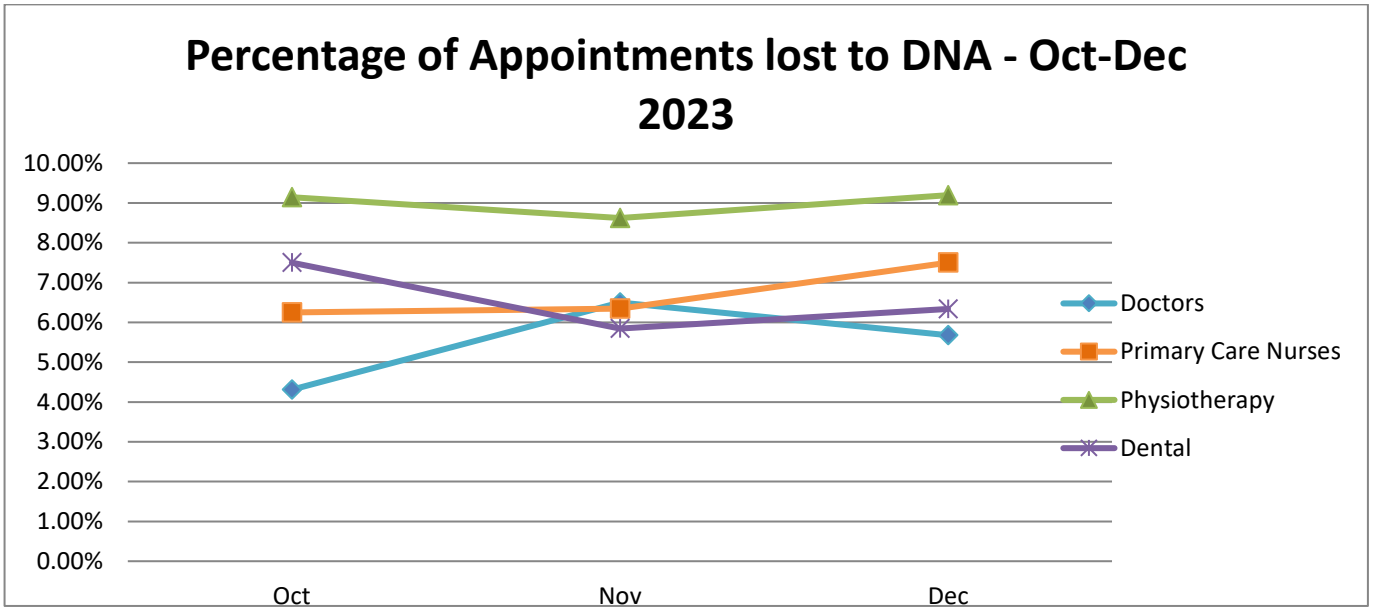
1st October to 31st December 2023

Service Level Objectives

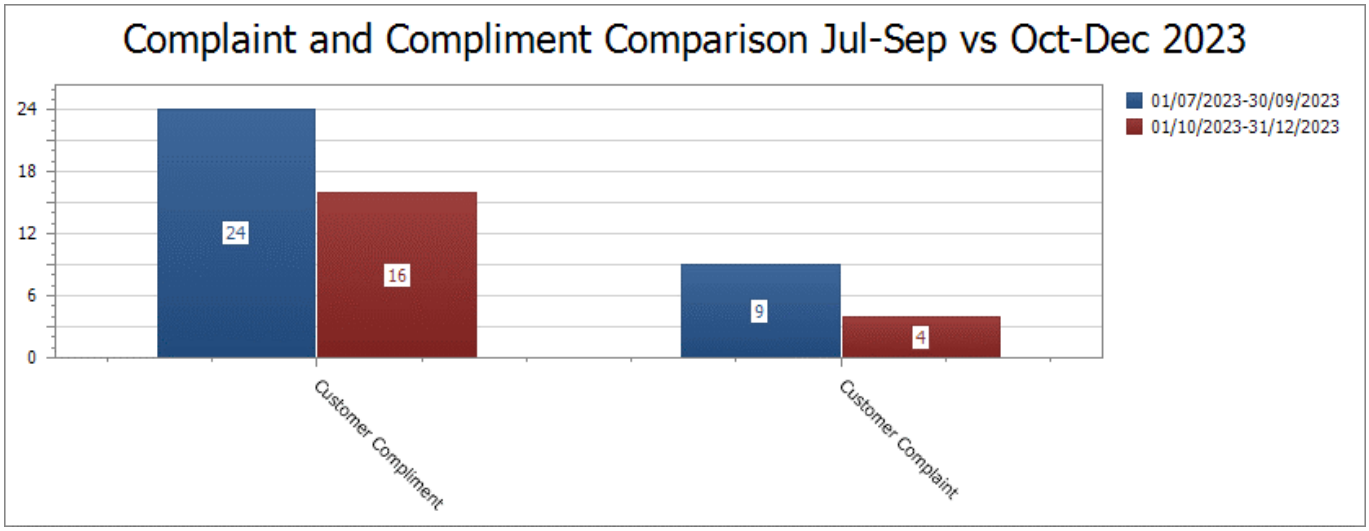
DHSS: Q2 23/24 (Oct-Dec)			
	Q2 Result	Q2 Target	Comment for Q2 Result
Inpatient satisfaction survey – Achieve 90% satisfaction	100%	90%	32 forms returned
Respond to complaints within 20 days of receipt	100%	100%	4 complaints received and responded
Number of hospital-acquired infections is zero within KEMH at all times	100%	100%	No recorded HAI
90% of Social Services referrals allocated within 5 working days	100%	90%	All referrals responded within specified timeframe
90% of patients receive a non-emergency GP appointment within 3 days of request	100%	90%	1632 Appointments
95% of patients can get emergency access to dentist on same day	100%	95%	241 emergency dental appointments accessed by patients
90% of all known diabetics have had HA1c test performed within the previous 12 months			
85% on SMT staff have agreed objectives and a performance review scheduled within the 12-month period			
70% of permanent staff have undertaken the H&SS mandatory training programme within the previous 12 months			
98% of pre-school children receive the FI recognised immunisations			

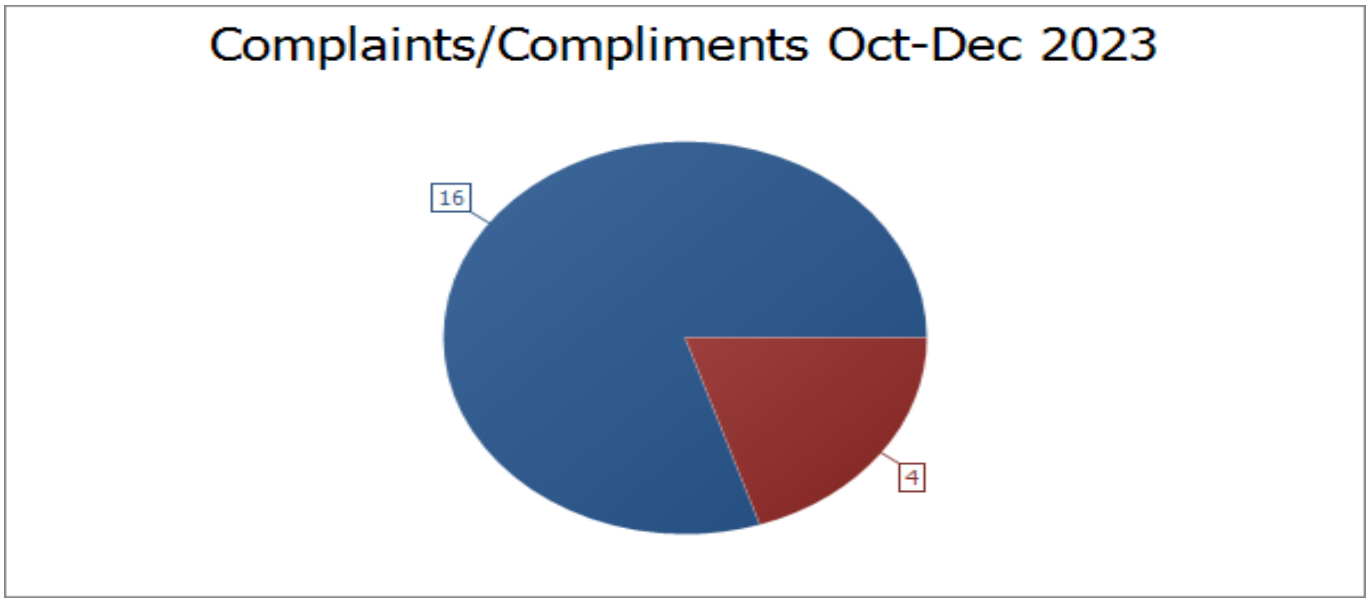
Appointments available and non-attendance

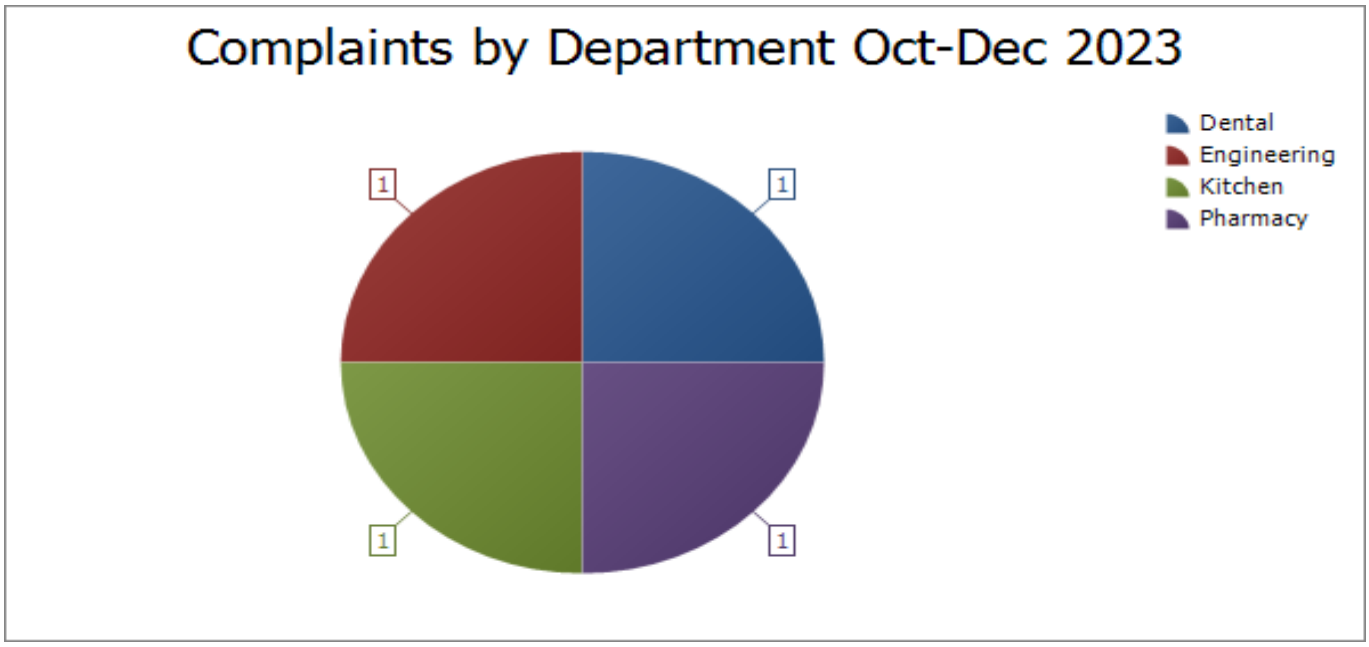


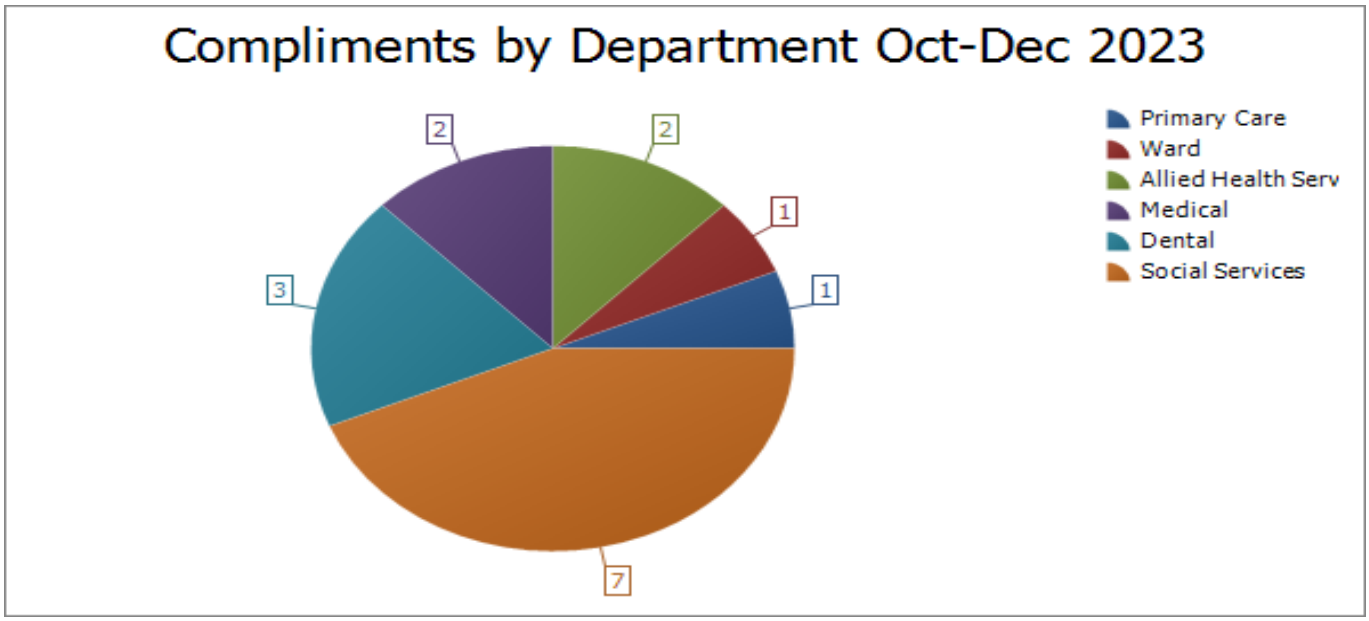


Complaints/Compliments





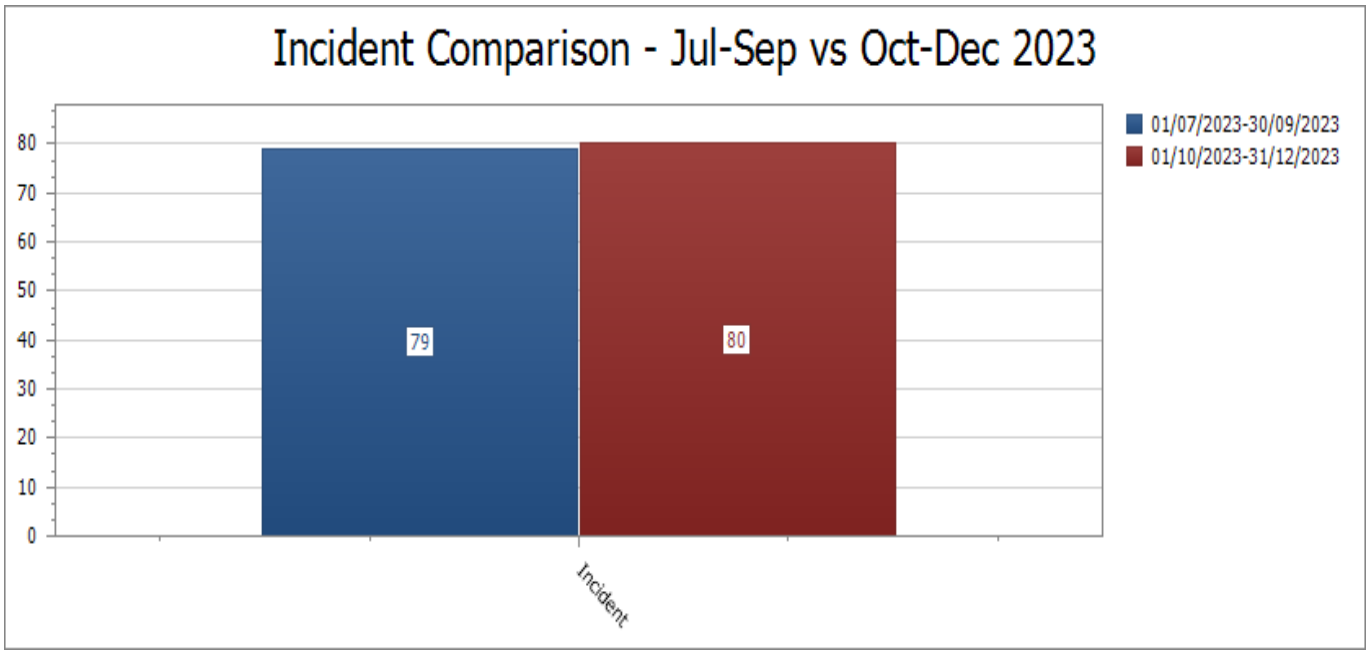


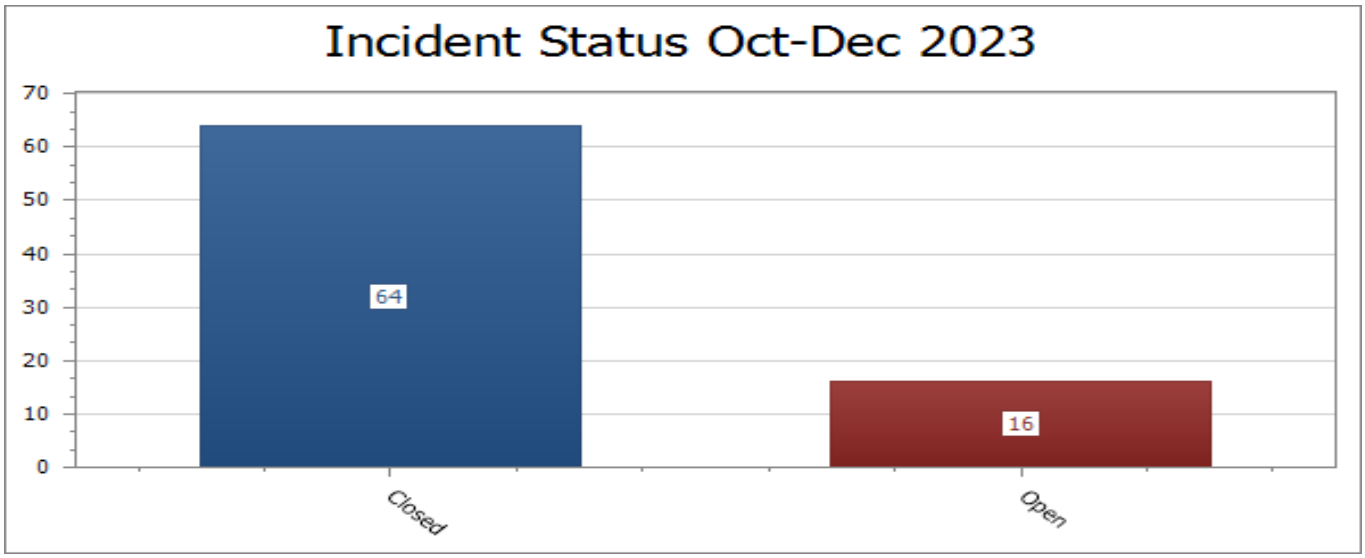


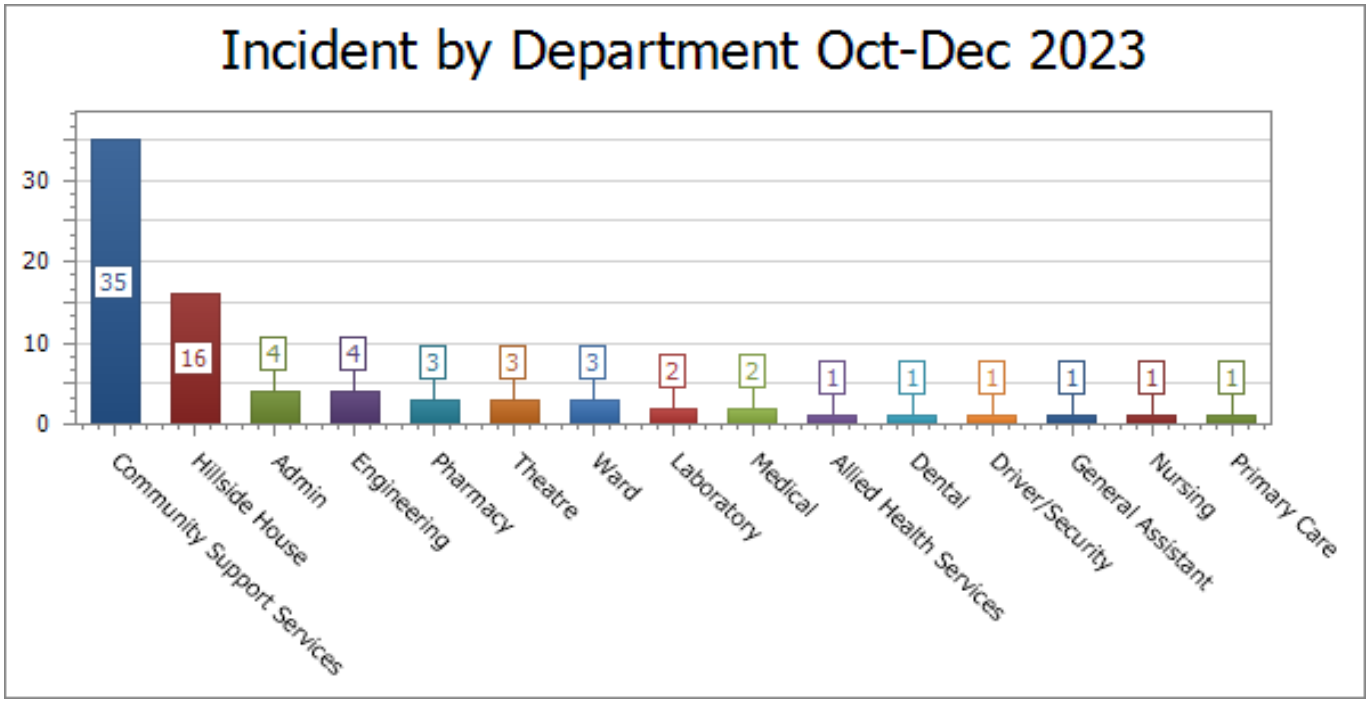
The 16 compliments received have been from service users and mostly via email correspondence.

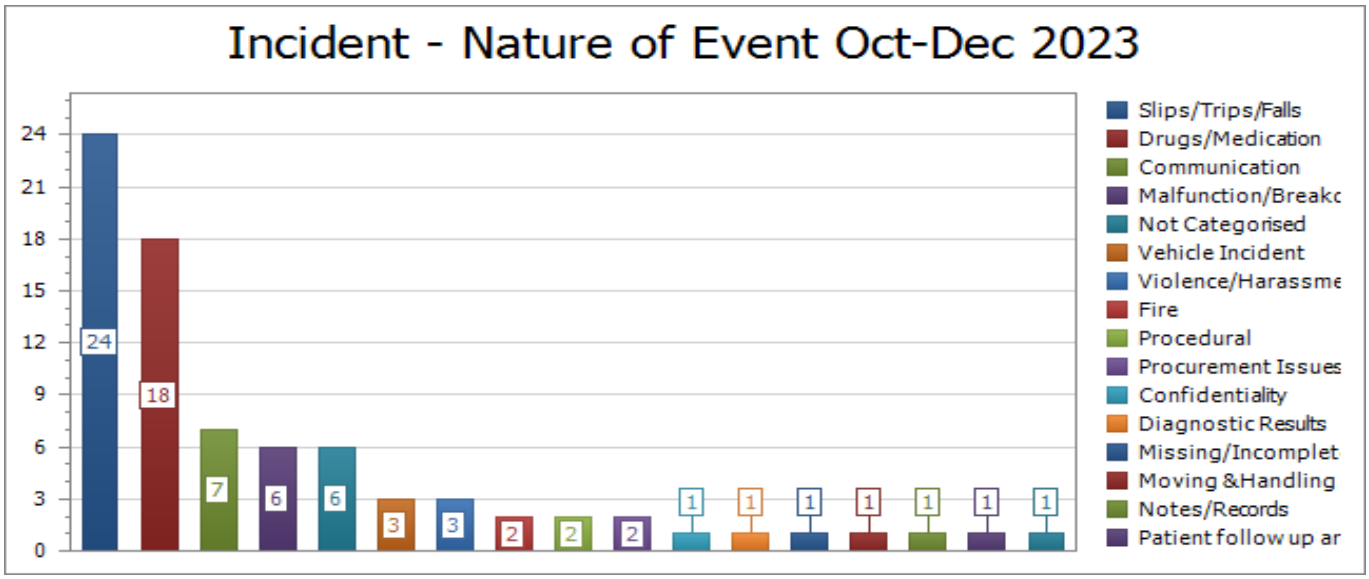
With regard to the complaints received. All were investigated and closed within 10 days. 2 complaints related to staff behaviour, the remaining 2 involved service users.

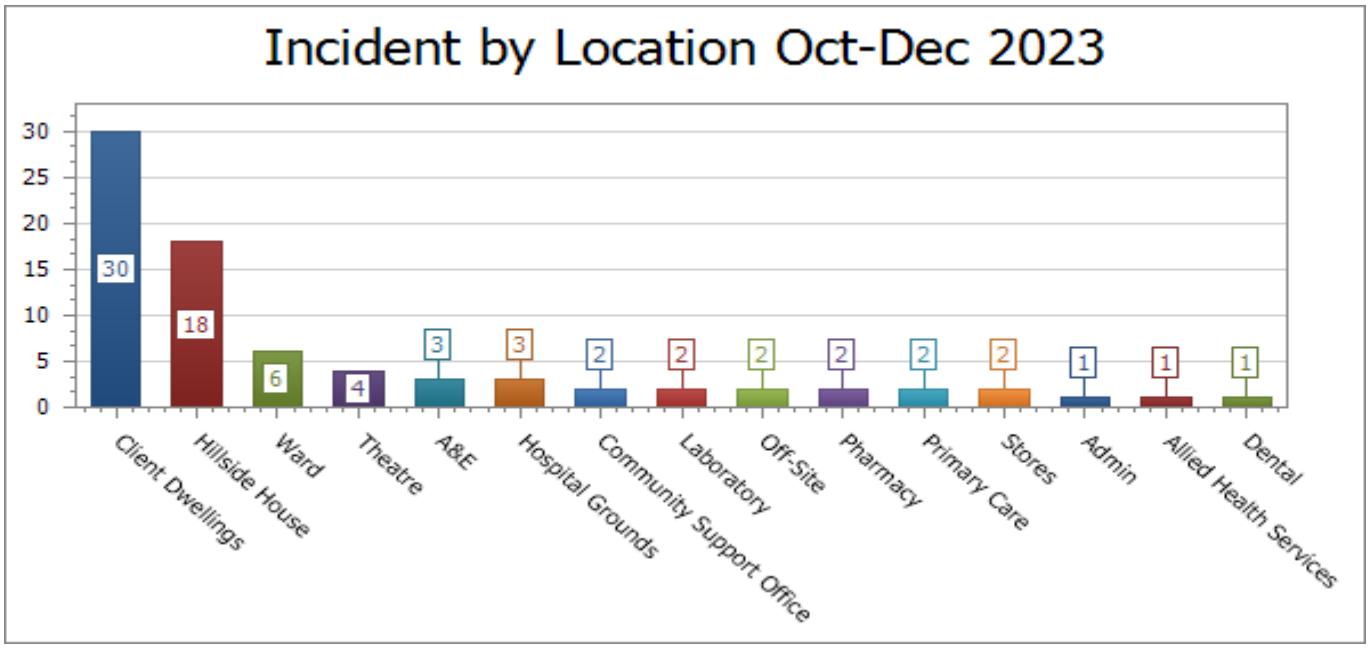
Incident Reporting




Incident Status Oct-Dec 2023
70
60
50
40
30
20
10
0
64
16
Closed
Open


Incident by Department Oct-Dec 2023
30
20
10
0
35
16
4
4
3
3
3
2
2
1
1
1
1
1
1
Community Support Services
Hillside House
Admin
Engineering
Pharmacy
Theatre
Ward
Laboratory
Medical
Allied Health Services
Dental
Driver/Security
General Assistant
Nursing
Primary Care





It must be noted that the reason for the high number of incidents reported by the Community Support Team are twofold.

1.That they have the largest number of staff (over 50 – full time, part time, casual, agency) covering Community, Hillside and satellite services (providing care for certain individuals) and a client base of over which there are a total of over 70.

2.The staff are very diligent in documenting accidents/incidents which mainly consist of Falls – most are unwitnessed and have been reported by either the client or family member; and Medication incidents.

There has been a recent increase in incidents relating to safeguarding which is now being reported separately in Q-Pulse and a new category under Violence/Harassment/Abuse - Safeguarding - has been implement.

An annual report (2023) will be produced and will identify specific Safeguarding incidents

A&E Stats Oct-Dec 2023

	In hours attendances	Out of hours attendances	Total	Ambulance call outs
Oct 23	208	118	326	15
Nov 23	241	145	386	22
Dec 23	162	138	300	12

The ambulance Call -Outs include both 999 and public requests

Imaging Stats Oct-Dec 2023

	Plain X-Rays	Ultra Sound	CT
Oct 23	100	54	35
Nov 23	117	71	25
Dec 23	87	40	25

Policies and Procedures.

- Mandatory Training Policy – Draft document has been submitted to SMT – further modifications are required.
- Overtime/Toil Policy has been approved at SMT
- Mental Capacity Approved at ExCo and now in circulation.
- Safeguarding Children Procedures 2023
- Privacy Notice - Draft document has been submitted to SMT – further modifications are required.
- Infection Prevention & Control – Roles and Responsibilities for Committee members – submitted to SMT – approved following a few modifications.
- Staff Expenditure while providing care and care support (learning Disability) Guidance for Staff - submitted and approved by SMT on the 8th February 2024.

These have been placed on Q-Pulse and Public Facing Documents have been placed on the website.

Training and Development

We have made changes on Q-Pulse in order to capture the Mandatory Training undertaken by staff.
Many members of staff have undertaken mandatory training, either via e-learning or classroom based.

An annual report will be produced at the end of the year.
A training 'hub' has been provided to enable all staff who do not have computer access, the opportunity to undertake on-line/e-learning activities.

DHSS (KEMH and Social Services) – FINANCE REPORT FOR HMSC Item 6.0

22nd February 2024

2023/24 DHSS Financial Position – as at 31st January 2024 (Month 7) as per Dynamics

Net Revised Budget (Expenditure less expected Revenue)	£17,539,716
Net position of spend (Expenditure less Revenue received)	£ 9,078,016
Committed Funds	£361,506
Remaining Revised Budget (After commitments)	**£8,100,193**

All MTO spend has been moved from the DHSS budget to the Island Plan budget, however it is still monitored and managed by DHSS.

2023/24 MTO Financial Position – as at 31st January 2023 (Month 7)) as per Dynamics

Net Revised Budget (Expenditure less expected Revenue)	£2,375,506
Net position of spend (Expenditure less Revenue received)	£1,743,835
Committed funds	£ 393,350
Remaining Revised Budget (after Commitments)	**£ 263,320**

Additional Revenue approved through Exco (DHSS – excluding MTO) not currently in Dynamics

Title of ExCo Paper	Exco No.	23/24 £	24/25 £	25/26 £	26/27 £	27/28 £	27/28 £
Electro BioMedical Engineer (EBME) – Adjustment to post terms and conditions	75/23	20,230	20,230	20,230	20,230	20,230	20,230
Tussac House: Operating Costs	79/23	328,491	820,449	820,449	820,449	820,449	820,449
Orthodontics Operational Expenditure Baseline Reset, for Years 1-3 [and annual recurring thereafter].	112/23	138,950	158,950	128,950	84,950	84,950	84,950
DHSS Additional Funding Total		**487,671**	**999,629**	**969,629**	**925,629**	**925,629**	**925,629**

Additional Revenue Approved through Exco (Medical Treatment Overseas) not currently in Dynamics

Title of ExCo Paper	Number	23/24 £	24/25 £	25/26 £	26/27 £	27/28 £	27/28 £
Arthroplasty 'Catch up' Plan	78/23	590,940	201,568	201,568	201,568	201,568	201,568
MTO Additional Funding Total		**590,940**	**201,568**	**201,568**	**201,568**	**201,568**	**201,568**

A request was made to the Financial Secretary on 7th February 2024 by the Director of Health and Social Services to appropriate the full 2023/24 Orthodontics and Arthroplasty budgets.

Capital

The total Approved DHSS 23-24 Capital revised budget is £1,767,244, this includes £668,961 approved carried forwards from 2023-24. The detailed capital budget is as follows:

DHSS- Approved projects	Project	Approved Capital Budget 23/24	Approved Carry Forward from 2022-23	In year Virements	Revised 23-24 Capital budget (As at end Quarter 1)
Hospital Maintenance	7049	225,000	28,589		253,589
Medical Equipment	7091	250,587	345,280	104,095	699,962
Electronic Patient Records	7139	100,000	44,960		144,960
Tussac House Equipment	7154	498,098	0		498,098
Maternity Ensuite Wet Room Facility	7155	25,000	0		25,000
Stryker Ambulance Accessories	7159		80,000	(34,095)	45,905
Getinge CSD and Lab Upgrade	7161		148,730	(70,000)	78,730
TOTAL DHSS Capital projects		**1,098,685**	**668,961**	**0**	**1,767,646**

Additional Capital Projects relating to KEMH

PWD- Approved projects relating to KEMH	Project	Approved Capital Budget 23/24	Carry Forward requests from 2022-23	Revised 23-24 Capital budget (if carry forwards approved)
KEMH Special Projects	7131	1,500,000	0	1,500,000

Note: Currently on hold and awaiting updates from the Project Management Board

2024-25 Budget setting process

The 2024-25 DHSS budget requests were submitted to Treasury on 2nd January 2024 by the Director of Health and Social Services as per the budget setting timetable for both revenue and capital bids.

The budget has been set following a series of budget meetings with all departmental budget holders and each budget line has been scrutinised to provide assurance that the budget requests will meet the demands of the services needs , levels of services and rising costs while at the same time assuring efficiencies in processes required to provide the services have sought.

2024/25 Budget Activity Timetable for February and beyond		Date
Opex	Production of Draft ExCo Business Cases for review by CE / Treasury for substantial policy changes or additional budget requests	31 Jan
Capex	Directors to submit updated project plans including Cashflow for any existing capital profiled for 2024/25.	23 Feb
All	CMT discussion on high level proposals.	Jan TBC
Capex	Capital Programme Board review of 10 year capital programme	Jan TBC

BSC meeting 1 a) Review of ExCo approved budget planning paper including Budget Principles, b) Review reserve policy, c) Agree Income Assumptions, d) Review of Historic Expenditure and MTFP, e) Review of Financial Risks (Non-Income), f) Minimum Wage proposed for January 24 (Policy presentation) – timing TBC, Economic context and policy issues (Policy presentation) – timing TBC.	14 Feb
BSC meeting 2 Review of updated 10-year capital programme including any new or revised proposals and plans for any programmed spend in 2023/24 (DPW and DDCS to attend) Agree capital expenditure limits for each year.	21 Feb
BSC meeting 3 Review of pay award options and agreement of FIG pay award (or budgetary limit) Review of subvention requests (subvention body attendance only where a substantial change is proposed) and agreement of proposed levels	07 Mar
BSC meeting 4 Review of overall operating expenditure budget proposals with CMT including agreement to any updates to fees, charges or allowances. (all CMT to attend)	19 March 2024
BSC meeting 5 Contingency meeting if required	03 April 2024
BSC meeting 6 Draft ex-co paper and draft budget and financial plans for 24/25 and beyond.	11 April 2024
ExCo meeting to review budget paper including any policy/ investment implications from budget process – business cases, policy papers, fee increases, establishment changes.	07 May 2024
ExCo meeting to approve draft Estimates 2024/25, Appropriation Bill, Capital Appropriation Bill and the Finance Bill.	04 June 2024
Legislative Assembly to pass Appropriation Bill, Capital Appropriation Bill and the Finance Bill.	05 June 2024

Appendix A

HMSC Agenda Item No. 7.0
Open Agenda

Date	1st Feb 24
Name	John Woollacott

Agenda Item/Title: IVF under MTO Policy

Part 1 (Open) [x] or Part 2 (Exempt) [ ]

Purpose for inclusion

For discussion and agreement on approach for increasing the amount of funds available and no. of patients able to access treatment under the MTO Policy for IVF

Background

Per current approved policy only 3 couples per year may access IVF through MTO and the pay-out is limited to £6,000 per couple,

It is suggested that the cap on couples is doubled to 6 and the that the amount payable is increased to £7,500 per couple as costs are rising.

Any other background papers (if appropriate)

Provide Smart objectives:

To agree a proposed increased to the number of couples able to access funding and the amount to be payable through the budget setting process.

HMSC Agenda Item No. 8.0
Open Agenda

Date	05.01.24
Name	Carol Morrison – Head of Public Health
Agenda Item/Title	Falkland Islands MPOWER Scan+ E-cigarettes/vapes

Part 1 (Open) [X] or Part 2 (Exempt) [ ]

Purpose for inclusion

Utilising best practice to develop a framework to assess and monitor tobacco controls and map the position of the Falkland Islands in regard to the evidence-based measures for control.

Background

Tobacco use is one of the leading causes of death worldwide. WHO reports 50% of all smokers will die as a result of use and worldwide deaths from tobacco use or exposure are 8 million per year, 1.3 million of those as a result of second-hand exposure. To put that figure into perspective the COVID pandemic deaths to date total 6.9 million but the response is dramatically different to both of the public health issues.

Currently there is no adopted best practice framework in place with which we can monitor, identify gaps, recommend and evaluate working towards being a smoke free society.

Any other background papers (if appropriate)

Previous public reports:

- Public Health Strategy 2019 – 2021
- Health and Lifestyle Survey 2019
- Census Reports 2012, 2016, early release data 2021
- DHSS Smoke Free Policy
- The Schools Health Education Unit Report (Young People) 2011

Current legislations are listed on pages 8 and 9 of the report.

Provide Smart objectives:

Adoption of MPOWER framework with regular reviews – some elements were supported at CMT and these are being progressed as noted in the report, however further priority emphasis and allocation of resources (personnel and finances) will be essential if other recommendations are to be progressed.

Image credits WHO MPOWER

Falkland Islands MPOWER Scan+

E-cigarettes/vapes

September 2023

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Document History

Version	Status	History/changes	Action date
V1.0	Draft	Presented to SMT, DHSS. No changes	17.10.23
V1.0	Draft	Presented to CMT.	20.11.23
V1.0	Final	Minor amendments – notes in green indicate workstreams active since earlier presentations. Placed on HMSC agenda 22nd Feb 2024	04.01.24

Introduction to MPOWER measures

In line with the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC), WHO introduced the MPOWER measures in 2008.

MPOWER are a set of six cost-effective and high impact measures, that help countries reduce demand for tobacco and protect people from the health harms caused:

- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising, promotion and sponsorship
- **R**aise taxes on tobacco

Despite many advances in tobacco controls a WHO report (2023) found that tobacco use remains the cause of death for 1 in every 10 deaths worldwide. The report also stated of all tobacco users 50% will die as a result of use and of the 8 million deaths worldwide, 1.3 million of those are from exposure to second-hand smoke.

WHO state: "All forms of tobacco use are harmful, and there is no safe level of exposure to tobacco. Cigarette smoking is the most common form of tobacco use worldwide. Other tobacco products include waterpipe tobacco, cigars, cigarillos, heated tobacco, roll-your-own tobacco, pipe tobacco, bidis and kreteks, and smokeless tobacco products."

Utilising the descriptions of the six measures a scan has been undertaken to assess the current position in the Falkland Islands and to highlight where there are gaps and some solution suggestions to strengthen further progress on prevention which benefits public health.

More detailed information around the MPOWER measures can be found at MPOWER (who.int)

WHO position on E-Cigarettes (Vapes)

E-cigarettes more commonly referred to as vapes are devices which simulate smoking and may or may not contain nicotine where by a vapour is inhaled as opposed to smoke. WHO released information in May 2022, Tobacco: E-cigarettes (who.int) in line with the evidence base to date and state that irrespective of whether a vape contained nicotine or not, the additives, chemicals and flavours within can be toxic and therefore can cause harm to human health and does not advocate for use of vapes as a smoking cessation option due to inconclusive evidence that they are effective and the fact that they pose a risk of harm to human health which cannot be assumed to be less than the negative impacts of smoking tobacco. The UK NHS position Vaping myths and the facts - Better Health - NHS (www.nhs.uk) appears to be out of step with this evidence.

Aside from the potential harms to human health single use vape products which contain plastic, heavy metals and lithium ion batteries pose a risk to wildlife and the environment as they are designed for single use thereby creating excessive waste and to date can not be recycled due to their design as a single unit which means that the components cannot be separated to recycle even where systems exist to recycle those individual pieces.

In this report comment and recommendations around vaping have been incorporated into the MPOWER measures for consideration.

1. Monitoring tobacco use and prevention policies

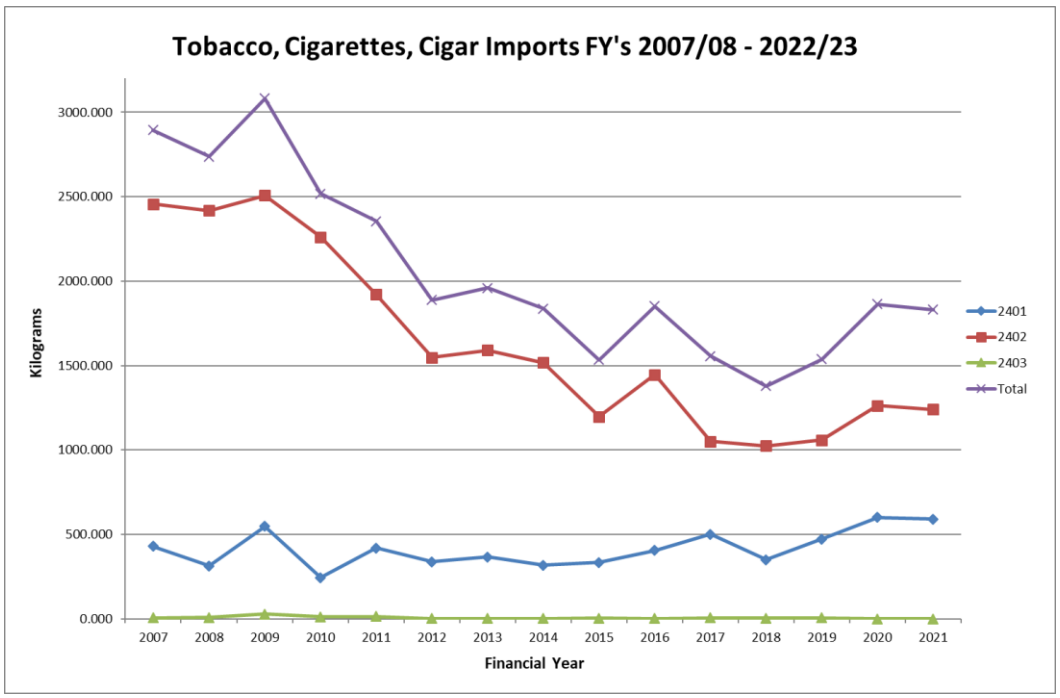
Monitoring

Tobacco imports are monitored annually and trends tracked via the data collected by the Customs and Immigration Department. These trends (see Figure 1) show a decrease of cigarette (2402) imports overall from 2009 - 2018, with the exception of a spike in 2016, but in recent years have been increasing, although it would appear that the last year has seen a slight decrease but the imports remains above the lowest recorded which occurred in 2018.

Raw tobacco (2401) is more variable but has overall been on the increase. This increase was noted during the production of the Public Health Strategy and recommendations made to bring tax on raw tobacco in line with cigarettes, however this was not approved via the budget select process. Imports of cigars has remained consistently low over the years.

In cannot be assumed however that all the consumption of imports is made by the locally resident population as the Islands has a significant transient population with seasonal tourists, off shore work force, primarily in the fishing industry, but also previously from the oil sector, and a military presence who may also be consumers of tobacco products. Collection and analysis of any sales data would encounter this same issue.

Figure 1: Tobacco, cigarettes, cigar imports FY's 2007/08 – 2022/23



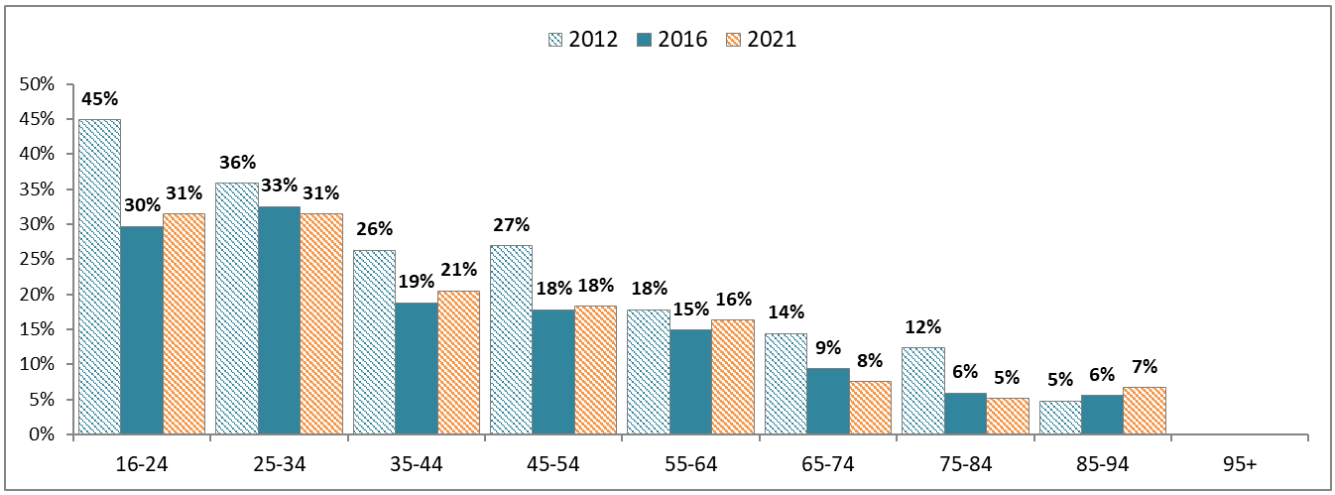
Source: Customs & Immigration Dept
Key: 2401 Tobacco, 2402 Cigarettes, 2403 Cigars

In addition, the Census collects and reports trends every 5 years from self-reported consumption data, but doesn't currently ask questions related to vape usage.

The overall trend for self-reported tobacco use within the Census has seen a decrease with 22% in 2012 to 18% in 2016 and a further small decrease in 2021 to 17%. WHO statistics in 2020 indicate that 22.3% of the world's population use tobacco, 36.7% of men and 7.8% of women. There is however a wide variation across nations as can be seen from data collated in 2023 Smoking Rates by Country 2023 (worldpopulationreview.com) . For comparative status of smoking prevalence in other UKOT's St Helena report 22.2% (2021), Cayman 15% (2012), Bermuda 13.9% (2014) and Gibraltar 23.5% smoking, 3.5% vaping/e-cigarettes (2021).

Figure 2 below shows a comparison across the years 2012 – 2021 of proportion of smokers aged 16 and over by 10-year age group and census year for all those usually resident and present in the Islands on Census night. Includes Stanley, Camp and MPC.

Figure 2: Proportion of smokers aged 16 and over by 10-year age group and census year



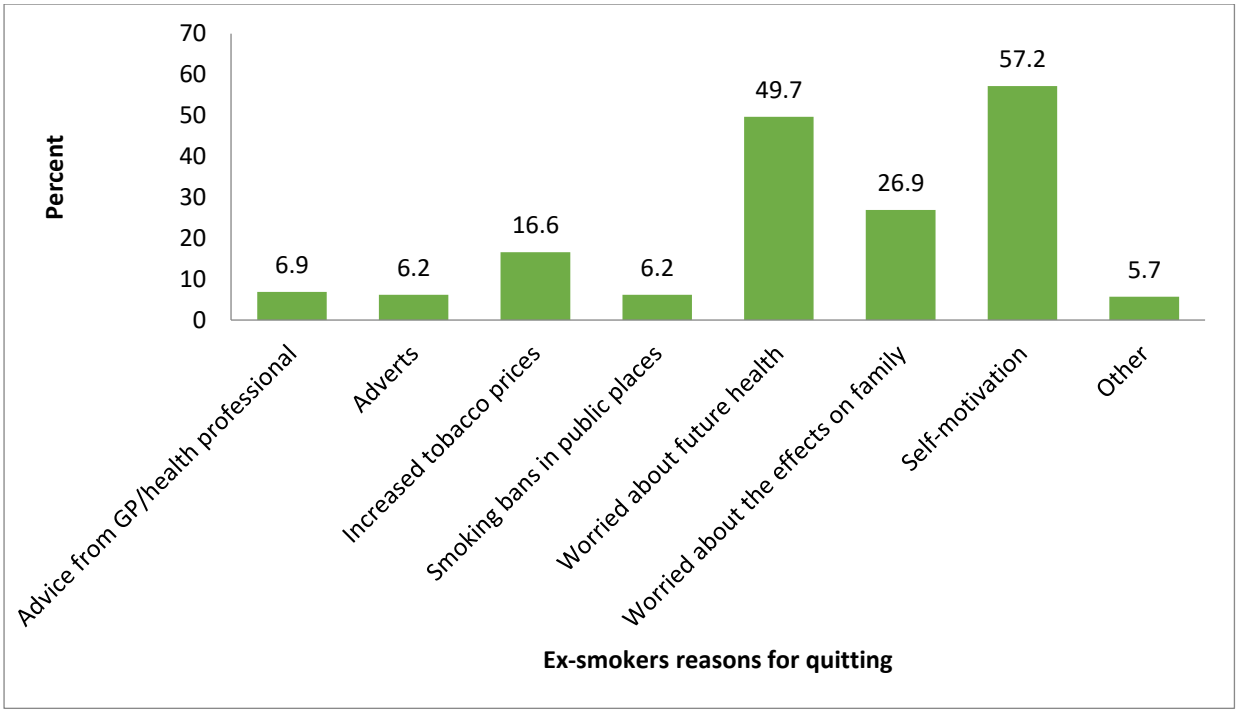
Source Policy and Economic Department

The Lancet reported that smoking behaviours were highly mixed during COVID 19. See: Tobacco smoking changes during the first pre-vaccination phases of the COVID-19 pandemic: A systematic review and meta-analysis - eClinicalMedicine (thelancet.com) . Other studies have suggested that smoking rates increased in at least the early phases as a result of stress and smoker's perceptions that smoking is an effective means of stress release. It is possible therefore that the Census 21 findings are influenced by mixed behaviour change during and following the COVID-19 pandemic.

Data from both the Census and Health and Lifestyle Survey 2019, (HLS2019) which had 598 respondents, would indicate that gender trends for smoking are much less pronounced in the Falkland Islands, while males are still more likely to smoke compared to females, the gender difference is around 3-5%.

The HLS2019 further explored enablers and barriers to quitting the results of these can be viewed in Figure 3 and Figure 4.

Figure 3: Ex-smokers reasons for quitting



Source Health and Lifestyle Survey 2019, Public Health Unit

Figure 4: Options which would assist smoking cessation

Source Health and Lifestyle Survey 2019, Public Health Unit

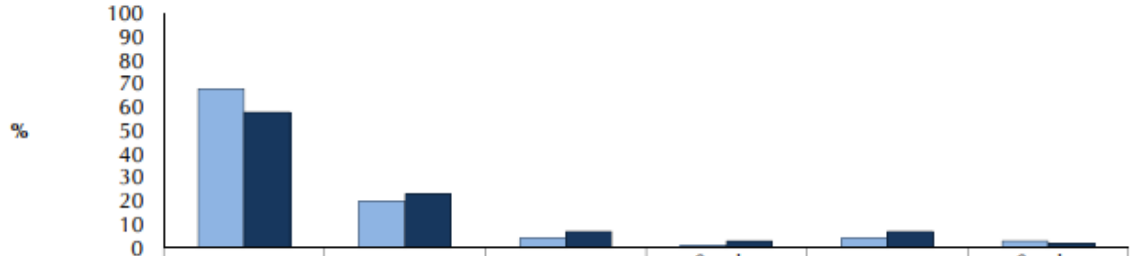
Self-motivation is a significant factor as both an enabler and perceived barrier, research clearly demonstrates that quit outcomes are improved when supportive systems and structures are in place to aid people.

The School Health Education Unit Report (Young People) 2011 is to my knowledge the only previous survey that has sought information from those under 16 years of age in the Falkland Islands. This survey, found that of the 138 respondents from the Falkland Islands Community School (FICS), 32% indicated they had either tried or currently use tobacco, of those 4% indicated being regular smokers (more than 1 cigarette a week) who did wish to quit and a further 3% who did not wish to quit (see Figure 5).

Figure 5: Students experiences in relation to smoking

Smoking

Q25. Percentage of pupils responding to: Smoking: Which statement describes you best?



	Never smoked	Tried smoking once or twice	Used to smoke, don't now	Smoke occasionally (less than 1 a week)	Smoke regularly, like to give up	Smoke regularly, don't want to give up
Your School	68	20	4	1	4	3
All SAOTs	58	23	7	3	7	2

Source School Health Education Unit Report 2011

In regard to exposure to second hand smoke the same survey found that 38% of respondents noted that at least one person smoked indoors on most days in their home and 26% of those said more than one person smoked in their home. Data from the HLS2019 indicated that a high proportion of current smokers grew up in a home where one or both parents smoked, 55.6% of mothers and 69.2% of fathers.

Possible means of strengthening:

- Inclusion of questions around vaping in future census.
- Undertake a youth smoking and vaping survey to better understand the current position, views and perceptions of harms.
- The Schools Health Education Unit do to my knowledge still undertake health related behaviour surveys for schools, if considered valuable in terms of gaining knowledge and understanding around these behaviours it may be worth considering commissioning another report as the previous one was undertaken 12 years ago.
- Ensuring continued collection of data for analysis and monitoring purposes.

Policy within the Falkland Islands Government (FIG)

The Department of Health and Social Services (DHSS) introduced a Smoke Free Policy in 2017, E-cigarettes/vaping are included within the policy. A review date of September 2020 was originally set, however was not undertaken due to COVID-19 and it is unclear if the policy has been successful. Certain elements are not occurring such as stating that the DHSS is a smoke free establishment in all job adverts.

The Education Department includes its position on smoking and vaping within the FI Schools Staff Code of Conduct in April 2022, which states that both are prohibited on school premises. The policy is due for review date April 2025.

There maybe other departments within FIG which have their own policy, however the above two are the only ones which came up in a search on the Intranet.

Smoke free premises have not been adopted FIG wide, and replacement of the relevant reference in the old Management Code with Chapter 3 Health, Safety and Wellbeing provides no indication of organisational position of FIG.

Weaknesses: A whole organisational policy is not in place within FIG. It is not currently known the proportion of smokers within FIG so assessing whether smoking cessation is a suitable target for health promotion for the organisation as a whole is not clear.

Possible means of strengthening:

- Adopt an organisation policy for being smoke free premises.
- Undertake a staff survey to assess current levels of smoking/vaping within FIG.
- Adopt and audit Very Brief Advice within the clinical setting.
- Support employees in their attempts to quit through clear organisational policy guidance.

Strategy

Public Health Strategy 2019 - 2021 has an aim to be a smoke free society, this is defined as less than 5% smoking prevalence by 2035.

Weaknesses: Although adopted by ExCo, strategies are of little value without the necessary resources for implementation.

Possible means of strengthening:

- Becoming a smoke free society can only hope to be achieved if more investment and resource are committed to prevention measures.
- Raising tax consistently is a proven method to reduce consumption of tobacco.
- Training of smoking cessation personnel.
- Sustainable funding and training for the delivery of clinics to aid people to quit.
- Adoption and monitor of MPOWER measures.
- Request extension of ratification to the FCTC treaty.

2. Protecting people from tobacco smoke

The legislation that the Falkland Islands has in place are briefly described below and noted to be either key or additional which add to the protection for people.

Legislation

Key:

- Children and Young Persons (Tobacco) Ordinance 2007 – prevention of sale of tobacco or any product containing tobacco, and cigarette papers to anyone under the age of 18 years. Becomes a criminal offence for anyone to sell, give or supply tobacco or any product containing tobacco, or cigarette papers to anyone under the age of 18 years. Unlawful for a person under the age of 18 to be in possession of tobacco, any product containing tobacco or cigarette papers for their use of for use by another. Teachers may if they suspect possession on school premises require the pupil to hand over. Police powers to stop and search, and or arrest.

- Smoking (Prohibition) Ordinance 2010 – implementation of smoking ban in enclosed public spaces, designated places (buildings, other premises), designated public vehicles including aircraft. Some exemptions such as private clubs and associations and shearing sheds, garages and warehouse if certain conditions are met.
- Smoking (Signs) Regulation 2010 – size, wording "No smoking. It is against the law to smoke in this place", and symbol requirements for places and vehicles where a no smoking ban applies. Additional requirements for licenced premises to display at the bar, all toilet facilities and mini size on the tables. Full size at least 200mm by 140mm. Mini size to contain or consist of the no smoking symbol.
- Smoking (Amounts of Fixed Penalties) Order 2010 – Fixed penalties for failure to comply with signage, £200 for a licence holder, £100 in all other cases. Schedule of fixed penalty fines ranging from £50 - £500.
- Smoking (Designation of Vehicles) Order 2017 – protecting children from the potential harms of second-hand smoke by extending the smoking ban to all vehicles carrying children under the age of 18.

Other:

- Stanley Airport Regulations 1978 – regulation to prohibit smoking on the apron, within 100feet of stationery aircraft or fuel tanks, during refuelling and anywhere else that no smoking boards or signs are displayed.
- Licensing Ordinance 1994 – prevention of being a license holder if having been convicted of one or more offences against the Smoking (Prohibition) Ordinance 2010.
- Conservation of Wildlife and Nature Ordinance 1999 – prohibit the smoking of any cigarette, cigar or pipe within the reserve.
- Customs Ordinance 2003 – provisions in relation to duty and it's charging on alcohol and tobacco.
- Fishery Products (Hygiene) Regulations 2012 – no smoking requirements where fishery products are worked or stored during and after landing to prevent contamination.
- Prisons Regulations 2017 – smoking noted at a privilege.
- Sea Lion Island National Nature Reserve Regulations 2017 - prohibit the smoking of any cigarette, cigar or pipe within the reserve.
- Communications Ordinance 2017 – some provision for consumer protection through control of programme content in section 81 as it relates to the use of alcohol, tobacco and drugs.

Possible means of strengthening:

- Raise the age of sale of tobacco by one year, every year.
- Increase smoke-free places to de-normalise smoking and vaping and protect people from second-hand smoke.
- Licence and regulate the sale of vape products.

3. Offering help to quit tobacco use

There is no longer a structured programme at DHSS to aid with smoking cessation. Patients are provided advice by a clinician and referred to pharmacy for free NRT. However, there is no structured follow-up programme.

Weaknesses: There is a gap in the provision of sustainable smoking cessation services and on-going support. Lack of investment towards training, local education materials and dedicated personnel to provide this service hampers the current delivery.

Possible means of strengthening:

- Funded training to develop materials and the workforce for smoking cessation, including specialist areas such as those with mental health conditions and pregnancy.
- Funded provision of structured support clinics which are sustainable.
- Provide both NRT and a structured support programme as this allows for much more successful outcomes in aiding people to quit.

4. Warning about the dangers of tobacco.

The Public Health Unit (PHU) and DHSS undertakes two annual social and print media campaigns through out the year to highlight the dangers of tobacco and benefits to health of quitting utilising the resources produced by the UK government and NHS. Some resources are able to adapted to local settings but others are not.

- Better Health – January - annual social and print media
- Stoptober – October - annual social and print media

As part of the PSHE program at FICS children are taught about the dangers of smoking which is covered in year 7 and nicotine, vaping and addiction is covered in year 8.

Weaknesses: A lack of dedicated resource to enable development of sustainable locally focused campaigns and support services and networks for those seeking to quit. Utilisation of NHS resources including links to their website particularly around vaping which is in conflict with other world views including those of the WHO may not reflect the message desired to be relayed to the general public on the topic.

Possible means of strengthening:

- Undertaking a youth survey, including vaping to understand current use and perceptions of harm in the younger generation.
- Raising awareness is a key factor for informing the public about the harms of smoking and aiming to dissuade people from starting to smoke, however there also needs to be in place the required services for those who are ready to quit.
- Development of dedicated locally focused education resources alongside the cessation service offer. As an example see the link ID_Smokefree_YourguidetostoppingforGood.pdf (gov.je) for a dedicated education resource developed by Jersey to accompany their smoking cessation service.
- Suitable modern tools for broader engagement – website, social media platforms.
- Targeted interventions for those who are known from global research to have a higher smoking prevalence such as those with mental health conditions.
- Adoption of the MPOWER measures and FCTC Treaty.

5. Enforcing bans on tobacco advertising, promotion and sponsorship.

While local retails have chosen voluntarily not to advertise or promote tobacco products in print media or on social media, there are no formal agreements or legislation to prevent them from doing so in the future should they chose to.

One retailer has always been very proactive and cigarette products are not kept on display, however the relatively recently introduced vape products are displayed, and accessory products for smoking such as rolling papers, matches and lighter are displayed next to the tills. The other two main retailers opt to have all products related to tobacco behind the tills but on display, signs are visible that state it's illegal to sell products to anyone under the age of 18 however one retailer is utilising a brand promotion display case where the brand name is clearly visible.

One other local retailer sells vape products in a very prominent display at the till.

Weaknesses: While it is unlikely that the tobacco industry it's self would seek to influence a population the size of the Falkland Islands as the commercial gain to them would be insignificant, there is nothing to prevent them from doing so.

Different approaches are undertaken by local retailers around tobacco products.

While vape products have not been included in the current MPOWER measures it is interesting to note that quite a few vaping brands are owned by tobacco companies who have found a new market to target where the legislation and regulation is yet to catch up.

As with many public health issues it takes time for the evidence base to emerge however WHO (2022) are already cautioning that these products are harmful to health and should not be considered safe, including lung injury to the user and toxic emissions which impact non-users.

For clarity the definition used by WHO (2022) is: "There are many different types of e-cigarettes in use, also known as electronic nicotine delivery systems (ENDS) and sometimes electronic non-nicotine delivery systems (ENNDS). These systems heat a liquid to create aerosols that are inhaled by the user. These so-called e-liquids may or may not contain nicotine (but not tobacco) but also typically contain additives, flavours and chemicals that can be toxic to people's health."

Possible means of strengthening:

- Introduce standardisation across all tobacco products so that all have to be hidden from public display and no brand names visible. A soft touch approach could be taken in the first instance to ask retailers to comply however global evidence suggests voluntary codes are rarely successful.
- Review and update if necessary legislation to ensure that vape products are regulated in the same way as tobacco, particularly to protect children and young people through the restriction of flavours which have a higher appeal to younger people.
- A written policy statement of the Falkland Island Governments rules around tobacco and vape advertising, promotion and sponsorship could help to protect from any future potential interference from the tobacco industry should it occur.
- Adoption of the MPOWER measures and FCTC Treaty.

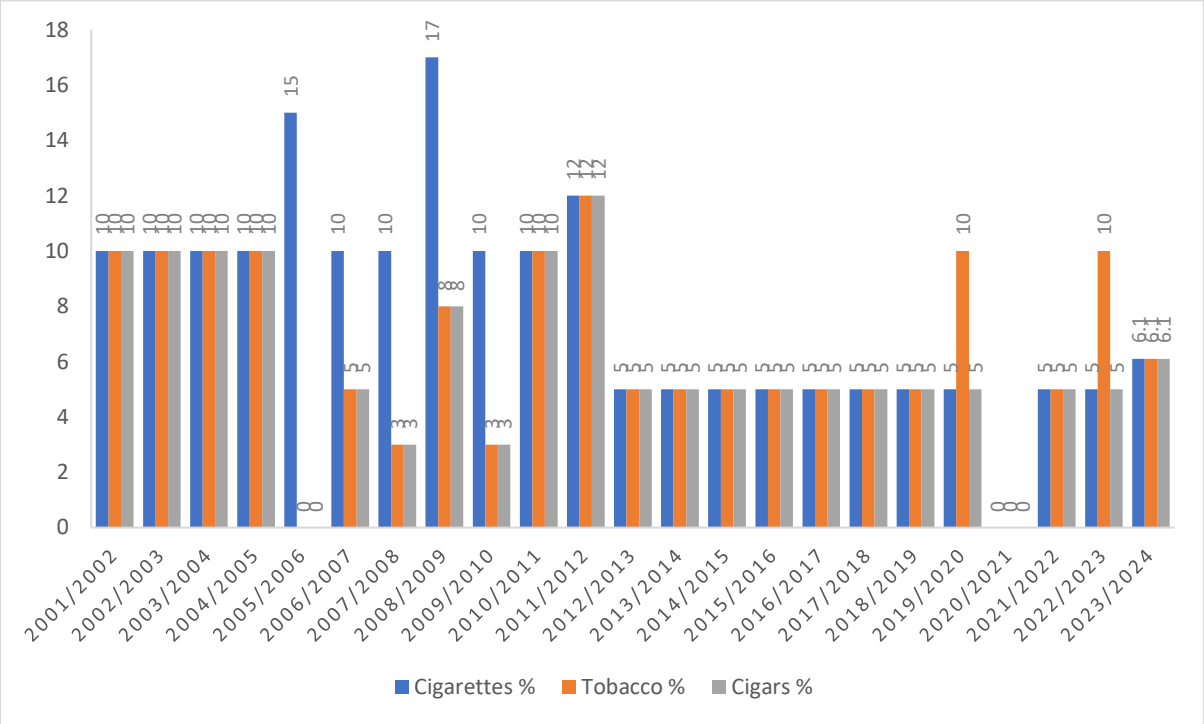
6. Raising taxes on tobacco.

Taxes on products which are known to have negative impacts for health (e.g. tobacco and alcohol) are important tools for public health policy. In regard to tobacco and alcohol, raising tax and making these products less affordable is known to reduce consumption and deter

uptake particularly in youth and low-income groups, which long-term lessens the burden to healthcare and economic losses that result from ill health and diseases related to tobacco and/or alcohol consumption.

Weaknesses: Decision makers have adopted an inconsistent approach to raising import taxes, in some years there has been no increase (see Figure 6) and health historically has not been a high priority consideration through the budget select process. Import duty rates have on the whole decreased over the years not increased as would be recommended to protect human health.

Figure 6: Duty rates (%) charged on cigarettes, tobacco and cigars over FY2001/2022 – 2023/2024



Date source: Customs and Immigration Department

There is very little evidence of integration of a Health in All Policies approach. WHO recommends that as a minimum 70% of the cost of tobacco should be tax however this is not currently the case in the Falkland Islands, the last report and recommendations produced for budget select in 2019/2020 indicates 62% for cigarettes and 57% for tobacco. This report provided options for a multi-year strategy and provided the base case and a further three different scenarios to better align cost of raw tobacco with cigarettes, the scenario utilised was "import duty on raw tobacco is raised by 10% every year in the next 5 years", however this was only adopted for one year at budget select and then abandoned in the following years.

Possible means of strengthening:

- Raising tax is a known to reduce demand, commit to enforcing the minimum 70% tax recommended by WHO. WHO (2021) Tobacco Tax Policy indicates that taxing at a level which causes an increase in price by 10% is effective in reducing consumption by 4% in high income countries and 5% in low- and middle-income countries.
- Regulate and tax e-cigarettes/vapes in the same manner as tobacco to discourage youth and non-smoker uptake.

- Health in All Policies approach at Budget Select to ensure that health is a key part of the decision-making process.
- Adopt a long-term view and consistent policy which seeks to protect and enhance human health.
- Adoption of the MPOWER measures and FCTC Treaty.

Additional means of strengthening and demonstrating commitment to reducing the health harms from tobacco:

- **Seeking an extension to become a party to the WHO FCTC Treaty**

The FCTC Treaty is a major milestone for the promotion of public health and drawing together nations in a concerted effort to eradicate the harms caused to health from tobacco. The Treaty was signed by 168 countries when it opened in 2003 and since others have become a party to the treaty with 182 countries now signed, representing 90% of the world population.

While UKOT's are not able to sign up directly they can seek ratification via an extension to the UK signatory and some have already done so. Both the Cayman Islands and Gibraltar are signed up and St Helena is currently going through the process.

If the Falkland Islands also sought ratification it would clearly demonstrate our commitment to protecting the health of our population from the harms of tobacco.

The process is quite simple:

- No legislation is required to sign up and countries do not need to meet any or all articles to sign up.
- Informal discussions have occurred between the PHU and the Office for Health Disparities (OHID) lead on tobacco control, along with seeking contact from other UKOTs who have already signed up or are in the process for insights.
- PHU has completed a draft (as attached) of the transposition table required if a formal request was to be made.
- Formal request is made via the FCO to OHID for ratification as an extension of the UK.

After signing up:

- The reporting process is lead by the UK and is light touch, every 2 years. Consisting of a request for an update on any additional or changed information. This task can be undertaken by the PHU.
- All UKOTs are considered part of the UK assessed contribution total so are not liable for any financial contribution.

Workstreams agreed to progress following CMT presentation Nov 2023

Monitor	• Request made to Policy, Economy and Corporate Services (04.01.23) to include questions around vaping in future census • Request made to Gibraltar public health and University of Gibraltar to duplicate survey with local amendments and assistance with analysis – meeting schedule for Feb 2024 to further discuss • Youth Survey – Vaping drafted and shared with Education Department – progressing in Feb 2024
Protect	• Further clarification is being sought as to the commitments required legally if signing up to the FCTC – UKHSA are seeking this information. • Further discussion is required with legal around legislation and how/if it extends to vaping • DHSS Smoke Free Policy being reviewed • Director of PWD to give consideration around current policies in place to ascertain if more could be achieved within to increase smoke free areas across FIG
Offer	• Job description in development for a part time/casual smoking cessation advisor
Warn	• Currently some protection is afforded as products are being imported from the UK where there is a legal requirement for standardised plain packaging however AG has advised that imports can be made from anywhere. Given this information a review of the legislation around maintaining protection would be beneficial • There is some potential for dedicated website development, however there are no additional funds allocated
Enforce	
Raise taxes	• In conjunction with this document, Economist drawing up a proposal for minimum WHO recommendations on taxation on tobacco products at 70%

All above elements are to be undertaken within the current resources allocated.

Early Prospective Screening for Health Impact Assessment (HIA)

What is HIA?

HIA is a simple and common-sense approach, to make visible the potentially human health consequences of public decisions and provides for a useful tool to facilitate improved consideration of health in the broadest sense by examining the wider determinants of health (social, economic and environment (built, hazardous and natural) in proposal planning, projects and policy decisions across all sectors.

HIA allows for increased intersectoral collaboration and takes an evidence-based approach that will aid decision makers to identify potential harms and benefits to health and make informed decisions which aim to reduce health inequalities and inequities within the community.

Benefits of HIA

- Increases knowledge across sectors of how decisions may impact health
- Identifies connections between health and other policy areas
- Increased transparency in the decision-making processes
- Promotes and enhances evidence-based planning and decision making
- Promotes equity in community health outcomes
- Supports sustainable communities
- Enhances community engagement
- Promotes actions to maximise positive health outcomes and minimise health risks

Conducting an Early Prospective Screen for HIA with your proposal/policy/project?

In the early discussion or planning stage of your project you as proposer can use the check list below to see if your plans/policy/project may have impacts to health (physical, mental, social, emotional, spiritual) through the wider health determinants:

Use the screening check list below and submit your completed screen to the Public Health Unit, Department of Health and Social Services cmorrison@kemh.gov.fk

Health Impact Assessment Early Prospective Screening Check List

Please circle your response to each question and tally in the final row. Any supporting notes or references to existing documentation/legislation/policy etc can be made in the appropriate column.

Completed screens should be submitted to the Public Health Unit, Department of Health and Social Services via email: cmorrison@kemh.gov.fk

Project/Proposal/Policy Title: MPOWER

Directorate: DHSS

Completed by: **Carol Morrison, Kelly Moffatt** **Date:** **08.11.23**

Answers favouring HIA	**To your knowledge**	**Answers not favouring HIA**	**Supporting facts/comments/rationale**
Yes/not sure	Are there any **legal** or **existing policy requirements to mandate consideration of health direct or indirect impacts?**	No	Data collected within the Census around tobacco use. Various legislations in place already to protect people from the harms of tobacco. DHSS has a smoke free premises policy.
Is the proposal linked to any of the below areas which impact the wider health determinants?			
Yes/not sure	**Built and environmental** (neighbourhood design, housing, road networks, active transport, quality, safety and access of public services and spaces, waste disposal, noise, hazardous materials)	No	

Yes/not sure	**Natural environment** (green space, air, water, soil, biodiversity, climate)	No	Single use vapes in particular have an impact on environment and wildlife. Smoke has an impact on air quality and impacts for others via second hand smoke inhalation. Second hand vape exposure has also been found to impact and can be particularly harmful to infants and children.
Yes/not sure	**Agriculture and/or food production** (food sustainability, access and availability)	No	
Yes/not sure	**Education** (access to or quality of life-long learning)	No	
Yes/not sure	**Economic conditions** (employment, working conditions, distribution of wealth)	No	
Yes/not sure	Could the proposal **create or exacerbate inequalities** in the community?	No	Other jurisdiction research suggests that increasing taxes on tobacco products may be impactful in reducing consumption in lower income groups by not higher income groups
Yes/not sure	Will the proposal create a change in demand for or **access to health and social care**?	No	The proposal indicates that improved smoking cessation services are required. Aiming to reduce consumption of tobacco in the long term has the potential to decrease healthcare admissions and treatments for diseases associated with consumption including lung cancer, respiratory and cardiovascular disease. Smoking is

			also a known infection risk post-surgery.
Yes/not sure	Will the proposal create a change in **demand for or access to any other public services or amenities**?	No	Smoking cessation support services are not currently but can be delivered external to the health directorate
Yes/not sure	Will the proposal change or impact on **Life style behaviours** (diet, physical activity, tobacco, alcohol, drugs, sexual health or other risk-taking activity)?	No	The proposal seeks to reduce consumption of tobacco and products containing nicotine
Yes/not sure	Are there any **public or community concerns** about the potential impacts of the proposal?	No	
Yes/not sure	Is there **sufficient time** before a decision is required?	No	Submitted as part of the MPOWER mapping process to introduce the proposal to CMT
Yes/not sure	Is there **real potential to influence** the decision-making process?	No	
FOR = 8		**AGAINST = 5**	

HMSC Agenda Item No. 9.0
Open Agenda

Date	01 Feb 2024
Name	John Woollacott

Agenda Item/Title	Major Incident 10th Jan 2024

Part 1 (Open) [x] or Part 2 (Exempt) [ ]

Purpose for inclusion

To discuss the KEMH major incident on 10th Jan 2024 and next steps

Background

On 10th Jan 2024 the KEMH declared a major incident in response to an accident involving a troop carrier to MPC with multiple casualties.

Any other background papers (if appropriate)

Provide Smart objectives:

To note that KEMH activated the major incident plan successfully and has conducted an after action review and associated action plan is compiled.

HMSC Agenda Item No. 10.0
Open Agenda

Date	8/2/24
Name	John Birmingham

Agenda Item/Title: Reminders and recalls for patients.

Part 1 (Open) [x] or Part 2 (Exempt) [ ]

Purpose for inclusion

For information & discussion

Background

As above

Any other background papers (if appropriate)

Provide Smart objectives:

To help reduce no shows

Medical Treatment Overseas (MTO) Survey

Health and Social Services

This survey is being conducted to find out how satisfied you are with the present MTO process. You have recently returned to the Islands following an MTO referral – it is vital that we gain as much information about the process in order to make improvements, where necessary, in order to ensure optimum patient care.

Please note that all responses are anonymous but will be used for audit purposes.

Q1 **Did the clinician adequately explain the reason for your MTO referral?**

- ☐ Yes – clear explanation given
- ☐ No

Q2 **Did the KEMH give you the opportunity to discuss any concerns regarding your MTO referral?**

- ☐ Yes
- ☐ No

Q3 **Did the KEMH Medical Coordinator provide you adequate information regarding:**

	YES	NO
Appointment Dates		
Flight Arrangements		
Accommodation / Meals		
Transport		
Insurance Cover		
Claiming Expenses		
Financial Assistance (if required)		

Q4 **How would you rate the support/information provided by Medical Coordinators?**

KEMH Coordinator	FIGO Coordinator
☐ Extremely Helpful	☐ Extremely Helpful
☐ Very Helpful	☐ Very Helpful
☐ Helpful	☐ Helpful
☐ Not Very Helpful	☐ Not Very Helpful
☐ Very Unhelpful	☐ Very Unhelpful

Q5 **How would you rate the accommodation that was booked for you?**

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Poor
- ☐ Very Poor

Q6 **On your return to the Falkland Islands, did the clinician provide you adequate information / results relating to your MTO referral where appropriate?**

- ☐ Yes
- ☐ No

Q7 **Where was your MTO referral?**

- ☐ UK
- ☐ Santiago
- ☐ Montevideo
- ☐ Other: ……

Q8 **OVERALL how satisfied were you with the entire MTO process?**

- ☐ Extremely Satisfied
- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Not Very Satisfied
- ☐ Extremely Dissatisfied

Additional Comments / Suggestions you wish to make:

(Please use the back of this page if necessary)

Thank you for completing this form. Your comments and/or suggestions are important to us. If you wish to comment further on your MTO process please do so in writing to: **The Healthcare Governance Manager, KEMH, Stanley.**

Please return this form, once completed, to the Overseas Medical Coordinator.