

# Health and Medical Services Committee

17<sup>th</sup> July 2014 at 11am  
Liberation Room

## **AGENDA**

### **PART 1**

1. **Apologies for absence**
2. **Declarations of interest (*if required*)**
3. **Confirmation of the Minutes of the meeting held on 12<sup>th</sup> June 2014** Already issued
4. **Matters arising from the Minutes of the meeting held on 12<sup>th</sup> June 2014** Already Issued
5. **Director's Report** Paper Attached
6. **Vaccination Schedule** Paper Attached
7. **Departmental Business Plan** Paper Attached
8. **Capital Programme** Paper Attached
9. **Camp Medicine Chests** Paper Attached
10. **HMSC Visits to KEMH Departments** Paper Attached
11. **Date of Next Meeting: 21<sup>st</sup> August 2014**
12. **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 and Paragraph 9 Information about others financial and business affairs of Schedule 3 of the Committees (Public Access) Ordinance 2012."*

# **HEALTH AND MEDICAL SERVICES COMMITTEE**

## **Open Minutes**

Held at 2pm on Thursday 12<sup>th</sup> June 2014  
In the Meeting Room at Mineral Resources

**These Minutes are draft minutes until confirmed by resolution at the next meeting of this committee**

<b>Present:</b>	Honourable Michael Summers	Assembly Member	MS
	Honourable Barry Elsby	Assembly Member	BE
	Ms Hilary Rowland	Director of H & SS	HR
	Dr Rebecca Edwards	Chief Medical Officer	BE
	Mrs Melanie Gilding	Lay Member	MG
	Sqn Ldr Mark Patterson	SMO MPC	MP
	Mrs Wendy Shelbourne	Lay Member	WS

By Invitation:	Mr Ben Walters	Senior Dental Dentist	BW
----------------	----------------	-----------------------	----

Minutes:	Mrs Diana Aldridge	Finance Clerk KEMH
----------	--------------------	--------------------

### **PART 1**

#### **ACTION**

#### **1.0 Apologies for Absence**

1.1 There were no apologies for absence.

#### **2.0 Declarations of interest**

2.1 There were no declarations of interest.

#### **3.0 Confirmation of the Minutes of the Meeting held on 24<sup>th</sup> April 2014**

3.1 The minutes were confirmed as a true and accurate record with no corrections.

#### **4.0 Matters Arising from the Minutes of the Meeting held on 24<sup>th</sup> April 2014**

4.1 5.5 – *ExCo Paper Hep B Vaccinations* – The CMO commented that as we currently have a good programme for vaccinations she did not see the value in completing a catch up programme for this. It would not be a good use of time or resources. It was not felt appropriate to back date these vaccinations. The CMO would be more in favour of carrying out the cervical vaccination as this appeared to be more of a problem. CMO said this would need looking into regarding costings etc, but yes in principle she was in favour. HPV vaccination appeared to be a

bigger problem than Hep B in the community. MS asked if this was the only gap. In the UK they don't carry out this and the reason it is done here is because of our close proximity to South America. MS asked if it was preferred then a paper be prepared on the cervical vaccination. BE would like to see a paper on all of these vaccinations. CMO not in favour of a paper on Hep B. It was agreed that the CMO write a paper in general on our child immunisation programme and perceived gaps. There is a gap with the cervical cancer vaccination but if you vaccinate girls earlier you would then catch up.

CMO

- 4.2 *5.4. – First draft of Immigration Medical Application – Specific reference to prohibiting illness to be decided at the meeting* – The CMO and Director of Health and Social Services had attended a meeting to discuss this yesterday and it was decided this was to go to the Immigration Working Group. MS who sits on this group did not see why it needed to go there. It needed to come back to this forum. CMO to bring this back to HMSC once the medical service decided what they want included. It was felt that some guidance in how to fill out the form was needed. There is currently a policy on Immigration Medicals but some clarity is needed. BE asked about using panel doctors in other countries. CMO said it was fine as long as the Doctors here and in the UK were used, but would need to go to panel doctors to act on our behalf if the applicant was from another country i.e. not UK or Falkland Islands.

CMO

- 4.3 *6.2 – Environmental & Public Health Issues* – The CMO had seen something in the Penguin News on this issue.
- 4.4 *7.1 – Available Dental Procedures* – BW was in attendance and this was on the agenda to be discussed at this meeting.
- 4.5 *8.3 – Camp Medicine Chests* – This list would be brought to the next meeting.

## **5.0 Directors Report**

- 5.1 Staff Matters – The hospital is currently well staffed with new staff arriving although there are some people leaving.
- 5.2 Recruitment was in hand for the new post of Child and Adolescent Mental Health/School Nurse.
- 5.3 Dentists – both of the current dentists depart in December 14, recruitment is in hand for both these posts. Interviews are expected to take place in August.
- 5.4 Doctors – At present there are 5 doctors one leaves in August and there will be 4 until the end of December through to March 15.
- 5.5 Social Services – The social team will have their last vacancy filled in August when the Adult Social Worker arrives.

- 5.6 Social Services Activity – This is still very busy but it is the lowest number of children on the Child Protection Register at present.
- 5.7 Overseas Referrals – This has been extremely busy and the gentleman that was in Glasgow has returned. These numbers only refer to entitled patients.
- 5.8 Visiting Specialists – The Optician has been here for 5 weeks and she saw 390 patients. 60 patients did not arrive for their appointment. 23 of these were children and 7 were people who did not have to pay. MS asked what the procedure was for the children who did not attend. Letters do go to the parents. CMO thought that the Optician went to FICS was unsure about IJS. All of these children were referrals and needed further testing which needed to be carried out at the Hospital. This figure presented 5% of the children in school not attending. It was noted that this is extremely disappointing and had been worse than usual this time. It was agreed that this needed to be highlighted in the Penguin News. It was suggested that perhaps patients needed to be called the day before but this would be time consuming or maybe if you do not arrive you will get charged for the appointment anyway. It was asked if there was a trend of people seeing a doctor to get a referral, in order to get a referral and not have to pay. The Optician will return in October for 7 weeks.
- 5.9 Appendix A – Statistics – A quick review of the statistics were looked at. This gave a good indication of work undertaken within the Department. MS asked for some clarity on the Camp figures. BE questioned the DNA figures or unused and what is the target number for clinic slots. The CMO said that ideally this was 20 clinics per week and at present there are more. If somebody does not arrive then the Doctors are utilised with other work and the CMO would like to see them more involved in audit processes. It was thought a good idea to mention the DNA's in the Penguin News. At present there is a full complement of Doctors.
- 5.10 The SMO at MPA also said they only have 2 doctors and the on call is the hardest element there also.
- 5.11 The DNA's for the Dental Department were within an acceptable number.
- 5.12 There appeared to be a difference between the ward admissions and discharges but this is probably due to transfers to South America and more permanent patients.
- 5.13 Numbers in Casualty were inflated because of taking bloods. This is being addressed as it is not a good use of Casualty.
- 5.14 MLA Summers said that, despite requiring further work and refinement, the Stats were a very useful piece of information.

## **6.0 Terms of Reference of HMSC (Public Health Ordinance)**

6.1 This was on the agenda because it was felt there needed to be a review of all committees as these terms fall out of date and can easily not be current and correct.

6.2 It was agreed that HMSC needs to be responsible to somebody and it was felt this should be Executive Council. The responsibilities needed to be clarified. HR suggested that the purpose should be to review and monitor the work of the directorate, influence the development of policy and strategy and hold the directorate to account.

- Review
- Monitor
- Development (Policy)
- Development (Strategy)

This would include being advisory to ExCo on Policy of Safeguarding Children. The frequency of meetings to be left as it is as this leaves some flexibility to hold meetings when needed. It was agreed to re-draft 3b. MLA Summers asked that the draft Business Plan be brought to the next meeting.

**HR**

## **7.0 Dental Medical Treatment Overseas**

7.1 This paper was presented by Senior Dental Officer Ben Walters. It was proposed that dental treatment be included in the Medical Treatment Overseas Policy. It was felt that patient's requirements needed to be discussed and a forum needed to be put in place. Some clinical requirements could be referred and patients need to be told all the choices available, but what can be dealt with here. The only secondary care here is when the Visiting Specialist is on the Islands. There is always something that can be done here, but the Dentists have a duty to tell them about procedures which are not available in the Falkland Islands. It was agreed to give patients the best direction. The recommendation of the meeting was to have dental included in the MTO Policy and for patients to be discussed and dealt with democratically as a MTO patient. The patient may get no contributions from public funds but if the treatment was necessary they could get help with flights and accommodation. This will need to be reflected in the Policy. Our service should be advising them on the correct treatment and if they go themselves then it is at their own risk.

**8.0 Date of Next Meeting** – 1.30pm on Thursday 17<sup>th</sup> July in the Liberation Room of the Secretariat

The Chairman thanked Hilary for all her hard work and was sorry to see her leaving as this was her last meeting before she left the Islands.

**Minutes confirmed this**

**day of**

**2014**

**Falkland Islands Government  
Health and Medical Services Committee**

**Director's Report – June 2014**

**1. Introduction**

- 1.1 This report updates Committee Members on the work of the Health and Social Services Department and covers a range of issues including staffing, waiting times, activity and performance indicators.

**2. Staff Matters**

*Hospital*

- 2.1 The hospital is currently well staffed. There is almost a full complement of nursing and support staff. The locum Physio arrived. The biggest concern is the pharmacy department. Work is in hand to try to recruit to the technician post. A new theatre nurse arrives in September.

*Primary and community care*

- 2.2 A new practice nurse with a lot of experience has been appointed to this post; the current incumbent leaves in September.
- 2.3 The advertisement for the new post of Child and Adolescent Mental Health / School Nurse and the final midwife post did not result in any applications. The first is being re-advertised as a CAMHS post and the midwifery post requires further consideration because the feedback is that the salary is not enough.

*Dentists*

- 2.3 Both dentists will be leaving later this year/ early next year. Interviews are taking place on 6<sup>th</sup> August.

*Doctors*

- 2.4 Doctors remain one of the greatest concerns. The interim Director will need to ensure that the appropriate locums are in place.

*Social Services Staff*

- 2.5 The social work team will be fully staffed when the adult social worker arrives in August. Lynn Roberts, social work assistant is going to the UK in August to train as a social worker. The first Islander to so do.

**3. Appointments and Waiting Times**

*Primary Care*

- 3.1 Routine appointments are available the next day. The quarterly performance indicators reported that 99% of patients have been able to see a GP on the day thereby avoiding the need to attend A&E.

### *Dentists*

- 3.2 Access to the Dental Services remains good although deteriorated slightly in the quarter with a wait of up to three weeks for non urgent treatment. Emergency appointments continue to be available each day.

## **4. Social Services Activity**

- 4.1 The Social Services Department continues to be very busy. There were 6 new referrals in June. Of the cases open, 58 are child care cases and 20 are probation cases. Appendix A details the number of referrals and access to benefits. At the end of June, 36 people were in receipt of attendance allowance.

## **5. Complaints**

- 5.1 There have been 8 complaints in the final quarter of the year. All of these have been resolved to the person's satisfaction.

## **6. Overseas Referrals**

- 6.1 In June there were 15 referrals to the UK and Chile including holiday referrals (3 to the UK and 2 in Chile). For the full year there have been 95 referrals to the UK and a further 33 holiday referrals for the UK. There have been 85 referrals to Chile and in addition a further 10 were holiday referrals. In total, 223 people were referred for medical treatment / assessment for the year 2013/14. There have been 29 air evacuations for the year these include 1 to Montevideo, 26 to Santiago and 1 to and from Glasgow. There were no civilian medical evacuations in June.

## **7. Financial Position**

- 7.1 The financial position for the Health and Social Services Department for the year 2013/14 was very stretched but the agreement for the forthcoming year hopefully reflects more realistically the costs and pressures.

## **8 Visiting Specialists**

- 8.1 The optician completed her visit in June with another one planned in October. Dr Oscar Varas from Punta Arenas spent a week at KEMH undertaking colonoscopies; the view was this was a very successful visit; well planned and well coordinated thanks to an excellent team effort.

## **9. Recommendation and Conclusion**

- 9.1 Members are asked to note the contents of this report.

**Hilary Rowland**

**Director: Health and Social Services**

July 2014

## **Workload Measurement for Social Services - June 2014**

New Referrals	6
Cases Closed	11
Cases Pending Allocation	0

### **Open cases by type**

Children	58
Adults	25
Young Persons Unit (Out of hours)	0
Supervised Contact (After 4.30pm)	0
Emergency Housing	1
Sheltered Housing/Home Help	0
Probation	20
Foster Carers	8
Duty	0
Out of hours referrals	1

### **Financial by type**

Welfare Assistance	10
Welfare Assistance - Pending	0
Welfare Assistance - Unsuccessful	0
MTO Assessments	0
Attendance Allowance Currently open	36
Attendance Allowance Reviews	4
Attendance Allowance - Pending	0
Attendance Allowance Unsuccessful	0

Acorns Sessions (Attended by 2 staff members)	10
---	----

### **Sheltered Housing**

No of units available	27
No of occupied units (each have 1+ visit per day)	25

Midday Meals Supervised	291
Hours of home help provided	150





# KING EDWARD VII MEMORIAL HOSPITAL

## IMMUNISATION RECORD

FORENAME(S): \_\_\_\_\_

EMIS NO: \_\_\_\_\_

SURNAME: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

AGE DUE	IMMUNISATION	DATE GIVEN	BATCH NUMBER	EXPIRY DATE
Birth	BCG			
1 Month	Hepatitis B			
2 Month	Diphtheria Tetanus Pertussis Poilio Hib			
	Pneumococcal Vaccine			
	Hepatitis B      Rotarix			
3 Months	Diphtheria Tetanus Pertussis Poilio Hib			
	Meningitis C      Rotarix			
4 Months	Diphtheria Tetanus Pertussis Poilio Hib			
	Pneumococcal Vaccine			
6 Months	Hepatitis B			
12 Months	Meningitis C and Hib (Combined)			
13 Months	MMR			
	Pneumococcal Vaccine			
3 ½ Years	Diphtheria Tetanus Pertussis Poilio Polio			
	MMR Booster			
9 to 14 Years	Human Palilloma Virus Dose 1 (Girs Only)			
9 to 14 Years	Human Palilloma Virus Dose 2 (Girs Only)			
9 to 14 Years	Human Palilloma Virus Dose 3 (Girs Only)			
14 Years	Diphtheria Tetanus Pertussis Poilio      Men C			

**Title: Cost of back-vaccinating children and young people with Hepatitis B vaccination (Engerix) and Human Papillomavirus (Gardisall)**

**Report of: CMO**

**Date: July 2014**

---

**Hepatitis B Background:**

Hepatitis B is a virus which can be spread through blood and body fluids such as semen and vaginal fluids, so it can be caught:

- during unprotected sex, including anal and oral sex
- by sharing needles to inject drugs such as heroin

In most cases, the hepatitis B virus will only stay in the body for around one to three months. This is known as acute hepatitis B. In around 1 in 20 cases in adults, the virus will stay for six months or longer, usually without causing any noticeable symptoms. This is known as chronic hepatitis B.

People with chronic hepatitis B can still pass the virus on to other people, even if it is not causing any symptoms.

Around 20% of people with chronic hepatitis B will go on to develop scarring of the liver (cirrhosis), which can take 10 to 20 years to develop, and around 1 in 10 people with cirrhosis will develop liver cancer.

There is a vaccine thought to be 85% - 95% effective in preventing hepatitis B. Because of the relative rarity of hepatitis B in the UK, the vaccine is not given as part of the routine childhood vaccination schedule. Vaccination would usually only be recommended for people in high-risk groups, such as:

- people who inject drugs or have a sexual partner who injects drugs
- people who change their sexual partner frequently
- people travelling to or from a part of the world where hepatitis B is widespread
- healthcare workers, or workers who may come into contact with the virus (e.g. police or sewer workers)

Several years ago it was decided that the Falklands should following the advice of the World Health Organisation and introduce vaccinations of Hepatitis B to all our new born babies. This was partly because of our close relationship with Chile, where hepatitis B is more prevalent than the Falkland Islands. In Chile they have a national vaccination programme for hepatitis B. It should be noted however that the Southern areas of Chile have similar hepatitis B rates to the UK and Chile overall is considered a country with a “low prevalence” of disease by the WHO. In some of the Northern regions of Chile there is a higher rate.

Pregnant women are also screened for hepatitis B. If they are infected, their baby can be vaccinated shortly after birth to prevent the baby becoming infected.

Hepatitis B is uncommon in England and cases are largely confined to certain groups, such as drug users, men who have sex with men, and certain ethnic communities (for example, South Asian, African and Chinese). There were 5,478 newly reported cases in England during 2011.

In contrast, hepatitis B is common in other parts of the world, particularly east Asia and sub-Saharan Africa. The World Health Organization estimates that hepatitis B is responsible for 600,000 deaths a year worldwide.

Hepatitis B is between 50 and 100 times more infectious than HIV and is of public health concern in the Falkland Islands, although the incidence in this country is low (currently there are two known people with chronic hepatitis B in the Islands). The prevalence of long-term infection is estimated to be 0.3% in the UK (Chile 0.7%).

An important factor to consider is that some people (up to 20% according to some reports), do not become immune to hepatitis B despite being given the recommended 3 doses of vaccine.

**Financial implications to back-vaccinate children up to the age of 18 years with Hep B:**

- Engerix B junior (age 1 month to 16 years) = £9.67/dose. Each child needs 3 doses = £29.01/child
- Engerix B adult (16 – 18 years) = £12.99/dose. Each child needs 3 doses = £38.97/child

Number of children at IJS = 215 (215 X 29.01) = £6237.15

Number of children at FICS = 175 (175 X 29.01) = £5076.75

Number of teenagers 16 -18 years = 75 (75 X 38.97) = £2922.75

**Total = £ 14,236.65**

**NB: This is just for the cost of the vaccines themselves and does not include approx. 10% freight charge, delivery charge, MOD security charge, provision of Airway Bill, UK Customs declaration, Agency charges and cost of personnel to deliver the vaccinations. A more realistic charge would be approx. £19,000.00 - £20,000.00 (about a 35-40% increase).**

### **Human Papillomavirus Background:**

Almost all cases of cervical cancer are caused by the human papillomavirus (HPV). HPV is a very common virus that's often spread during sex.

There are more than 100 different types of HPV, many of which are harmless. However, some types of HPV can disrupt the normal functioning of the cells of the cervix and can eventually trigger the onset of cancer.

Two strains of the HPV virus called HPV 16 and HPV 18 are known to be responsible for 75% of all cases of cervical cancer. These types of HPV infection have no symptoms, so many women will not realise they have the infection.

However, it is important to be aware that these infections are relatively common and most women who have them don't develop cervical cancer. Using condoms during sex offers some protection against HPV, but it cannot always prevent infection.

The KEMH offers a cervical smear screening programme for all women from the age of 25, to try and detect the early signs of cancer in a woman's cervix. It is recommended that women who are between the ages of 25 and 49 are screened every three years, and women between the ages of 50 and 64 are screened every five years.

Because of the success of screening programmes, cervical cancer is now an uncommon type of cancer in the UK and the Falklands. It's possible for women of all ages to develop cervical cancer, although the condition mainly affects sexually active women between the ages of 30 and 45. The condition is very rare in women under 25. In the Falklands we have a similar rate of cervical cancer and genital warts as the UK. Although cervical cancer rates are low, we are seeing increasing numbers of men and women who have genital warts. HPV 6 and 11 cause genital warts.

Gardasil is an HPV vaccine that helps protect against 4 types of HPV (types 16 and 18 that cause cervical cancer, and types 6 and 11 that cause genital warts). In boys and young men Gardasil helps protect against approximately 90% of genital warts cases. Gardasil also helps protect girls and young women against approximately 70% of vaginal cancer cases and up to 50% of vulvar cancer cases.

We have been vaccinating our girls aged 14-15 years old since 2012. Currently they need to have 3 doses when vaccinated at this age. If vaccinated between the age of 12 and 13 years they would only require 2 doses of the vaccine. If we can back-vaccinate all our children to age 12, in the long run we would save money, as ultimately only two doses would be needed for each child.

**Financial implications to back-vaccinate children up to the age of 18 years with Gardasil:**

- Gardasil costs £86.50/dose

Number of boys requiring X3 doses of Gardasil @ £86.50 = 45  
(45 X 259.5) = £11,677.50

Number of boys requiring X2 doses of Gardasil @ £86.50 = 40  
(40 X 173) = £6,920.00

Number of girls requiring X3 doses of Gardasil @ £86.50 = 20  
(20 X 259.5) = £5,190.00

Number of girls requiring X2 doses of Gardasil @ £86.50 = 50  
(50 X 173) = £8,650.00

**Total £32,437.50**

**Price adjusted for reasons as mentioned above, a more realistic cost would be between £43,500.00 - £45,500.00**

**Falkland Islands Government**

**Health and Social Services Business Plan 2014 – 15**

**1. Introduction**

**1.1** The Health and Social Services directorate provides a wide range of services to support the health and well being of the population of the Falkland Islands and those that visit.

**1.2** The services that are provided are:

- Primary care services including GP services, practice nurse services and clinics to manage chronic conditions such as diabetes, and hypertension. There are also optician and specialist audiology visits.
- Accident and emergency (casualty) services 24 hours a day, 7 days a week.
- Secondary care services include a programme of outpatient clinics provided by a range of consultant specialists who visit the islands on a regular basis, an inpatient ward which can accommodate 22 patients including one single ward for the sole use of maternity and the provision of a surgical and anaesthetic services. This service is also accessed by military personnel under the memorandum of understanding.
- There is a 7 bedded area for the care of older people requiring long term nursing care.
- The directorate is also responsible for an extensive programme of medical referrals overseas to the UK and Chile.
- The Social Services department provides support to families and children, older and vulnerable people.
- Social services are responsible for sheltered accommodation, the provision of meals on wheels and running the Acorns Day Centre.
- The dental department is responsible for the provision of emergency and planned dental treatment for all the Islanders.

**1.3** The structure of the department is attached at Appendix A. The structure has recently been refined to more appropriately reflect the delivery and management of the services within the directorate. It reflects the array of services that are provided and which comprise the provision of a health and social services

**1.4** 91 staff are employed on a full time basis within the directorate. There are staff who are employed on a casual basis. The expected year end expenditure is approximately £8.7m

**2. Key Drivers**

**2.1** The key drivers for the directorate include a range of legislation crucial amongst which are:

- Medical Practitioners, Midwives and Dentists Ordinance
- Medicines Ordinance 2006 (not yet in force)
- Mental Health Ordinance 2010
- Misuse of Drugs ordinance
- Infectious diseases ordinance 2003

- Children Ordinance 1994 (currently being revised)
- Access to Health Records Ordinance 1995
- Sexual Offences Ordinance 2005
- Public Health Ordinance

- 2.2** The Health and Medical Services Committee is also a key driver of the work of the Directorate. This committee currently meets monthly and considers all the critical policy and strategic decisions of the directorate generally prior to consideration by EXCO.
- 2.3** The relationship with the MOD is also a key.
- 2.4** The FI Children Safeguarding Board is also a crucial driver in the work of Social Services in their and FIG's work in safeguarding the children of the Islands.
- 2.5** The outcome of patient surveys, audits and complaints also informs the work and priorities of the directorate.
- 2.6** Professional bodies of some professions can also influence the work of the directorate.

### **3. Review of 2013/14**

- 3.1** No plan for 2013/14 can be found. However the primary objectives as assessed by the new Director was
- (i) to achieve a fully staffed staff service and reduce the reliance on short term and locum staff
  - (ii) specifically secure a staffed social work team
  - (iii) to respond to the Child care review undertaken by the Lucy Faithfull Foundation and to support the child care cases that were going through the courts during the past year
  - (iv) to ensure that the health and social services continue to be provided to the highest and safest levels possible.
- 3.2** The Directorate has a much reduced reliance on locum staff. The social work team has no locum staff in post currently. It recruited to a new probation officer post a first for the islands. It increased the number of child care practitioners to two and recently recruited to an adult social worker post. It is a settled and skilled team which is well led by the team leader. It is a credit to the team that they have survived a very turbulent and difficult period.
- 3.3** The outcome of the Child Safety review by the Lucy Faithfull Foundation resulted in an action plan which has been largely addressed.
- 3.4** A new Children's Safeguarding Board was created and is now becoming embedded in the infrastructure of the Government.
- 3.5** In the Hospital, the key achievements include the appointment of an experienced hospital manager, and the appointment of a laboratory manager who it is hoped will be able to take forward the EU accreditation. The challenges remain to

secure the right skill mix of medical officers; two vacancies remain. However good locums have been employed which generally have been well received and provided excellent access to primary care.

- 3.6** The midwifery service the subject of much debate and scrutiny has a clear plan. A local midwife is currently on a course to update her skills. This ensure there are two local midwives. It will be incumbent on the service to ensure their skills are maintained. A third midwife is required to ensure there are always two midwives on the Islands at any one time.
- 3.7** The provision of the mammography screening programme was a logistical challenge but resulted in 285 women being screened.
- 3.8** Xx specialist consultants visited the Islands. These included a first visit by a urologist and a paediatrician.
- 3.9** During the year the Directorate submitted 7 Exco papers to secure support and agreement for a range of policy matters including:
- Children Bill 2014 – Proposed replacement of Children Ordinance
  - Full time Learning Support Assistant/Carer for Child F
  - Funding to continue permanent placement of looked after child
  - Progress on achieving the Lucy Faithful action plan
  - Financial support to foster parents
  - Templars contract extension
  - Extension of Practice Nurse post
- 3.10** The dental service continued to provide a valued and reliable service for those that need emergency and planned treatment. The outcome of a dental audit of school children indicated that the dental health of local school children has much improved.
- 3.11** A crucial component of the health provision of the island is the programme of overseas treatment which is provided when treatment cannot be appropriately or safely provided on the islands. At the end of month 9, xxx patients had received treatment overseas. The MTO policy has also been reviewed by HMSC in the past year. However it is a policy that is constantly requiring updating as new challenges and issues emerge that need consideration to ensure a transparent and equitable application of the policy.
- 3.12** In summary it has been a very challenging time both in the health and social services. However the feedback from patients has been very positive which is a credit to teams of staff. But there is always room for improvement both in ensuring that taxpayers are getting best value and patients are getting the best possible service; that will be the challenge for the coming 12 months. In Social services it was a particularly difficult period but the retention and recruitment of good staff is enabling the service to address the challenges.



## 4. Vision and objectives

**4.1** The vision for the department is to provide the best possible health and social service to those living and visiting the islands within available resources and to ensure best value for money for tax payers. Everyone in the islands should be encouraged to live healthy, independent and fulfilling lives. The department will continue to focus on improving public health and primary care and the delivery and access to appropriate secondary and tertiary care. The department will continue to improve the access to health and social services and focus on the continuous improvement in the quality, safety and efficiency of the health and social services. Social services will continue to strive to provide a safe environment for the Island's children and ensure older and vulnerable people are supported, protected and well cared for.

### *SWOT analysis*

**4.2** A SWOT analysis was undertaken by staff.

<b>Strength</b>	<b>Weakness</b>
Flexibility Patient focus Multi-tasking Approachable Teamwork Hard working staff Immense range of services Consultant visiting programme	Short staffed Turnover of staff Low moral Teamwork Communicating Skills Visiting Consultants Money
<b>Opportunities</b>	<b>Threats</b>
Oil Location Visitors/tourists Patient focus Learn more from patients	Remote setting Money Equipment breakdown, lack of external help Frontline service Secure skills & training opportunities Ageing population

### *Key priorities*

**4.3** The key priorities for the health and social services department for 2014/15 are

#### *Health*

- (i) to progress the department's capital programme which had seen some delays because of staffing changes
- (ii) to develop a programme to elicit the views and engage the local population in the development and delivery of their local health services
- (iii) implement the revised colorectal screening programme
- (iv) develop a rigorous but deliverable clinical audit programme for the year
- (v) to review the MTO policy and its application to manage the financial pressures
- (vi) to develop a camp health strategy

#### *Social services*

- (vii) to ensure a fully staffed social work team
- (viii) to ensure the social work assistant embarks on her social work training
- (ix) to review the attendance allowance policy and its application
- (x) to develop a shared social work database
- (xi) to undertake a foster carer campaign to recruit more foster carers

*Strategic objectives*

- 4.4** There are five strategic objectives which derive from the new Islands Plan
- a) to further develop the case for a nursing home for the older people of the islands
  - b) to progress the vulnerable persons strategy so that it becomes embedded
  - c) to review the procedures to support the delivery of the new children's ordinance once enacted.
  - d) to develop a local residential resource to enable young vulnerable adults to be cared for on the islands.
  - e) to develop a sustainable workforce plan for the department.
  - f) to develop a health promotion plan for the island including identifying and implementing a range of screening programmes.

**5. Performance Management***Quality Objectives 2014/15*

- 5.1** Quality objectives allow the service to be measured against agreed standards. It assures the public that the health and social services department is working towards improved quality services.

	<b>Latest figures available</b>	<b>14/15 target</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Frequency</b>
<b>1. Inpatient satisfaction survey</b>	N/A	90%	85%	85%	90%	90%	Quarterly
<b>2. Response to complaints within 20 days</b>	N/A	90%	80%	85%	90%	90%	Quarterly
<b>3. Infection prevention</b>	100%	100%	100%	100%	100%	100%	Quarterly
<b>4. Allocation of Social Services referrals within 5 working days</b>	90%	90%	90%	90%	90%	90%	Quarterly
<b>5. Emergency access to GP on the day</b>	N/A	95%	95%	95%	95%	95%	Quarterly
<b>6. Emergency access to a dentist on the day</b>	N/A	95%	95%	95%	95%	95%	Quarterly
<b>7. In addition the department will report on the number of new referrals made for medical treatment overseas in Chile and the UK.</b>							Quarterly

*Service Level objectives*

- 5.2** The aim of the service level objectives is to ensure the services that KEMH provide are responsive to patient need and develop the clinical service. They also address the development of the infrastructure to support the clinical delivery plan:

**5.2.1 Primary Care**

The development of the primary care service is at the heart of our clinical services and which influences all our service delivery. Focus is on patient access and our ability to audit what is delivered. Patient satisfaction is a vital component of this service and will be covered as part of our audits in our quality objectives.

- (a) Improved access to appointments to see GP, 100% patients to be able to access emergency appointments on the day.

Q1	Q2	Q3	Q4
90%	90%	95%	100%

- (b) Review of current environment for provision and growth of service – priority for diabetic clinic

Q1	Q2	Q3	Q4
Review need	Develop plan	Implement plan	Evaluate plan

**5.2.2 Dental Services**

The dental department provides a comprehensive dental service to all persons on the islands. The focus of the objectives will be on access to emergency care/planned care and patient satisfaction with the service provided.

- (a) Improved access to dental care/planned care within 2 weeks.

Q1	Q2	Q3	Q4
85%	90%	95%	100%

- (b) Patient satisfaction with service.

Q1	Q2	Q3	Q4
Patient questionnaire	Plan to address issues identified	Patient questionnaire	Evaluation of progress

**5.2.3 Accident & Emergency (A&E)**

The A & E Department is required to provide 24 hour access for patients who require it. The department is small and poorly structured which challenges staff in the delivery of the service. There are also issues to address in how the current staffing model can effectively deliver the current needs of the service.

- (a) Review of current clinical environment.

Q1	Q2	Q3	Q4
Work with design team on development / review of the current environment	Development of the plan with timescales for implementation	Address service delivery during department development	Delivery of plan

- (b) Development of systems on EMIS to record patient activity.

Q1	Q2	Q3	Q4
Assessment of current activity data collection	Development / implementation of data set to allow delivery of daily/weekly/monthly activity in department	Review of systems to ensure accurate delivery of activity	

#### 5.2.4 **Ward**

The ward is the central area for delivery of our secondary care service. The objectives will focus on the staffing model and development of a safe effective efficient model of clinical care for all our patients.

- (a) Review of current staffing establishment to reflect the case mix of patients on the ward.

Q1	Q2	Q3	Q4
Development of staffing establishment model	Consultation of staffing model	Forward planning for implementation	Implementation of staffing model

- (b) Development of clinical policies/guidelines for delivery of evidence based care.

Q1	Q2	Q3	Q4
Prioritize policies to be developed	Develop policies	Implement	Evaluate policies

#### 5.2.5 **Operating Theatre**

The operating theatre is well equipped to deliver the service required. The objectives for this service focus on the development of the theatre environment to support the service delivery. The department also needs to have activity recording systems to support the development of the service.

- (a) Review of theatre environment

Q1	Q2	Q3	Q4
N/A	Development of plan with support of design team	Internal plan for delivery of structural changes	Delivery of plan

- (b) Development of systems on EMIS to support patient activity data.

Q1	Q2	Q3	Q4
Setting up of systems to record patient activity	Implementation of systems	Evaluation of quality of data produced.	

**5.2.6 Radiology**

The radiology department offers a comprehensive service to primary and secondary care. To ensure this continues the objectives will focus on equipment needs and the department's ability to provide OOH service.

- (a) Provision of equipment to deliver comprehensive service.

Q1	Q2	Q3	Q4
Agreement on provider of equipment needs	Plan for delivery of kit	Enabling works for new equipment	Install new equipment

- (b) Delivery of an OOH emergency ultrasound service.

Q1	Q2	Q3	Q4
Address training needs and GP's development assessment guidelines for emergency treatment	Communication and implementation of service	Assessment of quality of service provided	Implement improvements required

**5.2.7 Pharmacy**

The pharmacy service faces challenges with staffing and the environment in which to deliver the comprehensive service required across primary and secondary care. The objectives for this service attempts to address the priorities to support service delivery.

- (a) Review of the current service delivery model plan.

Q1	Q2	Q3	Q4
Review of current delivery / needs of clinical service	Review of findings / development of plans	Development plan / communication with stakeholders	Implementation of plan

- (b) Development of formulary

Q1	Q2	Q3	Q4
N/A	Consultation with stakeholders	Development of the formulary	Complete

**5.2.8 Physiotherapy Service**

The physiotherapy service is provided to both primary and secondary care patients. The focus of the objective will be on referral protocols and access to the service.

- (a) Development of referral protocols for use by healthcare professionals to supporting referral to physiotherapy.

Q1	Q2	Q3	Q4
Assessment of current protocol	Development of protocols with clinical team	Implementation	Evaluation of improvements

**5.2.9 Medical Engineering Service**

The medical engineering department provide the building and engineering support for the hospital. It also is responsible for the delivery of the capital programme across the hospital. The objectives for the service focus on supporting the delivery of the capital projects and the workforce and infrastructure to allow this.

- (a) Recruitment of Manager and Trainee position to the department.

Q1	Q2	Q3	Q4
Recruitment of posts	Recruitment of post		

- (b) Develop a sustainable capital plan.

Q1	Q2	Q3	Q4
Assessment of service needs for next 5 years	Communication with stakeholders on service needs	Development 5 year plan for service	Priorities for implementation of plan

**5.2.10 Support Services – Driver, Cleaning, Catering, Stores**

The support services of drivers, cleaning, catering and stores play a vital role in supporting the delivery of clinical care. The focus of the objectives will be on the development of the most appropriate service model to ensure efficient effective support to clinical services.

- (a) Review of current service model.

Q1	Q2	Q3	Q4
Assessment of current need for services	Assessment of current provision of services	Options for service model	Consultation on options for service

- (b) Agreement of stock levels across all clinical areas

Q1	Q2	Q3	Q4
Assessment of current use across clinical areas	Agreement on stock levels	Implementation of agreed levels	Evaluation

**5.2.11 Pathology Services**

The pathology service supports primary and secondary care. The focus on the objectives will be on equipment to provide the service and in the service being able to evidence standards and policies to support accreditation.

- (a) Purchasing of equipment to replace out of date current stock.

Q1	Q2	Q3	Q4
Tender for equipment	Agreement on supplier	Delivery of equipment	Benefits analysis

**ITEM: 7**

(b) Development of standards/policies to support accreditation.

Q1	Q2	Q3	Q4
Updating policies / procedures	Assessment of accreditation standards	Completion of standards	Evaluation

# HEALTH AND SOCIAL SERVICES

ITEM: 8

## Proposed Capital Works Budget 2014-19

	Project/Work Required	Status/Justification	2014/15	2015/16	2016/17	2017/18	2018/19	Remarks
<i>General Building Works</i>								
1	General Fire Precautions works		5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	
2	Minor Building Works	On-going programme	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	Minor Work Projects and Alterations, On-going continuous review requirements against budget allocation.
3	Decoration works	On-going programme	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	Annual Allocation for Hospital Painting based on 5 years on-going programme
4	Replace existing Boiler/Burner and fuel delivery systems	Current boilers reaching end of useful life and problems are being encountered.		80,000.00				Review requirements and ensure that new units are most fuel and cost effective.
5	Re-insulate cold water storage tanks			3,500.00				No insulation at present
6	Replacement of Fire Exit Doors Ward, Kitchen, Side Corridor, Dental and Pharmacy	Age of Doors, units damaged and door closer units worn	30,000.00	30,000.00				Fire Exit Route, Ease of Assess. Existing doors do not comply with current regulations
7	Refurbishment of Wardens House including fittings	Existing in poor state		15,000.00				Review of use of accommodation alongside the replacement of furnishings.



# HEALTH AND SOCIAL SERVICES

ITEM: 8

8	Phased replacement of general light fixtures and fittings	Existing 20 + years old	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	Phased replacements of ageing lighting, in Changing rooms, stores building, plant rooms and lower ground floor areas
9	Installation of Illuminated Fire Exit Direction Signage	Existing 20 + years old	3,000.00	3,000.00				Fire & Safety Requirement, replacement of non illuminated fire lighting
10	Safety Test of existing electrical circuits, replace existing power and lighting electrical distribution panel. Electrical distribution panel existing are 20 + years of age, panels are no longer supported	Replace Panel PDB/7/FF and LDB/7/FF - Path lab, Physio Departments and small power for plan room area Full Safety test of all wiring circuits Panel PDB/4/GF and LDB/4/GF - Churchill Wing Admin, Pharmacy, Dental areas	16,000.00 18,000.00					System outdated, can not source spare parts anymore. Age of existing 20 + years. To provide a safe environment for Patient care, Electrical Safety and Fire Risk.  No circuit tests undertaken since original installation, required for provision of a safe environment for patient care.
11	Unique Power Supply Batteries	5 years plus, so reach end of useful life		30,000.00				5 year useful life so up for replacement in 2014/15.

## Sheltered Housing, Laundry, Day Centre

12	Replace all constant hot water circulation pumps x 10	Existing 20 + years old		22,000.00				Quotations obtained but additional costs added for materials projected price increase
----	---	-------------------------	--	-----------	--	--	--	---

Theatre / ITU / X-Ray

# HEALTH AND SOCIAL SERVICES

ITEM: 8

13	Medical Gas Alarm Panel and Standby Manifolds and piped gas to Isolation Unit.	Update as reaching end of useful life	10,000.00 30,000.00					Current equipment over 20 years old. Outdated and out of standard. Certain gases has no back up <b>* New Request</b>
14	Replace theatre lights emergency batteries	Existing are past replacement due date		15,000.00				Existing are past replacement due date
15	Porous Load Steriliser X 2	Existing will be 15 years of age in 2014 and no longer supported		60,000.00				Aging equipment with a risk of no longer being supported
16	X-Ray Equipment	(Main X-Ray) Existing will be 15 years of age in 2014, and up for replacement.  OPG	175,000.00 25,000.00					Moved forward one year as equipment is breaking down. Old one faulty and already removed from service
17	X-Ray Image Data	Software is reaching the end of its life Building works	70,000.00 20,000.00					<b># Brought forward</b> <b># Brought forward</b>
18	Mammography Equipment				130,000.00			<b>* New Request</b> - Procurement of this equipment will save revenue and possibly reduce need to MTO's and improve service.
19	Replace air intake sections to all air handling units	Existing funding allocated insufficient for project				100,000.00		AHU's and extract fans for ITU, general supply, kitchen, mortuary require replacement
20	Additional Endoscopy Washer	No back up if single unit fails		30,000.00				Note: Alterations required for space and services, See New Ref: CW/THEATRE

# HEALTH AND SOCIAL SERVICES

ITEM: 8

21	Additional Instrument Washer	No backup if single unit fails.		30,000.00				Note: Alterations required for space and services, See New Ref: CW/THEATRE
----	------------------------------	---------------------------------	--	-----------	--	--	--	--

## Primary Care

22	Primary Care Improvements	To develop the Primary Care Service	25,000.00					# Brought Forward - Priority areas are clinic rooms.
----	---------------------------	-------------------------------------	-----------	--	--	--	--	--

## Ward

23	All floors - replacement of all corridor fire doors and floor installed door closers	Age of doors, units damaged and door closer units worn and not operating properly	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	Phased Implementation
24	Alterations, furnishings to exiting patient room to provide a safe and secure environment for psychiatric care	Required to meet FIG legislation and legal requirements	70,000.00					Requirement for shower facilities, means for isolating all services externally, safe installations and furnishings
25	Expansion of existing card access security system throughout hospital	Remove ageing mechanical security locks, control of hospital security from main reception desk and staff identification	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	Provision of integrated modern and up to date security systems for 20 doors, staff and contractors identification badges
26	New personalised TVs for each ward bed	20 units required to improve patient experience		20,000.00				
27	HVAC/BMS Heating Ventilation and Air-condition upgrade			30,000.00				

## Dental

# HEALTH AND SOCIAL SERVICES

ITEM: 8

28	Replacement of Dental Chairs and unit.	Tidy up of old and work rooms including painting, furniture and layout			65,000.00			* <b>New Request</b> - New addition will need replacing.
----	--	--	--	--	-----------	--	--	--

## Pathology, Physio & Upstairs

29	Compete rewiring of pathology and physiotherapy departments	Previous alterations to the electrical wiring are not acceptable and do not meet current standards resulting in a risk of fire or electrical hazard to staff and public	5,000.00					Required for the provision of a safe environment for patient care, electrical safety, and fire risk requirements
----	---	---	----------	--	--	--	--	--

## Equipment Purchases

30	Electric Wheelchairs	Purchase of new electric wheelchairs	20,000.00					* <b>New Request for two new patients</b>
31	Patient Resus Trolleys x 2	Casualty Patient Transporter/Bench/Resus Unit. Existing units non complaint with handling heavier patients.	8,500.00					
32	Coagulation Machines & Biochemistry Analysers x 2	Analysers over 10 years old	80,000.00					* <b>New Request</b> - Concerns over results due to age of machines and this replacement is imperative.
33	Upgrade emergency call/alarm system	No emergency call system at Casualty, Dental, Radiology	10,000.00					Need to integrate into ward emergency alarm system
34	Unspecified Equipment					85,000.00	185,000.00	
			650,500.00	417,500.00	230,000.00	220,000.00	220,000.00	

					ITEM: 9
<b>Camp Chest Contents</b>	<b>Code letter</b>	<b>Islands</b>	<b>West/East locations</b>	<b>Mini chests</b>	<b>Total</b>
Aspirin dispersible tablets 75mg	Alpha	1 x 28 tablets	1 x 28 tablets	1 x 28 tablets	31 x 28 tablets
Buprenorphine s/t tablets 200micrograms	Bravo	1 x 10 tablets	1 x 10 tablets	1 x 10 tablets	31 x 10 tablets
Codeine Phosphate tablets 30mg	Alpha Delta	1 x 30 tablets	2 x 30 tablets		35 x 30 tablets
Paracetamol suppositories 120mg	Delta	2 suppositories	2 x 2 suppositories		35 x 2 supps
Amoxicillin capsules 250mg	Echo	2 x 21 capsules	4 x 21 capsules		70 x 21 capsules
Amoxicillin suspension 125mg/5ml	Foxtrot	1 x 100 ml bottle	2 x 100 ml bottle		34 X 100ml bottle
Cefalexin capsules 250mg	Alpha Echo	1 x 28 capsules	2 x 28 capsules		35 x 28 capsules
Clarithromycin Paed. Suspension 125mg/5ml	Zulu	1 x 70ml bottle	2 x 70ml bottle		35 x 100ml bottle
Clarithromycin tablets 250mg	Alpha Bravo	1 x 14 tablets	2 x 14 tablets		35 x 14 tablets
Flucloxacillin capsules 250mg	Alpha Foxtrot	1 x 28 capsules	2 x 28 capsules		35 x 28 capsules
Metronidazole tablets 200mg	India	1 x 21 tablets	2 x 21 tablets		35 x 21 tablets
Chlorphenamine tablets 4mg	Juliet	1 x 28 tablet	1 x 28 tablet		24 x 28 tablets
Chlorphenamine sugar free syrup 2mg/5ml	Kilo	1 x 150ml bottle	1 x 150ml bottle		24 x 150ml bottle
Prednisolone tablets 5mg	Lima	1 x 28 tablet	2 x 28 tablets		35 x 28 tablets
Salbutamol inhaler 100micrograms/puff	Mike	1 inhaler	2 inhalers		35 inhalers
Spacer device	November	1 device	1 device		24 device
Glyceryl Trinitrate spray 400micrograms/puff	Oscar	1 spray	1 spray	1 spray	31 sprays
Dioralyte oral powder	Papa	6 sachets	2 x 6 sachets		35 x 6 sachets
Omeprazole capsules 20mg	Alpha Charlie	1 x 14 capsules	1 x 14 capsules		24 x 14 capsules
Prochlorperazine buccal tablets 3mg	Romeo	1 x 8 tablet	2 x 8 tablets		35 x 8 tablets
Sugar and Salt spoon	Sierra	1 spoon	2 spoons	1 spoon	42 spoons
Diazepam rectal tube 5mg	Tango	2 rectal tubes	2 rectal tubes	2 rectal tubes	62 tubes
Diazepam tablets 2mg	Uniform	28 tablets	28 tablets		24 x 28 tablets
Fucidic acid M/R eye drops 1% (fucithalmic)	Victor	1 x 5 gram tube	2 x 5 gram tubes		35 x 5 gram tubes
Fluconazole capsule 150mg	Whiskey	1 capsule	1 capsule		24 capsules
Levenolle 1500	X-ray	1 tablet	1 tablet		24 tablets

**Provisional****HMSC Visits to KEMH Departments**

<b>20<sup>th</sup> March</b>	<b>Elderly Care</b>
<b>21 Aug</b>	<b>Pharmacy</b>
<b>18 September</b>	<b>Dental Department</b>
<b>16 Oct</b>	<b>Physio</b>
<b>20 Nov</b>	<b>Surgeon, Anaesthetist &amp; Theatre Staff</b>
<b>19 Dec</b>	<b>Ward</b>