PARLIAMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

TENTH PARLIAMENT

FIFTH REPORT

OF THE
JOINT SELECT COMMITTEE ON
MINISTRIES, STATUTORY AUTHORITIES
AND STATE ENTERPRISES
(GROUP 2)

ON

THE TOBAGO REGIONAL HEALTH AUTHORITY (TRHA)

Ordered to be printed with the Minutes of Proceedings and Notes of Evidence

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THE COMMITTEE

Establishment

Section 66 of the Constitution of Trinidad and Tobago declares, that not later than three months after the first meeting of the House of Representatives, the Parliament shall appoint Joint Select Committees to inquire into and report to both Houses in respect of Government Ministries, Municipal Corporations, Statutory Authorities, State Enterprises and Service Commissions, in relation to their administration, the manner of exercise of their powers, their methods of functioning and any criteria adopted by them in the exercise of their powers and functions.

Motions related to this purpose were passed in the House of Representatives and Senate on September 17, 2010 and October 12, 2010, respectively, and thereby established, inter alia, the ***Joint Select Committee to inquire into and report to Parliament on Ministries with responsibility for the business set out in the Schedule as Group 2, and on the Statutory Authorities and State Enterprises falling under their purview with regard to their administration, the manner of exercise of their powers, their methods of functioning and any criteria adopted by them in the exercise of their powers and functions.***

The business as well as the entities which fall under the purview of your Committee is attached as ***Appendix I***.

Membership

The current membership of your Committee is as follows[1]:

- Dr. James Armstrong - Chairman
- Dr. Victor Wheeler - Vice Chairman
- Dr. Tim Gopeesingh, MP
- Mr. Clifton De Coteau, MP

[1] Dr. Tewarie was appointed to this Committee w.e.f. September 09, 2011

- Dr. Bhoendradatt Tewarie
- Mr. Collin Partap, MP
- Mr. Kevin Ramnarine
- Dr. Lincoln Douglas, MP
- Mrs. Lyndira Oudit
- Ms. Alicia Hospedales, MP
- Mr. Fitzgerald Jeffrey, MP
- Dr. Lester Henry

Secretariat Support

Mrs. Nataki Atiba- Dilchan	-	Secretary
Ms. Candice Skerrette	-	Assistant Secretary
Ms. Candice Williams	-	Graduate Research Assistant

Powers

Standing Orders 71B of the Senate and 79B of the House of Representatives delineate the core powers of the Committee which include *inter alia*:

- to send for persons, papers and records;
- to adjourn from place to place;
- to appoint specialist advisers either to supply information which is not otherwise readily available or to elucidate matters of complexity within the Committee's order of reference; and
- to communicate with any other Committee of Parliament on matters of common interest.

INTRODUCTION

The Tobago Regional Health Authority (TRHA), like all the other Regional Health Authorities is governed by Chap 29:05 of the Laws of Trinidad and Tobago but given the role of the Tobago House of Assembly (THA) in managing the affairs of Tobago, TRHA has a less direct relationship with the Ministry of Health , than its Trinidad counterparts.

With the creation of a new Ministry of Tobago Development, questions have arisen as to the legal and regulatory framework which shapes the operations of the Tobago Regional Health Authority. Also in the public domain, there had been concerns expressed on the recruitment practices at the Regional Health Authority (RHA).

Given these facts, as well as, the expectation that the Scarborough General Hospital was on track to be completed and commissioned within 2011, your Committee considered it in the public's interest to inquire into the administration of the TRHA.

Objectives of the Inquiry:

Your Committee agreed that the following would be the objectives of the inquiry:

- to understand the legal and regulatory framework between the TRHA, THA and the Ministry of Health;
- to determine the details of the organizational structure-
    - number of positions of doctors, nurses, midwives and other categories of health care workers,
    - existing vacancies
    - acting arrangements
- to ascertain whether any needs assessments were done and whether gaps were identified in the administration of health centres and hospitals;
- to understand the system for the management of the financial resources of the TRHA
- to determine the procedures followed with regard to the recruitment of personnel at the senior management level at the TRHA and the role played by the THA;

- to determine the procedures followed with regard to the recruitment of health care professionals at the TRHA and the role played by the THA;
- to understand the voluntary separation process including data on:
    - determination of the various VSEP packages offered
    - the quantum of public officers who took VSEP and were later absorbed into the TRHA and the process for their re-hiring
    - the number of public officers who opted for immediate transfer to the TRHA and whether this process has been completed
    - the number of public servant health care professionals still employed at health centres and hospitals
- to determine the services offered to the public, current constraints and any related data on customer satisfaction;
- to determine arrangements and costs related to patient transport between Trinidad and Tobago.

Conduct of the Inquiry:

One public hearing was convened with representatives of TRHA on Wednesday March 16, 2011. Prior to this, written responses in line with the inquiry objectives had been requested from the Authority. A comprehensive document, addressing each of the listed objectives was compiled by the Authority and forwarded to the Committee within a designated deadline. Supplementary written information was also disseminated at the public hearing.

The Committee received two (2) unsolicited written submissions from Dr. Mentor Melville and Mr. Vincent Taylor. Both submissions focused on recruitment practices at the TRHA.

The TRHA Team that attended the meeting on March 16, 2011 comprised the following:

Mr. Keith Charles	-	Chairman of the Board of Directors
Mr. George Bell	-	Chief Executive Officer
Mr. Patrick Godson-Phillips	-	Director Law
Mr. Alvin Pascall	-	Senior State Council
Dr. Anthony Parillion	-	Medical Chief of Staff (Ag)
Dr. Onochie Aghaegbuna	-	General Manager – Primary Care (Ag)
Ms. Marilyn Procope Beckles	-	Head – Primary Care Nursing

Mrs. Dyllis Cooke-Fletcher	-	Senior Exec. Secretary to the Board
Ms. Simone Reid	-	Exec. Assistant to the CEO
Mrs. Deborah Garraway	-	Consultant - Communications
Mr. Paul Taylor	-	General Manager – Operations
Mr. Ashworth Learmont	-	Consultant – Corporate Services
Ms. Thora Wilson	-	Manager – Quality Department
Ms. Susan Ollivierre-Bhola	-	Manager – Human Resource Department (Ag)

Consequent to the oral evidence received during the hearing, the officials of the TRHA were requested to supply further explanatory documents. These were received within two (2) weeks of the public hearing. Upon consideration of the draft report on January 13, 2012 the Committee requested additional information from the TRHA in order to clarify and update initial information received in 2011. These documents were received on February 22, 2012 and April 2, 2012.

The draft of this Report was considered and approved with amendments at the meeting of the Committee held on Friday, June 08, 2012.

The Minutes of the meetings of the Committee with regard to this inquiry are attached as ***Appendix II***.

The Notes of Evidence of the hearing held on Wednesday March 16, 2011 is attached as ***Appendix III.***

THE EVIDENCE

Establishment

The TRHA is governed by the Regional Health Authorities Act, Chapter 29:05. By this Act, several RHAs were created with the objective of improving the management of the delivery of health services across Trinidad and Tobago.

The RHAs is a body corporate that is governed by a Board of Directors. The members of each Board are appointed for a period not exceeding five (5) years, as the President may specify at the time of appointment, and the members are eligible for re-appointment.

The RHA Act provides for the appointment of a Chief Executive Officer (CEO) who must be appointed by the Board of the TRHA, on terms and conditions as the Board may determine, with the approval of the Minister. The Board comprises of a Chairman, Vice Chairman and ordinary members. Together they share corporate responsibility individually and collectively for all decisions of the Board.

Relationship with Tobago House of Assembly and Ministry of Health

The TRHA operates within both the TRHA Act and the Tobago House of Assembly Act. The Chairman and Board members are directly responsible to the Executive Council of THA through a reporting relationship with the Secretary for Health and Social Services, for the discharge of their functions.

Nonetheless, as stated in Section 5 of the TRHA Act, the Board also shall exercise its powers and functions in accordance with such specific or general directions as may be given to it by the Minister of Health. This is particularly so in terms of the health policies. The Secretary for Health and Social Services, THA is in constant collaboration and partnership with the Minister of Health.

The creation of a new Ministry of Tobago Development and the placement of the TRHA under its purview of responsibilities have resulted in a legal quagmire, since the TRHA Act

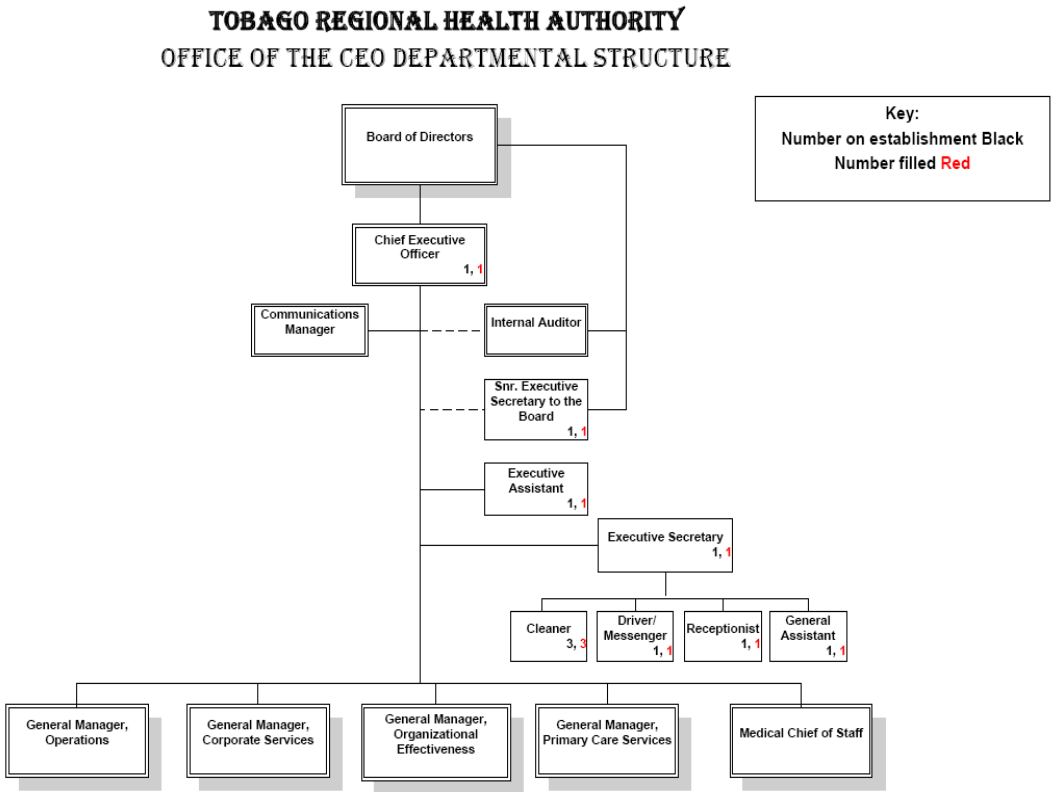
identifies the Minister of Health as the Minister from whom specific or general directions should be received.

Organizational Structure

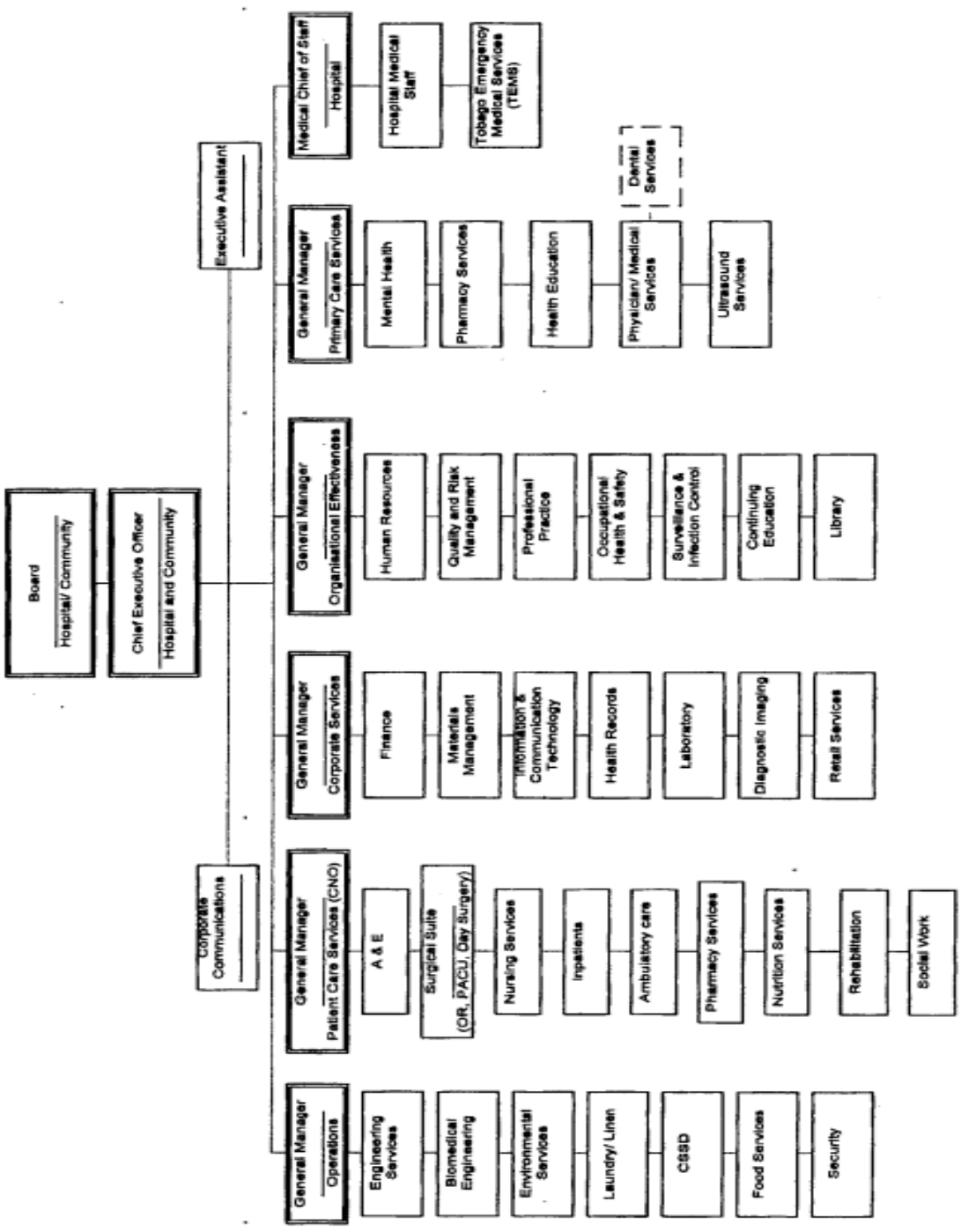
The full staff complement for the TRHA, inclusive of the Scarborough Hospital, is one thousand six hundred and twenty five (1625) employment positions. In this period of transition there are currently six hundred and twenty three (623) vacancies which the Authority projects will be filled between June 2011 and February 2012. A total of one hundred and sixty three (163) persons have already been recruited.

The estimated cost of filling the additional positions for the new Scarborough General Hospital is TT$66,869,659.80 per annum in personal emoluments. This figure does not include the re-settlement grants estimated at TT$1.5M and the cost of recruitment estimated at another TT$1.3M.

The following is a representation of the Office of the Chief Executive Officer:



The following organizational structure was approved by the Board on July 22, 2009 and by the Executive Council of the THA in Executive Council Minute #791 of September 21, 2011. The position of General Manager Patient Care Services will supervise nursing staff in the nursing structure currently being implemented. Until a successful candidate is selected for this position the clinicians, allied health workers and nurses will continue to report to the Medical Chief of Staff (MCOS).



The staff complement of the TRHA, inclusive of the Scarborough Hospital and new services at the Primary Care Services, is as follows. Existing vacancies are also represented as at March 2011 hereunder.

Department	Qty Required	Filled		Part-time	Vacancy
		Appointed	Acting		
Clinical Services	2	1	1	0	0
Medicine	6	6	1	0	-1
OBGYN	6	5	2	0	-1
Anesthetics	6	5	2	0	-1
Pediatrics	6	6	2	0	-2
Surgery	6	5	1	1	-1
Psychiatry	4	3	0	0	1
Accident & Emergency	20	15	2	0.6	2.4
Pathology	1	1	0	0	0
Radiology	1	1	0	0	0
Ophthalmology	3	2	1	0	0
Part-time services	0.65	0	0	0.5	0.15
TEMS	67	58	0	0	9
Nursing	6	0	0	0	6
Cluster #1 Outpatient Services	57	61	0	0	-4
Cluster #2 Surgical Services	64	70	0	0	-6
Cluster #3 Medical Services	139	126	0	0	19
Other	4	15	0	0	0
Clinical Services (Allied Health)	36	28	0	0	8
Pharmacy	28	22	1	0	10
Social Work	2	5	0	0	-3
Mental Health	17	16	0	0	1
Dietary	3	3	0	0	0
Physiotherapy	8	5	0	0	3
Occupational Therapy	5	6	0	0	-1
Speech and Language	3	2	0	0	1
Medical Imaging	11	14	0	0	1
Office of CEO	11	11	0	0	0
Communications	10	6	0	0	4
Internal Audit	6	3	0	0	3
Corporate Services	2	2	1	1	0
Finance	17	12	1	0	4
Materials Management	14	9	0	0	6
ICT	12	13	0	0	-1
Medical Records	26	26	0	0	0
Operations	2	2	0	0	0
Food Services	37	36	0	0	1

Projects & Planning	6	5	0	0	1
Engineering Services	1	1	0	0	0
Community	15	14	0	0	1
Hospital	17	15	0	0	3
Electrical	10	9	0	0	3
AC	5	3	0	0	2
Biomedical Engineering	5	5	0	0	0
Environmental Services	105	98	0	0	7
Support Services	12	5	0	0	7
PMT	45	45	0	0	0
Laundry & Linen	13	9	0	0	4
Security Services	8	8	0	0	0
CSSD	1	0	1	0	0
GM	2	1	0	0	1
Human Resources	23	16	1	0	8
Quality	22	21	0	0	1
HIRC (Library)	4	3	0	0	1
Training & Education	7	1	0	0	6
Medical	12	16	1	0	-5
Community Nursing	81	76	0	0	5
Prevention of Mother to Child Transmission Care Unit	1	1	0	0	0
Mobile Cancer Screening Unit	3	3	0	0	0
Dental	17	16	0	0	1
Nutrition	3	2	0	0	1
TOTAL EMPLOYEES	**1067**	**972**	**18**	**2.1**	**84.55**

In March 2011, construction works on the Scarborough Regional Hospital was expected to be completed by June 2011. This would be followed by a six-month period for the commissioning of equipment, conducting of tests, installation of furniture and fixtures and training of employees to use the new systems.

Recruitment Procedures for Senior Management

Recruitment of personnel at the senior management level of the TRHA is governed by the TRHA's Human Resource Policy and Procedure Manual for Salaried Employees. Once a vacancy for a senior management level is identified, that is, from the position of Chief Executive Officer (CEO) to the General Manager's level, the position is advertised.

However, prior to publishing the advertisement, the job description is reviewed to ensure that the functions are still consistent with the Authority's strategic direction. In the

instance of the advertised position of CEO in February 2010, there was concern that no academic credentials were included among the requirements for the position. It is noted that in the instance of the advertised position of CEO for November 2011, the credential of Bachelor's degree in Business of Social Sciences and/or related discipline from an accredited educational institution.

All interviews are completed by an Interviewing Panel with a composition appropriate to the particular position being interviewed. At times, it may be necessary to request assistance from outside of the organization to strengthen and maintain the integrity of the interview panel such as subject-matter expertise from another RHA, the Ministry of Health, the THA or other appropriate institute. If no successful candidates are identified from the process, the process is repeated from advertisement stage.

According to the RHA Act, all compensation package proposals above $150,000 per annum are to be approved by the Executive Council of the Tobago House of Assembly. As at March 2011, a total of two hundred and twenty two (222) persons have received such compensation packages.

The TRHA utilized the Public Services Compensation Structure which is approved by the Chief Personnel Officer and communicated to the THA who in turn communicates such approval to the TRHA. As such, the compensation packages for positions falling under this compensation structure are not re-submitted to the Executive Council for approval.

TRHA Health Care Services

The TRHA offers a wide range of health care services to the public. Secondary care services are offered at the Scarborough Regional Hospital and primary care services are offered at twenty one (21) community-based health care facilities (health and outreach centres) around the island. Emergency medical care is also provided through the Tobago Emergency Medical Services (TEMS).

The Scarborough Regional Hospital offers in-patient services, outpatient services and an Accident and Emergency Department. Inpatient services are as follows:

- Pediatrics
- Obstetrics/Midwifery
- Gynaecology
- General Surgery
- Ophthalmology
- Internal Medicine
- Psychiatry
- Anesthesia

Outpatient Services are as follows:

- Fracture Clinic
- General Surgery
- Urology
- Pediatrics
- Internal Medicine
- Ophthalmology
- Child Development Clinic
- Dermatology
- Hematology
- Asthma Clinic
- Mental Health
- Nephrology
- Obstetrics and Gynaecology
- Rheumatology
- Pre-assessment Clinic
- Dialysis
- Oncology

Allied Services are as follows:

- Occupational Therapy
- Physiotherapy
- Clinical dietetics
- Pharmacy
- Laboratory
- Social Work
- Medical Imaging

Voluntary Separation of Employment Plan (VSEP)

The establishment of the RHA in Tobago, as in Trinidad, was accompanied by the offer of voluntary separation packages to public officers. The offer of VSEP packages was managed by the Division of Health and Social Services (DHSS) of the THA.

Out of the one hundred and seventy seven (177) permanent public officers who were given option letters to move from the DHSS to the TRHA, one hundred and seventeen (117) chose the option of VSEP. Of these, one hundred and six persons (106) re-applied to the TRHA and ninety seven (97) persons were subsequently re-employed at TRHA.

Of the nine (9) persons who were not re-employed, two (2) had declined offers since they were reabsorbed by the THA into Vertical Services; five (5) were not successful at the recruitment and selection process and the final two (2) could not be considered for employment since the function for which they had applied was being performed by temporary public officers. Their applications could only be considered when the VSEP exercise is completed.

The following Table details the positions and numbers of officers absorbed into the TRHA:

Position	**# of Officers**	**Position**	**# of Officers**
Pharmacist	1	Supervisor PMT	1
District Health Visitor	7	Senior Health Attendant	3
District Nurse	1	Health Attendant	5
Register Nurse (Hospital & Community)	2	Driver/Messenger	4
Transitional Senior Nurses	12	Human Resource Officer	1
Enrolled Nursing Assistant	42	Dental Nurse	4
Psychiatric Social Worker	1	Dental Surgery Assistant	1
Central Sterile Services Technician	2	Rehabilitation Assistants	3
Temporary Sterilizer Operator	1	Biomedical Engineering Technician	1
Plaster Room Technician	1	Manager Medical Imaging	1
Chef Assistant	1	Registrar – Accident & Emergency	1
Dietary Assistant	1	-----	-----

Twenty nine (29) permanent officers chose the option of direct transfer to the TRHA, however the process has not been completed. The names of the officers have been forwarded with their option forms to the Chief Administrator. That Office is awaiting the approval of the Director of Personnel Administration for the transfer to be effected.

There are currently twenty seven (27) temporary public servant health care professionals still employed at the hospital and one (1) permanent public officer from the Ministry of Health assigned to the DHSS. All of these temporary officers have three (3) years service and over. As at February 2012, the DHSS is still addressing these issues and TRHA is awaiting word from DHSS with respect to the twenty-nine (29) permanent officers and the twenty seven (27) temporary public servant health care professionals.

Only one (1) public servant is still employed by the Ministry of Health, as an Acting Pharmacist III assigned to the Scarborough Regional Hospital and Acting Pharmacist III. Recommendations for their appointments were also made to the Director of Personnel Administration and a response was being awaited.

The process for the re-hiring of former health workers of the DHSS included:

- Circulating internal advertisement of vacancies;
- Circulating external advertisement for surplus positions not filled internally;
- Automatically shortlisting internal and external applicants for interview;
- Approving standard interviewing question sheets used by parallel interview panels to conduct interviews;
- Completing Reference check forms by a combination of senior officers of the Human Resource Department;
- Conducting Background checks by talking directly to the candidate's direct supervisor by senior officers of the Human Resource Department;
- Obtaining additional information from the Customer Complaints Database.

Recruitment Challenges

Attracting and retaining qualified staff was a challenge which has been addressed through several strategies including the payment of accommodation costs, re-settlement grants and

other allowances. In cases where the Board was unable to authorize professional incentives or a housing allowance, the range of the officer was increased in order to compensate. Between April 2007 and March 2010 the sum of TT$431,534.15 had been spent on re-settlement grants to twenty eight (28) persons.

Management of financial resources

The TRHA obtains its funding from the THA via the DHSS. The TRHA submits its budget proposals annually for inclusion into the THA's budget which is approved by the Assembly at a special sitting in June each year. After the presentation of the annual national budget, the TRHA is advised of its parliamentary allocation.

The TRHA manages its allocation through the prioritization of needs as outlined in the budget proposals. Development activity is managed by a separate development budget; however, the majority of the development activity undertaken by the TRHA is in the area of purchase and installation of equipment to be utilized in delivery of healthcare. Construction activity is restricted to improvement of already existing facilities, and is negligible.

According to the audited reports of the TRHA for the financial years 2005-2006, 2006-2007, 2007-2008, the percentage of expenditure relevant to primary health care was 4%, 4% and 3% respectively. As at January 31, 2012, TRHA's payables amounted to twenty one million, five hundred and fifty four thousand and ninety dollars ($21,554,090).

Budget Item	Primary Care Expenditure	Total Expenditure	Primary Care %
Total 2005/06	$4,603,366.90	$97,637,523.00	4%
Total 2006/07	$4,377,308.57	$109,128,213.00	4%
Total 2007/08	$5,924,334.57	$153,767,068.00	3%

TOBAGO REGIONAL HEALTH AUTHORITY
9.1.1 SUMMARY OF FINANCIAL DETAILS
2007/8, 2008/9 & 2009/10

	2007/8	2008/9	2009/10	3 YEAR AVERAGE %
THA ADVANCES	135582,976	135608,824	159170,780	
DRUG ALLOCATION	15759,228	19228,386	24206,237	
ACTUAL TOTAL EXPENDITURE	153957,829	162670,498	179686,481	
TOTAL PERSONNEL COST	104315,957	108527,690	120008,084	
PERSONNEL AS a % of ACTUALTOTAL EXPENDITURE	67.8	66.7	66.8	67.1
TOTAL GOODS & SERVICES COST	49641,872	54142,808	59678,397	
EXPENSES AS a % of ACTUAL TOTAL EXPENDITURE	32.2	33.3	33.2	32.9

TOBAGO REGIONAL HEALTH AUTHORITY
BREAKDOWN OF GOODS & SERVICES EXPENDITURE - *BY DOLLAR VALUES*

	2007/8	2008/9	2009/10
EXPENSES			
HEALTH PROMOTION	80,957	1180,607	519,334
TRAVELLING	374,101	334,882	333,013
STATIONERY & PRINTING	769,693	662,562	777,748
ADVERTISING & PROMOTION	253,675	290,347	447,370
EVENTS COORDINATION	435,029	171,177	240,987
TRAINING	1395,001	1220,390	1186,001
DEPRECIATION	4442,856	4452,958	4642,652
DONATIONS	56,262	24,686	95,149
BANK CHARGES & INTEREST	26,096	65,172	47,836
BOOKS & PERIODICALS	5,561	13,444	8,241
SUBSCRIPTIONS & DUES	16,298	40,331	45,410
PHARMACEUTICAL SUPPLIES	12320,132	11322,809	12589,620
MEDICAL INSTRUMENTS	569,288	208,873	199,316
MEDICAL SUPPLIES	2271,974	7604,794	5651,075
FOOD	4714,491	2221,559	3874,642
ELECTRICITY	957,360	1253,487	1441,628
TELEPHONE	1762,058	1947,608	1721,671
WATER & SEWERAGE	477,852	580,382	598,722
VEHICLE UPKEEP & REPAIRS	507,385	364,693	533,151
INSURANCE	148,348	288,076	311,184
SECURITY SERVICES	860,553	2117,429	2009,322
MEDICAL AIRLIFTS/TRANSFERS	3910,563	3591,614	3629,360
CLAIMS-SPECIALIST CONSULTANTS	1242,912	1826,574	1438,217
LABORATORY TESTS	165,335	210,850	304,679
OTHER FEES	2913,257	2740,328	5940,139
BUILDING REPAIRS & MAINTAINANCE	796,895	454,313	389,597
EQUIPMENT REPAIRS & MAINTAINANCE	546,848	617,193	755,385
EQUIPMENT RENTAL	511,217	597,465	701,006
MATERIALS & SUPPLIES	2685,067	703,841	2905,768
UNIFORM FABRIC	149,649	68,814	229,787
MINOR CAPITAL PURCHASES	354,791	1655,021	1867,969
CONSULTING & CONTRACTING SERVICES	1332,566	2489,061	874,655
TRANSPORT & FREIGHT	250,936	281,456	409,802
RENT & ACCOMMODATION	1641,028	2127,451	2300,346
DIRECTORS EXPENSES	182,376	95,466	326,344
GENERAL EXPENSES	513,462	317,095	331,271
TOTAL EXPENSES	**49641,872**	**54142,808**	**59678,397**

Patient transfer between Trinidad and Tobago

Patients who access care at the Scarborough Regional Hospital and who may require either diagnostic or therapeutic services that are not available at Scarborough Regional Hospital are referred to other institutions which may include institutions in Trinidad. TRHA is guided by policies, procedures and protocols which manage the arrangements for transfer of patients between Tobago and Trinidad.

Initiatives for patient transfers to Trinidad for diagnostic procedures and hospitalization conform to the following policies:

- Transfers must be first approved by the consulting Physician/Surgeon who shall be responsible for deciding:

a. what healthcare conditions shall warrant such transfers;
b. which patients shall be transferred; and
c. preparing a comprehensive summary on the status of the patient's health.

- Pre-arrangements for transfers shall be made to ensure:

a. all patient and staff transport facilities are secured;
b. the patient and relatives are informed of the decision;
c. the receiving hospital and ambulance services are also informed; and
d. equipment, supplies and accessories needed for patient are prepared and made ready.

The costs related to patient transfer are as follows:

Service	2008-2009	2009-2010
Carriers	**2,706,722**	**3,571,853**
Facility	**1,106,751**	**4,172,962**
Subsistence	**72,739**	**61,755**
Hotel costs	**105,317**	**109,062**
TOTAL	**3,991,529**	**7,915,632**

Patient Mortality

The following table illustrates the mortality rate at the Scarborough Regional Hospital for the years 2008 and 2009 based on total admissions and total discharges.

Year	Deaths	Hospital Admissions	Rate per '000	%	Total Discharges	Rate per '000	%
2008	129	7196	17.9	1.8	7047	18.3	1.8
2009	129	5980	21.6	2.2	5978	21.6	2.2

In spite of the fact that the Scarborough Regional Hospital is the only hospital in Tobago, since Tobago does not have the same level of private institutions as Trinidad, the mortality rate is lower than the national pattern as shown below:

Regional Health Authority	2008	2009
North West Regional Health Authority (NWRHA)	2.4	2.4
North Central Regional Health Authority (NCRHA)	5.0	5.2
South West Regional Health Authority (SWRHA)	2.8	2.9
Eastern Regional Health Authority (ERHA)	2.4	2.7
Tobago Regional Health Authority (TRHA)	1.8	2.2
Average Mortality Rate	2.88	3.08

These statistics do not include mortality rates for St. Ann's Psychiatric Hospital, Mt. hope Women's and Point Fortin Hospital which would increase the values for NWRHA, NCRHA and SWRHA respectively.

Customer Feedback

TRHA has embarked on several projects aimed at identifying the customer's perception of services such as the (i) 2008 Satisfaction at Point of Contact Areas, (ii) the 2009 Public

Opinion Poll on the TEMS Provision of Service to the Public and (iii) the 2009 Public Opinion Poll on the TEMS Response to Calls from Public.

The client feedback/customer complaints handling system is linked to the overall system as established by the Ministry of Health

The Point of Contact Areas 2008 revealed the following:

Satisfaction with…..	Percentage of those surveyed
Waiting times in Accident and Emergency	25%
Disposition of Attendants	68%
Nursing Staff levels of privacy and confidentiality	65%
Medical staff and explanation of illness	83%
Customer Relations Department	83% did not know one existed
Quality of food and timeliness of meals	few
Courtesy of Radiology staff	84%
Courtesy of Laboratory Staff	77%
Courtesy of Pharmacy Staff	73%
Appearance of the Hospital and Signage	24%

The TRHA was the only RHA with its own Emergency Management System (EMS). The EMS had recently successfully reduced its response time from 31 minutes to 17 minutes.

Health Care Needs Assessment

In 1977, a systematic national approach to identifying unmet health care needs of the Trinidad and Tobago population was undertaken. Since then no formal assessments have been conducted on a national or regional level. Over the past years, additional healthcare needs have been identified by routine information sources such as clinicians and policy decision makers (DHSS and the Ministry of Health), which provide a snapshot of the population's health and recommendations for the planning of new health services and the

improvement of existing services. The provision of healthcare by the TRHA has been guided by this process.

In 2004, Comprehensive Care International (CCI) was commissioned by the Ministry of Health as part of the Commissioning and Decommissioning of the Scarborough Regional Hospital to develop a Clinical Programme and Clinical Support Plan for the Scarborough Regional Hospital services in preparation for the occupancy of the new Hospital in Signal Hill. The Clinical Program Plan and the Clinical Support Plan for the new hospital were presented as Deliverable 18A and 18B respectively to the Ministry of Health.

The Health Sector Reform Programme identified the need to expand the services offered at the Primary Care level. In addition, there is a need for a more systematic and in-depth needs assessment study and an overall strategic plan for health care in Tobago.

Immediate Strategic Deliverables of TRHA

In March 2011 the TRHA identified the following as its immediate strategic objectives and the status of completion as at April 2, 2012 is as follows:

- *Construction and commissioning of the new Scarborough Health Centre*
  The new Scarborough Health Centre is completed and was commissioned on March 29, 2011.

- *Commissioning of an extension to walk-in services at Roxborough Health Center*
  The Roxborough Walk-in Clinic was commissioned on March 22, 2011.

- *Construction of the Charlotteville Enhanced Health Centre*
  The Charlotteville Health Centre is completed and was commissioned on November 16, 2011.

- *Construction of a new Laundry Facility to handle biomedical item*
  The new laundry located at Shaw Park is near completion and is expected to be completed by the end of April 2012.

- Collaboration with Ministry of Health for the decentralization of C40

  Discussions on the decentralization of C40 were initiated by the previous Ministry of Health, Mrs. Therese Baptiste-Cornelis. There has been no further follow-up on this initiative from the Ministry of Health.

- *Establishment of an Oncology facility*

  From December 2009, oncology services were available to the public from the Oncology Unit at the Scarborough Regional Hospital.

- *Expansion of Dialysis facilities within the new Scarborough Health Centre*

  The Dialysis Unit is now located at the Scarborough Health Centre. There are nine (9) chairs in the general treatment area and one (1) in the isolation area.

- *Establishment of mammography services, and cardiology services*

  As at April 2, 2012 the TRHA has three (3) Radiographers who are trained in Mammography. The initiation of this service is dependent on the availability of staff so efforts are being made to recruit an additional four (4) Radiographers. Patients will be scheduled for screening mammography at the new hospital at an appointment basis only.

  As at April 2, 2012 TRHA does not have a Cardiologist to offer the service. Only basic cardiologist services are offered through the department of Medicine. Proposals have been received for a Cardiologist to work full time in Tobago and this is currently being followed up. Equipment is also being sourced in anticipation of commencement of such a service.

- *Expansion of ophthalmology services*

  Ophthalmology services are offered at the Scarborough Regional Hospital by a single Consultant, Dr. Dorian Dwarika. A proposal was developed in 2010 for extending Ophthalmology services in order to address the backlog of patients on the waiting list requiring cataract surgeries as well as for ophthalmic assessment of new cases by having private surgeons conduct surgeries on Saturdays and assessments on evenings. The costs attached to this proposal were five thousand

five hundred dollars ($5,500) per case for weekend surgery and three thousand dollars ($3,000) per new patient assessment done on the extra days.

An initial mobilization fee of one hundred and sixty thousand dollars ($160,000) was requested to begin the initiative and it was estimated to cost two hundred and forty four thousand dollars ($244,000) per month for two years. This amount was not budgeted for by the TRHA and therefore required additional funding. The proposal was approved by the then Board of Directors and forwarded to the THA Executive Council for approval of the additional funding. Approval was not granted by the THA and therefore the expansion of services as envisioned could not be done. The proposal is currently being reviewed/ revised for consideration.

- *Appointment of a Medical Chief of Staff*
  Interviews for MCOS were expected to be held in March 2012.

- *Reduction of patient waiting periods at Accident and Emergency (A&E)*
  The approximate waiting time in A&E is dependent on the triage score of each patient. It has been recognized that 80% of A&E visits are patients with triage scores of four (4) or five (5) with a waiting time of four (4) to five (5) hours. Efforts are being made to reduce this to one to two hours but this is dependent on having four physicians- House Officers per shift and one Registrar per shift.

  A proposal on the Human Resource Needs of the A & E department has been submitted and is being reviewed. Equipment such as a dedicated ultrasound unit, CBC analyzer and blood gas analyzer are expected to be placed in the A & E Department in an effort to decrease waiting time.

OBSERVATIONS/FINDINGS

Your Committee was satisfied with the information that has been provided by the TRHA officials both through written and oral interaction. Access to such comprehensive data enabled your Committee to effectively grasp the pertinent matters involved in the operation and management of the TRHA.

Your Committee wishes to comment specifically on the following areas of operation:

Legal/Regulatory Framework

Your Committee finds that the legal and regulatory framework within which the TRHA is mandated to operate is not definitive, and in some areas is clearly contradictory. There are no clear lines of distinction between the purview of the Ministry of Health and the THA. The framework is further complicated with the placement of the RHA under the ambit of the Ministry of Tobago Development. This framework needs to be carefully analyzed and resolved.

There is urgent need for the establishment of a policy regarding the placement of the elderly who have been abandoned at the hospital into a senior citizen home.

Human Resource Management

Staffing

The Authority appears to have an effective grasp on its current human resource capacity and the requirements for the imminent expansion of the Scarborough Regional Hospital. Your Committee was pleased to note the proactive, and at times, inventive methods employed to obtain and retain the required staff expertise, given the limited local resource pool and the need to attract specialists from the region.

Your Committee commends the efforts at introducing re-settlement, accommodation and other incentives in conjunction with the sponsorship of training in specialties and other professional areas.

There is an urgent need for a full-time cardiologist, and the purchase of an echo-cardiogram machine. In addition, there is need for the immediate filling of the vacant positions for Occupational Safety and Health Department.

Dual employment tracks

Your Committee, however, is not satisfied with the dual employment tracks that exist. This unresolved situation affects the daily management of staff and the ability of the TRHA to effectively supervise all staff.

Financial Management

In this regard, your Committee is concerned with the small percentage of the total expenditure of the Health Authority that is actually directed toward the delivery of primary care services. There is a notable imbalance in the allocation of resources in this sector with personnel expenditure averaging 67% of operational costs and actual health care utilizing less than 5%.

Primary Health Care Services

The primary health care, in terms of physical facilities and outreach centres, as well as, the range of services offered appears to afford adequate coverage. It is also noted that the Authority is involved in continuous counseling and educational services within each major health centre to educate the public. The use of electronic, print media and schools health programme are notable efforts toward educating people on basic prevention actions.

While the data provided to your Committee clearly indicate what exists with regard to the delivery of primary health care services, further discussions would need to be pursued to determine the quality of the care and the effectiveness of the outreach programmes.

Health Policy Assessment

The need for an updated assessment is evident. While the immediate strategic deliverables of the TRHA are commendable, and if achieved will advance the quality of health care provided to the citizens of Tobago, the management of health care services through ad hoc adjustments to a thirty year old policy is unacceptable.

RECOMMENDATIONS

Having noted the foregoing, your Committee proposes the following remedies:

(1) Legal/Regulatory Framework

Immediate attention needs to be given to clarification of the legal and regulatory framework regarding the TRHA. An amendment to the Regional Health Authorities Act and/or the Tobago House of Assembly Act may be necessary to institute a clear chain of accountability. The development of an Annual Services Agreement between the DHSS of the THA and the TRHA will greatly assist in improvement of the accountability of the TRHA.

(ii) Human Resource Management

The Ministry of Public Administration should make an intervention with the Director of Personnel Administration on the matter of regularizing the status of those public officers who have not yet been transferred or appointed, as necessary.

(iii) Primary Health Care Services

More attention needs to be given to providing basic facilities at health centres and the requisite staff of nurses, doctors and pharmacists. Active consideration should be given to opening the health facilities until 8pm daily and on weekends. Both efforts would decrease the burden on secondary health care.

The introduction of a 'know your numbers' campaign in the primary health care system, where members of the public are encouraged to visit their local health centre to determine their blood pressure, blood sugar, weight and cholesterol for example by an appointment system should greatly assist the TRHA in determining the health status of the various communities.

Continued effort should be made to reduce the mortality rate. This can be addressed by adopting clinical protocols and standard operating procedures locally adapted to the local environment. These protocols should then be regularly reviewed by the performance of clinical audit to see if the standards are being maintained and need improving. The

Authority should begin with a system of making confidential inquiries into all deaths, through which important information can be garnered regarding the causes of death. This should be used to institute improved practices.

Urgent attention needs to be given to providing greater resources for primary care. Increase the number of health centres with the requisite complement of medical and paramedical professionals. At present only three percent (3%) of total expenditure is on primary health care.

Secondary Health Care Services

- The urgent need for a cardiology department and the purchase of an echo-cardiogram machine.
- The need to development a strategic plan for primary, secondary and possibly tertiary health;
- The need for the immediate approval of the nursing structure for the Institution;
- The need for the immediate filling of the vacant positions for Occupational Safety and Health Department; and
- The urgent need for the establishment of a policy regarding the placement of the elderly who have been abandoned at the hospital into senior citizen home.

(iv) Health Policy Assessment

The Authority should commence the effort at assessment of the health system and policy environment beginning with a process of data collection at its health and outreach centers.

Having devolved public health care to the RHAs, it is incumbent on the Ministry of Health to concentrate on policy development, planning, monitoring and evaluation, regulation, financing and research. Active attention must be given to this critical complement to tracking intervention coverage in all areas of health care for the people of Tobago.

(v) Financial Management

In the pursuit of Health Sector Reform, the Ministry of Health should also give consideration to the burgeoning overheads associated with the management structure of the

TRHA. The ratio of management cost to service delivery expenditure needs to be re-balanced.

The TRHA should carefully analyze the relationship between expenditure on human resources versus expenditure on capital development and goods and services. At present personnel expenditure is sixty-seven percent (67%) while expenditure on goods and services is thirty-three percent (33%).

Your Committee respectfully submits this Report for the consideration of the Parliament.

Sgd.
Dr. James Armstrong
Chairman

Sgd.
Dr. Victor Wheeler
Vice Chairman

Sgd.
Dr. Bhoendradatt Tewarie
Member

Sgd.
Dr. Tim Gopeesingh, MP
Member

Sgd.
Mr. Clifton De Coteau, MP
Member

Sgd.
Mr. Collin Partap, MP
Member

Sgd.
Mr. Kevin Ramnarine
Member

Sgd.
Dr. Lincoln Douglas, MP
Member

Sgd.
Mrs. Lyndira Oudit
Member

Sgd.
Ms. Alicia Hospedales, MP
Member

Sgd.
Mr. Fitzgerald Jeffrey, MP
Member

Sgd.
Dr. Lester Henry
Member

June 8, 2012

APPENDIX I

BUSINESS ENTITIES

List of Ministries, Statutory Authorities and State Enterprises that fall under the purview of this Committee:

1. **Local Government**
   - Trinidad and Tobago Solid Waste Management Company Limited
   - Community Improvement Services Limited
   - East Port of Spain Development Company Limited
   - Palo Seco Agricultural Enterprises Limited
   - Rural Development Company of Trinidad and Tobago

2. **National Security**
   - Defence Force Commissions Board
   - Defence Council
   - National Drug Council
   - Strategic Services Agency
   - Youth Training Centre Board of Management

3. **Office of the Prime Minister**
   - Sport and Culture Board of Management

4. **People and Social Development**
   - Social Welfare District Boards
   - Trinidad and Tobago Association in Aid of the Deaf
   - Trinidad and Tobago Blind Welfare Association

5. **Planning and the Economy**
   - Advisory Town Planning Panel
   - Caribbean Industrial Research Institute (CARIRI)
   - Chaguaramas Development Authority
   - Council for Innovation and Competitiveness
   - Economic Development Board
   - National Population Council

6. **Public Administration**
   - Telecommunications Authority of Trinidad and Tobago (TATT)
   - Government Human Resources Services Limited (GHRS)

7. **Public Utilities**
   - Regulated Industries Commission
   - Water and Sewerage Authority (WASA)
     - Water Resource Agency

- The Trinidad and Tobago Electricity Commission (TTEC)
- The Trinidad and Tobago Postal Corporation (TTPOST)
- Telecommunications Services of Trinidad and Tobago Limited (TSTT)

8. Science, Technology and Tertiary Education

- Accreditation Council of Trinidad and Tobago (ACTT)
- Board of Industrial Training
- College of Science, Technology and Applied Arts (COSTAATT)
- Eastern Caribbean Institute of Agriculture and Forestry (ECIAF)
- John S. Donaldson Technical Institute
- National Institute of Higher Education (Research, Science and Technology)
- National Training Agency
- San Fernando Technical Institute
- Teachers Training Colleges
- Trinidad and Tobago Hospitality and Tourism Institute
- University of the West Indies
    - Open Campus
- University of Trinidad and Tobago:
- Metal Industries Company Limited (MIC)
    - Government Vocational Centre
- National Information, Communication, Technology Limited (iGovTT)
- Youth Training and Employment Partnership Programme Limited (YTEPP)

9. Sport

- National Stadia Board of Management
- Regional Complexes
- Trinidad and Tobago Boxing Board of Control
- Sport Company of Trinidad and Tobago Limited

10. Tobago Development

- Tobago Regional Health Authority

11. Tourism

- Zoological Society of Trinidad and Tobago
- Tourism Development Company Limited

12. Trade and Industry

- Betting Levy Board
- Trinidad and Tobago Bureau of Standards
- Trinidad and Tobago Racing Authority
- Weights and Measures
- Evolving TecKnologies and Enterprise Development Company Limited (e-TecK)
- Export-Import Bank of Trinidad and Tobago Limited
- Trinidad and Tobago Free Zones Company Limited
- Business Development Company Limited
- Point Lisas Industrial Estate
- Trinidad and Tobago Entertainment Company Limited)TTent)

- Trinidad and Tobago Film Company
- Caribbean Leasing Company Limited (CLCL)
- National Flour Mills
- Premier Quality Services Limited (PQSL) subsidiary of TTBS

13. **Works and Infrastructure**

- National Infrastructure Development Company Limited (NIDCO)
- National Maintenance Training and Security Company Limited (MTS)

14. **Transport**

- Airports Authority of Trinidad and Tobago
- Air Transport Licensing Authority
- Pilotage Authority
- Port Authority of Trinidad and Tobago
- Public Transport Services Corporation
- Transport Board
- Trinidad and Tobago Civil Aviation Authority
- Caribbean Airlines Limited
- The Vehicle Maintenance Corporation of Trinidad and Tobago Limited
- National Helicopter Company Limited
- Point Lisas Port Development Corporation Limited (PLIPDECO)
- LIAT (1974) Limited

15. **Gender, Youth and Child Development**

- Adoption Board
- Children's Authority
- Interdisciplinary Child Development Centre
- Princess Elizabeth Home for Handicapped Children
- Trinidad and Tobago Association for Retarded Children

APPENDIX II

MINUTES OF PROCEEDINGS

MINUTES OF SIXTH MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO INQUIRE INTO AND REPORT ON GOVERNMENT MINISTRIES (GROUP 2), STATUTORY AUTHORITIES AND STATE ENTERPRISES FALLING UNDER THOSE MINISTRIES, HELD IN COMMITTEE ROOM 2, RED HOUSE, PORT OF SPAIN, ON WEDNESDAY, MARCH 16, 2011

PRESENT

Dr. James Armstrong	Chairman
Dr. Victor Wheeler	Vice-Chairman
Mr. Clifton De Coteau, MP	Member
Dr. Tim Gopeesingh, MP	Member
Ms. Alicia Hospedales, MP	Member
Mr. Fitzgerald Jeffrey, MP	Member
Mrs. Mary King	Member
Mr. Kevin Ramnarine	Member
Mrs. Nataki Atiba-Dilchan	Secretary
Ms. Candice Skerrette	Assistant Secretary
Ms. Candice Williams	Graduate Research Assistant

ABSENT

Mr. Collin Partap, MP	Member (Excused)
Dr. Lincoln Douglas, MP	Member (Excused)
Mrs. Lyndira Oudit	Member (Excused)
Dr. Lester Henry	Member

TOBAGO REGIONAL HEALTH AUTHORITY (TRHA)

Mr. Keith Charles	Chairman of the Board of Directors
Mr. George Bell	Chief Executive Officer
Mr. Patrick Godson-Phillips	Director Law
Mr. Alvin Pascall	Senior State Council
Dr. Anthony Parillion	Medical Chief of Staff (Ag)
Dr. Onochie Aghaegbuna	General Manager (Ag), Primary Care
Ms. Marilyn Procope-Beckles	Head, Primary Care Nursing
Mrs. Deborah Garraway	Communications Consultant
Mr. Paul Taylor	General Manager, Operations
Mr. Ashworth Learmont	Consultant, Corporate Services
Ms. Thora Wilson	Manager, Quality Department
Ms. Susan Ollivierre-Bhola	Manager(Ag.) Human Resource Department
Mrs. Dyllis Cooke-Fletcher	Senior Executive Secretary to the Board
Ms. Simone Reid	Executive Assistant to the CEO

INTRODUCTION

1.1 The Chairman called the meeting to order at 9:51 a.m. and welcomed those present.

1.2 The Chairman indicated that Mrs. Lyndira Oudit, Mr. Collin Partap and Dr. Lincoln Douglas asked to be excused from the meeting.

CONFIRMATION OF MINUTES

2.1 The Chairman informed Members that Mrs. Oudit had asked for the records to reflect that her non-attendance at the last meeting was as a result of non-receipt of the relevant notice and follow-up call.

2.2 The motion for the confirmation of the Minutes was moved by Mr. Fitzgerald Jeffrey and seconded by Mr. Kevin Ramnarine.

2.3 The Minutes were thereby confirmed.

MATTERS ARISING

3.1 The Chairman brought the following to the attention of the Members:

Pg 2 Paragraph 3.4 PSAEL was written to again. There was a delay in delivery of the correspondence. No response had been prepared as yet.

Pg 2 Paragraph 5.1(c)and (m) Responses were received and circulated in both hard and soft copy on Friday March 11 and Monday March 14, 2011.

3.2 After a short discussion, it was agreed that further details on the contractual obligations relative to the retaining wall would be sought from PSAEL, as well as a schedule for the necessary remedial works.

3.3 With regard to the documents received from iGovTT, Mrs. Oudit had submitted additional queries. It was agreed that the Company would be written for further clarification.

3.4 It was noted that the attendance record of Verbatim Notes of the last meeting, did not reflect Mr. Collin Partap and Dr. Lester Henry as excused. The relevant corrections would be made.

3.5 Consequent on what occurred at the last meeting, Members agreed that in the future, caution would be exercised with material that are received from other Committee members.

PRE-HEARING DISCUSSIONS

4.1 The Chairman drew the attention of Members to unsolicited submissions received from Dr. Mentor Melville and Mr. Victor Taylor, relative to the TRHA inquiry. The salient points in the correspondence were extracted.

4.2 The Committee thereafter agreed on its approach for the hearing.

OTHER BUSINESS

Written submissions
5.1 The Committee agreed that it would invite written submissions for future inquiries.

Draft First Report
5.2 The Chairman urged members to review the recommendations of the Draft First Report and to provide feedback to the Secretariat.

Next Inquiry
5.3 The Committee considered the inquiry proposal for the Office of Disaster Preparedness and Management (ODPM) and agreed to the objectives.

5.4 Members confirmed the next meeting to inquire into the administration and operation of the ODPM for Friday 8th April 2011 at 9:00 a.m. ***(in camera)*** and 10:00 a.m. ***(in public).***

[The meeting was suspended and Members of the Committee proceeded to the Chamber.]

HEARING WITH OFFICIALS OF TOBAGO REGIONAL HEALTH AUTHORITY (TRHA)

6.1 The Chairman welcomed officials of TRHA and apologized for the late start. Introductions on both sides were made.

6.2 The officials from the TRHA requested that the Committee disregard previous information submitted tabbed as Items 3 and 5A. A new document was submitted for circulation.

The following matters were discussed:

(a) ***Written Submissions***

The Chairman informed the officials from the TRHA that the Committee had received correspondence from Dr. Mentor Melville and Mr. Victor Taylor. The Officials indicated that they knew of the two persons and that the TRHA had been involved with Dr. Mentor Melville in a court matter.

(b) ***Reporting relationships***

Clarification was sought on the reporting relationship between the TRHA, THA, Ministry of Health and the Ministry of Tobago Development.

The Committee was informed that the TRHA is governed by the TRHA Act, the THA Act and the Constitution. The Board of Directors takes direction from its stakeholders who are represented in the THA, through the Division of Health. In accordance with the Regional Health Authority Act Chap. 29:05, the Board also takes general or specific directions from the Minister of Health.

It was noted that there are no sanctions if the RHA does not follow the directives of the Ministry of Health.

(c) ***Relationship with MOH- Coordination of Health Policies***

The Committee learned that the Ministry of Health gave direction to the THA and the Secretary for Health and Social Services with regard to the coordination of health policies.

Monthly meetings of Chairmen of the RHAs and the Minister of Health were held. As well, meetings on other levels such as Health Sector Quality Management and Human Resource Management took place monthly and quarterly.

The most recent collaboration with the Ministry of Health was on the H1N1 epidemic and strategic planning process held in December 2010.

(d) ***Appointment of TRHA Board***

Members were told that the Board was appointed by the President, consequent on the advice of the Secretary for Health and Social Services, the guidance of the Executive Council of the THA and the approval of Cabinet. The term of the present Board ends in March 2011.

(e) ***Relationship with Ministry of Tobago Development***

Although the TRHA was listed in the Gazette as the responsibility of the Ministry of Tobago Development, there was no legislation to provide for this. The RHA Act Chap. 29:05 recognizes only the Minister of Health.

(f) ***Employees***

The Committee was advised that there were 1,625 TRHA employee positions and this is inclusive of 623 vacancies. It was explained that these positions are inclusive of positions needed for the new Scarborough Hospital. Services to be offered at the Scarborough Hospital required a review of the human resource cadre and therefore since April 2010 there has been an attempt to increase present manpower requirements.

The Committee requested information on the number of personnel presently employed by the TRHA and the number of new personnel to be employed with the opening of the Scarborough Hospital.

(g) ***Constraints in delivery of Primary and Secondary Health Care Services***

The Officials drew the attention of Members to Item 6.1 of the circulated document which addressed the issue of constraints. Specific mention was made of the limited budget and the organizational culture which demanded that employees have an attitudinal shift.

It was also noted that admissions at the primary care level, for example A&E was high. The Committee was advised that many of the admissions were revisits. In terms of preventative care, the TRHA was addressing this through community education along with the support of Pan-American Health Organization (PAHO), World Health Organization (WHO) and corporate entities.

It was suggested that the TRHA could consider opening its health centres on weekends and increasing the provisions for pharmacy services in order to decrease the burden on secondary health care.

The Committee requested information on what percentage of total goods and services allocation was spent on primary health care.

(h) ***Voluntary Separation Employment Package (VSEP)***

It was indicated that 117 persons had accepted VSEP, of which most had re-applied to the RHA and been accepted. There were 29 workers who had opted for transfer from the Ministry of Health to the TRHA, 27 temporary public officers are awaiting options to exercise and 1 person remained as a public officer attached to the Port of Spain General Hospital.

The Officials were asked to provide in writing details on the number of persons who had re-applied.

It was pointed out that there were thirteen senior nurses awaiting approval to be transferred to the TRHA and as such, a dual track system of reporting existed.

(i) ***Recruiting challenges***

The shortage of both specialist and nursing staff was noted. The Officials indicated that several mechanisms to attract employees were in place, including accommodation, re-settlement and other allowances.

In cases where the board is unable to authorize professional incentives or a housing allowance, the range of the officer is increased in order to compensate. This increased range is not transferred to other RHA's.

It was noted further, that the aging nurse workforce added to the shortage. In this regard, the TRHA was engaged in the sponsoring of training in the specialties required and collaborating with College of Science, Technology and Applied Arts of Trinidad and Tobago (COSTAATT).

The Committee requested information on the number of persons who have received re-settlement grants.

(j) ***Patient Transfer Costs***

It was explained that the increase from $3.9 million in 2008/9 to $7.9 million in 2009/10 was due simply to the increased cost of helicopter transport.

Patient transfer was often necessary for ICU services which were unavailable in Tobago due to the lack of specialized cardiology staff, high cost of equipment and physical constraints of infrastructure. Efforts were being made to address some of these issues within the next three months.

Patients were transferred to private institutions only when there were no beds at the public facilities.

(k) ***Strategic Plan***

In response to a question on strategic initiatives, the Official highlighted several projects which included:

- Construction and commissioning of health centres in Roxborough, Moriah and Scarborough
- the creation of laundry facilities in Tobago
- decentralization of C40
- expanded Oncology and Dialysis services in Scarborough

(l) ***Policies and Procedures***

Officials advised that policies and procedures documents regarding recruitment, personnel etc., were effective from 2004.

It was explained that the RHA Act requires that positions within the TRHA that attracts a salary of above $150,000 per annum must be approved by the Executive Council.

The Committee requested information on the number of positions taken to the Executive Council that were not approved.

(m) ***New Organizational Structure***

In discussing the new organizational structure, the following points were made:

- the vacancies of Corporate Services Manager and the Corporate Communications Manager vacancy would be filled within 4-8 weeks. In the interim, consultant positions were approved by the Board in order to retain institutional knowledge of experienced personnel.

- the General Manager of Primary Care Services, the General Manager of Secondary Care and the Nursing Manager would report to the Chief Executive Officer (CEO).

- the Allied Health Care Services Manager would report to the Medical Chief of Staff (MCOS). The MCOS was an executive position, previously referred to as the Hospital Medical Director.

- these arrangements had not been discussed with the Public Services Association (PSA).

- the position of Purchasing Manager was not in the new organizational structure as it may not be necessary.

- the two positions of OSH Officer would be filled by the next week .

- there were thirteen (13) pharmacists and one (1) Pharmacist III attached to the Port of Spain General Hospital

The Committee requested information on the schedule for the recruitment of staff to fill the vacancies.

(n) ***Opening of the new Scarborough Hospital***

Officials clarified that although the date of June 2011 was given by the Minister of Health, this was solely in relation to construction. The process of commissioning equipment, conducting tests, installing furniture and fixtures, training to use the new systems, would take an aggregate of another 6 months.

(o) ***Mortality Statistics***

The Committee commented on the high mortality rate of 21 /1000 and advised that this matter seriously needed to be addressed by looking at best practices and initiatives for the improvement in primary care, for example, the use of confidential inquiries into the causes of death.

(p) ***Financial Statements***

In response to a question of the status of its financial statements, the Officials advised that 2007/2008 had been submitted for laying and those for 2008/2009 and 2009/2010 were being prepared.

(q) ***Other services***

It was also noted that the TRHA provided health promotions in primary health care centres and rapid HIV testing, worked with the Division of Health and Social Services in order to alleviate the problem of the abandonment of the elderly at health institutions and provided school health nurses at all centres.

6.3 Officials identified the following as major successes for the TRHA:

- continued management of 21 health care facilities, given the constraints of supplies, competent personnel and equipment;
- being the only RHA with its own Emergency Management System(EMS);
- a reduction in EMS response time from 31 minutes to 17 minutes;
- improvement in the Oncology and Dialysis services.

6.4 The Representatives of TRHA were thanked for their attendance and participation and were excused from the meeting.

6.5 The adjournment was taken at 1:01 p.m.

I certify that these Minutes are true and correct.

Sgd.

Chairman

Sgd.

Secretary

March 18, 2011

APPENDIX III

NOTES OF EVIDENCE

VERBATIM NOTES OF MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO REPORT ON MINISTRIES, STATUTORY AUTHORITIES AND STATE ENTERPRISES (GROUP 2) HELD IN COMMITTEE ROOM NO. 2 AND THE CHAMBER, RED HOUSE, PORT OF SPAIN, ON WEDNESDAY, MARCH 16, 2011 AT 9.50 A.M.

PRESENT

Dr. James Armstrong	Chairman
Dr. Victor Wheeler	Vice-Chairman
Mr. Clifton De Coteau	Member
Mr. Kevin Ramnarine	Member
Dr. Tim Gopeesingh	Member
Miss. Alicia Hospedales	Member
Mrs. Mary King	Member
Mr. Fitzgerald Jeffrey	Member

ABSENT

Mrs. Lyndira Oudit	Member (Excused)
Mr. Collin Partap	Member (Excused)
Dr. Lincoln Douglas	Member (Excused)
Dr. Lester Henry	Member

Mrs. Nataki Atiba-Dilchan	Secretary
Miss Candice Skerrette	Asst. Secretary
Miss Candice Williams	Graduate Research Asst.

Mr. Chairman: Good morning everyone. I would like to call this meeting to order. First, let me apologize for the late start, we had some pre-hearing discussions that we had to conclude, so I would like to apologize for the late start.

This is the meeting of the Joint Select Committee Enquiry into TRHA. As you are aware, this is a requirement under the Constitution, section 66, whereby our ministries and subsidiaries are required actually to submit reports to the President which would then be sent to the Parliament for hearings or in this particular case where the Parliament or the Committee feels that there should be enquiries into a particular entity. So, this is a hearing of the Joint Select Committee II, for enquiries into these entities.

Reports of these meetings would also be sent to the Parliament. So it is really an opportunity whereby we enquire into the performance of the particular entity, looking at any

sort of difficulties, constraints or even successes that you may wish to highlight, so that in due course, these reports would also go back to Parliament.

What I would like to start with is to have the members of the TRHA introduce themselves and then we would have the parliamentarians introduce themselves. So we can start.

Tobago Regional Health Authority
(Officials)

Mr. Keith Charles	Chairman of the Board of Directors
Mr. Patrick Godson-Phillips	Director Law.
Mr. George Bell	Chief Executive Officer.
Mr. Alvin Pascall	Senior State Council.
Mr. Paul Taylor	General Manager-Operations.
Dr. Anthony Parillion	Medical Chief of Staff (Ag).
Dr. Onochie Aghaegbuna	General Manager-Primary Care.
Ms. Marilyn Procope Beckles	Head-Primary Care Nursing.
Ms. Susan Ollivierre-Bhola	Manager Human Resource Department (Ag).
Mr. Ashworth Learmont	Consultant-Corporate Services.
Ms. Thora Wilson	Manager-Quality Department.
Mrs. Deborah Garraway	Communications Consultant.
Ms. Simone Reid	Executive Assistant to the CEO.
Mrs. Dyllis Cooke-Fletcher	Senior Executive Secretary to the Board of Directors.

Mr. Chairman: Okay thank you. Could we start with the parliamentarians?

[*Introductions of Members*]

Mr. Chairman: Okay and I am James Armstrong, I am the Chairman of this committee. I would also like to mention that we are expecting two additional members of the committee, Dr. Tim Goopeesingh who is a member and Mrs. Mary King, who is also a member. They have indicated that they are on their way but would be a bit late, so they would also be joining us in due course. What I think we can start with is to ask the—

Mr. Pascall: Sir, before we start, we just want to do a bit of housekeeping. The first issue of housekeeping we will want to do, Chairman, is among your papers, your bundle or the bundles supplied to the House, is an exposé of a document of the Regional Health Act, by somebody at the Ministry of Health. We will want to expunge that from that bundle because it

is not part of the submission of the TRHA.

Mr. Chairman: This is something that you sent to us?

Mr. Pascall: It could be something among your submissions, Chairman.

Mr. Chairman: In this document?

Mr. Godson-Phillips: Under item No. 5.

Mr. Pascall: Under item No. 5. We want to expunge that from the bundle.

Mr. Chairman: Five (a)?

Mr. Pascall: Five (a). We want the record to show that it has been expunged.

Mr. Chairman: Yes, Mr. De Coteau.

Mr. De Coteau: Is there any real reason why it should be expunged?

Mr. Pascall: We have made submissions to you and if we feel that it is not part of our bundle, I think we have that right to ask for it to be expunged. We were asked to make submissions, we have made submissions.

Mr. De Coteau: Yes, I saw it and I thought it was more or less complementary to help us to have a greater understanding of their position vis-a-vis the Ministry. I thought it was in that position why it was submitted.

Mr. Pascall: Chairman, you could make whatever you think of it. All we are asking is if we are submitting that it does not form part of our submission.

Mr. Chairman: Official submission.

Mr. Pascall: And it must be so recorded. Whatever the bench thinks of it or the panel thinks of, it is for your decision, Mr. Chairman.

Mr. Chairman: My recommendation would be that since what we are really looking at is a submission that was made by the TRHA—if you are now saying well it should not form an official part of the documentation that you submitted, that we take note of that, and agree to that. However, you would appreciate that since it had been submitted, that Members are aware of the contents.

Mr. Pascall: I appreciate that really. What is inside there is national knowledge, but we are saying that officially it must be expunged.

Mr. Chairman: Okay, that has been noted and agreed.

Mr. Bell: Mr. Chairman, I regret having to cut you. There is one more item that we are going to ask you to review under item 3 of the package, and this has to do with the details of the organizational structure. There is quite a bundle of organizational charts.

Mr. Chairman: Yes we notice that.

Mr. Bell: And if you would have gone through it you would have noticed that some things just do not add up. And that is because there was an IT glitch when this was being

printed. That has come to our attention and we have done it over. And we have brought the corrected documents for the bench this morning and we are asking that it be replaced by the bundle of organization charts that we have. We are kindly asking you to take note of that, Sir.

Mr. Chairman: Okay CEO. We have noted that, but you would appreciate that what you have actually submitted this morning, we would not have had an opportunity to look at it. So I think that what we would have to go with is those actually submitted and as we proceed, you can perhaps indicate to us where there are differences or discrepancies between your new submission and what we actually have in front of us. Would that be okay?

Mr. Bell: Absolutely, and we appreciate that, but just that it is recorded that we have submitted a revised version of that bundle of document, please.

Mr. Chairman: All right, Members, is that understood and agreed? Okay! So, I would also like to indicate that for the records, to read into the records that we have received two unsolicited submissions to the committee, queries that members of the public felt that we should also look into. And one is from a Mr. Taylor of Plymouth in Tobago. A Mr. Vincent Taylor, 37 George Street, Plymouth, Tobago, and he has raised a number of issues. And I am sure that he is known to the TRHA and to the THA because it seems as if he had been writing a number of letters since—my recollection is like 2005—okay, so we would like to make note of that and to perhaps, address one or two of the issues that we feel would be more appropriate from what he has submitted. The other is from—

Mr. Pascall: Before you move on. Would it be appropriate that in due course we get sight of—

Mr. Chairman: Certainly. I think that is appropriate. Yes, I think that would be appropriate.

10.35 a.m.

Mr. Chairman: The second is from Dr. Mentor Melville. He has also made a submission to the Committee, and there is one or two general issues that we would like to also bring to your attention.

Mr. Pascall SC: Chair, we have not had sight of that document, so that we may be a bit hamstrung to respond. What I want to say is that I want this august House to be very careful when dealing with personality issues, because that Mentor Melville issue was the subject of a court matter. I do not know if by delving into it here, we may want to feel that somebody is going on trial or somebody is asking us for evidence that should be the subject of a court matter really. So, it is something you may want to consider. We were prepared to respond to individual questions, but if you are taking us into a direction where you are going into an enquiry into that matter, we may want to consider it a little bit more careful.

Mr. Chairman: Okay, we would be mindful of that. I think that there are some general issues that he raised—

Mr. Pascall SC: We will deal with them Chairman.

Mr. Chairman: —that the Committee certainly will be interesting in looking into and, of course, there are some others, what I would call personal or personality issues, that were also raised and we would see how we deal with those as well.

Mr. Pascall SC: We must just be on notice that we must be careful as we tread on with that issue.

Mr. Chairman: Okay, noted. So what I would like to start with is to really try to ascertain—I think this really would address the question raised by Mr. Taylor of Plymouth, which is an issue that some Members have been trying to come to grips with, and this has to do with the administrative and organizational arrangements with respect to TRHA; the relationship of the TRHA to the THA, given the fact that it is a general understanding that health falls under the THA Act No. 40, I believe of 1996, if my memory serves me correctly. So, if some consideration and explanation could be given to that, and the fact that since the TRHA or the Regional Health Authorities actually fall under the Ministry of Health, how does that work? What is the role or the relationship to the newly or recently established Ministry of Tobago Development? There is quagmire here and we need to get your understanding of how you function under what authority and legislative statutory requirement and so on. Could you explain to us what your understanding of that is and how it works?

Mr. Pascall SC: Mr. Chairman, let us operate from the base premise that the TRHA is a creature of statue. It is a creature of this House of Parliament. So, the power that would have been given to it would have been those powers given to it in that statute. The governance of it would have been those set out in the statue, to go outside or to go anywhere else, you are talking in terms of ultra vires and so on. A body created by Parliament must perform its functions and its role within the ambits of the statute which created it.

The Regional Health Authority was created by statute, so the legal and regulatory framework in which it operates on within is the Constitution, the TRHA Act, the Tobago House of Assembly Act and there would be a number of other subsidiary pieces of documentation like HR manuals and those things which will form the regulatory framework.

Now, the TRHA is an entity which is governed by a board of directors. If you look at the TRHA Act you will see that at section 4(2) it says:

"Each Authority shall be managed by a Board of Directors."

That is Parliament telling us that. So you start off there that Parliament is saying that the management of the regional health is the function of a board. Every board has shareholders.

Shareholders are the people of Trinidad and Tobago or those that are resident in Trinidad and resident in Tobago. When one looks at the Act of the Regional Health Authority, one would see that the shareholder in Tobago is represented by the Tobago House of Assembly. That is at section 5 of the TRHA Act.

At section 5 it says.

"Subject to subsection (2), a Board shall exercise its powers and functions in accordance with such specific or general directions as may be given by the Minister."

This is subject to subsection (2), and I am going to tell you what subsection (2) is. It says:

"In the exercise of its powers and function, the Board of the Tobago Regional Health Authority is subject to the provision of the Tobago House of Assembly Act."

This means that the supervisory person over the TRHA in Tobago is the Tobago House of Assembly.

When one looks at subsection 5(1) it says:

"…shall exercise its powers and function in accordance with specific or general directions as may be given by the Minister."

That is a very important section in this legislation. What is the effect of it, we are not sure. My submission right now is it really has little legal effect, but it is a very important section. What you have is a ministry and satellite bodies two islands, and an island Government. There may come a time when there is disaster and they have to be central coordination, and that is why these sections are here.

Cross on Local Government Law & Practice tells you those sections are to be utilized as a last resort, but that section is there for a purpose, a form of coordination. The textbook on these kinds of Laws, Cross described this as "central control". The chapter he deals with this under is called "central control" and this is right. This is the central Government controlling its satellites and it is only to be done in times of disaster or when actually necessary.

The bad thing about this legislation called the Regional Health Authority Act is it did not put any penal sanction in this, because one could ask the question—I am not talking here of Tobago, but I am talking generally for the time being—if a Regional Health Authority refuses to allow the directions of the Minister of Health, what would be the sanction? There is no sanction in this Act.

If persons look at the Local Government Act; the Municipal Corporation Act, Chap. 21 of 1990, one would see at section 269 how the draftsman dealt with this. This is a very good section, because you have a Ministry of Local Government with satellite bodies. Section 269 of the Municipal Corporation Act, Chap. 21 of 1990 states:

"The Minister may give general or specify directions to any council in relation to

> Government policy touching or concerning any matter, and it shall be the duty of the council to govern its actions in accordance..."
>
> Subsection (2) says:
>
> "Where a council wilfully neglects or refuses to carry out its responsibility in relation to a particular matter, the President may by order transfer responsibility from that matter to the Minister."

So you see, there is a penal sanction that goes with these things. Even from the Regional Health Authority in Trinidad, we are not too sure if the Minister has supervisory power over them all.

Mr. Chairman: For the record, Mr. Pascall, which Minister are you referring to?

Mr. Pascall SC: Whenever you talk about "the Minister" in this Act, you are talking about the Minister of Health. It is well set out in the statute who is the Minister.

Mr. Chairman: Let me just ask you one other thing. From reading through the documentation submitted by Mr. Taylor on his behalf, he also suggested that, perhaps, a health committee could have been established under the Tobago House of Assembly Act. How would you respond to that?

Mr. Pascall SC: Well, you do not need to do it, because the TRHA is that entity under the THA.

Mr. Chairman: But, instead of the TRHA.

Mr. Pascall SC: We have a Division of Health under the Tobago House of Assembly. There is a Division of Health under the THA.

Dr. Gopeesingh: That is the Secretary of Health.

Mr. Pascall SC: Yes.

Dr. Gopeesingh: Can I ask Mr. Pascall—good morning members of the TRHA and welcome. Sorry, I was a few minutes late, because I was opening a National School Track and Field where Tobago was represented and Tobago came first in the march pass, and we have a large participation from Tobago.

I passed through the Regional Health Authorities for three and a half years, and had to manage two Regional Health Authorities; North West Regional Health Authority, which was subsequently the Central Regional Health Authority, and both were merged together. It is an onerous responsibility. You take specific directions from the Minister of Health and, therefore, you operate under the conduct of the Minister of Health.

Now that you have the Tobago House of Assembly as the intermediate body, what is the relationship with the Ministry of Health and the Tobago House of Assembly? I can see the TRHA working with the Tobago House of Assembly, because the Tobago House of Assembly

has to give you funds which are under the direct control of the THA.

In terms of the policies, health policies, and the direction that health should take and Tobago being a constituent of the Republic of Trinidad and Tobago, when the Minister sets down health policies and programmes, how does the Tobago House of Assembly or the Secretary of Health for Tobago deals with the Ministry of Health's directive in terms of policy, planning and direction? How do they relate that to you? Who do you report to directly? Do you report to the TRHA or do you have any area where you can report to the Ministry of Health?

I am going to tell you want happens in education. I went across to the Tobago and got the support of Mrs. Claudia Broomes-Duke, who is the Secretary of Education for Tobago in the THA. I think we have a good working relationship as the Minister of Education with the Tobago House of Assembly in terms of education where we set down policies and programmes, and we allow the Secretary of Education to conduct their work in education. I am just asking whether there is a parallel or analogous situation in health.

Mr. Pascall SC: I would read a statement that would answer your question. The board remains responsible for the management of the entities. In the case of the TRHA whose board is overlooked by the THA, and because of the working partnership with the common purpose, the Minister of Health may give general or specific direction to the Regional Health Authority and without hesitation once—and the interest of the country as a whole, the Executive Council of the THA will comply and by extension the board of the TRHA.

Dr. Gopeesingh: Thank you very much for that elucidation. Is it occurring now? Can you all say with some degree of confidence that the THA is working in concordance with the general and specific directions of the Ministry of Health or the Minister of Health?

Mr. Charles: Clearly this happens currently. In fact, I can say that the Secretary of Health is constantly collaborating and partnering with the Minister of Health. Additionally, the Minister of Health conducts monthly meetings that include all the chairmen of all the Regional Health Authorities so as to ensure that the policies, as designed, get its way in Tobago.

Dr. Gopeesingh: So the people of Tobago can feel comforted by the fact that all the relevant authorities are working well together for the benefit of the people.

Mr. Charles: Correct. Moreover, this is drilled down throughout the organization where the CEO is here in Trinidad meeting at his level and where other general managers are meeting at other levels. The CEO could probably add to the list as to the various sub-committees, et cetera that we are participating with.

Mr. Bell: If I may, Dr. Gopeesingh, you were in the system, and I think it may have been the same thing when you were there. I am not quite sure if it has changed much at all. We

have the health sector quality committee that meets every quarter and you would have been part of establishing that and so on. That is a forum where all the CEOs and the quality managers and so on meet every month, and there is where mostly policies on health are debated, fine tuned and is put out for promulgation and so forth.

In addition, you have all the HR managers meeting on a monthly or quarterly basis as well either strictly for HR issues, but you also have a subset of that, the Pensions Committee of the RHAs with the Ministry as well. So there is a lot of drill down taking place as well. The issues though are more of collaboration more than anything else, and that is working well.

Dr. Gopeesingh: With your new board, you are reflecting this collaborative function with the relevant authority.

Mr. Charles: Correct. In fact, the latest example, the most recent example of that collaboration was the experience in Trinidad and Tobago with the H1N1 issue where there was that continuous relationship.

Mr. Bell: I might add that in the context of strategic direction and strategic intent for the Ministry, we were part of that whole planning process from December 09—11th where the Tobago contingent was almost about 11 persons, and they are part of that planning process for health for the next five years. So it does work.

Mr. Chairman: Are there any more issues pertaining to this subject of the relationship?

Dr. Gopeesingh: I think we are comforted by what we have heard.

Mr. Chairman: So, we can move on.

Miss Hospedales: Thank you, Mr. Chairman. I would like to ask, could you tell us who appoints the TRHA's board and to whom does the board answer or report to?

Mr. Charles: The board is appointed by the Secretary of Health I imagine, on the instructions or the guidance of the Executive Council of the Tobago House of Assembly.

Mr. Pascall SC: The second part of the question is, it is well established in law and in practice as was just set out here, that there is a working partnership with both the Ministry and the THA in charge of the TRHA. The TRHA is supervised by the Tobago House of Assembly. That is agreed between the parties.

Miss Hospedales: So, you are saying that you all report directly—

Mr. Pascall SC: The TRHA reports directly to the Tobago House of Assembly, Division of Health and Social Services which is headed by a political secretary and an administrative administrator.

Dr. Wheeler: Mr. Chairman, through you, what is the relationship with the Ministry for Tobago Development and the Minister for Tobago Development?

Mr. Pascall SC: The Ministry of Tobago Affairs, we know that the learned Prime

Minister in her *Gazettes* handed out certain functions to Ministers and Ministries, and there may be a little problem inside there, because somebody had said that the Tobago Ministry might be responsible for the TRHA, but that is not law. The statute which governs us says who is the Minister responsible for Health. So by the learned Prime Minister giving a portfolio to a Minister where that portfolio sits in statute is a no, no, for the time being.

Dr. Wheeler: Further, what is the procedure for the Secretary for Health appointing the Board of Directors of TRHA? You said that the Secretary of Health appoints the Board of Directors of the TRHA. What is the procedure? How do they get their instruments?

Mr. Pascall SC: I do not think we should delve in that question or involve in.

Dr. Wheeler: Would you be able to provide that information in writing if you are not able to do that today?

Mr. Pascall SC: If it is so necessary, yes. That question, what you are asking of us is, we do not sit in Executive Council, we are not in control of the—

Dr. Wheeler: No, the members are selected. What is the procedure for those members getting their instruments of appointment?

Mr. Godson-Phillips: Dr. Wheeler, the normal circumstances would be that the Executive Council or the Secretary for Health would submit the names to the Executive Council. Eventually, there is a Cabinet-appointed committee which deals with board appointments. When that happens, the final thing is that the President gives you the instrument.

Dr. Wheeler: So, just for clarity, the Executive Council will submit the names to Cabinet that is the Cabinet of the Government of Trinidad and Tobago.

Mr. Godson-Phillips: The Cabinet-appointed committee deals with board appointments.

Mr. Chairman: Thank you for that response.

Dr. Gopeesingh: Colleagues, if you look at the number of personnel you have within the TRHA—1,625 is what you have submitted to us. In addition, there are 623 vacancies, so that means that if you are to get your full complement you would have about 2,200-plus employees of the TRHA. This is item 3 on the information you provided to the joint select committee of Parliament.

How do you compare that 2,200 looking after a population of about 60,000 in comparison or in contrast to the RHAs in Trinidad looking after possibly 300,000 with almost the same complement of workers? Do you think that you are heavily overstaffed and there is need for restructuring of your organization in terms of the human research component? Is this one of the considerations that the board should look at? You have 2,200-plus health care

workers looking after 60,000 people whereas in Trinidad it may be close to about 2,500 to 3,000 maximum, looking after 300,000 persons.

In Trinidad, there is the movement across regions not necessarily those from the central region, who will stay within the central region or they may go to the south region. So, therefore, some regions may have about 600,000 people to look after with the same complement. I am asking you this to give you some thinking on whether there is need for re-directioning of your human resource capacity—whether it is overstaffed—and, perhaps, you may consider looking at it in terms of what exists at the moment. Can we hear some comments on that?

Mr. Chairman: Dr. Gopeesingh, could I get some clarification as to exactly where you are looking at? According to my records, I saw 1,625 positions and of that 623 vacant.

Dr. Gopeesingh: Well, the number of positions is 1,625. Is the 623 vacancies part of the 1,625?

Mr. Chairman: Yes.

Dr. Gopeesingh: So your complement is 1,625.

Mr. Bell: Well that is the projected complement, and that takes into consideration the new hospital and the services that we expect to offer in the new hospital, some of which we do not now have. Actually, at this stage, the complement is just above 1,029. We must also take into consideration that while you have 1.3 million people here, for example, you have I think it is about 78 or 79 health centres, so they now go to the district as well.

Dr. Gopeesingh: We have 105 altogether. I see you have 18 in Tobago.

Mr. Bell: We have just about 21.

Dr. Gopeesingh: Subtract 21 from 105 and it is about 84.

Mr. Bell: When you work the math backward, you would realize that a lot of this may have come out of history and geography and so forth, but the ratio actually in Tobago is 1 to 2,700 or so, whereas in Trinidad it is about 1 to 17,000 or something like that. Now, the issue is that, in any event, you have to staff these facilities. Granted that we only have three of the enhanced centres at this point in time, the latest being the new Scarborough Health Centre which is a work of art—you should really see it—the hospital must operate 24 hours, so you are going to have that complement of staff.

Dr. Gopeesingh: I just ask you that question for you to consider a rationalization of the human resource aspect which any organization must look at from time to time. I see you have your human resource manager here with you. So, it is probably something you need to look at. How do you intend to fill the 600-plus positions which are not filled at the moment?

Mr. Bell: Again, in terms of prioritization, particularly for commissioning the new Scarborough Hospital that would be on the basis of the particular needs that must be dealt with

at this point in time. Of course, there will always be the issue of funding and so forth, but that is what is expected to be done. We have already started that exercise.

Dr. Gopeesingh: At the moment, what is your budget allocation? How much do you spend in terms of payment of salaries and wages for your 1,000-plus workers?

Mr. Bell: Mr. Learmont is going to be able to give you the figure, but I dare say it is not inconsistent with the other regions. It is operating just about 60, 66 or 67 per cent of the overall cost.

Dr. Gopeesingh: What is your overall cost that you get for the TRHA?

Mr. Bell: Last year, the spending was approximately $260 million. Sorry, $160 million, my error.

Dr. Gopeesingh: That includes capital expenditure—

Mr. Bell: Capital expenditure which is development, recurrent expenditure and personal costs.

Dr. Gopeesingh: And the capital expenditure, of course, does not include the Scarborough Hospital and the health centres.

Mr. Bell: It does not include the hospital, but for this year part of the new Scarborough Health Centre, we funded part of that.

11.05 a.m.

Dr. Gopeesingh: Mr. Chairman, I have two more questions but it would be unfair for me to ask these questions.

Mr. Chairman: Yes. I wanted to get some clarification on something and before we proceed can I also acknowledge that Minister Mary King has joined us now.

Mrs. King: I do apologize for my lateness.

Mr. Chairman: We indicated that you were actually going to be a bit late. I just wanted to get some further clarification on something that you said Mr. Bell. Are we to understand that of the 1,625 persons or positions, that also includes consideration of the new hospital because the impression that I had and it is a question that I wanted to raise, was that in fact this was your complement for the existing facility and that therefore, once you open the new facility, you would in fact need more than 1,625 and the question was why such a large vacancy? And is it that you were not able to attract persons to Tobago? What is the reason why you could not fill so many positions? But what I am now hearing, you are saying, is that the complement might be indeed be less than the 1,625, and that you are actually anticipating additional persons that you might need—could you clarify that?

Mr. Bell: I think that is the point that the hon. Dr. Tim Gopeesingh was raising. The thing is commissioning and sometimes in a lifetime a hospital is not commissioned, certainly not

of this magnitude. The last time one was done, was Mount Hope and that was close to about 25/27 years ago, so some of us do not see this in a lifetime. The magnitude of that and the services that you are required to offer to give the health care that is necessary, and that is sometimes mandated through the directorate, requires you to review your human resource capital. On that basis, you cannot wait until the hospital is ready, so you actually have to start before and which is why I was about to make the point that this already started in April of last year. So we have started to load up on those numbers in some of those areas and it is not only in terms of the manpower requirements but also in some areas, equipment and so forth, that is necessary now to start people being acclimatized to those functions, et cetera.

We have even on the ground apart from the medical part of it, people that come through the operations department that pretty soon is going to be housed at that new facility, long before the facility is open and that would be like security, building management services people and so forth, ICT people, et cetera, to cope with the new design of the hospital and so on. I do not know if that answers the question.

Mr. Chairman: Well given that response, could you indicate to the Committee, what the complement of staff would have been with respect to the existing facility and of your 1,625 how many of those would be actually new positions from the explanation that you are giving? I am not sure they are actually established positions on your manning table or whether your manning table is far less and in anticipation of the new facility that you have listed in the documentation that you have given to us, your future requirements. If that is the case, could you then break that down so that we would have an idea of what your existing requirements are and what your additional requirements are because I was not able to see that distinction.

Mr. Bell: Yes. Chairman, insofar as that is concern and then again I am saying that I will also have to pull out those persons that we have already put into the establishment in view of the new hospital commissioning taking place.

Mr. Chairman: So you have actually started taking out people already?

Mr. Bell: We have and because if we did not have to do that given the physical infrastructure that we have there and what was required to deliver on services, it would have been just approximately 900 people and I do not know if that further clarifies for Dr. Gopeesingh, some of the concerns that we have raised.

Mr. De Coteau: I am glad that this has been clarified because as you—I mean I am going on what was presented to me and if it was not clarified by saying projected complement, I would have said that as stated by Dr. Gopeesingh and you Mr. Chairman, that there are 1,625 persons on the establishment and of this amount 623 positions are vacant. This is what I would have gotten without your clarification and then I would have had the follow up question: "What

accounts for such a high vacancy rate?" So what I am saying is that this would be a historical document and someone doing some research would say at that point in time this was what was reflected and it is not really a true reflection of what exists at the moment.

Further to that, we would have been developing as to how the institution can function effectively and deliver proper health care with so many vacancies. I am going with what is before me, I am not as fortunate as my learned colleague Dr. Gopeesingh who would have had that experience so he could have seen this and how this situation would affect the preparations for the new hospital whereby additional specialist and support staff might be required. So clearly, based on this document that was submitted to us and the questions that were prepared without your elucidation now; I mean we would have gotten a different picture. So, Chairman, I am glad that you all were able to illicit the correct information so I do not know how could this be corrected just for future records?

Mr. Chairman: I would suggest Mr. Bell that perhaps you give us a subsequent submission that would perhaps clarify this because the impression that we have here, from what you have explained and what we have read, is a lack of consistency, really so.

Dr. Gopeesingh: You will see there would be a number of personnel within the existing Scarborough Hospital at the moment and with the newly configured and constructed one, you may need to add a few more; a significantly more. Perhaps you can demonstrate in your figures, what your existing complement is for the Scarborough Hospital and what the proposed complement is going to be, according to your planning?

Mr. Bell: Thank you very much Members and Chairman for raising that point with us and we will clarify that in a subsequent document to the Committee.

Ms. Hospedales: Through you, Mr. Chairman, I would just like to ask members of the committee: what are some of the constraints that you all currently experience with respect to the delivery of primary and secondary health care and what measures are utilized to reduce those constraints?

Mr. Bell: Item 6 in the documentation. It is there under hospital services and we would talk about it in the context of financial and, of course, the question of the budget to meet the required services that are mandated of the organization and that mandate is cascaded through the THA, through the Division of Health and Social Services, and would effectively represent what an annual service agreement would require us to deliver. And also in respect of the national health policies that emanate through the Ministry, the functions that we are required to do, so that and, of course, as we manage the financial resources and you will hear some more of this a little later through Mr. Learmonth, the question of competing interest for that spend and not only in terms of it being spent at all but when it would be spent, and so

forth.

Organizational culture, as you would probably know or not know, last year there was the final part of this VSEP programme between the RHAs and the Ministry of Health and the RHAs on, of course, the Tobago House of Assembly, through the Division of Health and Social Services. So that only last year we were available to activate that part of it and you have, and I am quite sure that Dr. Gopeesingh would be very familiar with the culture that you have coming through the public service as against the culture that you would have established through the RHAs from a different perspective of management all together and what you have to do to manage that and that is going to take some time, that is certainly not going to clear itself in a short period.

Dr. Gopeesingh: I stick a pin here. On that issue of the transfer of personnel from the public service to the Regional Health Authorities was a big bugbear in Trinidad for a number of years and most people were afraid of what was going to happen with their pensions and their gratuities and that was one of the main obstacles to the transfer of public officials to the RHA. And following up what Member of Parliament, Ms. Hospedales is asking, how many of the public service workers have transferred to the RHA and how many are left to be transferred?

Mr. Bell: We have a breakdown of that; I could probably ask the Human Resource Manager.

Dr. Gopeesingh: Approximately?

Ms. Ollivierre-Bhola: Twenty-nine persons would have opted to transfer to the RHA and, of course, we have one person who is a permanent public officer who is attached to the Port of Spain General Hospital. Her issue is still awaiting finalization and we have another twenty-seven temporary public officers who are awaiting appointment in the public service and then they would be offered options to exercise.

Dr. Gopeesingh: So most of your workers are now under the TRHA?

Ms. Ollivierre-Bhola: Correct.

Mr. Bell: And I must say Doctor that that did not take into account those who accepted VSEP. I think they were about 117 or so.

Ms. Ollivierre-Bhola: 117.

Mr. Bell: That accepted VSEP, but only, I think it was 90 who applied to come to work with the TRHA and of those, in the process of interviewing and so forth and background checks, I think there was only one or two persons who were not accepted by the RHA.

Dr. Gopeesingh: So, approximately 117 took VSEP and 90 of those 117 have reapplied for positions within the TRHA. But how much did that VSEP package cost you?

Mr. Bell: No, it did not cost us, that was with the Division of Health and Social

Services and I am not quite sure how that was funded, whether it was directly through the Ministry of Finance or what. So we are not going to be in a position to respond to that one, Dr. Gopeesingh.

Mr. Pascall, SC: Mr. Chairman, I have a personnel sitting in the gallery who may be able to give you that response, will you accept that?

Dr. Gopeesingh: That is all right, you can always submit that.

Dr. Gopeesingh: Are you finished answering that constraints—

Mr. Bell: Can I just clarify a follow up question on that VSEP.

Mr. Chairman: Ms. Hospedales, you were not quite satisfied with the response?

Ms. Hospedales: Mr. Chairman, he was not finished, so, yes.

Mr. Bell: So we talked about the organizational culture, the physical plant, which we all know and those of us who have been there recognized that that building is older than all of us and the constraints of that. That building now does not have one square inch that you could put anything additionally on the building and that in itself, lends to issues of maintenance, issues of storage, issues of security, the way that the facility is constructed, you could get into that facility from almost any angle, so security is a big issue. So that moving into the new hospital hopefully will solve that.

11.20 a.m.

Mr. Bell: We still have some specialty medical services that we do not have, and they are listed here: cardiology, neurosurgery and vascular surgery. The intensive care unit, which is essentially a CCU unit that we are trying to put together, hopefully within the next couple of months, should be ready. I think it is a two-bed unit that we are looking to put in place, almost as Sangre Grande—ear, nose and throat and orthopaedics—staffing at all levels. Then you would have gone through the documentation and you would have seen where the variances are, in terms of the budgeted or projected amounts of all levels of medical practitioners and what the current levels are.

Going back to your question, Dr. Gopeesingh, in respect of attracting, Tobago is a beautiful island, and a lot of people come there, but for fun and so forth. Tobago has been growing in terms of its economy and tourism. There is a little issue with that now, but to attract people to Tobago, especially when the first issue has to be the issue of accommodation, the cost of meals, and if that is accepted what has been touted on the ground, then that always becomes an issue; it always does. So what the organization has done, to be able to attract and retain, we do have a remuneration structure that is a little different to Trinidad. Whilst we are guided by that, there is a basic that we follow, but it is different. There is actually what is called a Tobago incentive that applies to a number of the professional areas in the organization that

represents almost 25 per cent on a basic salary, plus you do have other allowances that will help to mitigate those issues.

Dr. Gopeesingh: I know it is difficult to recruit from Trinidad, but have you tried recruiting internationally with best practice for competent people?

Mr. Bell: We have done and we do have people from international—a number of our medical officers, for example, are international doctors.

Dr. Gopeesingh: So, you will be critical with the new hospital when you want to offer all the services, which includes orthopaedics, neurosurgery and cardiovascular services?

Mr. Bell: Yes.

Dr. Gopeesingh: You will need competent people there, and therefore, with the reluctance of Trinidadians to go across to Tobago for any length of time, you may need to advertise internationally.

Mr. Bell: Yes.

Dr. Gopeesingh: How do you deal with the shortage of nurses, because we have an acute shortage of nurses in Trinidad as well? In fact the last figure given by the last Minister of Health, Mr. Narace, was we are short of about 1,500 nurses in Trinidad. And, although they are training a significant amount per year, there is mass exodus? How are you dealing with your shortage of nurses?

Mr. Bell: You have a number of things that account for the exodus. The exodus sometimes is not a voluntary exodus by people electing to leave the country, as we had 10—15 years ago at one particular point in time.

We also have the issue of the aging workforce, so that some of the critical nurses have reached retirement age and are moving on and so you have that. We have been able to retain some of those by contracts; of course, up to the limit that we could take that.

We were doing an exercise quite recently with the Health Sector Quality Council, and at this point in time there is actually in question, that issue of the amount of nurses that the country requires. As you know, the turnover, through the Nursing Council, quite an amount of young nurses every year. The issue that we have is not necessarily always that the issue of the numbers, but of the quality and the specialties that they require to satisfy the organization's requirements. But we do have some shortages and we are looking at that. We have training. We have sent people. We have sponsored people for nursing training. As it stands now, COSTAATT in Tobago is also offering the basic nursing programme as well, like what is being offered down here. There are a number of areas that we are looking at.

I know that the Ministry has been looking at, apart from the recent influx that was taken through Cuba and, of course, the Filipinos, they are looking at some other areas as well

within the Caribbean and we have been doing that ourselves earn.

Dr. Gopeesingh: I think Caricom would not be happy with us trying to poach on their nurses.

Mr. Bell: They would not be happy. Nobody is ever happy.

Dr. Gopeesingh: I think you could possibly speak about your needs assessment, in terms of THA and relate that with the Ministry of Health, in terms of their training and see whether you can get many more people from Tobago within the programme being trained, so that you can keep them in Tobago.

Mr. Chairman: Just one point of clarification, and then I will have Ms. Hospedales and then Dr. Wheeler. Mr. Bell, were you suggesting, for the records, that to run a comparable service or facility in Tobago is going to cost—

Mr. Bell: More.

Mr. Chairman: maybe 15—20 per cent more than to run one in Trinidad? Is that the point?

Mr. Bell: It always will, Mr. Chairman. If you look—because the question was raised by the committee, in respect of patient transfer—at that alone, you would recognize the massive cost that is attracted by patient transfer.

Mr. Chairman: I want to get to that a little later on.

Mr. Bell: And that in itself tells a story. In Trinidad, if there is a patient to be transferred from Sangre Grande to Port of Spain—ambulances, Sangre Grande to San, Fernando ambulances—in our case, particularly where it is an ICU, and most of the time that is what the case is, and that patient has to be moved immediately for life-saving issues, it is the cost of a helicopter.

Mr. Chairman: Since you are not—actually I notice that it jumped from of $3.9 million 2008/2009 to something like I think it was $6.9 million, 2009/2010.

Mr. Bell: As against $2.9 million.

Mr. Chairman: What was the reason for that significant jump?

Mr. Bell: The increase in the hourly rate for the helicopters; very, very simply put.

Mr. Chairman: The increase in the—

Mr. Bell: hourly rate charged by the helicopter services.

Mr. Chairman: Okay, thanks. Miss Hospedales.

Miss Hospedales: Through you, Mr. Chairman, I would like to ask: Do you all have a strategic plan that will determine whether or not the improved primary care and hospital care will be improved over time and does the plan also include how you will address the constrains? That is one question. The other one is, in the document you stated that intensive care services,

CT scan imaging services and other medical subspecialties are not offered at the Scarborough Regional Hospital. Could you all tell us why and do you all propose to have those services available in the future?

Mr. Bell: I would you like to take the latter one first, if you do not mind. Insofar as the ICU services are concerned, that had to do with specialty medical practitioner availability, cardiology, for example, being one of that; a major one. With respect to equipment as well, that is a massive cost in equipment, and literally trying to find room, physical room, in the infrastructure that is there now. We have found physical room by displacing what was another arm of the service of the TRHA. So the physical room is there now.

It is expected that the equipment should be with the organization shortly, certainly within the next two to three months. We have been able to cement, if I may call it that, a working relationship with a cardiologist, one of the better ones in the country, but, of course, he is not able to come and do this thing as often and as necessary as we would want, until we get equipment in. And yes, what we are doing is primarily preparing ourselves. And we have gone about training nurses as well. We have about five trained nurses. We have some that are being trained at this point in time, in ICU, and they are going to be out in the system in a while and we hope to attract others to be able to fill that complement. So, there are a number of issues that have given rise to this situation.

Insofar as the—I do not know if I have adequately answered that second part of the question—strategic plan of the organization is concerned, the answer is: yes, but in a particular way. I dare say that with the regions—and I am not quite sure when last one was done—there is supposed to have been this annual service agreement that would form the basis of a strategy. That is being looked at now. I think the Minister just implemented those with the RHAs here in Trinidad. That is being looked at in the context of Tobago, the THA and the region.

Having said that again, there are a number of issues that have literally put the board—and maybe the Chairman could speak to that—in a direction guiding the TRHA, in terms of its deliverables and there are some strategic imperatives inside there. One, of course, is this whole issue of the commissioning, decommissioning; major one. The other one—and some of those you can break them down into infrastructural, logistics, personnel and so forth.

The second major one was the construction and commissioning of the new Scarborough Health Center; another massive project. We have in Roxborough, an extension of the walk-in services and that is being commissioned in another couple of days. We had the creation of re-creation of the patient-care outreach centre that is operating. There are a couple other physical health centre-type facilities that have to be attended to.

Charlotteville is in the construction phase and that is coming about in a couple of

months. Hopefully, we should be able to take possession of Charlotteville. That is an enhanced centre, so it is another big one.

We have, as well, the issue of the laundry facility where we have been sending laundry to Trinidad to be laundered. It has to be, because there is nowhere else in Tobago that has the facility to handle biomedical stuff on linen and so forth. We are hoping to have that curtailed in the next couple of months, because a new laundry is being built at this time as we speak. I would say it is probably palled bout 20 per cent to 30 per cent completed. We are looking at the end of August to complete that facility altogether.

You also have inside of that, working with the Ministry for the decentralization of C40 also into Tobago, the arm that supplies all the drugs and related services to the regions, and there were some significant issues with some of that. That is expected to come about soon. That is a Ministry project and that is being handled. From an infrastructure and construction type, those are some of the major issues.

Of course, we have, in terms of the logistics and people issues, the whole question of the commissioning, the numbers, the recruitment, the rapid recruitment to be able to meet that, and the expansion of services. Those services are determined in collaboration with all the senior specialist medical officers, consultants, the Medical Chief of Staff and so forth.

Oncology, we opened that facility recently as well; just about one and one-half to two years ago, and that is working well. Dialysis, which has been a major issue in Tobago—and I am not now only talking in the context of the lifestyle, but in the context of the equipment and personnel to dialyze—we would have had, in the existing facility, 5 chairs to dialyze, to the point where we had, at one particular time, 17 Tobago patients having to come to Trinidad every single week for dialysis. We have now implemented 10 chairs in the new Scarborough Health Centre and we have moved to integrate that into primary care, as against in the secondary facility. With that, we have actually operationalize 8 of those chairs, and all those patients are now going to be coming back home. By the end of this month, all the patients that are in Trinidad will be back in Tobago. So, that those are some of the major issues.

Establishment of mammography services, appointment of Medical Chief of Staff, cardiology services, establishment of the ICU, dialysis, continuing commissioning processors. Ophthalmology is going through a major overhaul. The equipment is just top of the line. We do need additional staff inside there as well. We are expanding the ophthalmology services to reduce that waiting time that we now have, in about the next two and one-half years, to just about one month and that is being done.

The whole question of shifting attitude and the perception of the public in respect of that, the question of reducing waiting time at A&E and customer service perception of the

treatment of A&E as well. So, there are a number of things and we do have a four-point plan that projects those, plus a host of other activities, strategically, which the organization is working towards.

Mr. Chairman: Are you satisfied with the response? Can I just?

Dr. Wheeler: Just a couple follow-up questions. You said that 29 workers were transferred. Well, in the process of transfer, but they are still in the system. Who do these workers report to?

Mr. Bell: They report to us on a dotted line. So, in the course of this exercise—

Dr. Wheeler: Medically or legally, who are the official reports and who are they actually accounted to?

Mr. Bell: Let me just take this a little different, doctor. You still have, what I will call a dual track system because of that. A dual track system, the THA is still responsible for those workers, because they have not been officially transferred through the DPA and until that happens—they have not gotten their letters of transport as yet. If I may say this, because I do not know if you would also go there—we also have some people who, again coming through the public service in the Division of Health and Social Services and the Tobago House of Assembly, have elected to remain with the public service, but who we are still housing in our organization. They continue to pay the bills and stuff like that, but they report to us and we are supposed to manage them and facilitate the performance.

Dr. Wheeler: But, these are public servants.

Mr. Bell: They are.

Dr. Wheeler: Who in the RHA would they actually be reporting to?

Mr. Bell: The line manager in the specific area of responsibility.

Dr. Wheeler: But their salaries are being paid for by Tobago House of Assembly.

Mr. Bell: By the THA.

Dr. Wheeler: So, how has this—since VSEP has occurred, have things really improved, regarding the elimination of the dual track?

Mr. Bell: Not really, for these. Because we do not have—when I say "we" I am talking about the TRHA, for example, to discipline these people, because they still fall under the Public Service Act. That becomes an issue, and we have to refer all the issues of non-performance back to the THA.

Dr. Wheeler: Who in the THA actually—that is what I am getting at—

Mr. Bell: The administrator.

Dr. Wheeler: So who actually supervises? Right.

Mr. Bell: The administrator.

Dr. Wheeler: Second thing, you mentioned that there are quite a few people who took VSEP and were absorbed into the RHA. Among them are a number of senior nurses. But, the charts that you show have all the senior positions in the hospital vacant.

The question is, these senior nurses that took VSEP, what is their actual status now? Do they have contracts with the RHA? What are their terms and conditions? Have they been absorbed into the RHA, and if not, these senior positions that are vacant, the new hospital will be finished in less than four months to begin occupancy; the nurses constitute the single largest body of healthcare worker. All the new service that you plan to introduce requires the involvement of the nurses, what do you plan to do with these particular senior nurses now?

Mr. Bell: As it stands, there are about 13 of them right now. The requirement is much more than that, because the structure requires much more than that, in terms of their reporting and the various levels of reporting; whether it is from the senior nursing manager down to the custom manager and the unit manager. That has been a function of developing a structure that would have suited Tobago; very differently than any of the other RHAs. That structure was completed, and I must say it was completed with the involvement of all the nurses; every single one of them. First of all, that was a very unusual and certainly progressive way to go; getting their involvement in the creation of their own structure. That was complete. That is with the Division of Health and Social Services to be sent through the process to the Executive Council for approval, ratification and confirmation. Then we can go ahead and appoint them formally. In the meanwhile, they are all on contract with us, and getting the enhanced salary they were not getting before, when they were in the public service. At least that has been taken care of.

Dr. Wheeler: You say they are contract with you now, so does that mean they are entitled to vacation and sick leave as other workers?

Mr. Bell: They would be, and I think we have been treating with them in that regard.

Dr. Wheeler: Because the information is that they are not entitled to vacation and sick leave at the moment.

Mr. Bell: In terms of vacation Senator, they would not have—normally vacation is earned after one year. You earn an accrued vacation after one year. So that will not normally apply now, other than in some cases and that has been done. Some people would have asked for vacation leave and we have allowed vacation leave and we put it on to credit. Once they have completed the year then it goes. If they do not complete the year, then they will have to repay the organization, the value of the leave taken.

Dr. Wheeler: So, currently the structure for the nurses is not approved?

Mr. Bell: Is not finally approved. It has been approved by the board. It has been approved by the organization. It has been approved by the Board of Directors.

Dr. Wheeler: When do you anticipate this approval will take place, bearing in mind the building will be finished in three and one-half months?

Mr. Bell: Two things. I would not want us, first of all, to assume, even if the building is ready that these people are not working. They are working in the system. They are doing what they are supposed to do. It is a little different because they continue to work in the function they were in through the vertical system, when they were there with the public service. As it stands now, they will continue to do that. We need to certainly get them into what they are required to do, to meet the requirements of commissioning, as you are very well aware. The issue though is we are hoping that—if I might say this and I am looking at my administrator down there—this would be dealt with shortly, because I know this came up for discussion even at the highest level of the THA and that is being reviewed.

Dr. Wheeler: Bearing in mind the board is supposed to—when is this current term supposed to finish; the current Board of Directors?

Mr. Bell: The current Board of Directors, as I am made to understand, term is ending at the end of this month, but it does not require that, because this board has already approved the structure. So, we do not need that.

Dr. Wheeler: Just a couple more. The documents that you submitted contained various policy documents. None of them have an effective date, start date, or review date. Are these policies currently in effect in the organization?

Mr. Bell: We have continued to use the policies of 2004. There are policies that were approved last year and have just been sent out recently for promulgation. I am not aware that we have gone through an awareness session with all the staffing, with respect to those policies. So, that has not been done. The net effect is that we are still working with the 2004, until that is properly promulgated.

Dr. Wheeler: So, none of these policies that you submitted are in effect?

Mr. Bell: Yes, but these are 2000.

Mr. Chairman: Policy documents?

Dr. Wheeler: All the policy documents that were submitted in the package. For example—

Mr. Bell: Did not have dates.

Dr. Wheeler: Recruitment.

Mr. Chairman: Personnel.

Dr. Wheeler: Personnel—all the HR policy documents have no start dates or no renew date.

Mr. Bell: I am being advised that all these policies were from the 2004, which have

been approved. Not only at the TRHA, because whilst there is the broader HRs policy that is used by all the RHAs, and we have had to tweak some of those to deal with the peculiar needs of Tobago. Yes, you might be right, that the date is not there, but it does not make it—

Dr. Wheeler: So they are in effect now?

Mr. Bell: They are in effect now.

Dr. Wheeler: So, based on that, in the policy number HRP and P *5* , when you state "recruitment" and you state that: "employees recruited from abroad will receive a single resettlement grant equivalent to one month's salary at the approved rate on the assumption of duty" how many employees have received this grant to date?

Mr. Bell: Manage HR.

Ms. Ollivierre-Bhola: I would not have the figures offhand, but we have a few employees who would have gotten this grant over the years.

Dr. Wheeler: The next policy which is—

Mr. Chairman: Would you be able to provide us with that?

Mr. Bell: Mr. Chairman, we would provide you with that.

Dr. Wheeler: Follow up to that is, item (v) on that policy document.

> "employees recruited will undergo a mandatory medical exam and be declared fit for employment by a designated medical officer prior to signing a contract for employment."

Do you have the information regarding how many employees recruited have in fact had this medical exam?

Ms. Ollivierre-Bhola: That part of the policy has not—we have not adhered 100 per cent to. So, I would say we do not—

Dr. Wheeler: Have any employees had a medical exam?

Ms. Ollivierre-Bhola: One.

Mr. Bell: There is a challenge, and we have to put the structure in place to do that. In fact, if I might say, it is one of the issues that has also been discussed at the Health Sector Quality Council Meeting for all the regions, because it had been recognized, particularly in the case of infections and all these kinds of things and to determine pre-medical conditions and so forth. We must do that. So, that is part of the plan to activate that in the short-term.

And there was also item (vi).

> "employees recruited from abroad will be entitled to either free housing accommodation or a housing allowance at an approved rate for a maximum period of one year."

Are you referring to people who would not normally be entitled to a housing allowance? What about those persons recruited from Trinidad, will they be entitled to this housing allowance and

how many persons have benefited from this?

Mr. Bell: Very good questions.

Ms. Ollivierre-Bhola: The policy—that piece that you read is from subsection (5.2), which states:

"regional and international recruitment"

Therefore, it eliminates Trinidad employees that we recruit from Trinidad. In terms of—

Dr. Wheeler: Sorry, if I could stick a pin there. Any particular reason why Trinidad? Because they would come without any accommodation here.

Ms. Ollivierre-Bhola: This policy was—I should say—developed, in conjunction with the Ministry of Health and the CPO, and this is what we had adopted in the RHA. Therefore, we would have taken strategic decisions to include some categories, but not necessarily all. So, in terms of having strict reading of this policy, the Trinidad counterparts would not have been accommodated. But, within recent times, the board would have taken a decision for those positions, where there is a dearth of skills such as pharmacy and medical laboratory technicians, within recent times we have included the building maintenance systems technicians, et cetera, where we would have extended also what is called a relocation stipend.

Mr. Chairman: One point of clarification on your point. You indicated earlier that in order to attract people to Tobago, perhaps from Trinidad as well, that you do offer incentives, or at least incentives offered to staff from Trinidad, or is it just staff from elsewhere, and if so, then why is housing not an incentive, since you are actually moving?

11.50 a.m.

In terms of the incentive, the board would have taken a decision in 2006 to offer what is called a professional incentive. This would have been approved of course, by the Executive Council for a number of positions and this would have included nursing and some positions allied to health. Whether we recruit you from Trinidad or we recruit from abroad, you are entitled to that particular incentive. In terms of housing, that would have been taken in terms of the strict interpretation of this policy and of course, as I have said within recent times we would have gone to the board asking for additional consideration for those positions where we have a dearth and we have recognized that laboratory, pharmacy and building maintenance personnel would have also been extended.

Mr. Godson-Phillips: If I may add, Mr. Chairman, to further clarify or to certainly expand on what the Human Resource Manager is saying, we have taken the position from time to time—and this is specifically in respect to the question that you have asked—we have taken the position where in some of those positions where we did not have the authority, the explicit authority, to offer whether it is the housing or the professional incentive, which was the 25 per

cent, we have taken the position of actually mitigating some of that by working through the range of the basic salary, all right. So that ordinarily people will come in at the base of the range, in some cases just because of the dearth, otherwise we would not be able to attract people we have had to take them at points within the range and so forth.

Mr. Chairman: Is that transferable to other TRHAs, in other words, let us say, somebody coming in, I do not know what ranges you have, but let us say range 20 and you in Tobago say, well look because we want to mitigate him or some of those circumstances we take you at range 25, can they then go to another RHA and say, "well, look in Tobago I was working at range 25 and therefore that is the level that you should recruit me at in another RHA".

Mr. Bell: That would be somebody trying really to finesse the system, Mr. Chairman.

Mr. Chairman: We have not had that?

Mr. Bell: No, no we have not had that experience.

Mr. Chairman: Sorry, Dr. Wheeler I interrupted you.

Dr. Wheeler: Yes, sure. I was just looking at the organizational structure that was submitted which was a very detailed document. I am actually looking at the list of members appearing and the positions and I am seeing the position of Consultant Corporate Services, that is Mr. Learmont, and the position of Communications Consultant but I am not seeing those positions in the organizational structure, could you explain? And I am also seeing those two equivalent positions Communications Manager vacant and General Manager Corporate Services vacant. Could you explain this?

Mr. Bell: At this point in time we do not have a Corporate Communications Manager that is going to be filled shortly, certainly within a month. In respect of the General Manager Corporate Services the position which Mr. Learmont is substantively functioning in, that too we expect to be filled very shortly within six to eight weeks. In the intervening period in that particular area of corporate services the next person in line is actually on maternity leave so there is really a huge gap to continue the operations in that specific department and so with the blessings of the THA we have had to bring Mr. Learmont back out of his retirement, just as a consultant for a period of time.

Dr. Wheeler: So these are two new positions?

Mr. Bell: Not in the structure, these are consultant positions for a specific period of time.

Dr. Wheeler: Was there an advertisement and an interview process to have these positions filled?

Mr. Bell: Yes, there were; for both the General Manager Corporate Services, yes, there was.

Dr. Wheeler: No, the position of Communication Consultant and Consultant Corporate

Services.

Mr. Bell: There was no need to do that, Senator. There was no need to do that because these are people who resided in the organization. In fact, Mrs. Garraway herself just moved from, she herself was the Manager Corporate Services, about to move out from the organization and until such time we got somebody, we just positioned her as a Consultant within the organization. In the case of Mr. Learmont, he was already retired and we actually had to bring back out of retirement, and again we did not advertize, there was no need to do that because that is the institutional knowledge of the organization resting there. Mr. Learmont himself, as you know acted as CEO in this organization for nigh three years and you could not bring somebody out from anywhere else to be able to do that function given the various projects and so on that had to be undertaken in that particular department.

Dr. Wheeler: And how long do you anticipate these new posts, consultancies will continue for?

Mr. Bell: In Mr. Learmont's case it is approved for six months; in Mrs. Garraway's case, as soon as we get the person on board and with an overlap for hand-over and so forth, so, altogether in both instances hopefully not over six months each.

Dr. Wheeler: Okay. Still on the organizational structure, the chart shows that you have a General Manager Primary Care Services responsible for community services and that person reports to the CEO and under the General Manager Primary Care Services you have a Clinical Manager Primary Care Services and a Nurse Manager Primary Care Services but for the hospital you have a Medical Chief of Staff responsible for medical officers and there is also a position of Secondary Care Nursing Manager but that position even though it is specified in a departmental structure, it is not located in your overall organizational structure and it does not indicate who this Secondary Care Nursing Manager reports to.

Mr. Bell: And that is because that is the structure, as I said before, that is now with the Division of Health and Social Services going to executive council for approval.

Dr. Wheeler: So that, because it is not approved you are not able to identify—

Mr. Bell: Absolutely.

Dr. Wheeler: Does that document that went to the Division of Health have compensation packages, job descriptions?

Mr. Bell: Yes, absolutely so, Sir.

Dr. Wheeler: So, would you, if I were to just follow up have an estimate of how much it is going to cost additionally to fill these new positions and if this compensation structure was agreed or discussed with the Public Services Association?

Mr. Bell: Well, we do have that estimate, I do not have it with me but that could be

provided. Insofar as the Public Service is concerned I am not quite sure that there was detailed discussion with them.

Ms. Ollivierre-Bhola: We did not have any consultation with the PSA on that issue.

Mr. Bell: Certainly, not with the nurses. In the context of the medical officers, that consultation takes place, as you are very well aware, you sit on that negotiating team for the medical officers yourself.

Dr. Wheeler: The reason why I am asking that is that budgetary allocation was already approved for the RHA for 2010/2011, so if you intend to implement this structure very soon, you will find yourself seriously challenged to fund these positions and the reason I stress that, the building will be finished at the end of June which is three and a half months.

Mr. Bell: Yes, Sir, and that is a challenge we are working with very close collaboration with the Administrator with the Secretary of Health and at times with the Chief Secretary.

Dr. Wheeler: I do have quite a number of more questions but I do not know if anyone else wants to jump in?

Mr. De Coteau: Thank you, Mr. Chairman.

Mr. Chairman: Sorry, were you finished Dr. Wheeler?

Dr. Wheeler: No, but I will give way.

Mr. De Coteau: Thank you, Mr. Chairman.

Dr. Wheeler: Depends on what time we plan to go to, I am just looking at the time now it is 12 o'clock and—

Dr. Gopeesingh: We are not constrained by the time.

Dr. Wheeler: We are not constrained by time.

Mr. Chairman: We would continue for a bit.

Dr. Wheeler: Okay, good.

Mr. Chairman: Dr. Wheeler will finish and then we will go to Mr. De Coteau and then Dr. Gopeesingh.

Dr. Wheeler: The position of Manager Supervisor Stores Distribution, Supervisor Purchasing, all those positions are vacant?

Mr. Bell: That is now an amalgamation of Stores and Purchasing into Material Management Department. So, that is brand new department that amalgamates two existing departments and the structure of course has to inform the—

Dr. Wheeler: But if the positions are vacant, the functions need to be carried out, so who is carrying out the functions?

Mr. Bell: We have someone who is seconded from Audit actually that is now running the stores, so that is functioning as best as it could. In terms on the purchasing side, the

Purchasing Manager retains that function until such time as the overall structure has been finalized, operationalized.

Dr. Wheeler: Because the Purchasing Manager I do not see that position in the new structure.

Mr. Bell: It would not be.

Dr. Wheeler: So, what is going to happen to the individual currently occupying the position of Purchasing Manager?

Mr. Bell: That we would have to look at in terms of the needs of the organization and where that person could fit within the needs of the organization, inclusive of the possibility of whether it is the Material Management Manager. That is a possibility as well.

Dr. Wheeler: So, she may not have job soon?

Mr. Bell: I am not saying that, Sir.

Dr. Wheeler: I am just clarifying.

Mr. Bell: Yes, that is okay.

Dr. Wheeler: The health and safety environment, occupational health and safety which is a very important area now, I notice that the hospital positions are vacant. So how is that matter being addressed as far as the hospital, bearing in mind that you mentioned that the old hospital has all these problems.

Mr. Bell: Well the issue is not only related to the hospital, it is related to anything that would come under OSHA. There has been real difficulty in filling those positions, we have had advertisements, we have had interviews, we actually had two lead persons there initially and one exited the organization, I think it was somewhere June or July last year and we are looking to fill those positions. We are looking at it as well in the context of an overall RHA structure and to see whether we could mirror what that structure requires and satisfy the demand under the OSH Act to deliver the services.

Dr. Wheeler: So in the interim who is actually providing or carrying out the duties of the persons who are no longer employed? The reason I am asking that is that, in my capacity I have actually been approached by them to indicate that they have requested continued employment and they are not employed at the moment, so in the absence of them not being there, is there anyone else who is carrying out the function?

Mr. Bell: Absolutely. As I said, there were two people and that one who is no longer employed and for all of the good reasons, that position has been recently filled by someone else. I am gathering you are talking about the former employee who was with the organization who is talking to you.

Dr. Wheeler: Yes.

Mr. Godson-Phillips: I would want to get an explanation from the Vice Chairman, when he says persons are talking to him. What capacity are they talking to him?

Dr. Wheeler: There is no official capacity but as we are having the discussion now and as it was raised—

Mr. Godson-Phillips: But that is what I am concerned about because you will note, we are well aware that you are a member of this august organization—

Dr. Wheeler: Yes.

Mr. Godson-Phillips: And you might be privy to more information than most of the persons who are here.

Dr. Wheeler: Yes.

Mr. Godson-Phillips: In those circumstances I do not know to which extent the knowledge that you have will impinge on the way the whole matter is going. You are privy to more information than we are.

Dr. Wheeler: I am basing it on the information that you provided.

Mr. Godson-Phillips: I am also asking you, when you raised the matter that persons have been soliciting your assistance. In what capacity are you there?

12.05 p.m.

Dr. Wheeler: I repeat, in unofficial capacity, as someone who is in the organization as the—I understand, have been approaching various people, but I only raise it now because the documents that were submitted indicated that the Occupational Health and Safety Department does not have any—all the positions are vacant. Seeing that it is an important department in the hospital, recognizing the risk as the CEO mentioned, it is an old hospital, how are you ensuring that this department, at least the functions are carried out?

Mr. Chairman: If I can make a suggestion here, that we, perhaps confine ourselves to the information that we have in front of us officially, and I appreciate that Dr. Wheeler would have additional information, which we perhaps could leave that aside—the communication has changed; I think we should confine ourselves to that.

Dr. Wheeler: Yes. You said that somebody is carrying out those duties now?

Mr. Bell: Yes, as I said there were two positions that were filled initially, and that particular person that you talked about, that position has been filled recently, as far as I am aware. It is not to say that we do not have vacancies. We do have vacancies.

Dr. Wheeler: So the structure that was submitted needs to be amended to include that person on that you submitted, because currently it is not present.

Ms. Ollivierre-Bhola: If I may, there was supposed to be two officers; one for the hospital and one for the community. Initially, we had two persons, one of those persons no

longer work with the organization, so you just have one and that person would have been carrying out functions at both hospitals and community in the meantime. We did engage in recruitment and would have been successful in securing somebody. At the time this structure was done we would have gotten that person's resignation because that person—the transition to Tobago was not as smooth and we have just confirmed, possibly on Monday, that the next candidate on the list has agreed to or accepted the offer, and he would be assuming duties shortly, so he would now do the functions.

Dr. Wheeler: So you would now have one person at least in the department?

Ms. Ollivierre-Bhola: We would now have two, one for hospital and one for community.

Dr. Wheeler: Okay, thank you. With respect to pharmacy and physiotherapy, all the senior positions are vacant, and we are talking here in the context of preparing to move these services to the new hospital, when do you anticipate these new positions would be filled, bearing in mind the deadline of June 30th?

Mr. Bell: The organization is working together with what is called the "Hospital Steering Committee" and a body as sanctioned by the Tobago House of Assembly called COMDISEC. We are at this point in time looking at priorities for everything that is required, including recruitment, and for a number of good reasons. In respect of the scheduling of those recruitment positions, and of course, in the context of available funding and so forth, I cannot give you at this stage but we could certainly supply the membership subsequently with that information.

Dr. Wheeler: And the compensation packages, job descriptions, the things that would go along, I presume these would be developed as well?

Mr. Bell: They would be developed, but I am not sure that initially you would get all of that, because some of these positions are brand new and require us to flush them out. But we could certainly give you, maybe, a schedule of when they are going to be hired into the organization, that we could give you quicker.

Mr. Chairman: You want to add to this point?

Ms. Ollivierre-Bhola: Yes, I would just like to add one point. In respect of the pharmacy, we still have the one person who is still a public servant attached to the Ministry of Health, Port of Spain General Hospital, she is currently assigned as the Pharmacist III, and in the public service that is the person who is head of the pharmacy, so therefore, if we were to activate the head pharmacy position, the senior pharmacy position in our structure, then we would be creating a dual story there again.

Mr. Bell: Mr. Chairman, I would just like to say—and Dr. Wheeler would know this

because he has worked in the system—some of the serious issues in attracting some of these allied workers, pharmacist being one of them, and over the years that have been a bug bear to the organization. I must say, and it has to be agreed that our recruitment drive has improved that situation at this point in time. We are up to 13. I think it is, pharmacists within the system. Of course you have junior pharmacist, and as she was explaining, Pharmacist I and so forth, but that difficulty still obtains and we are approaching it in the context of all the other things that we are doing for attraction and retention of staff within the organization. This, I do say is harder to manage and work than any of the other RHAs within Trinidad and Tobago for the very reason.

Dr. Wheeler: There is the position of allied health care services manager, rehabilitation manager and manager, it is not stated who these positions report to?

Mr. Bell: The allied health services manager, if you go to the structure with the Medical Chief of Staff, there are three categories that report to the Medical Chief of Staff: one is the clinicians, the SMOs where you reside and you have the other one with the nursing structure, where the senior nursing manager resides and all the functions below that. The third one is the allied services manager.

Dr. Wheeler: Was that submitted in the document?

Mr. Bell: It ought to be. If it is not here—

Dr. Wheeler: It is not submitted in it.

Ms. Ollivierre-Bhola: I think the glitch that we spoke about in our introduction might have prevented the printing of some of the documents as well. The new version that we submitted this morning has them neatly packaged and that is also there.

Dr. Wheeler: So all of these three, as you mentioned, would be reporting to the—

Mr. Bell: MCOS.

Dr. Wheeler: Medical Chief of Staff?

Mr. Bell: Absolutely.

Dr. Wheeler: Was that discussed with the union?

Mr. Bell: In terms of the—

Dr. Wheeler: If you are changing the—it is new position being created—the Medical Chief of Staff—and it sounds—

Mr. Bell: No, that Medical Chief of Staff does not need discussion with the union. That is an executive position—

Dr. Wheeler: Okay, so it was not discussed with the union?

Mr. Bell: I am saying it does not need discussion. I am not saying that it was not, I was not here, but what I am saying is that it does not need that discussion. What it would need,

because the union is aware of it, so that in discussion with the union, the union is already satisfied with the structure in terms of all the clinicians who report to the Medical Chief of Staff. If you remember that position was formerly held—differently constituted now by what was then the Hospital Medical Director, where you yourself served for a period.

Dr. Gopeesingh: Mr. Chairman, can I suggest that we move on to some questions?

Mr. Chairman: Dr. Wheeler and then if we have more time we would get back to—is there anything else, Dr. Wheeler that you wanted to—

Dr. Wheeler: There are several, but I want to give way to someone else.

Mr. Chairman: Right, so if we have time we could come back to you. So, we would have Mr. De Coteau, then Dr. Gopeesingh and then Miss Mary King.

Mr. De Coteau: Thank you, Mr. Chairman. I just want to come out from this organizational maze that I seem lost in. It seems to be an organizational chameleon just moving. [*Laughter*] I want to get back to the point. It seems to be historical, transitional, futuristic projected. What is the true reality of your organization? How many people are employed at this point in time?

[*12.14 p.m.: Dr. Wheeler in Chair*]

Mr. Bell: We would have to apologize because some people did come in late. We had gone through that already with Dr. Gopeesingh but we would do it again. For clarification, at this point in time we have approximately 1,029 persons. We are moving to just about 1,625—

Mr. De Coteau: I know, that was stated. I know that. Of this 1,029, how many vacancies exist?

Mr. Bell: No, those are employed.

Mr. De Coteau: Those are employed?

Mr. Bell: They are fully employed.

Mr. De Coteau: Fully employed?

Mr. Bell: Yes, Sir. Actually employed. All those positions are filled, but you still have some vacant positions in the post. For example, you have nurse, whether that is RN, that is a post and you could have 50 positions of RN in that particular post.

Mr. De Coteau: Probably that would be—Dr. Gopeesingh would more comprehend than I would.

Mr. Bell: He would. He had worked in that for some good years.

Miss King: But there are vacancies?

Mr. De Coteau: But there are vacancies?

Mr. Bell: Yes, Sir.

Mr. De Coteau: In other words there are vacancies? Would you be able to say exactly

how many?

Mr. Bell: There are vacancies. Yes, I could. In the context of the 1,625, under the medical practitioners, and that would be specialist, medical officers, registrars and house officers, you have about 44 vacancies. Remember, this also takes into account primary care as well, as I was explaining earlier. In the nursing section, we do have approximately, in accordance with the projected numbers that are required specifically to facilitate that new hospital—the commissioning—what that new hospital is supposed to do, apart from just being a regional hospital, there are talks about it being a training facility as well and so forth, we are talking about somewhere in the region of just over 200 vacancies for the various types of nurses; within the secondary care and primary care as well.

Mr. De Coteau: I heard it stated that the hospital might be ready by June—do you think that you all would be ready to effectively operate?

[12.16 p.m.: Mr. Chairman in Chair]

Mr. Bell: When the Senator would have made the statement in respect of June, that is the information that the Minister gave in the context of the discussion with Nipdec who is responsible for facilitating the construction and infrastructure works through the Chinese people who are here.

Mr. De Coteau: Could we help publicize and say by August?

Mr. Bell: No. What I am saying, that is only in respect of construction. In respect of implementing the fixed equipment, the commissioning of that, the testing of it, that exercise is another three months and takes you down to September, and then you have the FF&E which is the fixed furniture and fixed equipment that has to come in subsequently and that is expected to be another month to two months.

Now, what you have is that, again for those who were in the system and understand this, when you go back to review what took place in Mount Hope, even when that is finished you have all the—and this is in phases—transitioning out of the old hospital into the new one. Actually, in the context of inpatient service starting, that is not going to be June, it is not going to be September, it is not going to be October, because you have all the things that must take place inside of there, the whole question of training and new equipment, familiarization with the systems and so forth that are now available. So it is not to say when Dr. Wheeler—and when Dr. Wheeler would have spoken we know what he meant, but he did not mean in the context of inpatient services starting in July for example. It would not have been that.

Mr. De Coteau: Thank you, Mr. Chairman.

Dr. Gopeesingh: There are a few areas I would like to get your comments on.

Mr. Bell: Yes, Sir.

Dr. Gopeesingh: First of all the question of primary health care, what is the focus of the TRHA on primary health care and preventive health care, because that forms the basis of an improved health care system? You have 21 health centres—well but of these four enhanced health centres—how appropriate is your infrastructure in these health centres, your staffing and your preventive programme at a national level in Tobago to reduce your burden of health care?

I am looking at that in the context of—I see you have 28,000 admissions through the Accident & Emergency, so if you have a population of 60,000 maximum and you have 28,000 admissions through your Accident & Emergency, what slack is being taken up in the primary health care system? Obviously, you need to improve the primary health care system and have more people visit the primary health care centres and the enhanced health centres. So what focus are you giving and what priorities are you giving to the primary health care system? Is this a true reflection of your admissions through accident and emergency, or are there the same people coming back on many occasions? I think you should try to clarify that.

Mr. Bell: I would deal with part of it and then I would let Dr. Aghaegbuna, who is the Acting General Manager, Primary Care and Ms. Procope-Beckles, who is the Head of Nursing Services, Primary Care, handle the clinical part of it. What I could say though, is that, in the context of this whole question and quest for integration, that is supported by PAHO, WHO and so forth, we have started moving some of the services out from secondary into primary, accelerating that and expanding on that which is already there.

You would have heard me say for example, our dialysis has now gone into primary care, so that we do not have that load on secondary care other than if it is an inpatient situation that requires at any point in time dialyzing. The question of mental health is also into our system; HIV/AIDS and so forth, but I would let those two folks just give us some more information on that, and in the context of health education and awareness, what does that mean and how will that alleviate the load that is actually onto secondary A&E.

Mr. Chairman: Could we try to make the question brief? I am going to try to finish in about 15 minutes, so if we can have some brief interventions. Yes, Sir.

Dr. Aghaegbuna: Well yes, emphasis has really been on educating the persons, moving away from just the usual doctor/patient relationship to more of wellness in the community, so emphasis has been placed on education to empower the persons. It is more efficient and more effective when—

Dr. Gopeesingh: So if you [*Inaudible*] one, two three, four, five; what have you done about public education, particularly the non-communicable diseases like diabetes and hypertension?

Dr. Aghaegbuna: We have aligned with community centres and village heads to

education within each community. We have held several and continue to hold several seminars within the community. We have counselling and educational services within each major health centre to educate the public. We use communications: electronic, print newspaper and through the schools health programme to educate people. Most people obviously would have heard about diabetes and know about their family history and we encourage them to come into the health centres and ask questions. So, those are just one of the ways. We are currently waiting on the figures from the current census so we can do a further need assessment.

In terms of the question you asked about, how many health centres we have in Tobago, we want to make sure that it is being efficiently used for the purpose of prevention.

Dr. Gopeesingh: Do you open these health centres beyond four o'clock and that they are adequately staffed with doctors, nurses, pharmacists, during the week and are you opening any on weekends so that you would reduce the burden to your Accident & Emergency at the major hospital?

Mr. Bell: Clearly your health surgeon is coming out here, Dr. Gopeesingh, and it is a very good question. [*Laughter*] At this time the enhanced centre in Canan opens till eight. It is eight to eight. The new Scarborough facility that has now started is eight to four and we are hoping by the end of the third month when we would have dealt with the teething problems and so on, to expand that, certainly to six and then move thereafter.

Dr. Gopeesingh: I raise this in the context that I would just like to give you some advice to consider that if you impact significantly upon your primary health care system, your burden on the secondary health care system in the hospital will fall. So I would probably urge you to consider improving the infrastructure of all your 21 health care centres, providing basic facilities that would help them like little blood testing machines and whatever is needed, staff it with nurses, doctors, pharmacists and provide the pharmaceuticals that you would need there; try to open them on weekends and even up to eight on evenings and you would find that your burden would be lessened in the public hospital.

Mr. Bell: Thank you.

Dr. Gopeesingh: Could you just give a comment on why you have 28,000 people out of a population of 60,000 coming to A&E? Is this something real? Is this population so sick? [*Laughter*] That is on page 19 of your—6(1)

Dr. Aghaegbuna: The vast majority of the 28,000 are revisits.

Dr. Gopeesingh: I think what you should do now is to strategize how many of these are visits so you could have an idea what percentage of your population has visited your Accident & Emergency, and then what percentage of your population go to your health centres, taking into consideration that one may go five times or 10 times. Your statistics should not be,

say new visits, but the amount of patients that have gone there and how many times the patient has revisited? I just want to lead you to the second thing, so I just gave you some advice on the primary health care system which you should focus on.

Secondly, is the issue of your mortality, I find it a little alarming that your mortality rate at the hospital based on admissions is approximately 21 patients for 1,000 or two per hundred coming into the hospital, and in the male and female medical, six out of every 100 patients who come through the medical wards die. If you look at best practice around the world that is astronomically high and alarming and something is radically wrong. So, if you have 21 patients dying per 1,000 coming through your hospital system and if you go and look at the statistics around the world you are way beyond what is considered acceptable? So there might be a saying that if you go to the hospital you die. If 1,000 patients go to your hospital and 21 die, something is not right inside there at all and you all have to hold yourselves responsible for it. [*Interruption*]

Mortality rates are defined—I would speak about maternal mortality rates—is the mothers dying per 100,000 pregnancies or deliveries, and the maternal mortality rate in Trinidad is about 80, now in the rest of the world the maternal mortality rate is about 12 per 100,000, we are beyond. But when you give a statistic of 21 per 1,000 coming through your hospital system and dying, I am sure you would agree with me that something is radically wrong, because you become a statistic. So if 100 patients go into your hospital two will die, so something is wrong. I am just drawing this to your attention. With all that you are doing you need to look critically at what is happening in your hospital setting.

I am afraid as a national of Trinidad and Tobago—I come to Tobago regularly, I have a home in Tobago and I am afraid of getting a heart attack in Tobago, I feel that even before I get into an aircraft I may die coming here. We have about 900 sudden deaths from heart attack, but you do not have services for orthopaedics, neurosurgeons and cardiology. You cannot encourage tourism in Tobago if you cannot have a proper health care system. It is time that you also look at a public sector/private sector partnership somewhere in Tobago as having parallel medical institutions, so that all the cases of MRI, CT, mammogram, ultrasound and so on, a number of these areas where they have to come to Trinidad and you spend money in transportation for bringing them for the test.

You should consider—I would like to proffer that to you, consider the role of public sector/private sector partnership where you could work out arrangements with private sector institutions at a cost, a minimal cost, so that the people of Tobago would be taken care of and would not have to come across to Trinidad for basic health care. I do not think anyone of you across there could feel satisfied that if you become sick you could be taken care of in Tobago

adequately, so that is the optimum standard you must work for, and when you have so much admissions into your Accident & Emergency and your mortality rate is so high, it is unacceptable. So, although you have your complement of 1,000 workers and so on, and you have $160 million being spent—you may need more—you have to think about what is happening in your institution, so improvement in primary care, focus on your secondary, what is happening and why people are dying.

You should have confidential enquiries in mortality in Tobago. Find out the cause of death and then you would be in—in Britain and developed countries there is a confidential enquiry into all deaths, and I am from the sector of gynaecology, obstetrics, cancer and so on—confidential enquiry into every maternal death that occurs and we are bringing it into Trinidad now, so I think you should have an enquiry into death that occurs and hold people responsible for what is happening, and hold yourselves responsible if you are not providing the adequate type of facilities that are supposed to be there.

So, Mr. Chairman, I thought I would bring these things to the attention.

Mr. Chairman: Could we have just one quick intervention, Dr. Wheeler.

Dr. Wheeler: Mr. Chairman, just one quick comment, just to let Dr. Gopeesingh know and Mr. Phillips—I am going to provide information that I am privy to. The maternal mortality rate in Tobago has been zero for the past 10 years. We have not had any mother who died in the hospital in over 10 years, just for your information.

Dr. Gopeesingh: I saw that and I congratulate the aestheticians and midwives in that aspect, but we are alarmed about what is happening in the medical and surgical wards where six out of every 100 in the medical and almost three in the surgical die as a result.

Mr. Chairman: Okay, thank you. There was someone else who was supposed to comment on something over here. Is it okay now?

Ms. Procope-Beckles: Yes.

Mr. Chairman: You are responding to something that Dr. Gopeesingh raised?

Ms. Procope-Beckles: In terms of the focus, the focus continues to be prevention as regards to primary care. However, we do have that collaboration in terms of the health education, health promotion, health screening with firms, so T&TEC, TSTT and those areas asked us to do, so we to screening in terms of chronic diseases for both person in the communities and also work places as a part of collaboration.

In terms of the preventative aspect, when you start screening in those areas earlier you would find that those persons—and then take all the necessary prevention to prevent any complications later on in terms of chronic diseases.

Dr. Gopeesingh: With corporate citizens alone you should have your own policy at a

TRHA level of massive dissemination of information on late detection or first early detection and methods of preventing further worsening of situations.

Ms. Procope-Beckles: No, no. Can I just clarify? What I am saying Dr. Gopeesingh is the health sector, collaboration works with persons who work in industries to do the screening earlier. What we are looking at is work-force health, so in addition to person who we screen from those communities we also do those things in terms of persons working in those departments as regards to activity, safety and early detection.

Dr. Gopeesingh: Okay, once you are focused that is all right.

12.35 p.m.

Mrs. King: I would like to just stick to primary health care for one second. You did state that you spent some money on health promotion, but I notice in your statistical spreadsheet here on your spending for goods and services, you have 1 per cent spent on health promotion. So I wondered if you have focused or if there has been any analysis done on what percentage of your total goods and services is spent on primary health care.

Mr. Bell: If I may, Mrs. King, I am not quite sure if Mr. Learmont may have that information readily available, and if he does not, we will supply that.

Mr. Learmont: What is happening is that the information here is in terms of the organization. So if we need to find out what is happening in health promotion we may need to go to the district area, look at the district cost centres and see what is happening there, because most likely you may have health promotion being centred, or the focus of health promotion might be in the community centres, which will be the district services. So to get the information we will have to go to that particular cost centre. It is possible to get the information, but we need to pull it out specifically.

Mrs. King: My question was not only on health promotion, my question was: have you done any analysis that would tell us what percentage you spent on primary health care.

Mr. Learmont: No. As I said, we need to go inside there.

Mrs. King: So I think that analysis we would like to see, if it could be supplied to us.

Mr. Learmont: Sure.

Mrs. King: Now I have another couple of questions. I know we have no annual services agreement, but if we were to sign one, which apparently is back on the table, would we be signing that with the THA or with the Ministry of Health?

Mr. Bell: It is the THA and the Ministry of Health has also recognized that, because the dissemination of those annual services agreement in Trinidad and Tobago has only been with those in Trinidad: northwest, north/central, eastern and southwest.

Mrs. King: You said it would be signed with the THA.

Mr. Bell: Yes, that is what I am saying. For the TRHA it would be with the THA.

Mrs. King: Thank you. I noticed in your cost of Patient Transport Transfers, page 22 of your Item 7, that in the last financial year 2009/2010, there have been large increases in the services supplied by two particular health care institutions and I am interested in the rationale for that.

Mr. Bell: I will start off and then I will ask Dr. Parillion to take that. When the decision is made to have someone transferred to Trinidad, the first consideration is to transfer them into our service, into the public service, so that would be either Port of Spain General, Mount Hope, Sangre Grande, San Fernando. It is only when there are no beds available—and it happens as well, even in Trinidad where you have at times that Port of Spain, for example, may have to transfer somebody into one of the private institutions. It is only when that happens, then we go to the private institution.

Now, again, because of the little disconnect between Trinidad and Tobago, we have to—and we are putting in place a better system of oversight in terms of our patients that come to Trinidad, and we are now looking to see how quickly, if and when bed space is available in the public facilities, to get them back within the public facility to reduce the cost. Over time, that was just a consideration for the private institution. We got the person there and they stayed until they were ready to be discharged and sent back to Tobago. We have used those facilities, as noted here—and you notice there are just about five of them that are noted here, primarily because there is that relationship that we have established with them over the years. I am not quite sure if that answers the question.

Mrs. King: So it is not because those particular institutions have some specialty that is not available at the others, or that the others had no beds that year? It seems a large, sudden jump into those two institutions, so I am just wondering why.

Mr. Bell: Yes, and simply again, always because we cannot get them into the public sector. But Dr. Parillion will probably explain a little more there.

Dr. Parillion: Yes. With regards to these institutions, as Mr. Bell was saying, if there is not a bed in any other public institution in which to transfer the patient, we have to go to private institutions which, hopefully, we would be putting things in place to try to avoid this as much as possible because of the added cost. The jump with these two institutions, if my memory serves me correctly, we had approximately, I think it was two or three patients who had exorbitant bills from these institutions, because we needed an ICU bed and no ICU service, and when the Bill came, because they remained at those institutions until they were at a level ready for discharge—actually even the bill that I am seeing here for—I know this is being televised, so institution one, the one at the beginning, the higher one, and then the second one;

for one patient alone, that cost $1 million-odd for that care, and I think that may account for why these two institutions, the bills are so high there. And this has nothing to do overall, in general, but just because of these particular patients.

What I discussed with Mr. Bell and what I need to discuss with the other—I suppose the three consultants who would be important would be the anaesthetist, the head of department for surgery, head of department for medicine, is that when a patient is transferred to a private institution, either the consultants, or we may need to have appoint a person, but certainly the consultant will appoint a person to keep checking on a daily basis with regards to public institutions to see if a bed becomes available. That way we can take them out of that private institution and get them into a public institution and thereby reducing cost. I do not know if that answers your question.

Mrs. King: Yes, it does, and thank you so very much. It was very useful.

Dr. Parillion: Thank you.

Mrs. King: Mr. Chairman, may I ask another question?

Mr. Chairman: Sure.

Mrs. King: Thank you. I notice that we do not have any audited financial statements. I do not know when your last year was audited. You could answer that question and then let me know which years we can have your audited statements for. We would like to see at least three years.

Mr. Learmont: The last year that was audited was 2007/2008. 2008/2009 is now in draft. So if you need three, you will have to have from 2007 backwards.

Mrs. King: Thank you very much. So may we have those, please?

Mr. Learmont: You can have them.

Mrs. King: Thank you.

Miss Hospedales: Through you Mr. Chair, I would like to ask: what is the status of the cardiology services that are being offered in the out-patient clinics? Could you tell us, please?

Dr. Parillion: Currently, with regards to the cardiology services, we do have a cardiologist who is part-time from Trinidad, who is to offer services to patients with regards to eco-cardiograms and stress tests, et cetera. Unfortunately—and I think Mr. Bell mentioned this, this morning—we do not yet have equipment. And actually speaking with the person myself—I had a chat with him and he was saying, well, what he is doing right now, because we do not have the equipment required right now, he is just acting as another internist consultant, in that the work he would like to do he is unable to do until the equipment is available.

Going back to the point made earlier by Dr. Gopeesingh with an arrangement—you

talk about the two-tier system, private/public, and having arrangements with the private system. There is a private organization or place in Tobago at present that offers certain facilities. So for example if someone may require a stress test or an eco, I think it can be done at that facility and we do look at those arrangements. So, for example, with a large number of patients, we no longer send patients to Trinidad for a CAT Scan, because CAT Scans can be done at that facility and we have an arrangement where the patients will go to that facility, have the CAT Scan done and then return to hospital. I may have gone off tangentially, so I am not sure if I answered your question.

Mr. Jeffrey: I see in Item one, paragraph two, that positions attracting salaries in excess of $150,000 per annum must be approved by the Executive Council of the Tobago House of Assembly. That is about $12,500 per month. I find that strange. In light of that, two questions would follow. How many positions in the Tobago Regional Health Authority establishment attract salaries in excess of $150,000 per annum? That is the first question. Secondly, were there any positions that were proposed to the Executive Council of the THA but were not approved? If so, what were those positions, and why?

Mr. Bell: If I may attempt to answer, Mr. Jeffrey. First of all, the question of the $150,000 is not only related to Tobago. That is in the Act for all the RHAs, reporting to the Minister on the one hand. This just happens to be because we report directly to the THA, and that is a statutory requirement. You may be right, because given salaries these days, that is little or nothing. But that is a creature of the Act. Insofar as all the positions that have been taken to the Executive Council, and inclusive of those that have not been approved, I cannot give you now that offhand, because if I knew you wanted that, I would be able to supply that. But that we could supply in due course, certainly within a week or so.

Mr. Jeffrey: But were there any positions that were proposed that were turned down?

Mr. Bell: Certainly not in my time, Sir.

Mr. Charles: Not within the last two years.

Mr. Chairman: Okay. So you can provide us with that information at a subsequent time, the points raised by Mr. Jeffrey. While we are on that, in terms as I indicated, we had some submissions on the matter of personal policies and procedures and so on. There is one indication that the qualifications with respect to the position of CEO—and I do not know whether you would want to answer that or perhaps the chairman would want to answer that—what exactly are the qualifications for the position of the CEO and an indication that these were varied or they are varied from time to time?

Mr. Bell: Well, clearly, the CEO is not to answer that, Sir. That has to be for the Chairman. The CEO does not hire himself yet.

Mr. Charles: Quickly, filing through to get to the job distribution of the CEO—

Mr. Chairman: The qualifications.

Mr. Charles: We have a job description document that speaks to the qualifications—I think I did bring this along. Let us take "Credentials and Experience": A minimum of 10 years progressive experience in a senior capacity; extensive experience in strategic planning processes and functions as well as equivalent combination of training and experience is considered an asset; a compelling track record of success as a senior manager in a complex environment with superb communication, adaptive leadership skills and a strong propensity for achievement; excellent team commitment and leadership competencies with a passion for growth and development; superb interpersonal skills and network creation and maintenance premised on positive strategic influencing; any equivalent combination of training and experience will be considered.

Mr. Chairman: The implication here is that this was varied, in fact, that there are two different job descriptions, if you will; one specifying requirements: graduate qualifications in health administration and so on and related discipline, and the other one requiring a different type of expertise. Is there some reason why this was modified?

Mr. Charles: I quickly want to put that in a little historical context, but before I do that, I think State Counsel will want to address the—

Mr. Pascall: Mr. Chairman, now that you have a full complement of Members, I will want to just reiterate that point again.

Mr. Chairman: Okay, yes.

Mr. Pascall: For us to travel down in that direction, it will be literally putting a matter on trial.

Mr. Chairman: In other words you are saying that this refers to a specific incident.

Mr. Pascall: Incident. That issue came for judicial review before a Judge of the High Court by the very man who has written to you. He had counsel; he came before the Judge of the High Court. Because certain things were said to him about his matter and his CV, he decided to withdraw his matter. He withdrew that matter; he chose not to go to the Court of Appeal; he chose not to go to the Privy Council. So to put that on the table now and have my chairman or anyone of us, speak to it, it means to say you are trying that matter.

Mr. Chairman: But you would appreciate that it was brought to our attention.

Mr. Pascall: Yes. I advocate, Chairman, and I hope your Members would rule on it.

Mr. Chairman: Any other comments on this? Okay. Miss Hospedales?

Miss Hospedales: Thank you, Mr. Chair. I would like to ask with reference to the treatment of HIV and AIDS. How is this integrated into community services? That is one.

The other one is: what strategy do you all have in place to address the issue of the elderly being abandoned at the hospitals? The other thing is, in "Nursing Cluster Four" it is observed that there are no school health personnel employed.

Dr. Aghaegbuna: With health promotion, we are integrating HIV care into the community, even though we do have a health promotion that was under the THA taking care of HIV patients. We are integrating that into primary care. We have identified four centres for rapid HIV testing, which was in line with Trinidad through the Ministry. We have rapid HIV testing, which is now being offered in those four centres.

With regards to the abandoned elderly, working with the department of health and social services, we are still trying to integrate using some of the nursing homes in the community which we have to review to make sure they keep up with institutional requirements, where we can place abandoned, non-acute cases, obviously, because if they have any medical problem, they will have to be taken care of in the hospital setting, but if they are abandoned, the department of health and social services would work with us to situate them in a proper home. I did not catch the third question.

Miss Hospedales: The third question related to no school health personnel employed under "Nursing Cluster Four, which covers Mason Hall, Castara, Moriah and Palatuvier.

Ms. Procope-Beckles: What that is stating is not that there are no school health persons employed, all the district health visitors do school health. What this new structure is proposing, is that there will actually be a school health nurse, because, as you know, in both Trinidad and Tobago there were nurses who were trained specifically in school health. We have three of those in Tobago, and you would notice that in three areas there are the school health nurses, so they still need to have one other additional schools nurse for that area. However, as I stated, all district health visitors in Tobago do school health.

Mr. Chairman: I think we will have to wrap up now. We are going to try and close by 1.00 o'clock; we are running a little over. Is there anything that, perhaps, Mr. CEO, that you would like to communicate to us that we have not asked; that we did not raise? Maybe there are some fantastic stories that you want to share with us. Is there anything that we overlooked that you would like to bring to our attention?

Mr. Bell: If I may, Chairman, again, when you look at what the TRHA is asked to do in the context of an island—and I am saying this as again in the context of a number of people in an island—it has to manage approximately 21 primary care facilities; it has to supply those facilities with quality and competent personnel, with equipment. Dr. Gopeesingh was making the point in terms of dissecting visits into patients and so forth. We know that there is some work to be done, so that there is a research component that we have to do some work in, in

terms of improving that. Again, taking his point, and certainly it is something we have been looking at for some time, to reduce that visit to the accident and emergency that resides within the secondary care system.

But when you look at that and together with, for example, how that is supported by the Tobago Emergency Management System in terms of the ambulances that we have supported through that system, I think we are the only one at this point in time, actually, as an RHA that manages that facility. Other than that, I think it has been hived off to private institutions and so on. We have been able to actually get that response time down from where it was some years ago, from about 31 minutes response time to about 17 minutes.

I have not had—and I am saying this because those ambulances, for example, came on stream just before I got there, and I have not had, certainly no more than two complaints in terms of that response time, and it is almost a year. So we must be doing something good. We have to expand the services. There are a few vacancies inside there—about four or five of them, and we have to expand that and we are looking at possibly increasing the fleet to support other functions as well. But that is a hallmark.

In terms of oncology, as well, that, too, is a hallmark in the island because at one point in time almost everybody had to come to Trinidad for chemotherapy. I could tell you this because this has affected me, personally, within my family.

Then we have the system of dialysis that is now improved, and that is a significant hallmark as well. We are expanding a number of the other services, whether it be ophthalmology and so forth, and together with the collaboration with the THA and particularly the division of health and social services, as we deliver what we are asked to deliver and we are able to deliver in the confines of, whether it is budget, people, information, equipment, and so on, we have been doing a very good job.

When Dr. Wheeler, as the Vice Chairman of this august body, could talk about no deaths within the last how many years, maternal and so forth, that is significant compared to what it might have been some time ago. I am saying that, as well, in the context of a facility that are operating with. And for those of us who are out of Tobago, who live there, or whatever, will understand that. We have been doing, I would think, a tremendously good job. There is more to do, and taking into consideration our own strategic plan and direction and the whole strategic intent and whether that comes through the THA, the division or the Ministry, and our responses to that in terms of satisfying those needs, as we take that, together with the collaboration that we have with the various agencies, be it the Ministry, the division and the THA, to again to deliver health care services to the people of Tobago, I think we have been doing a very good job. There is much more to do; there will always be more to do, but I think

we are basically on top of it with some of the—at least those deliverables that we have been asked to do.

Thank you.

Mr. Chairman: Okay. Thanks very much. All that is left for me to do now is to thank you and the team for coming, for the information that you have provided. I would like to remind you that, as you agreed, you would provide some additional information. The committee will ask the Secretariat to remind you of these, or at least to list these so that you can submit the outstanding information to us as soon as possible. I hope that we would not have to call you back here again, so we look forward to receiving the information and compiling the report.

Thank you very much and this meeting is now adjourned and you are excused.

1.02 p.m.: *Meeting adjourned.*