

SIXTH

REPORT
FROM

THE PUBLIC ADMINISTRATION
AND APPROPRIATIONS
COMMITTEE

EXAMINATION
OF

An examination into the internal controls expenditure and the accessibility and availability of diagnostic imaging services at Public Health Institutions with specific reference to the Tobago Regional Health Authority.

Public Administration and Appropriations Committee

The Public Administration and Appropriations Committee (PAAC) is established by Standing Order 102 and 92 of the House of Representatives and the Senate respectively. The Committee is mandated to consider and report to Parliament on:

- (a) *the budgetary expenditure of Government agencies to ensure that expenditure is embarked upon in accordance with parliamentary approval;*
- (b) *the budgetary expenditure of Government agencies as it occurs and keeps Parliament informed of how the budget allocation is being implemented; and*
- (c) *the administration of Government agencies to determine hindrances to their efficiency and to make recommendations to the Government for improvement of public administration.*

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Mrs. Bridgid Mary Annisette-George	Chairman
Dr. Lackram Bodoë	Vice-Chairman
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Mr. Randall Mitchell	Member
Mr. Symon De Nobriga	Member
Mr. Wade Mark	Member
Mr. Laurence Hislop	Member
Ms. Lisa Morris-Julian	Member
Mr. Hassel Bacchus	Member

Committee Staff

The current staff members serving the Committee are:

Ms. Keiba Jacob	Secretary to the Committee
Ms. Hema Bhagaloo	Assistant Secretary
Ms. Khisha Peterkin	Assistant Secretary
Ms. Rebecca Rafeek	Procedural Clerk Intern
Ms. Rachel Nunes	Graduate Research Assistant
Ms. Anesha James	Administrative Support
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Publication

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Date Laid in HOR:

Date Laid in Senate:

Table of Contents

Members of the Public Administration and Appropriations Committee	4
1. INTRODUCTION.....	6
THE COMMITTEE	6
2.METHODOLOGY	8
3. ISSUES, OBSERVATIONS AND RECOMMENDATIONS	10
CONCLUSION.....	21
APPENDIX I.....	23
The Inquiry Process	23
APPENDIX II.....	26
Minutes of Meetings	26
Present were:	27
Appendix III.....	45
Verbatim.....	45

Members of the Public Administration and Appropriations Committee



Mrs. Bridgid Mary Annisette-George
Chairman



Dr. Lackram Bodo
Vice-Chairman



Mr. Wade Mark
Member



Ms. Amrita Deonarine
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Mrs. Ayanna Webster-Roy
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Mr. Hassel Bacchus
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Ms. Lisa Morris-Julian
Member



Mr. Symon De Nobriga
Member



Mr. Randall Mitchell
Member



Mr. Laurence Hislop
Member

EXECUTIVE SUMMARY

This Report of the Public Administrations and Appropriations Committee (PAAC) for the Twelfth Parliament contains the details of the examination into the internal controls, expenditure and the accessibility and availability of diagnostic imaging services at Public Health Institutions with specific reference to the Tobago Regional Health Authority (TRHA).

The Committee in undertaking this examination employed two (2) mechanisms:

- i. Written Submissions; and
- ii. Public Hearing.

The Committee requested written submissions from the TRHA and thereafter focused on a review and analysis of the written submissions. Subsequently, the Committee conducted a Public Hearing with the TRHA on February 9, 2022. The approach adopted by the Committee took into account issues identified in the submissions received and reports in the media.

The Committee made recommendations related to the issues identified. Observations and recommendations are presented in **Chapter 3**.

1. INTRODUCTION

THE COMMITTEE

The PAAC of the Twelfth Republican Parliament was established by the revised Standing Orders to:

- examine the current public expenditure, thereby capturing the full budget cycle by providing Parliamentary oversight of the implementation of the budget; and
- conduct a real-time examination of the expenditure of Ministries and Departments.

Change in Membership

1. In the Twelfth Parliament the Members of the Committee were appointed by resolutions of the House of Representatives and the Senate at sittings held on Friday November 9, 2020 and Tuesday November 17, 2020 respectively.
2. Senator Clarence Rambharat's seat in the Senate was declared vacant on March 16, 2022 as such ceased being a Member of the Committee.
3. Senator Yokymma Bethelmy's seat in the Senate was declared vacant on March 16, 2022 as such ceased being a Member of the Committee.
4. By resolution of the House of Representatives at a sitting held on June 13, 2022, Mr. Symon De Nobriga, MP was appointed a Member of the Committee in lieu of Mr. Stephen Mc Clashie, MP.
5. By resolution of the Senate at a sitting held on June 14, 2022, Senator Laurence Hislop was appointed a Member of the Committee in lieu of Senator Yokymma Bethelmy and Senator Randall Mitchell in lieu of Senator Clarence Rambharat.

Chairman & Vice-Chairman

By virtue of S.O. 109(6) and 99(6) of the House of Representatives and the Senate respectively, the Chairman of the Committee is the Speaker and at its First Meeting held on November 25, 2020, Dr. Lackram Bodoie was elected as the Vice-Chairman.

Quorum

Additionally, in order to exercise the powers granted to it by the House, the Committee was required by the Standing Orders to have a quorum. A quorum of three (3) Members, inclusive of the Chairman or Vice-Chairman, with representatives from both Houses, was agreed to by the Committee at its First Meeting.

2.METHODOLOGY

Determination of the Committee's Work Programme

At an in-camera meeting of the Committee held on Wednesday, December 12, 2021, the Committee agreed to conduct an examination into the internal controls, expenditure and the accessibility and availability of diagnostic imaging services at Public Health Institutions with specific reference to the TRHA.

Review of Documents

The Committee deliberated on the following, namely:

- i. Written Submissions
- ii. Budget Documents; and
- iii. Current news.

The Inquiry Process

The Inquiry Process outlines steps to be taken by the Committee when conducting an inquiry into an entity or issue. The following steps outline the Inquiry process followed by the PAAC for its examination into the internal controls, expenditure and the accessibility and availability of diagnostic imaging services at public health institutions with specific reference to the TRHA

- i. Identification of entity to be examined: TRHA;
- ii. Preparation of Inquiry Proposal for the TRHA;
- iii. Request for a written response was sent to the TRHA on February 16, 2021 and September 14, 2021. Responses were received on March 3, 2021 and November 11, 2021 respectively.
- iv. Preparation of an Issues Paper which identified and summarised matters of concern in the responses provided by the TRHAs;
- v. Based on the recommendations and the issues identified, the Committee agreed to have a Public Hearing. The relevant witnesses were invited to attend and provide evidence on **February 9, 2021**;
- vi. Following the Public Hearing, a request for further details was sent to the TRHA on **December 14, 2021**, and the responses were received on **February 8, 2022**;

- vii. Report Committee's findings and recommendations to Parliament upon conclusion of the inquiry;
- viii. Request for Ministerial Responses.
- ix. Review responses; and
- x. Engage in follow-up.

3. ISSUES, OBSERVATIONS AND RECOMMENDATIONS

1. Absence of a Strategic Plan

Without a coherent strategy, the TRHA lacks the focus needed to achieve goals and develop plans to move the TRHA forward. A lack of objectives means that the Authority does not have a clear vision for the future. Ensuring that the Strategic Plan is promptly drafted then approved without delay remains an elusive goal. The Strategic Plan of the TRHA was in draft during the period 2014–2019. In June 2019, the Board commissioned for a new plan while the 2014–2019 plan remained in effect. A new Board was appointed in January 2022. However, the drafting of a Strategic Plan was delayed until the following key positions were filled:

- General Manager of Operations; and
- Human Resource Management.

The Committee questioned whether the fulfilment or achievements of the previous Strategic Plan's objectives were reviewed. The Chief Administrator indicated that in 2020 a review of the old strategic plan took place and was tweaked to include improvements in the new strategic plan going forward.

Recommendations:

- ***The TRHA should provide an update to Parliament by December 31, 2022 on the following:***
 - i. The development of a new strategic plan;***
 - ii. The filling of the vacant positions of the General Manager of Operations and Human Resource Management; and***
 - iii. The development and implementation of a process map to track the progress, implementation and achievements of its strategic objectives.***

2. Staffing Challenges

Capacity building has typically been defined as the development and strengthening of human and institutional resources. Generally, human resources refers to the skilled and

competent individuals who make up the workforce of an organisation. In its written submission, the Authority stated the following challenges regarding staffing:

- Difficulty in attracting and retaining certain categories of staff in Tobago which results in staff shortages in key areas of the operation; and
- Availability of trained and qualified personnel in Tobago to maintain the equipment.

To resolve these challenges the following steps were taken:

- i. Attempts were made to fill several of the key vacancies;
- ii. The TRHA advertised regionally and internationally to fill clinical positions;
- iii. Utilization of sessional staff to fill gaps against full time staff where there was a dearth of available skills in Tobago;
- iv. Entered into maintenance service agreements because of an improvement in financial allocation; and
- v. Creation of a draft strategic plan for the period 2020-2022. The last strategic plan done by the Authority was for the years 2014 to 2019.

Observation:

- *The Committee recognizes the steps taken to resolve its staffing challenges.*

Recommendations:

- *The TRHA should submit a status update to Parliament by December 31, 2022 to evaluate the success of the steps taken to resolve the challenges;*
- *The TRHA should review trends in staff turnover and devise a plan to mitigate the shortage of personnel over the next six (6) months;*
- *The TRHA should provide long term strategies to improve staff retention; and*
- *The TRHA should develop a succession plan and provide a copy to Parliament by December 31, 2022.*

3. Internal Audit Unit

The TRHA lacks the relevant skills for a robust Internal Audit Unit.

Currently the TRHA's Internal Audit Unit comprises of three (3) employees:

- One (1) Internal Auditor;
- One (1) Audit Officer; and

- One (1) Internal Audit Assistant.

In the written response received the TRHA stated that the Internal Audit Unit has three (3) vacant posts for two (2) Audit Managers and one (1) Audit Officer. It was stated that efforts were made in the past to recruit Audit Managers on two (2) occasions but were unable to attract candidates. The Committee learnt that the last time staff was recruited for the Internal Audit Unit was August 2, 2013. The TRHA explained that the absence of Audit Managers resulted in:

- number of audits not started;
- financial statements outstanding; and
- Increase workload for the Internal Auditor such as audit planning, reporting and follow-up activities which should be conducted by the Audit Managers.

The TRHA stated that the position was a professional one, which required candidates to be qualified with a professional designation of ACCA, CIA, CPA or CGA, and with at least five years of experience in Internal or External Audit post completion of being certified having experience in planning of audits, audit reports and assessing risk. The last salary range used for the position was on range 59, plus travelling and cola which is not attractive for such professionals.

Observation:

- *The Committee notes the challenges faced in the recruitment of audit professionals for the TRHA's Internal Audit Unit.*

Recommendation:

- *The TRHA should identify the steps to be taken for the recruitment of an Audit Manager and submit to Parliament by December 31, 2022.*

4. Unaudited Financial Statements

The timely submission of Audited Financial Statements to Parliament is pivotal in ensuring the proper oversight of public funds.

In a written response dated April 27, 2021, the Auditor General (AG) stated that the last financial statements for the TRHA was audited in 2013. During the period March 2019 to June 2019, the Department attempted to audit the financial statements for the financial years 2013-2015, however the audit was aborted due to the following limitations:

- i. Lead schedules were not provided for audit;
- ii. Since the schedules were not provided the AGD was unable to “attest” to balances in the financial statements;
- iii. Senior management personnel including key accounting personnel were sent on administrative leave therefore pertinent information and explanations were unavailable;
- iv. The internal auditor was assigned as the liason person which was not appropriate since an officer in the postion should not be involved in work of an accounting nature; and
- v. The internal auditor tried to assist with the accounting work but coupled with normal duties, the many issues were not addressed.

As a result of the above limitations the AGD was only able to perform its auditing duties on the 2013 financial statements. As at April 2021, the review in respect of the 2013 financial statements was close to completion and a report would be issued with the appropriate conclusions. Additionally, the AGD was awaiting confirmation for a date in the month of May 2021 for the start of the audit for the financial years 2014-2018.

Updated information received from the AGD dated March 9, 2022, indicated that the fieldwork on the financial statements of the TRHA for the financial year 2014 was completed in January 2022 and was in the quality review stage. The AGD explained that the audits of the 2014-2018 financial statements were futher delayed as a result of the restrictions of the Public Health Regulations implemented as a result of the COVID-19 pandemic.

Recommendations:

- *The AGD should submit a status update on the completion of the audit of the financial statements for fiscal 2014-2021 to the Parliament by December 31, 2022; and*
- *The TRHA should submit a report to the Parliament on the initiatives undertaken to address the weaknesses in the financial reporting system by December 31, 2022.*

5. Arrears owed to National Helicopter Services Limited (NHSL)

At the public hearing held on February 9, 2022 the TRHA indicated that patients were transferred to Trinidad via helicopter to access services such as Cath Lab Services. The Committee questioned the cost incurred to utilise helicopter services. Officials stated that the TRHA incurs a cost of \$115,000 per transfer as the cost is incurred at \$60,750 per hour with each transfer on average taking 1-2 hours. On average ten (10) patients are transferred to Trinidad via helicopter per month, however this fluctuated as a result of the COVID-19 pandemic. Officials further indicated that the sum per year for helicopter services was approximately \$13.5 million and as at January 2022, the total sum owed was around \$27,000,000. After discussions with the Ministry of Finance a payment plan was devised to settle this liability.

The Committee queried whether the TRHA considered providing this service itself, officials stated that consideration for the provision of the service was ongoing

Subsequent information dated February 22, 2022 provided by the NHSL specified that as at February 1, 2022 the sum owed by the TRHA was \$28,303,551.58 for the period May 2019 to February 1, 2022. NHSL stated that the last payment was received on October 21, 2021 in the amount of \$3, 943,210.94.

Observation¹:

- *The Committee notes the sum allocated to the TRHA for the payment of overdue debts to the National Helicopter Services (\$27.8 million) in the 2021 Mid-Year Review.*

Recommendations:

- *The TRHA in collaboration with the Ministry of Finance should provide a status update on the payments of the sum owed to NHSL to Parliament by December 31, 2022;*
- *The TRHA should provide an update to Parliament by December 31, 2022 on the plans to make services that are not available in Tobago to its residents by December 31, 2022; and*
- *In the interim, the TRHA should provide an update to Parliament by December 31, 2022 on the plans to reduce the use of the helicopter services and its corresponding cost.*

6. Fulfillment of Sustainable Development Goal (SDG) 3 – Good Health an Well-Being

SDG 3 aims to ensure healthy lives and promotes well-being at all ages which is essential to sustainable development. The Committee questioned the steps taken by the TRHA to fulfill SDG 3. Officials indicated the following:

1. Reducing maternal mortality;
2. Preventable deaths of newborns and children under 5;
3. HIV and AIDS Management;
4. Mortality from non-communicable diseases and promote mental health;
5. Substance abuse;
6. Road Injuries and Deaths;
7. Universal access to sexual and reproductive care, family planning and education;
8. Universal Health Coverage;
9. Reduce illnesses and deaths from hazardous chemicals and pollution;

¹ Ministry of Finance website, 2022 Mid-Year Budget Review. Accessed on October 25, 2022: <https://www.finance.gov.tt/2022/05/16/supplementary-appropriation-and-budget-mid-year-review-statement-2022/>

10. Support research, development and universal access to affordable vaccines and medicines; and
11. Improved alertness or early warning for health risks.

The TRHA stated that it provides comprehensive health care to persons throughout every stage of their life cycle ensuring health and well-being for all. As an oversight mechanism of the implementation of the factors listed above, the TRHA's management and Board receives monthly reports on the achievement of the programmes while also managing the cost of its programmes to ensure its kept within budget. Additionally, the following projects/programme have been undertaken by the TRHA in its efforts to fulfil SDG 3:

- i. Implementation of Obstetric Record - In 2017, the TRHA piloted a perinatal information system (SIP) which is a software program that was donated by PAHO as part of a national effort to improve the care of women in pregnancy and childbirth by standardizing the Obstetric record.
- ii. Improved Contraceptive Methods - Another effort to improve maternal health by the TRHA was to improve counselling of women after giving birth to provide contraception to assist them in properly spacing and planning their pregnancy. In this regard, the TRHA was part of a pilot of the introduction of a long acting reversible contraceptive implant named Jadelle.
- iii. The following are other initiatives introduced by the TRHA for the well -being of the population in fulfilment of SDG 3:
 - Healthy Homes Healthy Families programme
 - Healthy Workplace Concept
 - Healthy Eating Active Living (HEALC) children's Camp.
- iv. Training and retraining of the staff to keep current with appropriate health and medical information in the care of patients.

Challenges

Some of the challenges experienced by the TRHA in measuring the success in the achievement of SDG 3 were as follows:

- Pregnant women booking late in pregnancy;

- Scheduling timely appointments at the hospital specialist clinic when sent by the District Medical Officer or the District Health visitor;
- Pregnant women being referred to the hospital and turning up at the health centre with no referral;
- Pregnant women discharged from hospital and turning up at the health centres with no referral;
- “Equating the tangible outcomes with intangible outcomes”. There is an assumption that well-being can be quantified; and
- Misunderstanding the benefits of Primary Care is not always immediate in contrast to secondary care.

To resolve these challenges the TRHA undertook the following:

- Increased collaboration between the Department of Obstetrics and Gynaecology and Primary Care services where there was regular collaboration between the Specialists at the Hospital and the District 41 Health Visitors as it relates to the referral of clients from the Health Centres to the Hospital;
- Advice is also provided by the Specialist Medical Officers Obstetrics and Gynaecology at the Hospital when requested by District Medical Officers when they have pregnant women at the Health Centres with health care issues; and
- The standardization of the SIP software system has improved the communication between hospital and the Health Centres which has resulted in an overall improvement in health care.

Observation:

- *The Committee notes all efforts made by the TRHA to fulfill SDG 3.*

Recommendation:

- *The TRHA should submit a report to Parliament by December 31, 2022 on the benefits expected from the strategies implemented, identifying whether the targets were met and, if not, what remedial actions will be taken.*

Diagnostic Imaging Services

7. Challenges faced in ensuring availability and accessibility of Diagnostic Imaging Services

The challenges encountered while ensuring the availability and accessibility of providing its diagnostic imaging services were as follows:

- i. **Limited staff in key/critical areas** - especially Radiologist, Radiographers, Ultrasonographers and PACS Administrator. The TRHA stated that there was an urgent need to revise the 2012 organisational structure to facilitate recruitment of additional staff to ensure adequate coverage for the growing demand from the expanding services.
- ii. **Long lead time for parts** - Parts for Medical Imaging equipment were costly and as such it will not be economically feasible for the TRHA nor its service provider to stock the critical components onsite or in the country. This means that equipment downtimes were dependent on the manufacturer's build-to-ship supply chain structure, shipping and customs and exercise lead times. Over the last four(4) years the increasing challenge for suppliers to acquire foreign exchange, the COVID-19 pandemic, and fall-outs in manufacturing countries were major contributors to increased estimated lead and delivery time for replacement parts.
- iii. **On-site response time of service providers** - As the TRHA was not on the same island as the service providers, the response time to service request calls were affected by the availability of flights and supplier engineers to travel. Even with a service contract, this was a constant challenge for the TRHA.
- iv. **Maintaining a reliable PAC System** - for remote reporting by Radiologists. This system has since been upgraded in 2021.
- v. **Motivation of staff needed** - e.g. developing and reviewing the current department structure. Staff in the Medical Imaging Department were developing and needed to be placed at various levels with specific roles and responsibility. This system was present in the other RHA's when benchmarking was done.
- vi. **Ultrasonographers urgently require further training to develop their competencies to perform scans for multiple modules.** Examples are paediatric,

musculoskeletal and upper limb doppler. TRHA has only been able to attract ultrasasonographers over the years who have completed the basic or minimum modules.

As a means of resolving the challenge of the on-site response time of service providers, the TRHA recommended that:

- there be access to first-responder maintenance training for the in-house Biomedical Engineering technical staff. Improved competency for the in-house technical staff ensures faster responses for troubleshooting and possible repair of the unit; and
- Formal arrangements and systems between the TRHA and Government owned airline carrier CAL and the Fast Ferry services.

Recommendations:

- *The TRHA should prioritise the revision of its organisational structure to facilitate recruitment of additional staff to ensure adequate coverage for the growing demand of diagnostic services. A copy of this revised structure should be submitted to Parliament by December 31, 2022;*
- *The TRHA should submit a report to Parliament by December 31, 2022 prioritising the provision of the following training:*
 - i. First-responder maintenance training for in-house bio-medical engineering and technical staff; and*
 - ii. Ultrasonographers training to develop competencies to perform scans for multiple modules.*
- *The TRHA should submit a report to Parliament by December 31, 2022 outlining the arrangements or systems necessary to formalise the demand between the TRHA and CAL and TRHA and Trinidad and Tobago Inter-island Transport.*

8. Outsourcing of Diagnostic Imaging Services

RHA's outsource services to other RHA's or private institutions when services were stretched or unavailable. The Committee learnt that TRHA's MRI Unit was in the process of being repaired and the estimated date of completion and return was January 2022. As a result, requested cases were outsourced privately to institutions in Trinidad. It

was also stated that in 2019 the General X-ray Unit was non-functional between November 2019 to January 2020 and these services were outsourced. Also, during 2019, the CT machine was non-functional for several months and emergency cases were outsourced.

The cost per month to outsource services were \$55,000 per month. The following list of providers were engaged, when equipment were non-functional and services were outsourced:

- Gulf Coast Radiology Ltd - On-site Mobile X-Ray services
- Alexandra MRI Limited - MRI services
- Nuclear Associates Imaging Ltd - Bone Scans
- Specialist Clinics of Tobago Ltd - CT Scans
- Alexandra Imaging Center Limited - Pet Scan
- Westshore Medical Radiology - Echocardiogram
- Advanced Cardiovascular Institute - Angiogram/Coronary Services
- Southern Medical Services - Angiogram/Coronary Services
- Cardiovascular Associates Limited - Transesophageal Echo

Recommendations:

- ***The TRHA should provide an update on whether the repair of the MRI Unit was completed by the stated time (January 2022) to Parliament by December 31, 2022; and***
- ***The TRHA should provide a status update to Parliament by December 31, 2022 for all functional and non-functional machines (including all services being outsourced and the corresponding cost) to date.***

CONCLUSION

The RHAs were established to provide efficient systems for the delivery of health care across Trinidad and Tobago. The TRHA falls under the purview of the THA. The business of the Tobago Regional Health Authority (TRHA) is to promote and deliver client focused, cost effective, efficient, equitable, holistic and quality health care in a humane and suitable manner, by staff committed to excellence and professionalism.

During the Second Session of the Twelfth Parliament, the PAAC conducted an examination into the internal controls, expenditure and the accessibility and availability of diagnostic imaging services at Public Health Institutions with specific reference to the Tobago Regional Health Authority/ Several issues such as outdated strategic plan, outsourcing services, staffing, challenges, unaudited financial statements, arrears owed to National Helicopter Services Limited for services provided for citizens care, diagnostic imaging services and staffing issues in internal audit were identified and a number of recommendations were highlighted to address these issues.

The Committee is of the view that the adoption of its proposed recommendations will lead to greater efficiency in the health care system by the TRHA. Moreover, the Committee intends to monitor the progress made in the implementation of the recommendations proposed in this Report.

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

Sgd.
Mrs. Bridgid Mary Annisette-George
Chairman

Sgd.
Dr. Lackram Bodoie
Vice-Chairman

Sgd.
Mrs. Ayanna Webster-Roy
Member

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Ms. Amrita Deonarine
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Member

Sgd.
Mrs. Lisa Morris-Julian
Member

Sgd.
Mr. Randall Mitchell
Member

Sgd.
Mr. Laurence Hislop
Member

APPENDIX I

The Inquiry Process

The Inquiry Process

The Inquiry Process outlines steps to be taken by the Committee when conducting an inquiry into an entity or issue. The following steps outlines the Inquiry process followed by the PAAC:

1. Identification of entity to be examined;
2. Preparation of Inquiry Proposal for the selected entity. The Inquiry Proposal outlines:
 - Description
 - Background;
 - Overview of Expenditure
 - Rationale/Objective of Inquiry; and
 - Proposed Questions.
3. Consideration and approval of Inquiry Proposals by the Committee and when approved, questions are forwarded to the entity for written responses;
4. Issue of requests for written comment from the public are made via Parliament's website, social media accounts, newspaper and advertisements;
5. Preparation of an Issues Paper by the Secretariat for the Committee's consideration, based on written responses received from the entities. The Issues Paper identifies and summarises any matters of concern in the responses provided by the entity or received from stakeholders and the general public;
6. Review of the responses provided and the Issues Paper by the Committee;
7. Conduct of a site visit to obtain a first-hand perspective of the implementation of a project (optional);
8. Determination of the need for a Public Hearing based on the analysis of written submissions and the site visit (if required). If there is need for a public hearing, the relevant witnesses will be invited to attend and provide evidence. There is usually no need to examine the entity in public if the Committee believes the issues have little public interest or the Committee believes that the written responses provided are sufficient and no further explanation is necessary.
9. Issue of written request to the entity for further details should the Committee require any additional information after the public hearing.

10. Report Committee's findings and recommendations to Parliament upon conclusion of the inquiry.
11. Engage in follow-up.

APPENDIX II

Minutes of Meetings

**THE PUBLIC ADMINISTRATION AND APPROPRIATIONS COMMITTEE
SECOND SESSION, TWELFTH PARLIAMENT
MINUTES OF THE SEVENTH MEETING HELD VIRTUALLY ON
WEDNESDAY FEBRUARY 09, 2022 AT 1:42 P.M.**

Present were:

Mrs. Bridgid Mary Annisette-George	-	Chairman
Dr. Lackram Bodoë	-	Vice-Chairman
Ms. Yokymma Bethelmy	-	Member
Mr. Clarence Rambharat	-	Member
Mr. Wade Mark	-	Member
Mr. Hassel Bacchus	-	Member
Mrs. Ayanna Webster-Roy	-	Member
Ms. Keiba Jacob	-	Secretary
Ms. Hema Bhagaloo	-	Assistant Secretary
Ms. Rachel Nunes	-	Graduate Research Assistant
Ms. Rebecca Rafeek	-	Procedural Officer Intern
Ms. Kelly Cipriani	-	Parliamentary Intern

Excused was:

Ms. Amrita Deonarine	-	Member
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Absent were:

Mrs. Lisa Morris-Julian	-	Member
Mr. Stephen Mc Clashie	-	Member

COMMENCEMENT

- 1.1 At 1:42 p.m. the Chairman called the meeting to order and welcomed those present.

EXAMINATION OF THE MINUTES OF THE SIXTH MEETING

- 2.1 The Committee examined the Minutes of the Sixth (6th) Meeting held on December 8, 2021.
- 2.2 There being no omissions or corrections, the Minutes were confirmed on a motion moved by Ms. Yokymma Bethelmy and seconded by Mr. Hassel Bacchus.

MATTERS ARISING FROM THE MINUTES OF THE SIXTH MEETING

- 3.1 As per item 4.1, page 2: the Chairman informed Members that the Work Programme was revised by the Secretariat and uploaded to the rotunda (e-repository).
- 3.2 As per item 11.2, page 6: the Chairman informed Members that questions for additional information were sent to the Ministry of Health with a deadline of December 29, 2021. The

responses were received by the Secretariat on February 9, 2022 and uploaded to the Rotunda (e-repository).

OTHER BUSINESS

- 4.1 The Chairman invited Members to raise any matters of concern related to the Committee's work.

PRE-HEARING DISCUSSION: AN EXAMINATION INTO THE INTERNAL CONTROLS, EXPENDITURE AND THE ACCESSIBILITY AND AVAILABILITY OF DIAGNOSTIC IMAGING SERVICES AT PUBLIC HEALTH INSTITUTIONS WITH SPECIFIC REFERENCE TO THE TOBAGO REGIONAL HEALTH AUTHORITY

- 5.1 The Chairman reminded Members that this meeting would be an examination into the internal controls, expenditure and the accessibility and availability of diagnostic imaging services at public health institutions with specific reference to the Tobago Regional Health Authority.
- 5.2 The Chairman invited Members to review the Issues Paper prepared by the Secretariat based on the written response received from the Tobago Regional Health Authority.
- 5.3 The Chairman invited Members to raise any issues or concerns on an examination into the internal controls, expenditure and the accessibility and availability of diagnostic imaging services at Public Health Institutions with specific reference to the Tobago Regional Health Authority. Members discussed the issues of concern and the general approach for the public hearing.

SUSPENSION

- 6.1 There being no further business for discussion *in camera*, the Chairman suspended the meeting at 2:06 p.m., to reconvene in public.

AN EXAMINATION INTO THE INTERNAL CONTROLS, EXPENDITURE AND THE ACCESSIBILITY AND AVAILABILITY OF DIAGNOSTIC IMAGING SERVICES AT PUBLIC HEALTH INSTITUTIONS WITH SPECIFIC REFERENCE TO THE TOBAGO REGIONAL HEALTH AUTHORITY

- 7.1 The Chairman called the public meeting to order at 2:32 p.m.
- 7.2 The following officials joined the meeting:

TOBAGO HOUSE OF ASSEMBLY (THA)

Mrs. Bernadette Solomon-Koroma	-	Chief Administrator
Ms. Shelly Trim	-	Administrator

TOBAGO REGIONAL HEALTH AUTHORITY (TRHA)

Mr. Simon Wiltshire	-	Chief Executive Officer
Dr. Victor Wheeler	-	Medical Chief of Staff – Scarborough General Hospital
Ms. Joan Solomon	-	Manager, Medical Imaging Services
Mr. Jefferson Guy	-	Biomedical Engineer
Ms. Angell Second-Ali	-	General Manager, Corporate Services (Ag.)

7.3 The Chairman welcomed the officials.

7.4 The Chairman outlined the mandate of the Committee and the purpose of the hearing. Introductions were exchanged.

7.5 **Key Issues Discussed:**

1. The status of the review process of the TRHA's Strategic Plan for the period 2014 -2019;
2. The impact of the changes in the executive management of the TRHA;
3. The details surrounding the Cardiac Catheterisation Laboratory;
4. The status of all liabilities;
5. The status of the monies owed to National Helicopters Services Limited and the period for such;
6. The status of the functionality of the MRI machine;
7. The current stock and status of all functional and non-functional medical equipment at the TRHA;
8. The impact that the COVID-19 pandemic has on the provision of diagnostic imaging services and the maintenance of diagnostic imaging equipment;
9. The provision of training for staff at the Roxborough Hospital;
10. The challenges associated with the limited number of radiologists at the TRHA and the impact on the provision of diagnostic imaging services;
11. The need to re-prioritize services based on the TRHA's limited financial capacity;
12. A status update on the use of the PACS System and the need for the upgrading of the PACS system across the TRHA;
13. The details regarding the COVID-19 expenditure under Goods and Services that exceeded the amount received via releases by the TRHA as stated on page 171 of the Auditor General's Report for the year 2020;
14. The cost of outsourcing services by the TRHA;

15. The status of all vacant positions at the TRHA and the reasons for the high number of vacant positions;
16. The challenges associated with the recruitment of suitable candidates for the vacant positions at the TRHA;
17. The need to strengthen the TRHA's monitoring and evaluation unit;
18. The status of the TRHA's internal audit function and internal audit unit;
19. The implications of the TRHA's reliance on the first in first out system when tracking the expiration dates of drugs; and
20. The need for the revision and analysis of the Sustainable Environmental Goals to ensure programmes under its strategic plan are in alignment with Sustainable Developmental Goal 3 Health and Well-Being.

Please see the verbatim notes for the detailed oral submission by the witnesses.

7.6 The Chairman thanked officials for attending and they were excused.

SUSPENSION

8.1 At 5:19 p.m., the Chairman suspended the public meeting to resume for a post- hearing discussion with Members only.

RESUMPTION

10.1 At 5:20 p.m. the Chairman resumed the meeting.

POST-HEARING DISCUSSION

11.1 The Chairman sought Members' views on the public hearing. A discussion ensued.

11.2 The Committee agreed that additional questions would be sent to the TRHA.

[Please see Appendix 1]

ADJOURNMENT

12.1 The Chairman thanked Members for their attendance and the meeting was adjourned to **Wednesday February 23, 2022 at 1:30 p.m.**

12.2 The adjournment was taken at 5:30 p.m.

We certify that these Minutes are true and correct.

CHAIRMAN

SECRETARY

February 9, 2022
Appendix I

Additional Questions to the Tobago Regional Health Authority (TRHA)

Provide the following in writing:

1. The sum of funds owed to the National Helicopter Services Limited (NHSL) and the period for such;
2. The details on the payment plan to settle the liability owed to NHSL;
3. The current stock and status of all functional and non-functional medical equipment at the TRHA;
4. A status report on the projects and programmes undertaken that were in alignment with the Sustainable Development Goal 3 – Good Health and Well-Being;
5. The challenges experienced by the TRHA in measuring the achievement of the Sustainable Development Goal 3;
6. The details on all the services to be provided at the Roxborough Hospital;
 - i. The timeline for the provision of these services;
7. A status update on the use of the PACS System;
8. A status report on the upgrading of the software of the PACS infrastructure;
9. The details regarding the COVID-19 expenditure under Goods and Services that exceeded the amount received via releases by the TRHA as stated on page 171 of the Auditor General's Report for the year 2020; and
10. The projected end of life date for the CT scan machine.

Review of Strategic Plan 2014-2019

Questions:

1. Since the submission of this response in March 2021, has there been any progress regarding the completion of the Strategic Plan?
 - i. If no, what challenges have occurred?
 - a. How are the challenges being resolved?
 - ii. If yes, what period will the new Strategic Plan cover?
 - a. When will the plan be formally adopted and operationalized?
2. Will the TRHA require additional financial resources regarding the development of this strategic plan?
3. What is the status of the achievement of the strategic objectives listed in the strategic plan for the year 2014 to 2019? (Table 2: TRHA strategic priorities, goals and objectives in 2019 page 39).
4. What risks were identified?
5. What were the financial impact and mitigation plans to prevent or curtail the known risks?
6. What were the challenges encountered in the implementation of the plan?

In th written response received the TRHA indicated (pg. 13) that the Division is particularly concerned about:

- ✓ establishing a quality standard *vis a vis*, the move toward accreditation;
- ✓ integrating primary and secondary health care;
- ✓ the introduction of specialist services;
- ✓ increasing ICU services;
- ✓ establishing a medical tourism industry; and
- ✓ overall, a sustained, quality, enhanced healthcare that would be a model for the entire region.

1. What has been done to address these concerns as stated in the plan?

Strategic Goals and Objectives (pgs. 39-42 of response)

Questions:

1. To what extent have these goals and objectives been achieved?
2. If not, what were some of the challenges faced?
3. If yes, how did the TRHA measure the fulfillment of its objectives?

Review of Written Submission

Staffing (pg. 3 of response)

Questions:

1. What was the overall response of staff during this pandemic?
2. What initiatives were taken by the Human Resource Department to assist staff in coping with the pandemic?
3. Provide a breakdown of all vacant positions.
 - i. What are the reasons for the high number of vacancies?
 - ii. What active steps are being taken to fill these positions?
 - iii. Will the persons acting in the 44 vacant posts be appointed to these positions? If no, why not?
 - iv. How has this affected the daily operations of the TRHA?
4. Provide a breakdown of the positions filled and the date each position was filled
5. Has the number of vacancies increased at the TRHA since the submission of your response to the Committee?
6. The TRHA hired temporary staff in various categories to deal with the COVID-19 pandemic.
 - i. Were any of these temporary hires required to fill any of the 530 vacant posts?
 - ii. What was the specific reason for the recruitment of the temporary staff?
 - i. What various categories were they temporarily hired to do?
 - ii. Provide a breakdown.
7. What attempts have been made to fill several of the key vacancies?
 - i. Provide a status update of these attempts.
8. Briefly state, how the mechanisms to ensure staff operate professionally are being monitored?

Targets/Standards developed to meet health priorities (pg. 4 of response)

Questions:

1. To what extent have the mechanisms in place, aimed to ensure staff operate professionally when administering healthcare services?

- i. How are these mechanisms being measured and monitored?
2. How effective has the Health Priorities Planning Matrix in 2018 been in achieving the targets?

Challenges in achieving its mission (pg. 6 of response)

Questions:

1. What are the reasons for the difficulty in attracting, and retaining certain categories of staff in Tobago?
 - i. State the certain categories of staff and the key areas of operation
2. What attempts are being made to fill these vacancies?
3. What was the reason for advertising regionally and internationally to fill clinical positions?
4. How many vacant positions are there in the Clinical Department?

Management of Revenue and Expenditure (pgs 7-8 of response)

1. When was the last audit conducted?
 - i. What were the gaps identified by the External Auditor and the measures taken to close the gaps?
2. How do the Financial Management Information Systems – Microsoft Dynamics GP and ReQlogic provide 360 degrees oversight by management?

TRHA's response to COVID-19 (pg. 8 of response)

The TRHA anticipates that an amount of \$33,000,000 would be utilised to manage COVID-19 for 2021. This includes the COVID-19 vaccine roll out plan, which will start in the second quarter of the financial year 2021. For the period October 2020 to December 2020, the TRHA has spent in its fight against COVID-19:

- \$2,450,078.50 on Goods and Services;
- \$4,899,626.56 on Personnel Cost; and
- have a commitment of another \$721,821.05 on its Goods and Services.

Questions:

1. How was the allocated \$33M for fiscal 2021 spent?

2. Having commenced the COVID-19 vaccine roll out plan in the second quarter of the financial year 2021, was the sum allocated sufficient?
3. How much funds were allocated for COVID-19 in fiscal 2022?
 - i. Will this sum be sufficient?

Capacity of TRHA facilities pg. 9 of response

Questions:

1. Were there any plans in place to increase the capacity of the isolation areas at the Scarborough General Hospital?
 - i. How many medical workers were provided with training?
 - ii. Provide an example of how the training conducted was effective, especially in dealing with high-risk COVID patients.
2. Will there be any future plans to expand the capacity of quarantine facilities in Tobago?

Recurrent Expenditure Allocation pgs. 11-15 of response

Questions:

1. What is the status of the construction of the Moriah Health Centre and the Roxborough Hospital?

For the 2021 Financial Year however, the following works are planned at a total cost of \$20,444,389 with the funds allocated to the TRHA:

Equipment	Purpose
Magnetic Resonance Imaging (MRI) - \$6,000,000	The MRI Machine failed during the COVID lock down period and is in need of major repair works or replacement.
3D Ultrasound Machine - \$500,000	A 3D ultrasound unit for the Radiology Department is needed as the existing units have reached their end of life. A staggered change out of machines is recommended to ensure that in the future the department's ultrasound units do not all reach the end of their useful life period at

	the same time
Computed Tomography Scanner (CT Scan) - \$6,428,000	This unit has reached its end of life and must be replaced to ensure continued delivery of service
Six Dialysis Machines - \$800,000	4 Dialysis Machines to build in redundancies for both the general and isolation therapy areas and 2 Dialysis Machines for the Roxborough Hospital.
One Bicard Mixing and Distribution System for the Dialysis Unit- \$170,918	To support the expansion of the Haemodialysis therapy positions.
VRF Air-conditioning System and Replacement of Condenser Coils on the 170 Ton Carrier Acuasnap Chiller at the Scarborough General Hospital - \$5,500,000.	The air-conditioning systems at various wards of the hospital are non-functional and the professional recommendation is that the system be replaced by a new one. The affected areas are the Paediatrics (PAE), Adult Acute Medical (AAM), Adult Acute Surgical (AAS), Maternity (MAT), Mental Health Unit and Dedicated Rehabilitation Space (MHU & DRS), and 14 Occupational Therapy (OCC) at the Scarborough General Hospital (SGH) located at Connector Road, Signal Hill, Tobago
Picture Archiving & Communication System (PACS) - \$1,045,471	The PACS system used for digitally transmitting X-ray images is at its end of life. The software version owned by the TRHA is no longer being supported by the developers, therefore a new version of the system has to be procured to facilitate continued use of the system.

Questions:

1. On page 15 of the submission, the Authority provided a timeline for the commencement of each project.

- i. Are these timelines on schedule?
 - ii. If no, why not?
2. What is the status of each project listed in the table?
3. What factors contributed to the MRI machine being non-functional?
4. How has the absence of a failed MRI Machine affected the operations of the hospitals and most importantly the patients and other citizens?
5. What interim measures were implemented given the absence of the MRI machine?
6. What steps were taken to rectify this issue?
7. When can the citizens of Tobago expect the machine to be fixed/replaced?
8. Provide a status report on the repair works or replacement of the MRI Machine;
9. Provide a breakdown of the cost incurred via outsourcing services, due to the loss of use of the MRI machine
10. The list of service providers who provides outsourcing services

There is 1 Hospital, 17 Health Centres, 5 Outreach Centres and the Health Promotion Clinic currently under the purview of the TRHA.

Questions:

1. How many requests has been made for the use of the MRI machine since it has been out of commission?
2. In instances like this, what was done to solve this issue?
3. When will the Bicard Mixing and Distribution System for the Dialysis Unit be purchased?
4. When will the purchase of the outlined equipment for the Neonatal Unit occur? Provide an update.
5. How has the lack of Neonatal Equipment affected the unit's operations?

It was also stated that there are funds available to the TRHA for prior years Development Programmes which were released for the purchase of equipment for the Neonatal Unit. Procurement of this equipment is planned for 2021 and they are as follows:

- Resuscitaire NICU/Theatre - \$200,803.
- Scanmate A Scan Biometry - \$312,741.

Questions:

1. Is the purchase of equipment for the Neonatal Unit a priority programme/ project?

2. Briefly state the reason for the release of funds for the purchase of equipment for the Neonatal Unit in the year 2021 and not in the previous years.

Accountability and transparency of the TRHA (pgs. 16-19 of response)

Questions:

1. Were financial and annual reports submitted in a timely manner, to both the CEO and the Chief Administrator? If no, why not?
2. What does the 'tracking sheet submitted to the CEO by department heads' entail?
3. Provide a timeline as to when the budgetary allocation be handed over to each General Manager to manage expenditure for their objectives?
4. Was any report prepared on the utilization of the budgetary allocations and the achievement of the TRHA's objectives?

Internal Audit (pgs. 19-26 of response)

At present, there are three (3) employees in the Internal Audit Unit. One (1) Internal Auditor, One (1) Audit Officer, One (1) Internal Audit Assistant. The Unit has three vacant posts for two (2) Audit Managers and one (1) Audit Officer. Efforts were made by the TRHA in the past to recruit Audit Managers, but on two occasions attract the successful candidates to the organization.

Questions:

1. When was the last time staff was recruited?
2. State the reasons for the TRHA's inability to attract candidates to the organization to fill the position of Audit Manager.
 - i. What were the challenges encountered?
3. How has the absence of an Audit Manager affected the work of the Unit?
4. What was the cost of the training conducted in the year 2014?
5. When was the last in-house training conducted?
 - i. How is employee training prioritized?
 - ii. What is the budget allocated to training for members of staff?
 - iii. How does the company evaluate whether staff training improves operational results?
 - iv. Does the company require any obligatory service from its employees after training is concluded? If yes, for what period?

- v. What plans were in place to ensure value for money from employees' training?
6. What were all the outstanding action items from the audits?
7. Provide a copy of the status report on all outstanding action items from previous audits for the attention of the Audit Committee of the Board.
8. What were the departments with the greatest risk?
9. What are the reasons for the level of risk incurred by these departments?

Inventory Control (pgs. 26-34 of response)

Questions:

1. Has the TRHA experienced any inefficiencies with the use of NIPDEC's Pharmaceutical Division, regarding quality control of pharmaceuticals? If yes, please state.
2. To what extent does the TRHA ensure adequate storage of pharmaceuticals in its warehouse facilities?
3. How is the Demand Forecasting efficiently monitored and tracked to ensure information is free from error?
4. The Authority made the following statement "*method which often-times proves problematic as the assumptions made with respect to expiry dates do not always hold true*" Given this, what alternative methods are being considered to prevent stock expiry and tracking of batch?
5. When does the TRHA expect to hear from the vendor for Cellma, to create dashboards for more comprehensive drug use reporting?
6. What discrepancies, if any, was found in the tracking of trends in the demand of products utilized by the TRHA.
7. Has there been consideration of bi-weekly checks on product numbers in storage, used by the TRHA?
8. Discuss the extent to which inventory usage reports have been comprehensive, since the use of Cellma HIMS from December 2015.

Sustainable Development Goal (SDG) 3: Good Health and Well-Being (pgs. 35-41 of response)

Questions:

1. Discuss the collaboration that has been undertaken with the Medical Research Foundation outlining any future plans.
2. Has the TRHA achieved the points as discussed in ‘Appendix IV – Health Priorities Planning Matrix 2018’?
 - i. Was a Planning Matrix done post fiscal 2018?
 - ii. If yes, for what years? If no, why not?
3. What are the plans in place to improve maternal health in TRHA facilities, in terms of contraception, and assisting them in properly spacing, and planning of pregnancies?
4. Outline any further plans for reversible contraceptive implants such as Jadelle, which is currently being used by the TRHA.
 - i. Has there been any instances of adverse side effects in women using this method of contraceptive?
5. How often were staff giving training opportunities, to keep current with appropriate health and medical information in the care of patients?
6. Describe the success of the collaborative efforts between the Department of Obstetrics and Gynecology, and Primary Care services as it relates to the referral of clients from the health centres to the Hospital.
7. What are some of the inefficiencies in the care of pregnant women at TRHA’s health centres, who experience more serious, than normal, health issues?
8. To what extent has, the standardization of the Perinatal Information System (SIP) improved the communication between hospitals and the health centres?

Financial Statements pages 11-15

A request for a status update on the audit of the Financial Statements for the TRHA was sent to the Auditor General (AG) on Monday May 26, 2021. See **Appendix I** for response.

Questions:

In the response received from the Auditor General’s Department (AGD), the AGD indicated that arrangements were being made with the management of the Authority to have the financial statements for fiscal 2014 audited. The AG stated that the month of May 2021 was the proposed date for audit.

1. In 2019 the AGD attempted to audit the 2013-2015 financial statements however this was aborted due to a number of limitations (See page 2 Appendix). Has the TRHA sought to rectify the limitations stated?
2. What is the status of the auditing of the financial statements for fiscal year 2014?
3. What is the status of the submission of the financial statements for the year 2020 to the Auditor General?
4. When was the last time the TRHA liaised with the AGD with regard to the auditing of the financial statements?
 - i. What was the feedback provided?

Diagnostic Imaging Services

General Questions

Based on response to Question 1

a. Ultrasound

The TRHA indicated that 70-80 requests are made per day for Ultrasounds, however an average of 40-45 patients are serviced. As such, all cases from Accident and Emergency (A&E), Health Centers and Wards are completed on the same day. Patients with clinic appointments are done on or before the day of the appointment. This is as a result of the number of ultrasound machines available and the limited human resource with this skillset. This demand has increased drastically with the presence of COVID-19 and has created a challenge.

Questions:

- i. What has been done to remedy the challenges created by COVID-19?
- ii. How many technicians are available at the RHA to operate ultrasound machines?
- iii. Given the increase in patients, what is the number of ultrasound machines available to patients?

b. CT Scan

Questions:

- i. How many CT scanners are available for patients use?
- ii. Describe what types of cases will be placed on the 2-3 weeks waiting time.
- iii. Has there been any increase in the request for this service since the beginning of COVID-19?

- iv. Have any patients been postponed or refused for any reason other than it's a non-emergency case? If yes, please provide context.

c. Mammography

Questions:

The RHA stated that lower numbers in service over the period 2020-2021, are as a result of the onset of the COVID-19 pandemic and implementation of departmental restrictions.

- i. What are the restrictions implemented?
- ii. Describe the PACS issues encountered?
- iii. State the limitations faced with resident Radiologists and Radiographers.
- iv. How many radiographers and radiologists are employed at the RHA?
- v. What is the number required to fulfill the demand for a mammography?

d. Bone densitometry

Questions:

- i. How will the decommissioning of this machine affect patients that urgently require this service?
- ii. What is the cost per patient to outsource this service?

e. MRI

Questions:

- i. Is the MRI machine on schedule to be repaired by January 24th, 2022?
- ii. How long has the unit been out of service?
- iii. How has the outsourcing to Trinidad affected the care of the patients seeking this service?
- iv. What is the cost per patient to receive this service?

Based on the response to Question 2:

See table 1: Maintenance Data for Modalities at the TRHA 2018-2021

The number of equipment available are as follows:

Scarborough General Hospital

- i. Ultrasound – 7
- ii. Fluoroscopy – 1
- iii. Mammography – 1
- iv. CT – 1
- v. X-Ray – 4
- vi. MRI – 1
- vii. Bone Density – 1

Roxborough

- 1. X-ray – 2
- 2. CT – 1
- 3. Ultrasound - 2

Questions:

- 1. What does the acronym “BOS” stand for?
- 2. According to the date provided equipment with “***” are closed or reached its recommended lifespan. These are the X-ray machines for Mammography and Fluoroscopy, the CT Scan Machine and the Maternity ultrasound machine at the Scarborough Hospital.
 - i. How has the lack of functionality of these respective machines affected patients that seek its services?
- 3. How often is a CT scan machine utilised? (was not listed in response received)
- 4. What is the sum allocated for the purchasing and maintenance of imaging equipment?

Based on the response to Question 3:

Questions:

- 1. When will the costing of services begin in this financial year?

Based on the response to Question 5:

Questions:

- 1. When will the revision of the organizational structure be conducted?
- 2. In the last four (4) years, how many imaging equipment have been non-functional due to the challenge of long lead time for parts?

3. What is the location of the service provider? How long has this been a challenge?
4. What does the RHA suggest will assist in the motivation of staff assigned to the Medical Imaging Department?
5. What training will be offered to ultra-sonographers in this fiscal?

Based on the response to Question 6:

Questions:

1. What are the reasons for the lengthy delay in the waiting time for Ultrasounds?
2. How has the reassignment of staff affected the provision of Mammograms?

Maintenance

Based on the response to Question 3:

Questions:

1. Is the sum of \$252,675.00 the cost of annual maintenance for 2020/2021 and 2021/2022?
 - i. If yes, what was the cost per year? Provide a breakdown.

Appendix III

Verbatim

**VERBATIM NOTES OF THE SEVENTH VIRTUAL MEETING OF THE PUBLIC
ADMINISTRATION AND APPROPRIATIONS COMMITTEE HELD, (IN PUBLIC),
ON WEDNESDAY, FEBRUARY 09, 2022, AT 2.33 P.M.**

PRESENT

Mrs. Bridgid Annisette-George	Chairman
Dr. Lackram Bodoë	Vice-Chairman
Mrs. Ayanna Webster-Roy	Member
Ms. Yokymma Bethelmy	Member
Mr. Clarence Rambharat	Member
Mr. Hassel Bacchus	Member
Mr. Wade Mark	Member
Ms. Keiba Jacob-Mottley	Secretary
Ms. Khisha Peterkin	Assistant Secretary
Ms. Hema Bhagaloo	Assistant Secretary
Ms. Rachel Nunes	Graduate Research Assistant

ABSENT

Mr. Stephen Mc Clashie	Member
Mrs. Lisa Morris-Julian	Member
Ms. Amrita Deonarine	Member

TOBAGO HOUSE OF ASSEMBLY (THA)

Mrs. Bernadette Solomon-Koroma	Chief Administrator
Ms. Shelly Trim	Administrator

TOBAGO REGIONAL HEALTH AUTHORITY (TRHA)

Mr. Simon Wiltshire	Chief Executive Officer
Dr. Victor Wheeler	Medical Chief of Staff- Scarborough General Hospital
Ms. Joan Solomon-Forde	Manager, Medical Imaging Services
Mr. Jefferson Guy	Biomedical Engineer
Ms. Angell Second-Ali	General Manager, Corporate Services (Ag.)

Madam Chairman: —parliamentary approval;

- (b) the budgetary expenditure of government agencies as it occurs and keeps Parliament informed of how the budget allocation is being implemented; and
- (c) the administration of government agencies to determine hindrances to their efficiency, and to make recommendations to the Government for improvement of public administration.

The purpose of this meeting is examine the internal controls, expenditure and the accessibility and availability of diagnostic imaging services at public health institutions with specific reference to the Tobago Regional Health Authority.

The role of the Committee is to:

1. Assist the stakeholders in achieving the efficient delivery of services while ensuring that expenditure is embarked upon in accordance with parliamentary approval;
2. Determine the challenges being faced and possible solutions to these challenges; and
3. Make recommendations for improvement of public administration.

This meeting is being broadcast live on the Parliament's YouTube Channel *ParlView* and there will be a delayed broadcast on Parliament's Channel 11 and radio 105.5 FM. Viewers and listeners can send their comments related to today's enquiry via email: Parl101@ttparliament.org, [Facebook.com/ttparliament](https://www.facebook.com/ttparliament) and Twitter [@ttparliament](https://twitter.com/ttparliament). Participants are kindly advised that their microphones should remain muted until recognized by the Chair.

I therefore now will invite the members of the Committee to introduce themselves and that would be followed by introductions from the Tobago House of Assembly and the Tobago Regional Health Authority. So can I ask the members present here, maybe we can start with the Vice-Chair to introduce themselves.

[Introductions made]

Madam Chairman: Thank you very much. And then maybe we can invite the members of the Tobago House of Assembly, headed off by the Chief Administrator to introduce herself and her team.

[Introductions made]

Madam Chairman: Thank you very much, both to the Chief Administrator and the Administrator. And at this stage what I would like to do is to invite the Chief Administrator to make brief opening comments if she wishes.

Mrs. Solomon-Koroma: Good afternoon again, Chairman, Madam Chairman, and thank you for having us at this meeting to discuss issues concerning the diagnostic imaging services provided at the Tobago Regional Health Authority. These services include: general X-raying, ultrasound, CT scan, MRI and mammography to name a few and they are provided primarily at the Scarborough General Hospital and more recently at the Roxborough Hospital. Our main thrust of course at this time is dealing with the COVID-19 pandemic and I would like to take this opportunity to thank all the health care workers and the frontline workers who put their lives at risk daily to keep us safe. Once again thank you, Madam Chair.

Madam Chairman: Thank you, Chief Administrator, and then I will turn the mike to the Chief Executive Officer of the Tobago Regional Health Authority to make a brief opening statement. Mr. Wiltshire.

Mr. Wiltshire: Madam Chair, Committee members, thank you for allowing us this opportunity to present to this Committee. The Tobago Regional Health Authority, the TRHA, guided by its mission and vision focuses on providing the highest quality of health care services to the clients in the Tobago landscape. The operations of the TRHA fall under the purview of the Tobago House of Assembly, the THA, which has the responsibility for health in Trinidad and Tobago under the Fifth Schedule.

As the Chief Administrator said the health care services are provided through the Scarborough General Hospital located at Signal Hill and 22 community-based health care facilities. The hospital has the main services and ultrasound is now again being offered through the Roxborough facility.

We are grateful for the opportunity to present to this Committee and look forward to a productive session and the positive outcomes that can be derived from medical imaging services offered throughout Trinidad and Tobago. We look forward to the support and assistance that can be provided to us through this opportunity. Thank you.

Madam Chairman: Thank you very much. And I would just like lead off our conversation in, you know, as the CEO said, he spoke about your mission and vision and to put it sort of in a context, in that, from the submission I am seeing that the last strategic plan of the TRHA was

for the period 2014/2019. And I would like to ask if there has been a review of this plan and what achievements—has the Regional Health Authority achieved the objectives of the plan?

Mrs. Solomon-Koroma: Madam Chair, the last strategic plan as you rightly indicated was for the period 2014 to 2019 and in 2020 it was presently being reviewed by the current Secretary at the time and the Administrator. However, with the recent change in events we have had a change in the executive, at the executive level. So a new strategic plan is currently being developed and the Administrator of the Division should be able to speak more to that. So I will hand over to Ms. Trim.

Madam Chairman: Thank you very much.

Ms. Trim: Thank you, Madam Chair. In addition to reviewing the new strategic plan which would have covered from, well, 2020, it would have also been in conjunction with the TRHA Board. The last Board had been appointed in September 2020 for a period of two years, and in addition they also had felt with the new on-boarding of a CEO and key critical positions, such as the General Manager of Operations, the General Manager of Human Resource Management, they would have recently assumed duty in January 2022. So it was felt that it should be delayed until we have these key personnel on board to do a new strat plan.

Madam Chairman: So, if I understand correctly, a review has not been done of the strat plan, 2014 to 2019?

Ms. Trim: To determine key objectives, I do not have that information at hand, Madam Chair.

Madam Chairman: But—so, you have it or it is just that you do not have it at hand?

Ms. Trim: We do not have it at hand. I am sure there is a review.

Madam Chairman: So let me ask, when would that review be completed?

Ms. Trim: Now that we have the CEO and the key administrators with the GM and all of that, however the last Board resigned in December. So I anticipate the appointments of a new board so that everyone would have an input in the new strat plan.

Madam Chairman: Okay, so we are talking about the new strat plan?

Ms. Trim: Yes, Madam Chair.

Madam Chairman: Okay. I am asking about the old strat plan, if there has been a review of it so that you know what objectives have been achieved. I understand you to tell me it is not at hand. So does it mean that it is something you can supply us or it has not been done?

Ms. Trim: I can seek to supply you with that, Madam Chair. I have not seen it, I recently took over at this Division, but I will seek to liaise with the CEO and my predecessor to confirm whether or not that can be provided to you.

Madam Chairman: Okay, thank you. Well, I have the Chief Administrator here. So the Chief Administrator may be in a position to answer, because I understand the CEO is also new. Okay, so maybe the Chief Administrator is in a position to let us know if there has been a review of the old strat plan, because your submission says, that in the absence of a new one you continue on that old one. So I want to know if there has been a review to know if it is relevant, if those objectives have been achieved and we are just, you know, sailing down the road. What guides us?

Mrs. Solomon-Koroma: Okay, Madam Chair, in 2020 I would have met with the then Secretary of the Division and the Administrator and the Board and there was a review taking place of the strat plan to look at it and to see how best they could tweak it to improve on the new one going forward. Now, events overtook us then and that secretary was replaced by another secretary and then we had an election again and we now have a new Executive on board with a new Administrator who just started in December and a new CEO who started I believe in January. Because events overtook us that review has been placed on hold at this time.

Madam Chairman: Okay, so thank you very much. So let me ask this, because there has been no review or a review has not been completed, would you be in a position at all to tell us about any key objectives which have been achieved throughout the period 2014 to 2019/2020 which were objectives under the strat plan?

Mrs. Solomon-Koroma: Madam Chair, because the key personnel have changed we do not have that information at the time but I know that there was a review taking place with the then Secretary and the Administrator at the time. And as the current Administrator indicated the Board has changed as well. So the key persons who would have been involved in the review are not here presently. So we would not be able to say whether any objectives were achieved.

Madam Chairman: Okay, so let me ask this, I think it is quite clear from what you said, what your challenges may have been. Other than the challenges of the changing of the key personnel and the elections and so, could you identify if there were any other challenges involved in the review and the preparation of a new strat plan?

Mrs. Solomon-Koroma: Well, I know that at the time the Secretary was looking at data gathering, they thought it was important that they should have data in terms of the non-communicable diseases so they were looking at building a database so that they could have that information on hand. And they were also looking at ways of improving customer service because there were a lot of complaints coming out from members of the public regarding that. There were also challenges with funding which I believe still exist, right. So off the top of my head, those are some of the things I know they were looking at.

Madam Chairman: Okay. And therefore, now that we have a CEO, now that we have a new Administrator, we have a new Chief Administrator and so on, could you give us any idea of when a review is likely to be completed and when a new strat plan would be commissioned?

Mrs. Solomon-Koroma: Okay, I will hand over to the accounting officer of the Division who is currently liaising with the Secretary on that to provide an update and response on that. Ms. Trim.

Madam Chairman: Thank you.

Ms. Trim: Thank you, Madam Chair. So I can commit that within a month or, let me not say a month or two, by the end of March 2022, because the CEO came on board on the 1st of February. There was a matrix that we can be guided by with respect to the key deliverables and whether or not we would have achieved that, as well as the new strat plan. I would liaise with the Secretary to have a sense of when a new board can be appointed to give that firm commitment with respect to the new strat plan.

Madam Chairman: Okay, so thank you. So until you have a new board, the strat plan cannot be approved to be implemented is my understanding.

Ms. Trim: Not entirely. It should form part of—the Board should have some input.

Madam Chairman: All right, okay, so that we will follow-up with you all, with communication with the progress of that. Certainly by March if we could get some status—

Ms. Trim: Yes, Chair.

Madam Chairman:—with respect to that. Okay, so I thank you. I now will turn over the conversation to the members of the Committee. Therefore, I will start off the conversation with member Bodoë. I will ask you to ask any questions you would wish at this time. Member Bodoë.

Dr. Bodoë: Thank you very much, Madam Chair, and again welcome to the members to the TRHA and the THA, and just to start off by thanking all the staff, especially doctors and health care workers and so on, in what is a very challenging time with the COVID-19. And I know you have your special challenges in Tobago as well with regard to that, and to wish you well and pledge continued support.

Madam Chair, I just wanted to go back a little bit to the strat plan. I understand the context and what is happening right now with the new board awaiting appointment and so on, but there are three issues in the previous strat plan which caught my attention which I think are relevant and which perhaps merit some discussion or perhaps an update. And those are the objectives of medical tourism, telemedicine and accreditation. Telemedicine especially is important in the times of COVID. But, with regard to the medical tourism, one of the issues with medical tourism of course is that you must be able to provide urgent services and I want to link that to one of the submissions which was sent with regard to the cardiac catheterization laboratory, the Cath lab, and if anyone in the TRHA or maybe the THA, perhaps the Chief Administrator or the Administrator or perhaps the CEO. And again allow me to congratulate Mr. Wiltshire on his recent appointment. I believe that you worked at the SWRHA Sir, when I was chairman so it is good to see you in a senior position in the TRHA and I wish you all the best.

And to say a special hello to the medical Chief of Staff, Dr. Victor Wheeler my colleagues again as well. So I just wanted to know whether we can get any sort of update on where we are with regard to the cardiac catheterization laboratory. And you are speaking about health care in Tobago and of course one of the issues is that if you have an urgent situation with a heart attack, for example, what happens to patients in Tobago. So I do not know if I can invite maybe the CEO or—to give us an update on that, through you, Madam Chair.

Madam Chairman: CEO.

Mr. Wiltshire: Good afternoon, Dr. Bodoë and thank you for your warm sentiments. I would like to actually pass that question to Dr. Wheeler in terms of the cardiac catheterization lab in terms of the update. Dr. Wheeler.

Dr. Wheeler: Yes, good afternoon, Madam Chair, Dr. Bodoë, thank you very much. Just as an update the cardiac catheterization lab was functioning and there was a service provider that was providing services but the contract ended in 2015. Since that time there have been several

efforts to have a new service provider to provide the service because as you would understand the expertise to operate the Cath lab is very specialized staff, very specialized doctors and nurses. We have been unsuccessful.

Several boards, several secretaries have made efforts to get a new provider. There were even attempts to have a foreign partner, that has not been successful. But in the interim as you asked about heart attack, if a patient does require immediate attention and does have a heart attack in Tobago they are provided with emergency care at the hospital and if any intervention is required we actually have an arrangement with North Central RHA where we would transfer these patients by helicopter to get further intervention.

For those patients who do not need emergency care but need elective care we outsource—so, for example, cardiac catheterization, if that is required we outsource that to our provider in Trinidad where the RHA funds that service. If however the patients require more extensive cardiac intervention we access the Ministry of Health programme where the Ministry of Health has arrangements with providers in Trinidad to provide these services.

Dr. Bodoë: Thank you, Dr. Wheeler. So you are saying that there are two arrangements, there is the private arrangement in the TRHA, well, the collaborative arrangement with the NCRHA with the Cath lab there. And then—so in terms of the funding for those who were outsourced through the Ministry of Health, is that paid for by the Ministry of Health in Trinidad?

Dr. Wheeler: Yes, the Ministry of Health has a programme whereby persons who need certain procedures that they cannot afford the Ministry has—is able to provide that service for us and we access it. When I talk about referring patients to North Central, for example, not necessary for the cardiac Cath lab service but if they have a heart attack and need further treatment we would send those patients to North Central RHA, Eric Williams Medical Sciences Complex.

Dr. Bodoë: All right, so just to be clear, the patients who are sent electively through the adult cardiac programme of the Ministry of Health, that funding comes from the Ministry of Health, not from the TRHA.

Dr. Wheeler: Yes, from the Ministry of Health.

Dr. Bodoë: Yeah, because I know those procedures can be quite extensive—

Dr. Wheeler: Yeah.

Dr. Bodoë:—\$150,000 for one. So I was just wondering which budget that would come from. I would leave that, but I just wanted—there is a letter here specifically referring to the status for

the cardiac Cath lab, and again from the letter that that project was handed back to the Ministry of Health. I do not know if Dr. Victor or maybe the CEO or maybe the Administrator, Ms. Trim could give us an update on that. This is a letter dated 28 October, 2020, with regard to the status of the Cath lab. Is anyone in a position to give us an update with regard to what is happening there?

Dr. Wheeler: So, yes. So, as I have said, efforts were made to find another provider that were unsuccessful and with the development of COVID in 2020, part of the space that the Cath lab used, which was the recovery area, was converted into an ICU and it actually now functions as the space where we provide COVID ICU care at Signal Hill. So until that COVID ICU is moved out, which we hope to happen within a month or so, even if we wanted to provide services in the cardiac Cath lab, we would not be able to.

Dr. Bodoë: Okay, thank you, Madam Chair. I will allow other members at this point.

Madam Chairman: Okay, might I invite member Webster-Roy to ask any questions she wishes.

Mrs. Webster-Roy: Thank you, Madam Chair, for the opportunity. Again, welcome to my fellow Tobagonians. Dr. Wheeler, you would have mentioned that Tobagonians will have to be transferred by helicopter to access, I think it is the Cath lab service, I am not sure if I got that correctly, but I wanted to know what is the cost for that service to get them to Trinidad via helicopter?

Dr. Wheeler: The cost that we incur is actually the cost of the helicopter service itself.

When the patient gets to Trinidad, the care continues at North Central RHA at no cost to Tobago.

3.00 p.m.

Mrs. Webster-Roy: But in terms of the helicopter transfer, that is the cost I wanted to find out.

Dr. Wheeler: Yes. I believe it is in the region of about 35,000 to 40,000. I will actually defer to Mrs. Second-Ali who is the finance person who would be able to give you the exact figure, I hope.

Mrs. Webster-Roy: Okay.

Ms. Second-Ali: Good afternoon, Committee. The helicopter transfers are in the

vicinity of \$115,000 per transfer. The charge is usually per hour and it is \$60,000 approximately per hour. All right? So an average transfer takes between one and two hours so hence the cost of \$115,000.

Mrs. Webster-Roy: Wow. Wow. Okay. “Hmm”. I know Dr. Wheeler mentioned that there would have been attempts by previous secretaries and boards to have that type of service available but they were struggling. Is there a commitment by the new executive, the new CEO as well as the administrators and the need to look into making that service available again?

Dr. Wheeler: I will have to liaise—

Ms. Trim: If I may?

Dr. Wheeler: Go ahead, Ms. Trim.

Ms. Trim: I was just about to say that the service, as far as I am aware, has been ongoing. However, we do have a heavy liability to settle.

Mrs. Webster-Roy: Okay. What plans are there within the THA to assist you all in terms of covering that liability, Madam Chief Ad?

Mrs. Solomon-Koroma: Yes, Madam Minister, through the Chair, we are looking at coming up with a payment plan to address that outstanding liability and hopefully it should be settled within the next six months. We intend to find that money to pay off that debt.

Mrs. Webster-Roy: So within the next six months?

Mrs. Solomon-Koroma: Yes, Madam Minister.

Mrs. Webster-Roy: That is pretty good. Again, now to the CEO, congratulations on the appointment as well as extend my congratulations to the new Chief of Staff for the Roxborough Hospital. You would have mentioned that we now have ultrasound service available at the Roxborough Hospital. I wanted to know if we have plans to extend it or expand the different types of imaging services at Roxborough? And if there are plans in place, what is timeline and what is the public education efforts so that the residents of Roxborough and Tobago East would be aware of the different types of services that are available at that facility?

Mr. Wiltshire: There is a plan to operationalize the Roxborough Hospital in the next few months. But the plan to expand other types of services has not been developed

and expand beyond there at this time, so we are going to communicate to the Tobago House of Assembly, the roll out of services and patients would be encouraged to use either the Scarborough General Hospital or the Roxborough centre. And like the situation in Trinidad, we look forward to the next few months to hopefully having zero COVID cases in Tobago so that we can restart some of the services in some of the spaces that have been taken up by COVID-expanded facilities and regain the normal operations of some of the services that have been reduced because of the distancing, spaces and infection and redirection of resources that that has caused.

Mrs. Webster-Roy: Okay. In terms of the ultrasound, I guess the machine at Roxborough Hospital, is there a preventative maintenance scheduling in place? And if there is one in place, can you describe it so that the public would understand what the TRHA is doing to ensure that the equipment would stay up and running for a reasonably long time?

Mr. Wiltshire: Well, I will have to comment based on my knowledge of the commissioning process. Having just toured the Roxborough facility for the first time last week, having met Dr. Duke who is the Medical Chief of Staff at the Roxborough facility, the equipment there is all new so what we do is we work with the vendors and we have a commissioning plan to bring those up to service ability. And there is a training of people there on how to use the equipment efficiently and effectively and then there is an ongoing—usually it is a preventative maintenance plan that is accompanied with the commissioning process for a period of time. So that the vendors will stay with us and make sure that the equipment is fully functional and stays that way. And the users are trained to use the equipment according to the standard operation procedures which would then hopefully give good utilization and functionality and results, most importantly, for the foreseeable future until the machine has passed its depreciation cycle. And then we hope to, through the THA, get additional resources to then repair and replace.

Mrs. Webster-Roy: Thank you very much. I am excited because I am from Roxborough so I am hoping that when I visit, it will not be to use the service but just to see what is happening. [*Laughter*] Okay. Congratulations.

Madam Chairman: Okay. So thank you. I just wanted to just get two issues

clarified. When the Chief Administrator spoke about the liability for the helicopter service, can we quantify that? Do we have an idea of what sum of money that is that you all are proposing to pay off in six months' time? So that if you can assist me with that.

Mrs. Solomon-Koroma: The General Manager of Corporate Services should have that figure, Ms. Angell Second-Ali.

Ms. Second-Ali: Yes. Thank you, Madam Chief Administrator. As at the 31st of January, 2022, our liability to the National Helicopter was in vicinity of \$27 million. Right? So that is how much we owe them at present.

Madam Chairman: Thank you very much. So, Madam Chief Administrator, you are saying that you are going to be able to find \$4 million at least per month, over the next six months, to pay off this \$27 million?

Mrs. Solomon-Koroma: Yes, Madam Chair. Through the allocation that we receive on a quarterly basis but now we are receiving it bimonthly, we just have to find the money, move it around and allocate the funding to pay off that debt.

Madam Chairman: All right. So that you would have gotten allocations already for fiscal 2022?

Mrs. Solomon-Koroma: Yes, Madam Chair.

Madam Chairman: And have you been able to identify any funds out of the allocation you have got already for fiscal 2022 to make at least one of these payments?

Mrs. Solomon-Koroma: I have some Votes that I have looked at that that we can find the money but I will defer to the Administrator, who is the accounting officer there, to see what they have in place because we were liaising with the Ministry of Finance concerning paying off that debt and I know that they did come up with a payment plan as to how to liquidate the debt. So I will hand over to the accounting officer of the Division to provide further additional information on how much has been liquidated so far.

Madam Chairman: Okay. And if the Administrator, in answering that, would give us an idea of when she anticipates that this first payment is going to be made.

Mrs. Solomon-Koroma: Yes. Ms. Trim.

Ms. Trim: Thank you, Madam Chair. That debt of \$27 million, as at January—I am aware that since October 2021, additional funding has been made available to the

TRHA. However, that is not the only debt that we have incurred. So an additional \$4 million has been made available to the TRHA since October 2021, and they have been distributing that to clear down other debts. So some have been cleared off and as Ms. Second-Ali would have indicated, an average of \$115,000 is incurred every time you utilize the service. So it is a recurring debt. It is difficult to pay off entirely. However, I have reached out to the Division of Finance and the Economy so that we can look forward to reprioritizing and making additional funding available to the TRHA.

Madam Chairman: Well, I would like to say I am really very confused by what I am hearing in terms of—I thought we were looking at not clearing off a continuous debt but crystallizing that sum as of the 31st of January. And what I understood the Chief Administrator to say, that crystallized sum as at 31st of January is what you all intended to pay off in six months. But I believe the Administrator, who is the accounting officer, is saying something else, you know. I would ask that between the Administrator and the Chief Administrator that you all sort of give the clarification to those questions in writing.

And my second area for clarification is to the CEO to ask—I heard you say that Roxborough would become fully operationalized in the next few months so I wanted to ask what “fully operationalized” meant and “next few months”, if you could sort of give me that in an idea of months. Next few months is what? June? Next few months is March? So if you could assist me.

Mr. Wiltshire: Thank you, Madam Chair. I am told that the plans are to have the beginning of service by the end of March. So by the start of April, we should have some services starting at the Roxborough Hospital. And—

Madam Chairman: What are those? Can you itemize those? And if not, if we can get that in writing, please, what some of those services are? Because I am sure the people of Tobago would love to know.

Mr. Wiltshire: Certainly. I will have that sent to the Committee. Thank you.

Madam Chairman: Okay. So that, in writing, we will get an idea of the listing of the services to begin and as of when. That is my understanding?

Mr. Wiltshire: Yes, Madam Chair.

Madam Chairman: Okay. Thank you. Dr. Bodo.

Dr. Bodoë: Yes. Thank you, Madam Chair. I just wanted to follow up on that \$27 million expenditure and if the answer cannot be given now, perhaps to follow in writing. I know you requested, Madam Chair, clarification on the process but to ask over what period of time that debt was incurred, you know, whether it is 2015, 2016, thereabouts? Just to have an idea. Can that be answered now or is that—do we have to—we will get that in writing? I believe the Administrator, Ms. Trim, it might be directed to you.

Ms. Trim: Member Bodoë, if I may defer to Ms. Second-Ali who would have that information closer to hand.

Dr. Bodoë: Sure.

Ms. Second-Ali: I cannot answer. I will prefer to provide that answer in writing but it would go back to around 2019, not 2015.

Dr. Bodoë: Okay.

Ms. Second-Ali: Right? It would be approximately 2019, but I could provide a listing of all the bills and the dates that comprise this debt.

Dr. Bodoë: Sure. Thank you. Before we move on some of the more details in the submission, I just wanted to go back with your permission, Madam Chair, just to get an overall picture of how many people we are catering for—the TRHA—in terms of the residents and we also note that you cater, of course, for a large visiting population. Is anybody in a position to say how many persons the TRHA caters for in terms of the health care needs? Is that figure available? So that will be both the population and visitors. I know during the COVID period, it might have been restricted but prior to that. CEO and Administrator.

Mr. Wiltshire: From a primary health care report in my possession, I have a population, as of CSO—this is 2011—is about 60,735. So I would estimate a population growth of about say two to 5,000 since then and perhaps another 5,000 for the tourist population—visiting tourist population in and out. [*Inaudible*]
—estimate.

Dr. Bodoë: Sure. Thank you. I want to apologize for my video, there are some technical issues. But I also wanted to clarify in terms of the relationship and the working—now, I know you have the Division of Health, Wellness and Family Development and you have the TRHA, and they both provide health care services and

there is a budget because at the annual budget, we would have approved, as part of the THA allocation, for the Division of Health, Wellness and Family Development. But specifically, in terms of for personnel expenditure, hospitals and health centres and so on, there is a sum of about 10 million that is allocated annually—just over 10 million, for personnel expenditure. So I just wanted some clarification in terms of how it works. Some of the staff would be employed by the Division of Health, Wellness and Family Development and some by the TRHA. Can you provide some light on that, CEO?

Mr. Wiltshire: I would have to ask for clarification from THA as well but to my understanding, a lot of the staff are being hired by the TRHA and what is happening is that we are going to have staff internally moved from the—some staff move from the Scarborough General Hospital over to the Roxborough Hospital to effect the start up of services. I am not aware of what to extent there is a mix of staff from THA versus TRHA.

Dr. Bodoë: All right. Would anybody be able to provide further light on that, through you, Madam Chair?

Ms. Trim: Chair, if I may undertake to provide the classification of staff that is paid under the hospital's Vote as well as any allowances and maybe what would have been incurred for fiscal 2021, if I may provide that in writing, please?

Dr. Bodoë: Yes. Thank you. I will leave the point but I just wanted to just make one further point, CEO, because, you know, we have that issue with the RHAs and the Ministry of Health in Trinidad where you have this dichotomy and different reporting relationships and so on. So I was just wondering whether there were similar challenges in Tobago. But I can leave that. I just wanted to move on to—

Madam Chairman: Dr. Bodoë, if you would permit me? I would just like to ask you to hold your point a minute. Let me invite member Rambharat to ask his questions and then I will return to you. He has been waiting a while.

Dr. Bodoë: Sure.

Madam Chairman: Thank you for being so patient, member. And I will return to you, Dr. Bodoë. Thank you for being so courteous. Thank you. Member Rambharat.

Mr. Rambharat: Thank you, Madam Chair. I just want to ask two questions. Looking at the staffing breakdown for the TRHA—and I may be wrong—I am

counting there are 19,014 positions on the establishment and I notice that there is about a 30 per cent vacancy rate. So I wanted to ask—getting to the specific matter before us which relates to availability of diagnostic imaging services, I wanted to ask you two questions.

The first is: How does almost 30 per cent vacant positions impact the opportunity for the public to access diagnostic imaging services? One, the first question. And going back to the use of the helicopter, I wanted to ask you: How often is the helicopter used? Looking at the last five years, what is the annual cost of the helicopter? And three, on that issue, how has—

Madam Chairman: So, member Rambharat, may I ask, therefore, if you hold it so that we could get some responses to some of the questions that you are asking so that midway somebody would not have to be asking, “What is the other question?” Okay? So thank you.

Mr. Rambharat: Okay. I will stick to my first question which is to ask: There are approximately 30 per cent vacant positions, how does that affect the opportunity for the public to access diagnostic imaging services in the TRHA?

Mr. Wiltshire: Thank you, Mr. Rambharat. Well, of course, any vacancy would limit the amount of the service that we can provide but for a more detailed response, I would like to defer that question to the Manager of Medical Imaging who, perhaps, could give you a more detailed response. Manager of Imaging Services.

Ms. Solomon-Forde: Good afternoon, everyone. Good afternoon, Madam Chair. Vacant positions at the Medical Imaging Department, we are looking at that. We have right now a limited number of radiologists. Interviews have been held but no one has been appointed in the position so I know there are actually vacant positions there. Although at this time, I would like to also inform us that the structure that we are actually using now, that is in effect, may have, I think, one radiologist on the structure. However, that structure would have been 2012. But in the interim, the need has been identified for additional radiologists and interviews have been held for consultants as well as the consultant radiologists and registrar radiologists. So it means, therefore, that there are vacant positions. This is why the interviews are held.

Madam Chairman: Mrs. Solomon-Forde, just one minute, just before you go

ahead. Could we have numbers? You know, this sort of generalization, I think, limits us in getting a full appreciation. So you have vacancies, you need additional—can we have an idea of numbers, please?

Ms. Solomon-Forde: Okay. Recommendations were made for two registrar radiologists. Presently we have one resident. And the two consultant radiologists, we have one part-time, consultant radiologist. We have one house officer. I think the recommendation is for us to have three house officers. Also, we have since had three vacant positions for radiographers and recently we have actually—two persons have been assigned to those positions.

Mr. Rambharat: Madam Chair, if I may follow on, just to ask you: How would you say the absence of these persons affect the ability of the public to access diagnostic imaging services? And I am just asking if it does not affect, barely affects, how would you say it affects the public's ability to access diagnostic imaging services in the TRHA?

Ms. Solomon-Forde: Hello? Is that question directed to Ms. Solomon-Forde?

Mr. Rambharat: Yes, it is. It follows the information given.

Ms. Solomon-Forde: Yes, it is?

Mr. Rambharat: It follows the information given.

Ms. Solomon-Forde: Okay. What we have our system at the hospital is a direct digital radiologist system. It was the first to have entered the Caribbean and from this, we have connectivity with the PACS system, picture archiving and communication system. And from these two systems, connectivity, we are able to forward images, that is, electronic images, to the radiologist. So these can be done remotely. So although we may have one part-time radiologist in Trinidad, SMO, that doctor has been reporting remotely via teleradiology where images are transferred to the doctor.

We have also one radiologist resident and again she will do reporting online as well as physically being present in the department. However, there is a need, as I said before, to have these numbers increased because this has been one of our challenges.

Mr. Rambharat: Okay. So I understand that. Are the services to the public being affected by these vacant positions in relation to diagnostic imaging services?

Ms. Solomon-Forde: I would say yes, more can be done if we have more people

on board. But as I said, if we do not have—we can fill the gap, some of it, a percentage of it with the teleradiology that is actually done now. But I think Dr. Wheeler might be able to help us with that question, the Medical Chief of Staff, informing us of the vacant positions for radiologists and what is being done to assist in filling the gaps.

Dr. Wheeler: So, if I could just add to what Ms. Solomon-Forde is saying, we do not have challenges with emergency procedures, for example, emergency CT scan, emergency ultrasound scan because these are done and reported on straight away. The challenge is for those persons who are not urgent and are patients who were referred from a health centre or outpatient clinic. So the persons would have the procedure done but we would have challenges in adequately doing timely reporting of the procedure. So this is where the current shortage of just one resident registrar and one part-time consultant affect us. And we have been trying to improve the staffing but until we can get the additional staff, we would have challenges with persons who have non-urgent investigations to be reported on getting their reports.

Mr. Rambharat: Okay. Thank you.

Ms. Solomon-Forde: May I add something to Dr. Wheeler?

Madam Chairman: Yes, Ms. Solomon-Forde.

Ms. Solomon-Forde: All right. In addition to the urgent cases being treated by the radiologist, we also have—you are not hearing me?

Madam Chairman: We are hearing you very well. Okay. Member Rambharat, it seems that we have lost Ms. Solomon-Forde. So do you have another question that you would like to ask? If not, I will invite Dr. Bodo, but it has to be somebody else.

Mr. Rambharat: Right. I believe it is to somebody else. I am just going back to the helicopter issue and I wanted to find out: On average, what was the annual cost of the helicopter over the last five years? That is the first question. And the Chief Administrator made the point that in settling some liabilities, you have moved funds around and I want to ask if the availability of diagnostic imaging services, if that availability has been affected because funds are moved around to settle liabilities in other areas?

Madam Chairman: So I think this is a question for Ms. Solomon-Koroma.

Mrs. Solomon-Koroma: Thank you, Madam Chair. Now, in terms of moving

the funds around, that would lie with the Administrator who is the accounting officer of the division and more importantly, I think Ms. Angell Second-Ali, the General Manager of Corporate Services and Finance should have that information, so I will hand over to her. Ms. Second-Ali.

Ms. Second-Ali: Thank you. In respect of the average monthly transfers, the TRHA transfers, on average, 10 patients per month via the helicopter. We have seen some fluctuations in this service during that COVID period of 2021, but our projected spend per year for this service is in the vicinity of \$13.5 million. All right? So that is the annual cost for the helicopter transfers. The second question I did not get so clearly. If you could repeat the second question for me in terms of moving the funds around?

Mr. Rambharat: All right. So thank you very much. So \$13 million on an annual basis and the liability seems, to me, to be accrued over more than one year so I do not know what is the existing liability. But in moving funds from other Votes to settle these liabilities for the helicopter service, are you impacting the availability of diagnostic imaging services in the TRHA?

3.30 p.m.

Ms. Second-Ali: Right. The liability to the National Helicopter Services is \$27 million, but in respect of the TRHA's allocation the TRHA is allocated funds under Current Transfers and Subsidies. So we would receive a monthly release en bloc and in conjunction within the Division of Health it is determined how that money would be disaggregated and used to service our various debts. So in answering the question I would say, yes, because in times of limitations of funds you may have to prioritize and choose to spend money in one way as against another way. And sometimes some services—we may have the plans to do a service in a particular way but based on our limited capacity financially we are not able to do the full extent of the services.

So in answering your question I would say, yes, the moving around of funds would limit our capacity to do the full gamut of medical imaging services.

Mr. Rambharat: Thank you, Madam Chair.

Madam Chairman: Okay. So, Dr. Bodo, I now revert to you.

Dr. Bodo: Thanks Chair.

Madam Chairman: Thank you.

Dr. Bodoë: Thank you, Madam Chair. Madam Chair, I just want to move on to seek some clarification on the response from the TRHA with regard to the *Public Sector Investment Programme 2021*, which is on pages 12 and 13 and 14 of this submission, but I want to just go straight to the page 14 with regard to the Picture Archiving and Communications System, the PACS system which I believe was spoken about by Ms. Solomon earlier. Now I understand that it is very important with regard—you may not be able to have resident radiologists on the island and so on or be able to afford them and therefore this is very important, but I see in your submission here that the PACS system—and I quote from the submission:

The PACS system used for digitally transmitting X-ray images is at the—its end of life. The software version owned by the TRHA is no longer being supported by the developers therefore a new version of the system has to be procured to facilitate continued use of the system.

So, I do not know whether Mr. Wiltshire or perhaps Ms. Trim might be in a position—or Dr. Wheeler to give us an update on this. I see a sum of 1 million allocated, so can we get an update on that with regard to the PACS system?

Ms. Trim: Chair, if I may, through you, I would like to direct that question for an update to Mr. Guy who is the Manager of Biomedical Engineering, please?

Madam Chairman: Mr. Guy.

Mr. Guy: Hi. Good afternoon to the Committee. Can I have the question repeated, please?

Dr. Bodoë: Sure. Mr. Guy, yeah. Thank you. So, I am referring to the submission which states that this—and we are talking about the PACS system and the submission states that:

The software version owned by the TRHA is no longer being supported by the developers therefore a new version of the system has to be procured to facilitate continued use of the system.

—and there is a sum of 1 million allocated. So there are two questions, one, the system spoken about by Ms. Solomon earlier—so is the old system still working? And secondly, if not, where are we with regard to the procurement of the new system?

Mr. Guy: Okay. What I cover is the medical imaging equipment but we do have a PACS administrator who is unfortunately not a part of this session. We recently did do some investments to have our PACS system upgraded and we are currently still going through it and I am certain that the GM, Finance should—we will—we can be able to provide an update on that in a later document in writing if the Committee so wishes. But we are currently going through that process of updating our PACS infrastructure in regard to software.

Dr. Bodoë: Thank you, Mr. Guy. And perhaps I can ask the CEO to provide that update in writing to the Committee—*[Inaudible]*

Madam Chairman: Dr. Bodoë—

Ms. Solomon-Forde: May I add something, please?

Madam Chairman: Just one minute, Mrs. Solomon-Forde. I think Dr. Bodoë wanted to finish asking something and when he is finished his statement then I would call upon you. Dr. Bodoë, yes.

Dr. Bodoë: Thank you. Thank you, Madam Chair. There are three other issues here with regard to the Development Programme; one refers to, on page 12, the MRI machine. So it is said here that:

The MRI machine failed during the COVID lockdown period and is in need of major repair works or replacement and there is an allocation of 6 million.

So I do not know if we can get an update on that? CEO, through you, I do not know—or the Administrator or Ms. Trim.

Madam Chairman: May I just ask something. Ms. Trim, could you tell us the date of your assumption of duty?

Ms. Trim: The 23rd of December, 2021.

Madam Chairman: 23rd of December, what year?

Ms. Trim: 2021, Chair.

Madam Chairman: Thank you. Mrs. Solomon-Koroma, could you tell us the date of your assumption of duty?

Mrs. Solomon-Koroma: The 23rd of May, 2019.

Madam Chairman: 2019. Ms. Second-Ali, date of your assumption of duty?

Ms. Second-Ali: I have acted in this position from March of 2020.

Madam Chairman: March of 2020?

Ms. Second-Ali: Yes.

Madam Chairman: And how long have you been with the TRHA?

Ms. Second-Ali: I have been here for 23 years.

Madam Chairman: Twenty-three years. Okay. And, Mr. Guy, your date of assumption of duty?

Mr. Guy: Madam Chair, I have been with the RHA since 2009.

Madam Chairman: Thank you. Okay. Yes, Dr. Bodo.

Dr. Bodo: Yeah. So I was directing—perhaps I am asking the CEO with regard to an update on the MRI machine. I know this is a big-ticket item and something very important and urgent, can you provide an update to say where we are with either repair works or replacement for the MRI?

Mr. Wiltshire: I would like to defer—thank you for the question—I would like to defer that to Ms. Solomon actually. Ms. Solomon?

Ms. Solomon-Forde: Yeah, Mr. Wiltshire, I think Mr. Guy would be the most appropriate person to address—we had a meeting yesterday and I am sure he has the information where he would be able to give us the status of the MRI. Mr. Guy should be able to answer us. Mr. Guy?

Mr. Guy: Thank you, Ms. Solomon. So, we are currently going through the process of repairing the machine. We have brought in the supplier, Biomedical Enterprises of Trinidad and Tobago, and they are currently attempting to bring our system back up to its functional state. We are having a couple of issues which have resulted in our machine not being up in the time period. We thought that we would have had it up back by the end of January but we are currently meeting and discussing with the company to decide on the way forward because we have run into some amount of difficulties.

We can provide some more information in a report to the CEO because we are still—as Ms. Solomon said we had a meeting yesterday because we are still awaiting some more information from the manufacturer as well as the supplier. I would want to allow us to get that information first before a report is sent to the CEO and then it can be provided to the Committee.

Dr. Bodoë: Thank you, Mr. Guy. Just a follow-up again through you CEO as to how long this machine has been down, and, you know, is there a waiting list? How many patients had been affected by this downtime? And the third question on that would be, what arrangements are currently in place for patients who require MRI? So the time it has been down, how many patients are waiting and the arrangements in place to facilitate those patients who are waiting.

Mr. Guy: Thank you for your question. So the MRI would have gone down on June of the year 2020 and since then we have been trying to get it back up. We had some serious issues with regard to the pandemic. At one period of time, the—so the machine is in a quenched state and as a result of that system being in this state the magnet is warm as well too. It requires—required, I should say, specialist engineers coming in from the manufacturer. There are only a few of them in the world. Unfortunately, because the pandemic was ravaging through Europe they had limitations in allowing their engineers to travel, as well as we—our country also was in lockdown for a period. Once this lockdown was lifted and persons were allowed to be able to—well, foreigners were allowed to travel to the country, we then started the process of bringing in the engineers.

So that was basically the reason why it took some time to get the guys on site but as of last year—let us say in October/November 2021, is when the engineers would have been able to be on site and start doing their data collection and by sometime in early December we started the actual process of trying to get the system up and running.

Dr. Bodoë: Thank you, Mr. Guy. So we are looking at the MRI down for 18 months and maybe I can direct this through the CEO to the medical director because he would be feeling the pinch at the clinical end in terms of the time, the number of patients waiting during this time and what arrangements are in place to have these patients have the MRI. Can we have an answer on that, please?

Dr. Wheeler: Yes, Dr. Bodoë. So, when the MRI went down we had a functioning CT scanner so any investigations that required the MRI that the CT can do, the CT was used instead. However, for those procedures that required MRI we have an arrangement with a provider in Trinidad where we would outsource that service to

the provider and the RHA would fund the cost of the MRI.

Dr. Bodoë: Can you—

Dr. Wheeler: So even though—

Dr. Bodoë: Sorry.

Dr. Wheeler: Yeah. So even though we do not have a functioning MRI, patients who really needed to have an MRI done had it done by the private provider in Trinidad.

Dr. Bodoë: Can you provide perhaps in writing the cost that the RHA would have incurred over this period of time for the MRI? I just want to move on because you spoke about the CT scanner but I see here as well that in the submission with regard to the CT scanner it says that:

This unit has reached its end of life and must be replaced to ensure continued delivery of service.

So two questions, is the CT scanner still being used and if not what is the current situation with regard to replacement because it says here it must be replaced rather than repaired?

Dr. Wheeler: So the CT scanner is actually functioning at the moment. It did go down sometime last year and it was repaired, but I would probably ask Mr. Guy to give the more technical response regarding the end-of-life situation.

Mr. Guy: All right. Thank you, Dr. Wheeler. So one of the things that we have an arrangement with our supplier is to inform us when the equipment has arrived or is arriving at its end-of-life state. So we were informed that the end of life for the equipment is coming up and as such we have started the process of looking into its replacement, but as Dr. Wheeler has noted the machine continues to function and it is functioning well and we do not have a loss of service. We continue to provide CT scans at the Tobago Regional Health Authority.

Madam Chairman: Okay. Just permit me, Dr. Bodoë. One minute. Mr. Guy, I believe this submission is as of January 2021, we are a whole year later. So, in 2021, January, we were being told the unit has reached the end of life. All right? I understand the arrangement you have with your supplier, so what would have been the date or the period or the month, in what year would have been identified as the end of life?

Mr. Guy: Thank you for your question, Madam Chair. One second. Madam

Chair, unfortunately I do not have the actual date in front of me at this point in time but it can be provided in writing through the CEO, but I believe it is by the end of this year or early next year.

Madam Chairman: Okay. Thank you. And just for my clarification, the MRI machine is still not working?

Mr. Guy: Yes, Madam Chair.

Madam Chairman: Okay. Yes, Dr. Bodoë.

Dr. Bodoë: Yes. Thank you. I just wanted to ask about the dialysis machines; it is on the same item on page 14, and the plans for expansion of dialysis. And of course dialysis has become a very important factor in the COVID-19 treatment of certain patients and so on. So I do not know whether, through you CEO, either yourself or the Medical Chief of Staff can give us an update on the proposal to purchase six dialysis machines; two of them going to the Roxborough Hospital. I know we spoke about the operationalization of the Roxborough Hospital, so what is the situation with regard to the dialysis machines? That is the first question. And the second—and I will end with that for the time being, Madam Chair—the second would be with regard to the *Resuscitaire* in NICU unit. I know Medical Chief of Staff being an obstetrician himself would be keen to have had that unit installed. So that is the *Resuscitaire* in NICU and theatre for \$200,000. Can we have an update on dialysis and the *Resuscitaire* unit.

Mr. Wiltshire: Dr. Wheeler, could you take that question, please?

Dr. Wheeler: Yeah, sure.

Mr. Wiltshire: Thank you.

Dr. Wheeler: Right. So the dialysis machines were purchased. They were purchased and installed in the Roxborough Hospital and in the Scarborough Health Centre. In fact, I must say at this point in time for the past year or so the Tobago Regional Health Authority has been able to provide hemodialysis to all the residents of Tobago that need dialysis. And we actually have spare capacity which we offer to visitors from abroad who sometimes come to Tobago for holiday and need to be dialyzed for a week or so. So at this point in time our capacity to dialyze patients with renal failure is actually quite adequate to cover all the residents of Tobago.

Dr. Bodoë: Thank you. And the *Resuscitaire*, Dr. Wheeler.

Mrs. Webster-Roy: Yes, that was also provided.

Dr. Bodoë: All right. Thank you. I am happy to hear that, you know, visitors can get dialysis. One of the little constraints I have before I retire to Tobago is the fact if I get a heart attack in Tobago I will have to be flown to Trinidad, so I am hoping that in the very near future that would be corrected as well. Madam Chair, I will defer to my colleagues.

Madam Chairman: Thank you very much. So, I will now call in this order, member Webster-Roy, member Mark and then member Bacchus. Member Webster-Roy.

Mrs. Webster-Roy: Thank you, Madam Chairman, for the opportunity. I must say I am a bit troubled just listening to the discourse as a resident of Tobago. Some of the services that you have mentioned that we have to take people to Trinidad—I do not know if maybe I am interpreting it wrong but apart from the fact that we have to incur additional costs to airlift persons or for them to maybe get a plane ticket. It is the emotional cost as well as the physical cost, the cost of the delay in service. I travelled between both islands frequently and I meet people often waiting to get on a flight and we know flights now because of the COVID pandemic flights are not regular. And I meet persons with their big envelope with their—I think is their X-ray, whatever in it, struggling to get on a flight. Why can we not fix it in Tobago so they do not have to go through that additional burden? That is one. And two, if it is that we do not necessarily have enough persons on the island—I am not talking about equipment, I am talking about persons to deliver the service—why have we not considered maybe offering scholarships so that Tobagonians could train up and be ready to take up the opportunities that are available because we say we have vacancies.

I am listening to you and as an elected representative, as a Tobagonian I am getting very emotional. We have to do better. So, what are the plans to ensure that services are available to Tobagonians on the island of Tobago? Two, are plans in place to consider offering scholarships somewhere from the THA level to Tobagonians so that they can pursue training to be able to deliver the services right here so that our fellow Tobagonians do not have to struggle so much. A constituent came to me recently, she was diagnosed with cancer; she has everything in place to go and get the

treatment but she is just waiting to get some report and was only able to access that report after I wrote. So we have to do better. Thank you, Madam Chair.

Madam Chairman: I will take that as a statement or do you want to address it to any particular person, member Webster-Roy. Your mike is off. Member Webster-Roy—

Mrs. Webster-Roy: I was addressing it to the Chief Ad, the CEO, to everybody, whoever could answer me and give me some measure of comfort. I would like some answers, please.

Mr. Wiltshire: Thank you for your sentiments and passionate statement, Minister Ayanna Webster-Roy. We are doing our utmost to fix the services as far as we are able to. We have gotten a commitment recently from the THA to help us whenever there is a need for expedition of flights for patients. So we are going to be calling upon them to assist wherever there is a need to make that happen given the limited flights we are having now. And I will turn over to Dr. Wheeler who will hopefully bring you some comfort in other aspects.

Dr. Wheeler: All right. So we have sent certain persons on scholarship to train in the areas that we are deficient but I should just say, generally, with a population of 60,000 on the island it is actually not theoretically possible to provide all the possible care that someone coming to the RHA provides. Why we have the arrangement to take people to Trinidad at the RHA cost is that if there is a service that Tobago does not offer and that service is offered in Trinidad, we transport that patient to Trinidad, essentially to ensure that patients who come for care at the Tobago Regional Health Authority facilities are provided the best care possible with the facilities that we have. And what we do not have we certainly ensure that we take them to a facility in Trinidad that it can be provided, but we do have persons on scholarship for one or two areas that we do not currently provide.

Madam Chairman: Okay. Thank you. Member Mark, might I invite you to join the conversation at this stage?

Mr. Mark: Yes. Thank you. Madam, are you seeing me?

Madam Chairman: No, we are not, we are hearing you but we are not seeing you.

Mr. Mark: Well, I do not know why—and I do not know why. I think the video is off.

Madam Chairman: Yeah. We are seeing you now.

Mr. Mark: Yeah. Thank you very much, Madam Chair. Thank you. Madam Chair, I just want to follow up on a couple of areas for clarification through you. First of all, I would like to ask either the CEO or one of the officials whether they can provide this Committee with, first of all, a submission, oral submission, and later on in writing as to the current stock as it relates to medical equipment. And when we talk about the current stock we are talking about all that has been provided to us that currently exists at the hospital in Scarborough under the control of the TRHA. What is the current status, Madam Chair, with these equipment—whether it is the ultrasound, whether it is the MRI, whether it is the CT scan, and other areas like bone density equipment, what is the current status? Are these pieces of equipment functioning? And if they are not functioning, why have they not functioned? I read in a submission before me that most of these pieces of equipment apparently are not functioning and most of the services have been outsourced. Now, that is a cause for alarm and concern for the health of the people of Tobago.

So I would like someone, Madam Chair, to first of all provide us with a brief status report on all the critical pieces of equipment that have been outlined to us in their submission. And, secondly, if these pieces of equipment that are down, what are we doing to get them back up? And we talk about outsourcing, Madam Chair, we would like know what is it costing Tobago and by extension Trinidad and Tobago to have these pieces of equipment maintained? So that is the first round, if I can get some clarification. I would then ask you to allow me to go to my second question.

Madam Chairman: CEO.

Mrs. Solomon-Koroma: Mr. Guy can answer.

Mr. Guy: All right. Thank you for the question, Director. I am concerned as to these questions, however, because in our report with regard to the medical imaging equipment a majority of the equipment are functional. So can I have some—can I request respectfully from the Director in terms of which equipment, other than the MRI of course which we would have said that we would have—currently, you know, been in

discussion with the supplier and we will submit it through the CEO—which equipment that is before him that he has some concerns about that is down?—because I am not certain I am. Is it that he may be confused about with regard to our submission?

Mr. Mark: May I, through the Chair, ask my colleague who is on the floor, before you, would you indicate in the case of X-ray, the MRI, the CT scan, the mammogram, the ultrasound, the BMD, and there is another one called fluoroscopy—I cannot pronounce that name properly, but are these pieces of equipment all up and functioning? That is what I am trying to clarify. Can you help us, Mr. Guy?

Mr. Guy: Yes. So the only machines that are currently non-functional at the TRHA is the MRI—

Mr. Mark: Right.

Mr. Guy:—and the bone densitometer machine. The bone densitometer machine would have also went down during the pandemic, however the bone densitometer is not one of those machines that—actually Tobago is the only one that has it in a public facility. We are the only one that offers that service and it is not utilized a lot. All right. It is something that we rarely use and Ms. Solomon can speak more to that, but that is one of the reasons why that machine—we are currently discussing what is the future of that service coming from within a public facility, as I mentioned that we are currently the only person that does that at this time, and as I did say that the MRI is something that we are currently working on.

4.00 p.m.

On our submission as well too, our updated submission, you would have noted that the Cath lab is currently, or the service is not being offered as well too. So, as soon as we get a grip or understand our way forward with regard to our management of our COVID ICU, or at our COVID ICU, then we will have a discussion as to how we are going to go forward with that piece of equipment. But those are the only equipment that are currently nonfunctional.

We also have the ultrasounds. We recently replaced two of the older ultrasounds at our facility. They have reached their end of life period, or useful life period and, as such, we are currently going through the process of board of survey to have them

removed entirely from the asset sheet of the organization, but they are not in service.

Mr. Mark: Well, I am happy to hear that apart from those two areas that you have identified, most other pieces of equipment are up and functioning. So I am very happy to hear this. What I would like to ask Mr. Guy through the Chair, can you provide us, first of all, with an understanding of the maintenance programme for all of these very sensitive and expensive pieces of equipment at the Scarborough Hospital, or under the control of the TRHA? What is the maintenance preventative policy programme, and do you have a document that guides you and the TRHA as it relates to a policy on the maintenance, preventative maintenance, of these sensitive pieces of equipment? Can you clarify for us?

Mr. Guy: Thank you for the question. So yes, the TRHA as with all the other RHAs, are in the process of adopting a national policy for our maintenance plan. It is a national—actually it is a policy for the entire biomedical engineering and within it, it does have a maintenance plan template. This should have been submitted or included, I should say—sorry, with our submission. However, if the Director does not have a copy, what we can do is we can have the documents resubmitted through the CEO, but yes we are trying to adopt that.

At the moment, we do have a service contract for all our medical engine equipment. We have had said agreements in place from the time we moved into the Scarborough General Hospital in 2012, and we continue to have said agreements. As the equipment age, what we have done is looked at increasing the frequency by which we have the suppliers on site to do checks. So we have moved from annual PMs to an annual and six-months PMs, and then now for our older pieces of equipment we have just renewed our service contract with the distributor of our medical imaging equipment at the Scarborough General Hospital, and we have included three-month checks. This is in keeping with, again, the age of the equipment and ensuring that we catch the issues before they cause a critical failure.

So we do have something in place, but as I said, from a national standpoint, we are trying to also adopt the policy that was submitted to the Ministry of Health for our biomedical engineering.

Mr. Mark: May I also ask, your procurement process, are you part of—or is the

TRHA part of the general thrust as it relates to public procurement legislation, or is the TRHA adopting, given its autonomy, its own approach to procurement and tendering of medical and biomedical equipment? Can you clear up that for us, or clarify that for us?

Mr. Guy: Director, I would humbly request that question be pushed through the GMO Finance. She might be able to speak more to that.

Ms. Second-Ali: Good afternoon again. Yes, the TRHA is engaged in preparation for the full adoption of the procurement Act. We would have started in the TRHA as far back as 2011, when we established our procurement department in terms of being prepared. We are also guided by the RHA Act in terms of how we procure. So we continue to be guided by the Act, and we have exposed ourselves to the various training from the OPR office, and also in conjunction with the Ministry of Health.

The Ministry of Health has had several teams working collaboratively to adopt different standards and formulate handbooks, et cetera. So we have been part of that team, and we are currently in the process of also recruiting a head for our procurement department at the TRHA. So yes, we are becoming prepared for the full adoption of the procurement legislation.

Mr. Mark: Are you aware that according to the Minister of Finance, the Act is supposed to be proclaimed and operationalized sometime by the end of March, and would that give you adequate time to recruit someone to head your procurement unit, or would you be in some difficulty by the time this thing is proclaimed and fully operationalized?

Ms. Second-Ali: We anticipate that we will have someone to head the department. We have actually scheduled the interviews for tomorrow. So we are hoping for a successful outcome from those interviews, that we will be able to have that person on by the end of March. But if we do not, I, in my capacity as General Manager Corporate Services, provide the day-to-day and strategic management for the procurement unit. So if we do not get a head, I would continue to provide that coverage until we can recruit someone suitable into the role.

Mr. Mark: Okay, thank you. Madam Chair, if you would allow me one final question before I pass over to another colleague.

On the Roxborough Hospital, I wanted to ask the CEO, who said that by the end

of March, come April, services—I do not know if that is on a comprehensive basis or on a partial basis—would be provided to the people of Tobago, particularly residing in that part of the island. I just wanted to ask the CEO if he could tell us whether it is going to be fully operationalized or partially operationalized and, therefore, what kind of staffing would be required in both instances? Can I ask the CEO to clarify for me?

Mr. Wiltshire: Through the Chair, thank you Sen. Mark for your question. I understand it is going to be a partial opening with other services to come on as the time goes on. I just also want to give further confidence that at the Scarborough General Hospital there are a number of machines that offer the different services. So that even when one goes down, there may be another one that is still functional. To come to your present question, the Roxborough Hospital has—is going to have in terms of digital imaging service, X-ray, CT and ultrasound as well. So those would further back up the provision of services offered to Tobagonians and residents of the island in terms of tourist visitors. So whether it is at the Roxborough Hospital or at the Scarborough Hospital, we should have some functionality of those services on the island.

Mr. Mark: Do you know what pieces of equipment have been laid out at this particular facility? Can you provide that in writing or would you be able to help us now?

Mr. Wiltshire: Through the Chair, I should be able to help you now. In the submission on my page 4, we have detailed the actual pieces of equipment, the services they provide and their functionality, in Table 1. So that you actually can see, we have assignments, piece of equipment for Roxborough which does X-ray and a C-arm, and that is functional; Siemens CT scanner, which is again in medical imaging, and that is also functional; GE X-ray, also in the medical imaging area, and that is functional; the mindray ultrasound, again medical imaging and functional, and finally another mindray ultrasound in the A&E, and that is also functional.

So we are going to have, apart from more than one equipment at the Scarborough General Hospital, we have at least one of each, and sometimes more than one of each in the Roxborough facility. So we can offer services of those three/four areas to the people of Tobago in, hopefully, a seamless function. Thank you.

Mr. Mark: Thank you, Madam Chair.

Madam Chairman: Member Bacchus, thanks so much for being so patient.

Might I invite you to join the conversation now.

Mr. Bacchus: Thank you, Madam Chair, and thank you again to all of the people from the TRHA and the Tobago House of Assembly. Second time in a week I am actually feeling like I am at home in Tobago.

As we talk about the equipment and the issues that we have had with some pieces of equipment, one of the things that I think engineers like to do, Mr. Guy probably would appreciate is, have they discovered any common thread, or is there any common thread as to why issues have been happening in terms of breakdowns? Not in terms of things stopping from team maintenance, but in terms of what is causing—if there is any common thread in terms of what is causing these things, these machines not to be able to fulfil their function?

Mr. Guy: Yes, good afternoon again. So one of the things that we would have struggled with in the beginning is a stable power supply to the Scarborough General and, again, this is in the beginning. So while as we have systems in place to deal with spikes, we would have struggled initially with having low current supplies, and that would have done some damages to the X-ray machines which, over the lifetime of the X-ray machines, we saw the effects of it.

Mr. Bacchus: So this is an event where it is the environmentals or the network support servicing infrastructure was actually introducing issues in the functioning of the equipment itself. This obviously has been rectified I would assume?

Mr. Guy: Yes, yes, yes. We have been able to rectify it a couple of years ago.

Mr. Bacchus: I know equipment on the leeward side—well, the windward side of the island—well, we are talking about anywhere from Crown Point to Speyside, including your health centres in those areas, would also be subject to significant sea blast. Is that also a contributing factor to the things that happen? Your Roxborough Hospital may find itself under that type of rigour, as will Signal Hill. Is that also happening to you, and is it affecting any other of your infrastructure that may be associated with your imaging?

Mr. Guy: Yes, sea blast is also an issue on the island. Managing our humidity as well too is also similar, we also keep a keen eye on. Roxborough is new, but we have good staff up there who would continue to monitor the machine, continue to work with

the suppliers to make sure that the checks are done on time, and that we keep an eye on the environmental conditions and what it is doing to our facility and equipment.

One of the things that we would have learned from, in the previous facility at Scarborough General, was to ensure that at Roxborough we have all of our medical equipment from the start on protective electrical systems, UPSs, in order to ensure that we do not have the issues that we would have had initially at the Scarborough General Hospital.

Mr. Bacchus: Thank you for that. Again, through you, Madam Chair, the policy that you have relative—I know you would have a policy relative—would evolve over time relative to the support and how you are doing. Does that policy include collaboration among the RHAs for things that you have in common, that would include support contracts, vendors common, so the training would be common? For example, where the equipment required a similar and fit for purpose, do you do collaborative type procurement, et cetera, is that included as part of the strategy in your new policy, or the policy that you have relative to those things?

Mr. Guy: Yes, thanks for the question. So as far as bio-med is concerned, Tobago is one of the youngest departments. So over the years we have definitely collaborated with the other bio-meds in the other RHAs over the years, and we still continue to do so. That is one of reasons why we tend to reach out to one another, especially to get materials, spare parts in some cases as well too, to keep our equipment up and running, just general advice.

We do, from time to time, request support from our Board, from our executives to send our technicians down to Trinidad to learn or to have a transfer of knowledge in specific areas. So yes, definitely it is something that we continue to do—we will continue to do over the next couple of years too. That is something that we would definitely continue to do with regard to collaboration with the other RHAs.

Mr. Bacchus: Again, Madam Chair, through you, the integration of the solutions that you have, and you mentioned PACS. I have seen in your submission you have a health information management system, you have an asset management system, et cetera. Are these systems being integrated, and are you taking advantage and exploiting all of the modules that would make all your services actually become

seamless and end-to-end?

For example, your health information management system, I recognize it is called SELMA, multiple modules within that particular system, that could deal everything from patient care, and it can also integrate into your diagnostic imaging machines. So that it is not just that you use PACS to send things to people who are reviewing them, but it also becomes part of the patient record, and it is done seamlessly. Are those types of initiatives, basically the digitalization initiatives, are those things part of your plans and are you actually pursuing them?

Mr. Guy: Thanks for the question. I really would not be able to talk much about SELMA, but as you rightfully said, with regard to our asset management system which we currently are using, it is WebTMA, the upgraded version. It is a modular type system. We are using a lot of the features, but there is so much more we can actually do with it, and I believe through the Ministry of Health and their plans going forward, is to ensure that all the other RHAs as well too, are included as part of this WebTMA asset management national system. The idea is to ensure that we become more and more competent, in order to make full use of our asset management system. As I mentioned, right now it is the WebTMA that we have here, but there is so much that we can do with it, but it is a continuing process.

Right now we store all our static data. We can generate some reports, but there is so much of the software that we have not even touched as yet, and we will be looking forward to working with the Ministry of Health as well too, to help support that thrust in fully utilizing our asset management system, a computerized asset management system.

Mr. Bacchus: Thank you very much, Madam Chair. I relinquish to other people.

Madam Chairman: Thank you very much, member Bacchus. I just want to maybe change the focus a bit. I do not know if the CEO is in a position to answer this, but maybe the Acting Manager Corporate may be in a position to assist.

Now, in the submission, this is page 3, where you all spoke with respect to vacancies. There is a high number of vacancies. In fact, if I understand the submission well, there are about 486 positions without bodies. Can we get from you all a breakdown of positions with respect to vacancies? One, and secondly, is the position the same in

February 2022, with respect to vacancies, as it was in January of 2021, which is the date of this submission?

Ms. Second-Ali: Madam Chair, the position from January of last year to this year would not be the same, because we have filled a number of vacant positions since then. But in respect of the breakdown of the vacancies, I think it would be best if we could provide that in writing to the Committee.

Madam Chairman: So thank you very much, Ms. Second-Ali. So if we could get a breakdown of the vacancies and those that have been filled and as of what date. And, therefore, do you have an idea of the current vacancies in terms of numbers, what your current number of vacancies without bodies look like, in terms of a number?

Ms. Second-Ali: Chairman, I am unable to give that figure also. So I will provide that in writing.

Madam Chairman: Okay. Might I ask, have you all been able to identify what is the reason for the high number of vacancies, your inability to recruit staff? Because somewhere in the submission there was a statement that you all had held two rounds of interviews, but had not been able to fill the position. So have you been able to analyze what really are the main factors of your inability to fill positions?

Mrs. Solomon-Koroma: Madam Chair, if I may. The inability to fill positions is not unique to the Tobago Regional Health Authority. It is a challenge that we face throughout the Assembly because of the brain drain that we have. A lot of qualified Tobagonians do not come back to serve here, because, one, our compensation package tends to be low compared even with Trinidad. So it is a challenge on the island finding suitably qualified persons to take up senior positions, especially technical positions, and you find that we have to keep going out again to re-advertise, because of the quality of the candidates that present themselves. So it is a challenge throughout the Assembly, throughout the island, and we try our best to extend the reach of the ad to Trinidad and to other places as well. But there is a cost when you recruit persons from overseas. So it is a challenge, but we try to work with it as best we can.

Madam Chairman: Thank you, Mrs. Solomon-Koroma, and that is what I was going to ask. If it is a challenge to recruit people at home, I see that, and you said it just now too, that you have extended your reach outside of the twin-island Republic. I have

seen you have advertised internationally and regionally. Therefore I was wondering, doing that, what would you have considered would have been the extra or additional factors to attract people regionally and internationally, if you could not attract people at home?

Mrs. Solomon-Koroma: We have to enhance the compensation package, and that is usually what happens. So if we find somebody who is suitable, of course, when you offer them the salary they negotiate and sometimes we have to provide, not only an enhanced compensation package, but also accommodation with it as well in order to encourage them to come to Tobago.

Madam Chairman: Have you had any successes with that, let us say in the last two years? Have you had any successes with that? Well two years because of the pandemic, but let us say from 2018. Have you had any successes with that?

Mrs. Solomon-Koroma: Yes, Madam Chair, we have. Even our current CEO of the Tobago Tourism Agency was recruited from overseas. So we have had challenges, and we have overcome it by extending the reach and enhancing the compensation package. As I indicated, sometimes you have to throw in accommodation as well, in order to get them to come to Tobago.

Madam Chairman: Okay. So in health though, have you had any success, any recent session?

Mrs. Solomon-Koroma: Well we have had Dr. Nathaniel Duke returning home, and he also has other persons that he is encouraging to come and help, assist at the Roxborough Hospital, so we are making some headway.

Madam Chairman: Thank you very much. Then, might I ask some questions about your internal controls, in terms of—I see in the submission we have had a long explanation with respect to what happens with internal audit, and the role internal audit plays in the TRHA. I wanted to ask, when was the last internal audit done and in respect of what departments?

Mrs. Solomon-Koroma: I will ask the Administrator, because I know the internal audit that we have residing in the THA they would have examine the Division of Health, but I do not think they reach down into the TRHA. They do the Division of Health, so maybe the Administrator can cast some additional light on the last internal

audit that was done there.

Ms. Trim: Thank you, Mrs. Solomon-Koroma. Yes, the TRHA usually engages external auditors. I will ask Mrs. Second-Ali if she could provide the last date of the last audit report please.

Madam Chairman: Just before we go on, let me just ask this. On page 19 of the submission, what we were told is that:

To examine the systems in place at the TRHA, to assure accountability and value for money with the use of public funds.

Your internal audit. You told me that you have three persons employed at the internal audit unit and the breakdowns are Internal Auditor, one Audit Officer, one Internal Audit Assistant. So, in terms of that, do we have a functioning internal audit department?

Ms. Trim: Chair, under the Division, yes we have some auditors assigned through the office of the Chief Administrator to the Division, yes.

Madam Chairman: But not to the Tobago Regional Health Authority?

Ms. Trim: No, Chair.

Madam Chairman: Okay. So any auditing function is provided through the THA Division of Health and Wellness.

Ms. Trim: Yes, Chair.

Madam Chairman: Ms. Second-Ali.

Mr. Wiltshire: May I come in please, Madam Chair?

Madam Chairman: Yes, Mr. Wiltshire.

Mr. Wiltshire: We at the TRHA do have an internal audit department, so that our audit is an internal audit and then we go externally through the THA and through external auditors to provide secondary audit services. I have in my possession a report about the internal controls of the TRHA, and it was dated the 3rd of March, 2021.

Madam Chairman: Okay. In terms of—was that report in respect of all aspects or just certain departments were audited by your internal audit? You know, what was the scope of that audit?

Mr. Wiltshire: I would like to defer, because I have not gone through it in full detail, but I can resupply that information in writing to the Committee subsequently.

Madam Chairman: Okay. Let me ask, and if you not in a position, Mr. Wiltshire, maybe Mrs. Second-Ali might know, in terms of, has a charter for this year been set up by the internal audit unit of the TRHA?

Ms. Second-Ali: If I could venture a response. The internal audit function of the TRHA reports through the CEO and into the Audit Committee of the Board of Directors. Therefore, at the start of every board term, the internal audit department would outline their plans which would first start with a risk assessment being done. So a risk assessment is usually done by each department, and then through this risk assessment the Audit Committee determines the areas of focus.

So the internal audit would have done such an exercise, when the Board started in 2020 November thereabout, and they would have started working on the different internal audits. I cannot speak for other areas, but I know in the finance area the internal auditor would have looked at our budgeting policies and our systems. The department looked at our accounts payable system and they also would have looked at cash management over the last 12 months.

4.30 p.m.

Madam Chairman: Okay, so, it would have been in respect of that, this report of the 3rd of March, 2021, would speak to.

Ms. Second-Ali: Yes, Chairman.

Madam Chairman: Okay. So would it follow then that in the absence of a board there has been no charter of internal audits as yet planned for fiscal 2022?

Ms. Second-Ali: That response I am not certain in terms of what happens with the audit in the absence of a board. So I would defer to provide that response in writing from the Internal Auditor.

Madam Chairman: So let me ask this and you might be able to assist, Ms. Angell Second-Ali, because you have been there for 23 years and I think what you told me is you assumed this post in March 2020. If I am correct?

Ms. Second-Ali: Yes, you are correct.

Madam Chairman: So in terms of what operates, your internal audit department will set out its charter, do its audit field work, report its audit results and so on.

Ms. Second-Ali: Correct.

Madam Chairman: Is there a mechanism for these reports to be communicated; these reports, findings and recommendations to be communicated to the departments? And if there is, how is compliance with the reports and recommendations, how has that been maintained up to 2021?

Ms. Second-Ali: In respect of work done by the internal audit department, at the completion of any audit, the internal auditor would share the findings of the audit with the respective department. The departments are then given a time frame in which to respond to the audit with recommendations and that report is then sent to the board's audit committee, right. So the board audit committee has the monitoring function in terms of, whether it be quarterly or every six months, having an updated response from the department in terms of the progress of the implementations of the recommendations from the audit.

Madam Chairman: Okay. Thank you, and therefore, CEO, I will give you an opportunity to provide with us in writing what it is that the internal audit department is currently engaged in. And whether the audit department is adequately staffed, because I see, I do not know if the position remains that you still have one auditor, you know, I think it was three persons, one internal auditor, one audit officer and one internal audit assistant, but my recollection from reading the submission is that there were vacancies. And therefore, in terms of giving us an assessment with respect to the adequacy and plans for recruitment. All right, and the other question I would ask again, Mr. CEO, but to give you an opportunity to give us in writing, I do not get the impression that there is a monitoring and evaluation unit in the TRHA. I do not know if you could confirm that or whether my understanding is wrong.

Mr. Wiltshire: Thank you, Madam Chair. From my short tour last week I did—was introduced to the internal auditor and at least two members of her staff. So I am not sure if her area is fully filled or whether there are vacancies or not. As you recommended I will communicate that to you, confirm that to you and the activities in writing, subsequently.

In terms of a monitoring evaluation unit I know that is an area in need of strengthening but I believe that the primary care area has some responsibility for that, if I am not mistaken. They do, not so much more into evaluation, but knowledge, research and policy planning. So I think—and monitoring evaluation under health promotion. There is some monitoring and evaluation there, but I think there is a greater need for monitoring and evaluation and data gathering and statistics and so on, as patterned in another RHA, the Eastern RHA. They

actually have a full health observatory unit, if I am not mistaken, and that is something also to be strongly looked at to guide our evidence based decision-making.

Madam Chairman: Okay, so we will give you an opportunity to investigate that and let us know what your plans are for going forward to ensure that there is a monitoring and evaluation function within the TRHA.

Now, there is an interesting statement that I have found on page 23 of the submission where they said that:

The service areas in the departments with the greater risk are audited with greater frequency. There is fixed time audit frequency used for some auditable areas and a varying frequency for some. In the cases of the audit investigations for the higher risk areas, these are done annually.

Now, you know, with all due respect this seems to me to be extremely generalized and vague. So that if we can get some details so that what areas are found to be generally greater risk areas, what is the greater frequency with which they are audited, you know, what areas are done with fixed time audit frequency and what is the fixed time; this seems to be an extremely vague statement that quite frankly cannot assist us to assist you.

Okay, so again, if that sort of follow-up could come to us in writing. Thank you. And the other area I wanted to look at is inventory control and it appears to me that you all still do tagging. Is this a manual tagging process?

Mr. Wiltshire: Ms. Second-Ali, would you like to take that question, please.

Ms. Second-Ali: I am unclear in terms of which area of the report, but we still do a manual stock card if that is what you are referring to.

Madam Chairman: You do a manual stock card. So let me ask, in terms of items of furniture, you have a manual stock card for that, your inventories are done by entries into some ledger?

Ms. Second-Ali: When we—the inventory that was referred to here would be consumables, like drugs and related materials and medical supplies for instance. In terms of assets, like furniture, what we would do is a tag. So, yes, we have an asset register and we also have a tag that we would assign to each asset.

Madam Chairman: How regular then would this be reviewed in terms to ensure—because these are adhesive tags. Yes?

Ms. Second-Ali: Correct.

Madam Chairman: So to ensure that tags are still there, that the items are still there, that you correspond what is on your ledger with what is physically on the premises.

Ms. Second-Ali: Currently we are engaged in an exercise to do just that, to reconcile audit to what is physically in each of the departments. And we expect that over the next three— between three to six months we would have that exercise fully completed. And we are doing this because we have acknowledged that there are some areas that need to be strengthened in terms of how we treat with the— [*Technical difficulties*] —right. So the authorities are currently engaged in that exercise.

Madam Chairman: Okay. And you say in about the next three months you expect that exercise to be completed. But in addition to which, I see that you all have spoken about research technological solutions, such as the radio frequency identification, right, which will be implemented once funds are available. Do you have an idea, because it did not escape me the point made by the Chief Administrator with respect to funds coming en bloc and being able to move funds around and so on, and so forth. I think we heard that earlier on in the discussion. So in terms of this RFID system, what is the likely time frame for its implementation?

Ms. Second-Ali: And this is something that we have on the books. I smile because it one of those projects that keeps being reprioritized in preference of— [*Technical difficulties*] Because it is—we anticipate that it would be somewhat costly and there are other priorities in terms of— [*Technical difficulties*] —in terms of our hospital information system and in terms of changing out all fleets of computers, et cetera, even our firewalls we have some issues there in terms of our Internet. So I do not anticipate that this RFID project will take place in this financial year.

Madam Chairman: Okay, and therefore it means that you have to rely on your manual system and your tagging, yes? And therefore, the results of that review that is going to be completed in the three months, those results are extremely important to see if your systems are working. Okay, so we would like at the end of that to get some follow-up with respect to what your findings have disclosed, okay?

And might I also ask in terms of—you were talking about the pharmaceuticals and your consumables. What system operates in terms of inventory control and, you know, what we do not want is that we do not know what is what, what is water, how much supply we have of water and we use something else instead of water. So what systems do we have? And how does that work and how effective is it?

Ms. Second-Ali: For the pharmacies system, so we have a pharmacy stores that is separate from our other stores which comprise of food, medical, stationary, et cetera. For our pharmacy stores, we use the hospital management information system which is the SELMA. And for our other stores we use Dynamics GP which is our financial information management system. These systems are used in conjunction with, I would have mentioned the stock cards for instance, the pharmacy department would use their register, the inventory register that would assist in terms of lowering the reorder levels, for instance, for each stock item and tracking expiration date for different batches so that we have proper rotations of stock, et cetera.

So our systems are, it is both computer based and some manual at this point in time. But I think we do have a pretty good management of stock and we also in addition to that we use the basic spreadsheets in terms of tracking the high risk items. So, for instance, now that we are in the COVID pandemic we would have a report that the medical stores, for instance, would produce at least three times every week. They would send this report to myself and the CEO to inform us of the stock levels for those high risk items. Right, so we use a mixture.

Madam Chairman: So in terms of the actual places where you have storage, how do you ensure that the facility itself is proper, adequate for the integrity of your stores?

Ms. Second-Ali: One of the things that we do we would use our, well, we have our OSH department and our OSH department would do regular rotations in terms of ensuring that the—how we store the items are appropriate, we do not have things on the floor, et cetera. And we also do a regular—we also maintain a regular pest control service, for instance. So that we would use—Rentokil would come in and check for rats and lay down the different plates, et cetera. So that is some of the things that we do. Also we would pay attention to the temperature because some things are temperature sensitive, especially pharmaceuticals, so this is another area that we pay specific—particular attention to in terms of ensuring the integrity.

Madam Chairman: So might I ask, when was the last OSH report given in terms of the integrity of your storage facilities in terms of your air conditioning, your temperature and those sorts of things that you mentioned, when was the last report received?

Ms. Second-Ali: The last OSH report that I would have received we would have in August of last year we would have rented a new facility, again because of COVID and us aiming to maintain a three to six-month supply in all PPEs. Our current storage facility would have been up to its maximum in terms of those items so we would have engaged a new facility. And in

doing that our OSH department was invited to first be a part of the team in terms of examining the appropriateness of the building, et cetera, and so they were a part of that and once the building was secured the OSH department would have done their respective reports to ensure that we would have outfitted the space properly. So we would have done like a Gap analysis and assign responsibilities to various officers. And we monitored that report until the facility was up and running and then even then OSH would have continued their monitoring to ensure that all the gaps were closed and that the items were being stored appropriately and the building met all OSH requirements. So that was the last report that I was—

Madam Chairman: That was the last report. So what about existing facilities, how frequently is that OSH assessment done and reports generated?—because what you are telling me is you set up a facility, I think in August, we are now in February, okay, when is another report expected? When is an inspection done? You know, if it is done every two months, every six months? Is that generally complied with? Who looks at that? That is really what I am trying to find out.

Ms. Second-Ali: Okay, so our OSH officer is located at the Scarborough General Hospital where most of our storage areas are. And that officer would do periodic checks. At least every six months the OSH officer will walk through the facility to ensure that we are in compliance with all the OSH requirements. A report is only produced if the officer sees something that is inconsistent. Right, so if we are in violation of any of the OSH requirements a report would be produced at that time. Well, sort of like a warning letter for us to close this gap.

Madam Chairman: Okay, so once there is nothing reported the assumption is that everything is working, that your air conditioning levels are good, that they are free from rodents, et cetera, et cetera.

Ms. Second-Ali: Correct.

Madam Chairman: All right, so there is no spot checking by the management to ensure that the assumptions are valid?

Ms. Second-Ali: Well, the management, yes, there will be checks by management because management is on the ground every day. So once the management is aware of what the OSH requirements are and we would—it is a daily thing to be in compliance of those OSH requirements. I could give a next example, the OSH would have walked around June of last year and found that we had some boxes packed too close to a doorway and we would have

received a report on that. And so we worked—the warehouse would have come in as one of the solutions too, because that was part of the problem that we just were out of space. So we had the boxes packed in areas where they should not have been. And we would have worked to close that gap and clear that doorway. So it is an everyday thing.

Madam Chairman: All right, so let me ask this then. You have said that in your submission, this is at page 26, that as far as quality control having NIPDEC as the primary supply of pharmaceuticals is a quality control measure which assures the end user that the product meets required regulatory and quality standards, okay. So I wanted to enquire if you have incurred any inefficiencies with regard to the quality control of pharmaceuticals based on your reliance with NIPDEC.

Ms. Second-Ali: I cannot, I do not know if Dr. Wheeler would be in a better position to answer. But the only incident I could think of, within the last 12 months we would have had some issues with some tubes that were provided for the dialysis unit and those tubes came through NIPDEC C40. So at that time what we would have done, we would have done an incident report and this report was channelled back to NIPDEC so that they could make the appropriate adjustments on their side for this particular item. But that is the only incident that I know of.

Madam Chairman: Dr. Wheeler, do you have anything to add to that?

Dr. Wheeler: Yes. We did get a supply of tubes to take blood from that was not the appropriate size, not size and consistency, but same thing, we sent them back and we were replaced. We really have not had much problems at all.

Madam Chairman: Okay, so can I conclude that generally relying on NIPDEC as a sort of quality control mechanism has worked well.

Dr. Wheeler: Yes.

Madam Chairman: Yes.

Dr. Wheeler: From my point of view.

Madam Chairman: Okay. All right, I just wanted to ask two more questions on this area in terms of your demand forecasting. I want to know if that has worked efficiently for your monitoring and tracking. If there have been errors, what sort of, you know, degree of errors that have occurred or if this is working well too.

Ms. Second-Ali: In terms of the demand forecasting we would have mentioned using the stock cards and also using our information systems to pull historic data. This has been working because it helps in terms of determining the usage over a period of time and then we can adequately determine how the—when to reorder based on usage. Where we would have issues here would be if there is a spike in the usage maybe as a result of something like COVID and we would have to quickly reforecast in terms of our uses and re-project. But this method has worked fine for us so far.

Madam Chairman: Okay, and as far as your stock expiry or batch tracking method, where you said that—which often times provide—proves problematic as assumptions made with respect to expiratory dates do not always hold true. Can you say if you are investigating any alternatives or backups with respect to this mechanism? And if so, what?

Ms. Second-Ali: Well, I think, what this statement is saying is that the complete reliance on the First In First Out system of tracking has proven to be a little bit problematic in terms of expiration based on batches. Because you may receive a batch at a later date with an earlier expiry date. So just relying on the First In First Out rotation is not the singular means by which we should track expiration date. So we have relied on not just the First In First Out but the register that logs the expiration date of each batch is more what we rely on in terms of rotating stock based on the expiration dates.

Madam Chairman: Okay, so that this is actually being implemented and is it being complied with?

Ms. Second-Ali: Yes, this is done by the pharmacy stores. Yes, correct.

Madam Chairman: All right, thank you. Might I now invite member Bacchus to join the conversation.

Mr. Bacchus: Thank you, Madam Chair, and again thanks to the Committee and the panel. Just to follow-up on where Chair left off, as it relates to inventory. Checks I have done with other places—and I am sure the CEO having worked in other places could attest to this. The issue of expired drugs is something that shows up fairly often. When quantified in terms of its cost it normally is significant. Has there been any study or any reports relative to what for any period of time has been? And if so, is it available?

Mr. Wiltshire: Through the Chair, thank you, member Bacchus. Through the Chair I would like to defer that question to Ms. Second-Ali, may have a better idea if that kind of financial analysis has been done.

Ms. Second-Ali: I do not have that information at hand so I would ask the Committee if we can provide this report in writing.

Mr. Bacchus: Thank you and the reason why I brought it up is actually you may find that if you look across things associated with inventory leakage it may pay for the solutions that you need to address it. The other thing, and I am sure there is an explanation for this. Environmental control storage is not necessarily a spot check thing. So I am using, I am not a medical doctor, and I will use a bad example maybe. Something that should be stored at 20 degrees, minus 20 degrees Celsius put into a storage facility that—the temperature of that facility has to be monitored almost in real time should something happen to it. Electricity goes for a day and a half, remote storage in health centres for drugs and so on. How is this done and how is this monitored, because it would not be on a six-month rotation, it would not be an OSH officer walking through. There has to be some mechanism by which we are able to manage the environmental for, for example, something that is temperature control specific.

Mr. Wiltshire: Through the Chair, if I may, my understanding as a former general manager commissioning on projects which had to deal a lot with medical equipment and their equipping, those types of equipment that have those minus, ultra-low, minus 20, minus 4 and so on usually comes from a medical supply perspective with inbuilt alarms. So that once those things are triggered and go below, some kind of alarm is sounded and that will alert the users, the manager of the area to then call biomedical people or so on, to then—for a kind of redress and/or there could be an administrative procedure to then move things out of something that goes down and placed into a secondary hold or freezer compartment until the equipment is fixed. And we also have a liaison with the biomedical services, we always have an on call person to address those kinds of emergencies after hours and on weekends and so on.

Mr. Bacchus: You are saying this is in your experiences, this is in place in the TRHA?

Mr. Wiltshire: Let me defer that to perhaps Dr. Wheeler.

5.00 p.m.

Dr. Wheeler: No, I would not be able to answer provide that

information at all.

Mr. Wiltshire: Ms. Second-Ali, can you confirm? We have the engineering person, Mr. Guy.

Mr. Guy: Yes. Thanks for the question, CEO. Now, the refrigeration does not fall under me directly but we do have a system in place where we would like to have all our refrigerators upgraded to have a remote monitoring system. So now we have our staff who are there on a daily basis. We also have the BMS staff who would do some monitoring out of the normal work hours but we are moving towards using technology. There are some new refrigerators and freezers that are on the market that offer remote monitoring and I believe that the pharmacy, I know for sure, is currently in the process of procuring some new refrigerators that offer type of remote monitoring.

Mr. Bacchus: Thank you. And lastly from me, maybe again to you, CEO, when you look at the hybrid systems, for example, what you look in the inventory management, et cetera, it leads to areas—grey areas in which you may find that things either cannot be accounted for or are there but not necessarily logged. And so, the integrations of those—the management of hybrid systems that have levels of advanced technology, levels of spreadsheets, Excel files, management of paper information becomes cumbersome and difficult.

The transformation that you need to do requires things across three phases. Three phases would be, of course, the adjustment of the people and the changes for that; the new processes that you want to put in place to make sure that you transition away from it and, of course, the technology and the regulations to address that. Obviously, you are making those movements now. How are those areas being addressed or intended to be addressed based on how you plan your operations going forward? If you do not work across those spaces, you are probably not going to be successful. How are you setting that up and how is that being managed? In what area is that being done or it is just spread out across everywhere? CEO, I was

putting that to you possibly to start.

Mr. Wiltshire: Through the Chair, I think a good example of that would be the current Roxborough Hospital and I will ask for support from Mr. Guy on this. But we have dealt with that I think from a contract perspective so that in the commissioning of new equipment, there will be an in-built process for perhaps training users to detect what the warning system—how to use the equipment, how to tell if something is going wrong and then a relationship with the vendor to then call them on a call service or repair service and biomedical would get involved and so on. The expert of this is Mr. Guy, so I will turn that question over to him.

Mr. Bacchus: If I may, before you do, CEO, that speaks to the equipment side of it but specifically to the people that have to work in there, the change that they have to do, going from a paper system to an analog; the processes that you have to change whereby before you used to sign in this book to get this document, now maybe you have to scan it and so on, all of those changes to make. The way you described Roxborough, you are describing Roxborough as a modern medical facility. The changes between that and what would have been an older type, a more analog-type facility, how is that management—I understand the equipment piece. I think you have that well covered. What about the human pieces? What about the other pieces associated with that type of transition. How is that being done given your ambitious time frame?

Mr. Wiltshire: Sure. Thank you. A lot of these equipment come with their own standard operating procedure manuals with them in terms of a step-by-step process as to how to use the equipment and the vendors have the clinical people to actually walk the people through the training aspect. So that is also done and it is so well organized. Sometimes you can just take their manufacturing standard operating procedure and put it into a folder and then that becomes the desk manual for the equipment.

So I know from a lab perspective—because I have some experience in laboratory commissioning as well—that tends to be very much the

operation for the training of the users and then the final phase would be the roll out to the customers. So I think the point that member Webster-Roy was talking about, the sensitization for the community to say we are now offering this service at this location, come and experience, come and see and get your health checks done. Because apart from the health emergencies, the General Manager of Primary Care would very much like to have me say, Dr. Roxanne Mitchell, we want people to be healthier, not only to come to us in an emergency perspective but to know your numbers.

The Secretary for Health has a big programme on that that we would perhaps need to get back to and we get better, lower numbers in COVID pandemic, to get people to know their numbers, to come to the health centres, the hospitals and so on, in non-emergency times, to get their health checks and to know what their statistics are and then come and see for themselves perhaps, through those experiences, the quality of health care that the Tobago Regional Health Authority is offering to the Tobago residents and internationals. Thank you.

Mr. Guy, anything you would like to add?

Mr. Guy: Not at this time, CEO, but I do understand that the director may have also talking about change management with regard to that culture shift from a paper-based to a technological-based system.

Mr. Bacchus: Yeah, you are absolutely right, Mr. Guy, and that is something that you must cater for as you move into your transitions. So I expect—and I guess, CEO, what you are saying is some of this is formally put together in the technical pieces that you have, some of it is stuff that you are going to have to do on your own and this is the HR components that you have to manage with that. Please ensure that as you go forward, you identify where that is and if you have not, make sure that it is so and in any of the reporting that you are doing with us, might I ask that you provide an update as to how that is going because it may serve as a benchmark for the same types of transitions that have to happen in other places. So, you know, it is an ask as you go through your process. Because I recognize the

aggressive time frame you have. You would be able to capture a lot of that information. So in your reporting for other things that you are providing to the Committee or when we return in three months' or four months' time, please include a report on that aspect of it in your submission, please, through you, of course, Chair. Thank you.

Madam Chairman: Thank you very much, member Bacchus. Okay. So I really wanted to touch a bit on the Sustainable Development Goal 3: Good health and Well-being. But having regard to the responses thus far, I think that sort of interrogation may be a bit challenged because based on your submission, what we were told is that since your strategic plan preceded Sustainable Development Goals, it was not focused on the Sustainable Development Goals and particularly, Sustainable Development Goal 3 which is “Good Health and Well-being”. And this matrix—what you call it, the planning matrix, was really designed to ensure that your strategic objectives were aligned with the Sustainable Development Goals.

From my understanding of the discussion, the review and analysis on achievements and objectives of the matrix have not been embarked upon or completed. And therefore, CEO, it means that this exercise becomes more critical having regard to the fact that we just have eight years to 2030, and all health institutions have reported sort of slippages because of refocuses on COVID—the fight against the COVID-19 pandemic.

So basically, I would ask for us to get, in writing, a report based on the programmes which were instituted to ensure that your strategic objectives were in alignment with Sustainable Development Goal 3, for instance, your focus on reducing maternal mortality, and also your focus on the NCDs, and additionally, ensuring universal health coverage. So that if we can get in writing. And we would send the specific questions, you know, how your objectives and your plans to achieve Sustainable Development Goal 3, how that has been impacted by COVID-19 and what are going to be your realigned plans to ensure that these objectives are achieved by 2030.

And I do not know if anybody is in a position to let us know—like,

for instance, you spoke about your challenges and some of the challenges in achieving your Sustainable Development Goal 3—and I am at page 40 of your submissions. You referred to issues with pregnant women and late booking for their pregnancies and that sort of thing, and your response was: Increased collaboration with the department of obstetrics and gynecology and primary care services.

So has there been any—can anybody at this stage say if that has been successful in bridging the gap between what your objective was and the challenges?

Mr. Wiltshire: Chair, I would like to defer that to Dr. Wheeler.

Dr. Wheeler: Good afternoon, Madam Chair. Well, we have in fact improved collaboration with family care services, primarily between the obstetricians at the hospital and the district health visitors who provide antenatal services to all the pregnant women who come to the health centre. COVID did have an impact on our ability to provide outpatient services because from the beginning of December to just about two weeks ago, we had to close our antenatal clinics, outpatient clinics at the hospital. But what we did instead, we engaged in telemedicine via telephone whereby we phoned the patients on a regular basis and through a brief history, identified which patient needed to come into the hospital.

But over the past few years, the obstetrics department of the Scarborough General Hospital, like all other maternity departments in Trinidad and Tobago, has actually seen a significant decrease in maternal mortality. And you might have heard that last year, we actually surpassed our 2030 development goal for infant mortality by having the lowest infant mortality rate this country has ever had.

So even though COVID did have some negative effect on our being able to see patients in person in the clinic, we mitigated this by telephone consultations as part of our introduction to telemedicine to at least maintain contact with those patients. So that even though the care was not ideal in terms of physical assessments—this was for a period of about five to six

weeks—we were able to continue to offer some level of obstetric care for them.

Madam Chairman: Okay. Thank you, Dr. Wheeler. I will now invite Dr. Bodoë—I believe you wanted to join the conversation. Dr. Bodoë, yes.

Dr. Bodoë: Thank you, Madam Chair. Just to commend Dr. Wheeler in his capacity as both Medical Chief of Staff and a very experienced obstetrician/gynaecologist, and very humble young man who has been on the forefront of this challenge to decrease maternal mortality. I had the pleasure of him serving on a committee in 2012/2013, thereabouts, to address this whole issue of maternal mortality, I think in his capacity as Independent Senator as well at that time. And I am happy that he has continued to do what is required for the pregnant women of Tobago and to urge him and to encourage him to continue the good work, just by way of comments, Madam Chair. Thank you.

Dr. Wheeler: Thank you.

Madam Chairman: Thank you very much. And I just want to ask one question and maybe the General Manager of Corporate Services might be able to assist. On page 8 of your submission where you had indicated—this is in terms of the TRHA response to COVID-19. And you had indicated for October 2020 to December 2020, you had spent a certain amount of money on COVID. What I wanted to find out is in the Auditor General's Report, I believe there was an excess expenditure in the period before and I am wondering—in 2021, there was an excess expenditure and I am wondering if that was used to wipe out the debt, your over expense on COVID-19.

Ms. Second-Ali: Chairman, I am not totally aware of in terms of the excess the Auditor General would have alluded to in her report.

Madam Chairman: Yeah.

Ms. Second-Ali: What I can say is that the TRHA was extended funds through the Division of Health, Wellness and Family Development at the time to fund our COVID expenditure for 2020 and 2021. Right? So the

debt that we had in relation to COVID was funded through supplemental releases for those years.

Madam Chairman: Okay. So that what the Auditor General had said—and this is of at the September 2020—that there was an excess expenditure of about 2.5 million. Okay? So what I was trying to find out is whether—and maybe that is what you have explained to me—whether that was met by special funding or whether out of your allocation for 2021, your funds would have been reallocated to meet that debt?

Ms. Second-Ali: All right. In terms of whatever we do not cover by the supplemental funding that was extended for COVID, we would cover those excess expenditure by our regular releases. All right? So it would be covered by either of those lines of funding.

Madam Chairman: Okay. All right. So what we will do is we will refer you to the statement made by the Auditor General and, you know, allow you an opportunity to give us a little more specific response in terms of that finding. Okay? Any other members willing to ask any other questions at this stage? Dr. Bodoë? Mr. Bacchus?

Dr. Bodoë: No, I am okay, Madam Chair.

Madam Chairman: Okay. So if that is the case, I am going to bring the discussion to a close at this time. There are a number of questions that we will send, in writing, to the CEO and the Chief Administrator to give you all an opportunity—particularly to you, Mr. CEO, I mean just having come on board—today is what? Today is the 9th, so eight days ago.

Mr. Wiltshire: Right.

Madam Chairman: Okay. But I thank you for coming to lend whatever assistance you could to the Committee. I want to thank also the Chief Administrator, the Administrator. Also, in terms of the Chief Medical Officer of Staff and all the other representatives, I want to thank you for coming and helping us to understand how the Tobago Regional Health Authority works, the challenges that you all experience and we will continue the conversation in writing.

I now bring this part of the Committee meeting, the public hearing, to a close. I want to thank the members of the listening public who stayed with us and the members of the media. I thank you. Pleasant afternoon.

Mrs. Solomon-Koroma: Thank you, Madam Chair.

Dr. Wheeler: Thank you.

Mr. Wiltshire: All right. Take care.

Mrs. Solomon-Forde: Thank you, thank you.

Ms. Second-Ali: All right. Thank you, Ma'am.

5.20 p.m: *Meeting adjourned.*