PARLIAMENT
REPUBLIC OF TRINIDAD AND TOBAGO

PAC

NINTH REPORT OF THE
PUBLIC ACCOUNTS

C O M M I T T E E

SECOND SESSION OF THE 11TH PARLIAMENT

Inquiry Examination of the Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for the Financial Years 2014 and 2015 with specific reference to the Ministry of Health.

Public Accounts Committee[1]

The Public Accounts Committee (PAC) established by the Constitution of the Republic of Trinidad and Tobago in accordance with Section 119(4) is mandated to consider and report to the House of Representatives on:

"(a) appropriation accounts of moneys expended out of sums granted by Parliament to meet the public expenditure of Trinidad and Tobago;
(b) such other accounts as may be referred to the Committee by the House of Representatives or as are authorized or required to be considered by the committee under any other enactment; and
(c) the report of the Auditor General on any such accounts."

Current membership

Dr. Bhoendradatt Tewarie	Chairman[2]
Mr. Rodger Samuel	Vice- Chairman
Mrs. Ayanna Webster-Roy	Member
Mr. Randall Mitchell	Member
Dr. Lester Henry	Member
Mrs. Paula Gopee-Scoon	Member
Ms. Marlene McDonald	Member
Ms. Jennifer Raffoul	Member

Committee Staff

The current staff members serving the Committee are:

Ms Keiba Jacob	Secretary to the Committee
Ms Hema Bhagaloo	Assistant Secretary to the Committee
Mr Darien Buckmire	Parliamentary Intern

Publication

An electronic copy of this report can be found on the Parliament website: www.ttparliament.org

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[1] The PAC of the Eleventh Republican Parliament was established by resolutions of the House of Representatives and the Senate at sittings held on Friday November 13, 2015 and Tuesday November 17, 2015 respectively.
[2] The Committee held its first meeting on Wednesday December 2, 2015. At this meeting the Committee elected Dr. Bhoendradatt Tewarie as Chairman, in accordance with Section 119(2) of the Constitution of the Republic of Trinidad and Tobago. At that same meeting, the Committee resolved that its quorum should comprise of three (3) Members, inclusive of the Chairman and any other Opposition Member.

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MEMBERS OF THE PUBLIC ACCOUNTS COMMITTEE

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REPUBLIC OF TRINIDAD AND TOBAGO

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Ms. Jennifer Raffoul
Member

EXECUTIVE SUMMARY

The PAC presents its Ninth Report of the Eleventh Parliament which details its examination of the ***Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for the Financial Years 2014 and 2015 with specific reference to the Ministry of Health (MOH).***

During this examination, the Committee took the opportunity to discuss with the Ministry of Education:

- The general issues relating to the performance of the MOH;
- The relationship between the MOH and the Regional Health Authorities(RHAs);
- The role of the MOH in the delivery of health-care services that are responsive to consumer needs and preferences; and
- The challenges faced by the MOH in carrying out its duties.

Based on the Committee's examination the following recommendations were proposed:

- The MOH needs to conduct an organizational review geared towards ironing out the deficiencies in their operations;
- The continuous training in staff needs to take place in an attempt to boost the skill sets and competencies that are required of personnel employed at a Ministry;
- The Public Service Commission and Personnel Department should be contacted about the need to fill the vacancies in the Ministry and the drafting of attractive compensation packages respectively;
- The Ministry should continue with the decision to adjust the technical support structure around the Chief Medical Officer (CMO);
- The Ministry should implement succession planning as a mode of filling higher level medical staff positions;

- The universities should be contacted about introducing programmes geared towards supporting the qualifications in demand to fulfil the tasks required of senior medical staff;
- Robust monitoring and evaluation systems should be maintained to ensure that RHAs perform to the stipulated policies and standards as expected.
- More effective communication should take place between the Board of Directors and the Permanent Secretary;
- The Permanent Secretary should indicate to the Public Service Commission, the need for additional staff arrangements in the Finance and Accounts, Procurement Services as well as Internal Audit Departments;
- A more robust system of timely communicating and reporting the activities that influence an employee's pay should be implemented in all divisions, departments and units in the Ministry;
- The Procurement Management team should start adopting some of the policies detailed in the new procurement legislation so that there is an easy transition when the proclamation of the procurement law occurs;
- Continuous follow up should occur with the previous Ministry of an employee who transferred with incomplete documentation on their pension and leave records; and
- Pension and leave should be delegated from the Internal Audit Department to a pension and leave unit.

INTRODUCTION

The PAC of the Eleventh Republican Parliament was established by resolution of the House of Representatives and the Senate at the sittings held on Friday November 13, 2015 and Tuesday November 17, 2015 respectively.

The Constitution of the Republic of Trinidad and Tobago mandates that the Committee shall consider and report to the House appropriation accounts of moneys expended out of sums granted by Parliament to meet the public expenditure of Trinidad and Tobago and the report of the Auditor General on any such accounts.

In addition to the Committee's powers entrenched in the Constitution, the Standing Orders of the House of Representatives also empower the Committee (but is not limited) to:

a) send for persons, papers and records;
b) have meetings whether or not the House is sitting;
c) meet in various locations;
d) report from time to time; and
e) communicate with any other Committee on matters of common interest.

Election of the Chairman and Vice Chairman

In accordance with section 119(2) of the Constitution, the Chairman must be a member of the Opposition in the House. At the first meeting held on Wednesday December 2, 2015 Dr. Bhoendradatt Tewarie was elected Chairman of the Committee. On Wednesday December 16, 2016, Mr. Rodger Samuel was elected Vice-Chairman of the Committee.

Establishment of Quorum

The Committee is required by the Standing Orders to have a quorum so that any decisions made by the Members during the meetings can be considered valid. A quorum of three (3) Members, inclusive of the Chair or Vice-Chairman), with representatives from both Houses was agreed to by the Committee at its First Meeting.

Determination of the Committee's Work Programme

The Committee agreed to an (15) entity second session work programme during its second meeting on Wednesday December 16, 2016. After reviewing the proposed Work Schedule for the 2nd Session which was prepared by the Secretariat, the Committee agreed to examine the following entities in the following order:

1. Ministry of Education;
2. Public Transport Service Corporation (PTSC);
3. Ministry of Health;
4. Regional Health Authorities (RHAs); and
5. Land Settlement Agency (LSA).

Subsequent to the submission of the Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for the financial year 2016 to the parliament, The Committee agreed to invite the Auditor General's Department to a public hearing to discuss the Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for the financial year 2016 and postpone the examination of the 3 entities listed below. This public hearing was held on June 14 2017.

1. Judiciary of Trinidad and Tobago;
2. Ministry of Attorney General and Legal Affairs; and
3. Ministry of Public Administration and Communications.

Following the public hearing held on June 14 2017 with the Auditor General's Department, the Committee agreed to examine the next Ministry – the Ministry of Finance.

The Inquiry Process

The Inquiry Process outlines the steps taken by the Committee when conducting the inquiry into the operations of MOH. The following steps outline the Inquiry Process agreed to by the PAC:

I. Identification of issues in the Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for 2014 and 2015 with specific reference to the MOH;

II. Preparation of Inquiry Proposal for the selected Ministry. The Inquiry Proposal outlines:

   a. Background;
   b. Objective of Inquiry; and
   c. Proposed Questions.

III. Consideration and approval of Inquiry Proposal by the Committee and when approved, questions were forwarded to the MOH for written responses;

IV. Issue of requests for written comment from the public are made via Parliament's website, social media accounts, newspaper and advertisements (optional);

V. 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 summarizes any matters of concern in the responses provided by the MOH or received from stakeholders and the general public;

VI. Review of the responses provided and the Issues Paper by the Committee;

VII. Conduct of a site visit to obtain a first-hand perspective of the implementation of a project (optional);

VIII. 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. In this instance, a public hearing was held on Wednesday March 29, 2017;

IX. Issue of written request to the MOH for additional information after the public hearing; and

X. Report Committee's findings and recommendations to Parliament upon conclusion of the inquiry.

MINISTRY OF HEALTH PROFILE

Background: Ministry of Health

The Ministry of Health is the national authority charged with oversight of the entire health system in Trinidad and Tobago. The Ministry plays a central role in the protection of the population's health and in ensuring that all organisations and institutions that produce health goods and services conform to standards of safety.[3]

Vision:

The Ministry of Health is a people-centred, caring, proactive institution that assures standards of excellence are achieved by all stakeholders that promote, protect and improve the health status of the people of Trinidad and Tobago.[4]

Mission:

Our mission is to provide effective leadership for the health sector by focusing on evidence-based policy making; planning; monitoring; evaluation; collaboration and regulation. The Ministry of Health establishes national priorities for health and ensures an enabling environment for the delivery of a broad range of high quality, people-centred services from a mix of public and private providers.[5]

Core Values

The critical values required to ensure accomplishment and fulfillment of their Vision and Mission are:

- **Professionalism -** We will ensure the most efficient and effective delivery of health services by trained and competent health personnel.
- **Total Quality -** Commitment to excellence in our health care systems and all services.
- **Client-centeredness -** We emphasize the delivery of health services that are responsive to consumer needs and preferences.

[3] Ministry of Health website accessed 04 Apr 2017 http://www.health.gov.tt/sitepages/default.aspx?id=38
[4] Ministry of Health website accessed 04 Apr 2017 http://www.health.gov.tt/sitepages/default.aspx?id=38
[5] Ministry of Health website accessed 04 Apr 2017 http://www.health.gov.tt/sitepages/default.aspx?id=38

- **Evidence-based -** Relying upon research and information-driven decision-making at all levels.
- **Visionary -** Providing proactive leadership to the sector.[6]

Executive Management Team

The Ministry of Health's Executive Management Team:

- Minister of Health the Honourable - Terrence Deyalsingh
- Permanent Secretary - Mr. Richard Madray (Accountable Officer)
- Chief Medical Officer - Dr. Roshan Parasram
- Deputy Permanent Secretary - Ms. Dianne Dhanpath
- Deputy Permanent Secretary - Mr. Sterling Chadee
- Director, Finance & Accounts - Ms. Latta Tapsy-Jahoor
- Director, Human Resources - Ms. Brenda Jeffers
- Programme Manager ICT - Mr. Ryan Ramcharan
- Project Manager, Project Management Unit - Mr. Ronald Koylass
- Legal Advisor - Ms. Bhabie Roopchand
- Senior Health Systems Advisor - Mr. Stewart Smith
- Adviser, Health Promotion Communications and Public Health - Dr. Rohit Doon
- Director, International Cooperation Desk - Mr. David Constant
- Principal Medical Officer - Dr. Keven Antoine
- Medical Director, Health Programmes and Technical Support Services - Dr. Kumar Sundaraneedi
- Auditor III - Ms. Sarita Ghouralal
- Manager, Corporate Communications - Ms. Candice Alcantara
- Co-ordinator, Change Management - Ms. Tamika Charles-Stewart
- Manager, Health Education / Health Promotion - Ms. Yvonne Lewis
- Health Sector Advisor - Mr. Asif Ali[7]

[6] Ministry of Health website accessed 04 Apr 2017 http://www.health.gov.tt/sitepages/default.aspx?id=38
[7] Ministry of Health website accessed 04 Apr 2017 http://www.health.gov.tt/sitepages/default.aspx?id=39

ISSUES AND RECOMMENDATIONS

During the examination of the Reports of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for the financial years ended September 30, 2014 and September 30, 2015, the following issues were identified and recommendations proposed:

1. **Organizational Structure of the MOH**

   The Permanent Secretary noted that there were understaffed units at the MOH which caused deficiencies in the Ministry's operations. Adequate staff is imperative to ensure accountability and transparency when working in a Ministry as large as the MOH. The Permanent Secretary indicated that since his appointment, some of the MOH's focus and resources were geared towards strengthening the leadership and the middle management. This involved adjusting the structures in the Ministry's divisions and units to improve standard setting and performance management. The aim, was to transition the MOH to a more policy-making and oversight organization. It was noted that despite an already proposed structure for the MOH, the inability to access the relevant resources hampers the MOH's ability to practically implement the structure desired.

   Recommendations:

   - **The MOH needs to conduct an organizational review geared towards ironing out the deficiencies in their operations;**
   - **Weekly meetings should be held with the department heads that include a brief review of what each department is working on, what it recently achieved and what improvements are needed;**
   - **Units and departments with multiple responsibilities should have those functions segregated into split into different units so that one department doesn't have several unrelated tasks to do; and**
   - **The lack of synergy and effective coordination underscore a basic challenge which is that the policy role of the MOH, (*the coordination and management role of the RHA's and the service delivery role of hospitals and health centres in offering responsive service at high quality to in and out patients)* have not been rationalized with the level of clarity and precision required. This is**

demonstrated by the number of concerns that arise in the health system, despite the large numbers of people who receive quality healthcare on a daily basis. Clarity and precision in a system where managerial responsibility is transparent, accountability requirements clear and duplication and overlap minimised is essential for moving forward.

2. **Competencies of staff**

Competencies provide organizations with a way to define in behavioural terms what it is that people need to do to produce the results that the organization desires, in a way that is in keep with its culture. To be competent, a person would need to be able to interpret the situation in the context and have an arsenal of possible actions to resolve the issue. The MOH indicated that it does not have an adequate level of competent human capital resources to implement its strategic objectives. Gaps in the competencies of staff exists because in such a large Ministry, staff turnover is high. Where the departures of more experienced staff occurred, newer staff lose the opportunity to gain insight on how to effectively complete their tasks. The absence of that form of symbiotic relationship has been the reason for the gaps in the competencies of staff and the constant staff training conducted by the Ministry.

Recommendations:

- **The MOH should develop a succession plan so that the organization will continue to run smoothly after the more experienced employees move on to new opportunities, retire or pass away;**
- **The MOH should request that more departmental training for staff take place. This will enable staff to be more aware of the proper procedures authorized by the regulations and guidelines that govern their field of work.**

3. **Human Resource Management**

The MOH's inability to build capacity with the relevant staff required to have the MOH function efficiently and effectively significantly hampers its operations. The problem stems from the MOH's inability to access individuals at the middle management level at the right time in the right numbers. The Ministry revealed that it relies on the central HR

agencies to support them in that regard. In this regard, it is the length of time and the bureaucracy which follows through with all those procedures that hampered the MOH's ability to acquire competent staff. The Ministry indicated that certain positions have been vacant for a number of years but must continue to wait on the central agency for staffing in those areas. The MOH advertised a number of those positions but, the issue of low compensatory packages lead to a lot of people spurning the opportunity to work at the Ministry.

Recommendations:

- **The Personnel Department should draft more attractive compensation packages for the vacant permanent positions at the MOH so that the Public Service Commission will find it easier to fill the vacancies. This will serve to boost the staff compliment and increase the productivity of the MOH; and**
- **The Permanent Secretary should notify the Public Service Commission, about the Ministry's need for additional staff so arrangements can be made for these persons to fill the currently vacant positions by July 31, 2017.**

4. Lack of technical support for the Chief Medical Officer

As indicated by the MOH, the CMO, is charged with the responsibility of strategy and oversight for the health sector. Prior to the transformation of the health sector and the establishment of RHAs, it was noted that the Ministry had a cadre of individuals that was comprised of a CMO and a number of support personnel directly below the CMO that included four Principal Medical Officers (PMO) of which at this time, there was only one on staff. Over the years, decisions was made to adjust that structure and create a new job description to replace the PMOs. However, nothing came to fruition even though decisions were taken that new positions were to be classified. The CMO's office essentially remained without that type of support for a number of years and this deficiency gap was reflected in the recent Welch Report that was laid before Parliament. A CMO is a technical resource, but if the individual does not have the immediate support available to implement strategic objectives, gaps will appear in the overall performance of the organization.

Recommendation:

- **The MOH should continue with the decision to adjust the structure around the technical support for the CMO where new job tiles with detailed job descriptions should be developed.**
- **The Public Management Consulting Division, Public Service Commission and Personnel Department should be contacted and communicated the need for the establishment of official posts, the filling of the posts with competent staff and the development of attractive compensation packages.**

5. **Senior medical staff deficiencies**

The Health sector and by extension the MOH were unable to recruit personnel for senior medical staff posts due to the high qualifications necessary for the offices as well as the unavailability of training locally. The MOH indicated that despite the existence of saturated positions below the senior medical staff posts, upward movement was stymied due to the lack of training programmes available locally for officers. The MOH noted that the problem was discussed with the local universities to introduce training programmes that will give medical staff the necessary qualifications to move to the higher levels.

Recommendations:

- **The Accounting Officer must ensure that there each Departments have employees with the specialized skills and competencies. This can be done through stronger Succession Planning which will identify and develop internal people with the potential to fill the higher level positions in the organization; and**
- **The Permanent Secretary should contact the Ministry of Education (MOE) about the implementation of teaching and training programmes for medical personnel locally. Universities should be contacted about introducing programmes geared towards supporting the qualifications in demand to fulfil the tasks required of senior medical staff.**

6. **Lack of centralized control over the Regional Health Authorities**

Responsibility for the provision of health care services in Trinidad and Tobago was devolved from the MOH to the RHAs with the passing of the RHA Act No. 5 in 1994. There are five RHAs who operate autonomously and own and operate the health facilities in their respective regions. In so doing, each RHA gained a board and its own independent Chief Executive Officer (CEO). If the MOH doesn't act as a strong centre, and ensure effective coordination and oversight, each RHA will begin operating independently and taking their own path. This was experienced when the RHAs were implementing medical standards where each organization may be administering healthcare differently. It was also indicated that there were instances where different RHAs have different job descriptions for the same position whilst offering different compensation packages despite the responsibilities being the same. If there isn't a strong centre, then there will be the potential for dysfunction and even the potential for chaos. This correlates with the need for an improved structure of the MOH, increased capacity and leadership at the management level of the MOH which would help tighten control so that the RHAs will adhere to the MOH's set the policies and the standards.

Recommendations:

- **The MOH needs to improve its oversight and strengthen its control mechanisms to ensure that the RHAs align their operations with the Ministry's policies and guidelines; and**
- **Proper monitoring and evaluation systems should be continuously maintained to ensure the RHAs perform as expected. An effective communication system and reporting structure between RHA's and the MOH should be established to ensure effective coordination, service delivery, synergy, communication flow, collaboration and decision making.**

7. **Lack of direct relationship between the Board and the Permanent Secretary**

In the flow communication in the Health Sector, the RHAs Board of Directors report to the Minister of Health while the Chief Executive Officer reports to the Permanent Secretary. While there are monthly meetings chaired by the Minister, with the Boards of the RHAs, the PS and all of the CEOs in attendance, there was no direct communication

between the Boards and the PS. Issues of deviation arise because of that lack of direct communication. In this regard, it is only after the MOH conducts evaluations on the RHAs operations that it was noticed that some of the RHAs were straying from the policies the MOH developed. While the CEOs were the ones responsible for making sure the RHAs meet their goals and objectives, they ultimately take directions from the Board who decide what course of actions should be taken to improve the RHA's provision of health care services. The MOH indicated that such deviations were only likely to occur if the MOH doesn't conduct robust oversight. However, that doesn't explain why the PS only communicates with the Board at monthly meetings and as such, new channels of communication should be opened so that if after the MOH evaluated a RHA and found deviations, the PS could directly communicate with the Board on the matter and not wait until the next monthly meeting.

Recommendations:

- **The creation of new and improved communication channels between the Board of Directors and the Permanent Secretary will ensure the decisions the Boards make are aligned to the policies of the MOH.**

8. Late Submission of Financial Documents to the AGD by the RHA's

The timely submission of financial statements for audit examination is essential because it allows for the effective monitoring and assessment of the entities operations which determines the effectiveness of their operations and performance. The MOH admitted that there were no audited financial statements from three of the RHAs that report directly to the MOH namely North West, South West and North Central. The MOH has been working with the RHAs to get their financial statements completed and submitted within the statutory deadline for audit examination. The CEO is ultimately responsible for ensuring the completion and timely submission of the financial report but emphasis must be placed by the Permanent Secretary to ensure that these authorities make it a priority to have financial statements ready by the deadline stated within the financial regulations which is January 31st of every year. The MOH identified rapid turnover of staff within the finance departments of the RHAs as the reason for the late submission of financial statements. This shortage of staff resulted in the RHAs having to outsource

accounting competencies to assist in the preparation of the financial statements within the last two years.

Recommendations:

- **The PS should indicate to the Public Service Commission, the need for additional staff so arrangements can be made for these persons to fill the currently vacant positions by July 31, 2017. Priority should be placed on the outfitting of the MOH so that duties can be completed and done so appropriately and efficiently.**

9. Overpayments

Overpayments occur for a variety of reasons including, but are not limited to: administrative error, late terminations or job records not ended on time, overtime miscalculations, untimely processing of unpaid leaves of absence and etc. The HR and Payroll units should be responsible for overpayment prevention and resolution. Regardless of the reason for the overpayments, the MOH should pursue repayment of any overpaid amount in full. Prevention of overpayments and timely resolution of overpayment errors are important for the proper and responsible management of all Ministry funds. It was indicated that greater efforts are being made to reduce the number of overpayments. In putting those measures in place, the MOH recognized that there were gaps in the reporting of the overpayments. With the rigour of their oversight improving, the Ministry noticed that during the previous financial year, there was an increase in the numbers of reported cases. It was expected that the next step would be able to implement measures to reduce the numbers of the overpayments over time.

Recommendation:

- **Timely communication is key in preventing overpayments. It is the responsibility of all the Ministry's divisions, departments and units to implement effective systems and practices regarding communication of activities that affect employee pay;**

- **Employee time records should be reviewed in a timely manner to ensure that leave time taken is accurately recorded unless practice is conducted by HR Representative; and**
- **If an employee terminates unexpectedly an HR Representative should be contacted immediately so that a termination can be processed in the HR information system. This should be done preferably before if notified prior or on the date of termination.**

10. Internal Audit

The MOH officially has ten (10) established posts for Auditors on a permanent basis. Of the ten (10) positions at the MOH, three (3) persons were permanently appointed while the others were either acting or on a temporary basis. Although the ten (10) auditors were capable and competent to perform the duties of the internal audit function, at the Ministry, it required much more than the ten (10) staffing it currently has. Due to that level of deficiency, the internal audit team was incapable of completing an entire year's audit programme. It was indicated that the Internal Audit team tried to do as much as possible given their capacity despite of the large audit environment at the MOH. The MOH has approximately thirty-three (33) vertical services and each one of them warrants an audit examination, however, it was not possible to audit all 33 services, within a year. In addition to audit work, the Internal Audit Unit was responsible for pension and leave, and previous years' vouchers for payment for staff. While preparing for any particular audit, the audit team has to prioritise the processing of pension and leave, and previous years' vouchers for payment completed at a certain time to reduce backlogs in those areas.

Recommendations:

- **The Public Service Commission should hire more adequately qualified persons to fill the unit's vacancies so that the Internal Audit function can be executed with creditability; and**

- **An entirely separate unit for pensions and leave should be created. Internal Audit should not be burdened with an additional function which usually involves the creation of a unit specifically for pensions and leave.**

11. Procurement Management

Public Procurement is one of the most vital components of a country's public administration that links the financial system with economic and social outcomes. The execution of procurement policies and procedures reflects the degree of governance and performance regarding the delivery of goods and services to the communities. Procurement is not only accessing goods and services at the lowest cost from inputs to outputs, it should also add value to the outcomes of value for money. Efficient procurement should lead to the promotion of innovation and sustainability, the discovery of the optimum solutions to the issues and create greater correlations to national objectives. The MOH highlighted that a stronger procurement management team needs to be in place for the proclamation of the new procurement law. Presently, the MOH requires only one to two more established procurement posts and qualified officers in preparation for when the procurement legislation is proclaimed.

Recommendations:

- **To improve the procurement process, the MOH's procurement department should make itself aware of the specific guidelines which need to be followed before the proclamation of the new procurement law; and**
- **Mechanisms should be implemented to assist the Ministry with the achievement of value for money ensuring the most efficient use of Government funds.**

12. Pensions and Leave

The timely payment of pension benefits has been identified as a significant issue at the MOH and throughout the public service. It was noted that because of the movement of officers across Ministries and Department, pension information for the processing of pension and leave has been located at different Ministries. The MOH encounters a bigger

problem, when persons who would have ended their service with the Ministry, and were employed at other Ministries over their career had loose ends with their P&L records. These may have included outstanding performance appraisal, overtime payments, leave payments and other increments that influence wages and ultimately stymie the timely payment of remunerations. At the time of final preparation of records to submit to Comptroller of Accounts, the preparers recognize that there were certain deficiencies in the pension and leave records. Even though the Ministry contacts the previous Ministry asking for the missing information, there were delays in receiving the information immediately. This problem hampered the MOH's ability to produce a complete P&L at the end of the employee's tenure to ensure a smooth transition in retirement.

Recommendations:

- **The MOH should make every effort to ensure that when an employee transfers from another Ministry that all relevant information has been documented in their Pension and Leave records. Follow up should be conducted in the event that the previous Ministry doesn't immediately forward the relevant information; and**
- **Pension and Leave records of all employees should be updated regularly and thoroughly checked and audited internally before submission to the Comptroller of Accounts within the stipulated deadlines in an attempt to eliminate any deficiencies to allow for the timely distribution of remunerations.**

Ministry of Health – Concluding Remarks

A top to bottom organizational review needs to take place so that the Ministry can coordinate its operation, have proper segregation of duties and responsibilities amongst its staff and the Ministry's divisions, departments and units. In addition, operational clarity needs to be brought to the Ministry, the RHAs and hospitals and other delivery units to address the using of managerial responsibility results to be achieved and accountability

Strategic training programmes focused boosting the competencies of staff by strengthening the systems of accountability, clarifying rules and guidelines, strengthening the culture of responsibility and higher performance is necessary across the health sector.

The strengthening of the Internal Audit Department with permanent competent staff would allow for a more effective internal auditing function. This will ensure that Internal Audit Function is strengthened with more systems of accountability and the ability to meet what is on its agenda in a timely manner.

The Ministry needs to begin its adjustment to the new procurement procedure which will be established when the new legislation is proclaimed. This will ensure that there is a greater achievement of value for money in the procurement of goods and services.

The timely communication of activities that can influence an employees pay should be reported when it occurs to avoid the issue of overpayments.

More communication between the Board and the Permanent Secretary should improve the cohesiveness between the Ministry and the RHAs. This will likely reduce the likelihood of the RHAs deviating from the policies and standards developed by the Ministry.

In cases where persons have been in various Ministries/Departments, communication between the relevant entities needs to be enhanced to ensure that pension and leave records are completed and provided in a timely manner. When better collaboration amongst Ministries is achieved and records are constantly updated, the process will become easier. The MOH needs to ensure that its contribution to the process is on time and eventually there will be an improvement.

There are many challenges that plague the Health system in Trinidad and Tobago. Some however are fundamental.

1. Effective rationalization of the roles and function of the MOH, the RHAs and all the health institutions as service delivery centres is required. Clarity and precision are required to avoid duplication and overlap where clear lines of accountability are developed to ensure the compliance with rules and standards ensuring efficiency, effectiveness and quality patient care.
2. A human resource strategy is required for the health sector to ensure synergy between policy, coordination and effective implementation at the regional level to ensure a quality service is administered at the health institutions. Four issues need to be addressed as priorities in this regard.
    i. The issue of incomplete pension and leave records for those who have left or about to leave;
    ii. The filling of vacancies in a meritorious and transparent manner;
    iii. The presence of competent staff at health institutions to ensure the demand for healthcare is not doesn't put a strain on the current staff; and
    iv. A functional system of effective management, accountability, compliance along with rewards and sanctions that can facilitate the smooth functioning of the health system.
3. A review of the Health System's compensatory structure and the rewards and trade-offs granted to fulltime and part-time employees should be compiled into a national system, with rewards, sanctions, compliance requirements. This will allow for a properly managed and more orderly and effective system.
4. Procurement practices in the MOH and the RHAs need to be made explicitly transparent, aligned to clear transparent policies shared with the general public, and be effective enough to address traditionally recurrent issues of shortages. These should be in aligned to the new Procurement Law which remains to be proclaimed.

Sgd.
Dr. Bhoendradatt Tewarie
Chairman

Sgd.
Mr. Rodger Samuel
Vice-Chairman

Sgd.
Mrs. Ayanna Webster-Roy
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Ms. Marlene McDonald
Member

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Ms. Jennifer Raffoul
Member

APPENDIX I
Meetings

At the meeting held on Wednesday March 29, 2017, the witnesses attending on behalf of Ministry of Health (MOH) were:

Auditor General's Department (AGD)

- Ms. Gaitrie Maharaj - Assistant Auditor General
- Ms. Suzanne Rampersad - Audit Executive I (Ag.)

Ministry Of Health (MOH)

- Mr. Richard Madray - Permanent Secretary
- Ms. Dianne Dhanpath - Deputy Permanent Secretary
- Mr. Anthony Bailey - Facilities Manager
- Mr. Dalip Rajkumar - Accounting Executive I
- Ms. Sarita Ghouralal - Auditor III
- Mr. Asif Ali - Health Sector Advisor
- Ms. Rosey Sahatoo - Administrative Officer V
- Mr. Ronald Koylass - Project Manager, PMU
- Ms. Bhabie Roopchand - Legal Adviser
- Mr. Beesham Seetaram - Programme Administrator, EPP
- Mr. Lawrence Jaisingh - Director Health Policy Research and Planning
- Dr. Keven Antoine - Principal Medical Officer
- Ms. Veronica Pedro - Accountant II (Ag.)
- Ms. Jennifer Harvey-Bethel - Accountant III

THE PUBLIC ACCOUNTS COMMITTEE –
SECOND SESSION, ELEVENTH PARLIAMENT

MINUTES OF THE FIFTEENTH MEETING HELD ON WEDNESDAY, MARCH 29, 2017 AT 10:16 A.M.
IN THE J. HAMILTON MAURICE ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, 1A WRIGHTSON ROAD, PORT-OF-SPAIN.

Present were:

Dr. Bhoendradatt Tewarie	-	Chairman
Mr. Rodger Samuel	-	Vice- Chairman
Ms. Jennifer Raffoul	-	Member
Dr. Lester Henry	-	Member
Ms. Keiba Jacob	-	Secretary
Ms. Hema Bhagaloo	-	Assistant Secretary

Excused were:

Mr. Randall Mitchell	-	Member
Mrs. Ayanna Webster-Roy	-	Member
Mrs. Paula Gopee-Scoon	-	Member

Absent was:

Ms. Marlene McDonald	-	Member

COMMENCEMENT

1.1 At 10:16 a.m. the Chairman called the meeting to order and welcomed those present. Mr. Randall Mitchell, Mrs. Ayanna Webster-Roy and Mrs. Paula Gopee-Scoon. Ms. Marlene McDonald was absent from the meeting.

THE EXAMINATION OF THE MINUTES OF THE FOURTEENTH MEETING

2.1 The Committee examined the Minutes of the Fourteenth (14th) Meeting held on Wednesday February 08, 2017.

2.2 There being no further omissions or corrections, Minutes were confirmed on a motion moved by Mr. Rodger Samuel and seconded by Ms. Jennifer Raffoul.

CONSIDERATION OF COMMITTEE's REPORT

3.1 The Chairman informed Members that the Committee's Draft Report on the examination of the Ministry of Education was circulated for their consideration and the deadline date to make any comments and/or suggestions on the report is on April 5, 2017.

3.2 After some discussion, it was agreed that the Report will be finalized at the next meeting of the Committee.

PRE-HEARING DISCUSSION RE: MINISTRY OF HEALTH (MOH)

4.1 The Committee agreed on the focus of the meeting which were the concerns raised in the Report of the Auditor General of the Republic of Trinidad and Tobago on the Public Accounts of the Republic of Trinidad and Tobago for the Financial Year ended September 30, 2017 with specific reference to the Ministry of Health.

4.2 Members discussed the issues of concern and the general approach for the Public Hearing.

4.3 There being no further business for discussion *in camera*, the Chairman suspended the meeting at 10:39 a.m.

EXAMINATION OF THE MINISTRY OF HEALTH (MOH)

5.1 The Chairman called the public meeting to order at 10:47 a.m.

5.2 The Chairman welcomed officials from the Ministry of Health (MOH), Auditor General's Department (AGD), members of the media and the public to the Fifteenth (15th) public hearing with the PAC and introductions were exchanged.

5.3 The following officials joined the meeting:

Ministry Of Health (MOH)

- Mr. Richard Madray - Permanent Secretary
- Ms. Dianne Dhanpath - Deputy Permanent Secretary
- Mr. Anthony Bailey - Facilities Manager
- Mr. Dalip Rajkumar - Accounting Executive I
- Ms. Sarita Ghouralal - Auditor III
- Mr. Asif Ali - Health Sector Advisor
- Ms. Rosey Sahatoo - Administrative Officer V

- Mr. Ronald Koylass - Project Manager, PMU
- Ms. Bhabie Roopchand - Legal Adviser
- Mr. Beesham Seetaram - Programme Administrator, EPP
- Mr. Lawrence Jaisingh - Director Health Policy Research and Planning
- Dr. Keven Antoine - Principal Medical Officer
- Ms. Veronica Pedro - Accountant II (Ag.)
- Ms. Jennifer Harvey-Bethel - Accountant III

Auditor General's Department

- Ms. Gaitrie Maharaj - Assistant Auditor General
- Ms. Suzanne Rampersad - Audit Executive I (Ag.)

5.4 The following issues arose from the examination with the officials from the MOH:

- The main challenges experienced by the MOH;
- The reasons and solutions to the structural issues existing at the MOH
- The relationship between the Permanent Secretary and the Board of Directors at the Regional Health Authorities;
- The status of the National Health Services Company Limited (NHSCL) and the contractual agreement with NIPDEC;
- The reasons for the non-submission and late submission of audited financial statements by the RHAs to the Auditor General's Department(AGD);
- The reasons for the high employee turnover and vacancies at the MOH;
- The status of the overpayments;
- The procurement policy utilized by the MOH;
- The increase in the cost of renal dialysis between the period 2014 to 2015;
- The measures in place to evaluate the effectiveness of outsourced dialysis treatments;
- The deficiencies discovered in the site visits to Non-Governmental Organizations (NGOs);
- The systems in place to address the pervasive issues identified in the Reports of the AGD;
- The role of Permanent Secretary in ensure proper systems of accounting and supervision over the receipt of public revenue;
- The status of the air conditioning and ventilation systems at wards 5 and 6 of the Sangre Grande Hospital;
- The weaknesses of the Internal Audit System at the MOH;
- The status of the National Oncology Center at Mt. Hope;
- The status of the non-operational CT-Scanners at 3 major hospitals; and
- The recommendations of the PAC to assist the MOH in performing its duties and functions.

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

SUSPENSION

5.5 At 12:27 p.m., the Chairman suspended the *public* meeting.

ADJOURNMENT

6.1 The Committee agreed to examine Audited Financial Statements of the Eastern Regional Health Authority (ERHA) for the period 2008-2013 at the next meeting.

6.2 The Chairman thanked Members for their attendance and the meeting was adjourned to **Wednesday April 12, 2017.**

6.3 The adjournment was taken at 12:27 p.m.

We certify that these Minutes are true and correct.

CHAIRMAN

SECRETARY

March 29, 2017

VERBATIM NOTES OF THE FIFTEENTH MEETING OF THE PUBLIC ACCOUNTS COMMITTEE HELD IN THE J. HAMILTON MAURICE ROOM, MEZZANINE FLOOR (IN PUBLIC) TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, 1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, MARCH 29, 2017, AT 10.47 A.M.

PRESENT

Dr. Bhoendradatt Tewarie	Chairman
Mr. Rodger Samuel	Vice-Chairman
Dr. Lester Henry	Member
Miss Jennifer Raffoul	Member
Miss Keiba Jacob	Secretary
Miss Hema Bhagaloo	Assistant Secretary

ABSENT

Mrs. Ayanna Webster-Roy	Member
Mrs. Paula Gopee-Scoon	Member
Mr. Randall Mitchell	Member
Miss Marlene Mc Donald	Member

OFFICIALS FROM THE AUDITOR GENERAL'S DEPARTMENT

Ms. Gaitrie Maharaj	Assistant Auditor General
Ms. Suzanne Rampersad	Audit Executive I (Ag.)

OFFICIALS FROM THE MINISTRY OF HEALTH

Mr. Richard Madray	Permanent Secretary
Ms. Dianne Dhanpath	Deputy Permanent Secretary

Mr. Anthony Bailey	Facility Manager
Ms. Sarita Ghouralal	Auditor III
Mr. Asif Ali	Health Sector Advisor
Ms. Rosey Sahatoo	Administrative Officer V
Mr. Ronald Koylass	Project Manager, PMC
Ms. Bhabie Roopchand	Legal Advisor
Mr. Beesham Seetaram	Programme Administrator, EPP
Mr. Lawrence Jaisingh	Director, Health Policy Research and Planning
Dr. Keven Antoine	Principal Medical Officer
Ms. Veronica Pedro	Accountant II (Ag.)
Mrs. Jennifer Harvey-Bethel	Accountant Executive III
Mr. Dalip Rajkumar	Accountant Executive I

Mr. Chairman: Good morning everybody. Good morning to all of you. I want to welcome the officials from the Auditor General's Department who are here, Ms. Gaitrie Maharaj and Ms. Suzanne Rampersad. And I also want to, of course, welcome all the representatives from the Ministry of Health. I will have you introduce yourselves and, of course, the media we are very glad for you to be here, because we see you as a bridge between what this Committee does and what the public learns about what is happening in the governmental service. Of course, any members in the public gallery, we welcome you as citizens who want to be part of the ongoing business of Government in the interest of citizens.

This meeting is being held in public, that is to say, it is before camera and is being broadcast live on the Parliament Channel 11 and Radio 105.5 FM. The Parliament also has a YouTube channel called *ParlView*, and viewers or listeners

can actually participate, not only by engaging the meeting, watching or listening, but they can send their emails, their points of view to parl101@ttparliament.org. They can do it on facebook.com/ttparliament and they can do it on Twitter@ttparliament.

So, the purpose of this meeting, as all meetings of the Public Accounts Committee, is to examine concerns raised in the report of the Auditor General on the public accounts of the Republic of Trinidad and Tobago and these issues are covered in the reports of 2014 and 2015. We expect to have a 2016 report at the end of April, but right now we are operating on the 2014 and 2015 reports and the issues that arise from those reports.

This Committee is desirous of hearing from the key stakeholders at the Ministry of Health, to learn the challenges being faced and determine some of the possible solutions to these challenges. So we want to know what is happening, we want to interrogate the issues raised by the Auditor's report, but we also want to be constructive and suggest things that you may or may not do and we usually at the end of the report make recommendations based on what the Auditor General has highlighted and how you have responded and how you respond in this particular meeting. The role of the Committee is to help the Ministry of Health improve its delivery services in an efficient, effective and economic manner.

So first of all, I will ask the Committee members, that is to say, the members of this Committee here to introduce themselves. I am, of course, I am Chair of the Committee and my name is Bhoe Tewarie and I am a member of the House of Representatives representing Caroni Central. Sen. Samuel.

[*Members of PAC introduce themselves*]

Mr. Chairman: Okay, and I will ask the Permanent Secretary also if he would very quickly have the members introduce themselves, and I introduced the members of the Auditor General's office already. The third person is not coming,

right?

Hon. Member: No.

Mr. Chairman: No. Okay. And if you would have members introduce themselves, both the front and the back row, starting with you as PS and then following that you may give your brief statement before we start to ask you questions.

[*Introductions made*]

Mr. Chairman: Thank you very much. I will start by asking the Permanent Secretary, Ministry of Health to make a brief opening statement and then we will begin the questions.

Mr. Madray: Mr. Chairman and members, again, thank you for the opportunity to appear before this Committee. The mission of the Ministry of Health is to create an equitable, caring and performance-driven health system based on a robust set of public health principles, practices and services, with a focus on the resurgence of the primary health care system. In pursuit of this mission, we have about six general strategic objectives, but generally the objective is to promote and protect the health and well-being of current and future generations.

Mr. Chairman, in this financial year we have been provided with a budget of $5.7 billion to help us to achieve those strategic objectives. When we reflect back to the fiscal years 2014 and 2015 and my own experience with the Ministry of Health reveals to me, during the time that I have been there, that a lot of good work is being done by very committed individuals in a very challenging environment.

But notwithstanding that, we acknowledge that the Auditor General's Reports for fiscal 2014 and 2015 do reveal certain deficiencies in our management systems which inevitably impact negatively on our efficiency and effectiveness. Some of those deficiencies may be addressed by the training of staff. There is a

need to adjust the structures of some of our divisions and improve standard setting and performance management. There is a need to place the right people in the right positions. The fact that some of these issues recur, Mr. Chairman and members—and transcend Ministries and years—suggests that there are also entrenched public service systemic challenges that impede our achievement of excellence.

Mr. Chairman, the Auditor General's Report may be viewed as a document which reflects deviation from standards. Notwithstanding the fact that the Ministry of Health has not achieved all desired standards, I wish to thank those driven and committed Ministry of Health team members for their good work and who, despite our imperfect circumstances, strive to deliver improved services to our citizens whilst properly managing the public funds. My team and I commit to responding as fully as we can to your questions.

Mr. Chairman: Thank you very much for that opening statement. I have some questions here for you, but based on your statement I want to derive my first question from something you said in the statement and I will divide it into two parts. You said in your statement that the Ministry has a lot of committed individuals who do their best, in other words, in a challenging environment. Can you explain for me a little bit, what you mean by "a challenging environment" and you can spend a little time explaining that to me because remember we do this for the benefit of the public. So I want the citizens of the country to understand what this means because at the end of the day the service impacts on them and their lives. So if you would explain to me what the challenging environment means and after that I will ask you a question about the committed individuals.

Mr. Madray: Well—so that is a complex question, but I think one of the first places that I typically—[*Interruption*]

Mr. Chairman: Based on your report, eh.

Mr. Madray: Sure. One of the first things that I would normally point to that makes our environment challenging is our very nature and condition as a developing country. We are not a developed country. And therefore our access to resources of all types, not just money, but also our human capital resources are not the same as a developed nation might be able to access, and my experience in various areas of the public service repeatedly reflects this challenge. How do we build capacity and how do we access the kinds of skill sets and competencies in the right numbers and in the right time that would allow us to implement our dreams and strategic objectives—so that remains a challenge for us.

Some of those issues can be addressed by classroom training and other types of training, but not all competencies can be developed through such mechanisms. A lot of what a person is able to do and comes from their experience on the job and comes from the experience of having worked with mentors and supervisors who themselves are of a particular level, and that helps to lift up and build the competencies of those individuals. If there are such gaps, then you can have chronic weakness that can be difficult to address. So I will start with that as one example.

Mr. Chairman: Okay, I mean what you identified there, I mean, you raised the issue of resources and you raised the issue of capacity, but you also suggested how these might be solved and you said that by introducing effective mechanisms you can improve capacity development and you can improve competence transfer, right? So, I mean, what prevents us as a Ministry or prevents us as a public service system from doing the things that are required if we know that there is a deficiency in resources or capacity of a human and skills nature?—maybe more skills in the right place at the right time, I hear you saying, I hope that I am correct. And we know that there are mechanisms that could fulfil this beyond simply going to university or going to a training programme. What prevents us from putting these

things in place and institutionalizing them?

Mr. Madray: Well, I am not entirely sure how to answer that question because obviously this is not the first time that this issue would have been raised. It suggests that there are systemic and probably even cultural challenges to the implementation of measures that will improve this. I do not ordinarily like to initially go back to the issue of pay, but there are enormous gaps—there are two things: one is pay and the second is the structural gaps that may exist in our middle management.

So generally speaking, in the public service what we have been discovering is that you have got a pyramid with a mass of people at the bottom which may have served us pretty well in the past, but there is a need to reconfigure organizations to build up the middle and that work requires people who know what they are doing and requires some time. So even that requires an ability to source those individuals who are in there, who are not necessarily available in large numbers, who can help us to reconfigure and reshape our organization.

So one of the things I have been trying since I have joined the Ministry of Health is in fact to do exactly that, to shift some of the focus and the resources to strengthening the leadership and the middle management of our organization, changing out some of those structures to make it more or rendered into a more of a policy-making and oversight organization even though notionally this is what the Minister of Health should have been doing over quite a period of time. It is one thing to have the idea and that notion in one's head, but to practically implement it, you have to have the foundation and the structures in place to do it. So whilst it will take time to adjust those structures, some of those—that work has already started.

Mr. Chairman: But has not a structure that would support that already been

approved that would allow for a change in the types of jobs and the specification of who would be hired at certain levels in the management and I hear you to be talking about, like, middle management and support for middle management, et cetera. Does that not exist now? Am I correct in saying that what is required is implementation or execution? And if I am wrong, please tell me.

Mr. Madray: Okay. So, I might get some support from my Deputy PS, but I will, again, give a couple of examples. Just prior to the transformation of the health sector and the establishment of the regional health authorities we had a cadre of individuals that was comprised of a Chief Medical Officer and a number of support personnel directly below the CMO, that included Principal Medical Officers of which there is one here. I believe at the time there used to be four Principal Medical Officers.

Whilst there had been decisions taken over the years that we would adjust that structure and create a new job description to replace the Principal Medical Officers, that work has never been done. So we have remained with only one Principal Medical Officer whereas before we used to have four of them, and even though there had been decisions taken that new positions were to have been classified, the CMO's office has essentially remained without that type of support for quite a number of years and this deficiency gap was reflected in the recent Welch Report that was laid before Parliament. So we are actively now looking at how we can take fairly quick steps to—[*Interruption*]

Mr. Chairman: Bring it into being.

Mr. Madray: Exactly. Because if the CMO—a CMO is a technical resource, but if he does not have immediate access ready there in his office, immediately available to him to implement some of his own strategic objectives, then you are going to have gaps in the overall performance of your organization. And this is what I think was evident to me from the time that—and to our Minister—from the

time that he and I both, at different times, joined the Ministry but it has to be validated by the Welch Report.

Mr. Chairman: Okay, Deputy PS you wanted to add something.

Ms. Dhanpath: Just to say that for the most part, going back to what the PS would have said earlier about us getting the competencies, we rely on the central HR agencies to support us in that regard and the length of time and the bureaucracy which follows through with all those procedures is what sort of hampers us. We have had certain positions that have been vacant for a number of years but we wait on the central agency for staffing there. We have advertised a number of those positions as well, but again going back to what PS would have said earlier about compensation, a lot of people would not come to work for those kinds of salaries.

Mr. Chairman: Okay, I mean, you have raised the question of competencies and skills and so on, and you have mentioned middle management and support, you have mentioned support for the Chief Technical Medical Officer, basically the person in charge of strategy and oversight for the health sector. But, do we have problems with the recruitment of skills and competencies in the medical profession? And what is the nature of that problem if we do?

Ms. Dhanpath: The recruitment of medical personnel is done at the regional health authorities for the most part, not through the Ministry anymore.

Mr. Chairman: Okay.

Ms. Dhanpath: That has been since the inception of the regional health authorities. We do have issues with senior medical staff because of the requirement for the offices and the availability of training locally. We have been having discussions with the university to sort of introduce some of these programmes so that we can have that—I know you are referring specifically to—I am assuming, rather, that you are referring specifically to the lack of jobs for the house officers positions, but as with any organization there would be limited numbers and I think

we have reached the point where we are saturated. But movement up is hampered because of lack of training programmes locally for them.

Mr. Chairman: Okay, training programmes that give them the qualifications— [*Interruption*]

Ms. Dhanpath: To move to the higher levels.

Mr. Chairman: To access.

Ms. Dhanpath: Yes.

Mr. Chairman: Right. Okay I understand. I will just ask one more question. I am sure my colleagues are anxious to ask you some questions. You mentioned four when you talked about challenges; you mentioned four major issues. You said training, and you said not necessarily classroom training; you said structure, you said system and you said standards, okay? I just want to ask you about one of them which is the issue of structure. Now, over several decades what we have done is that we have taken a centralized health Ministry with delivery systems that were local through the health services either through the hospitals or other centres and what we have done is that we have now these regional entities.

So, the Ministry is responsible for policy and strategic direction, I assume. Then I imagine that they would also be responsible for effective coordination and maybe oversight. And then you have the regional authorities that are responsible for execution, implementation, delivery of services through the health facilities, whether they are hospitals or health centres, et cetera, to the citizen, to the patient, whether inpatient or outpatient. Then within those entities you would have some managerial system that allows a hospital or departments of a hospital or a health centre to function responsively to the needs of the citizen.

What in that structure makes it a difficulty or a challenge? Say it so not only we here will understand, but so that a citizen looking at you on television or

listening to you in the car going on the radio would understand clearly what you mean by the challenge if that is one of the things that poses a challenge. Do not be reluctant to answer here, you know. This is the opportunity for you to engage, really.

Mr. Madray: Sure.

Mr. Chairman: And we are not involved in trying to embarrass you in any way, but we do want to know what the facts are, you know.

Mr. Madray: Well, on our part too we do want any support or assistance that can be gained from the membership and anyone else in the citizenry to help us to solve the problems that are there. Again, I will just give one example that immediately jumps to mind. So we established a number of regional health authorities in Trinidad and, of course, there is one in Tobago. But in so doing, and each one those is governed by a board and each one has its independent Chief Executive Officer. Without a strong centre, however, what you have is several organizations each operating virtually independently and taking its own path. Right?

So when we talk about standards, each organization could have been proceeding along its own pathway in terms of what it may have deemed to be appropriate for the delivery of the health service. If you do not have a strong centre then you are going to have the potential for dysfunction and even the potential for chaos. So what you have had across several, just dealing with the HRN system which I tend to be a little bit more familiar with. You have got different RHAs having in some cases different job descriptions for the same title/position or different RHAs paying different rates for a similar position.

Now, we really would not have wanted that but somehow it has happened over the years. So I am just using that as one example but, of course, it can reflect itself in multiple other areas; medically, from the clinical side in terms of medical standards also, the same may in fact be happening. So again I come back to the

need for strong structures at the centre of our organization and strong capacity and leadership at management level in the centre of the Ministry that will try to pull those things back together and set the policies and the standards that all RHAs would need to adhere to. Well, I do not know whether Health Sector Advisor or anyone else—

11.15 a.m.

Mr. Chairman: But what in the structure that you just mentioned, and the operations of the structure, prevents the Ministry from having strong policies that prevent the Ministry from having an overall strategy for health objectives and their achievement, that prevents the Health Ministry from establishing guidelines for standards at the level of every institution and every RHA? I mean, I understand what you are saying about a certain measure of central control and coordination, but I do not see how the Ministry is prevented from dealing with policy strategy standards.

Ms. Dhanpath: If I may, Chair. We do, in fact, have strong policies and guidelines that were issued to the various RHAs, but as PS would have indicated, because they have their own governing bodies they sometimes deviate from what we would give them—the policies that we would have handed over—and it is only when we do some evaluation that we recognize that some of them would have been deviating from the norm, and we are, in fact—

Mr. Chairman: Do the boards report and respond to the Permanent Secretary?

Ms. Dhanpath: They report and respond to the Minister, and what has been happening—

Mr. Chairman: How is the Permanent Secretary left out of the process if the Permanent Secretary is the chief accountable officer, and accounting officer?

Ms. Dhanpath: The PS is not left out, but the board reports to the Minister and the CEOs report to the PS. That is how the structure was formed.

Mr. Chairman: Okay. So the PSs have no traction with the chairman of the boards of these entities?

Ms. Dhanpath: I want to understand what you mean by traction.

Mr. Chairman: They have no engagement with the board through the chairman or the secretary to the board or anything like that? Because they would, in fact, make the decisions that the CEOs would have to follow. I just want to understand where the dysfunction is, you know. I mean, that is what I am trying to understand.

Mr. Madray: The relationship really is with the Chief Executive Officer and, of course, we also have a division within our Ministry called the Health Sector Advisory Division which needs to be enhanced, that also has a relationship with each of the RHAs. So that, effectively the PS needs to have support within the organization to have that engagement with the RHAs. We are also supported through the Policy Division as well as the Finance and Accounts Division and other divisions. But those are several of the main interfaces with the regional health authorities. In addition to that, we have monthly meetings which are chaired by the Minister, with the boards of the RHAs.

Mr. Chairman: Is the PS in that?

Mr. Madray: And the PS is there and all of the CEOs also sit in in those meetings. So that is another mechanism by which we are working towards ensuring that there is communication and alignment with our Ministry's policies.

Mr. Chairman: Okay. But can a board of an RHA deviate from the policy or strategy from the Ministry of Health and continue to do so without a sense of accountability to the overall Ministry of Health?

Mr. Madray: It should not, but if our oversight is not—well, "robust" is the word my Deputy PS used—is not robust enough, then it is possible that there may be such deviation.

Mr. Chairman: Okay. So one of the big problems—

Mr. Madray: But I do not want to give—I may have been giving the idea that there is a massive deviation from policies. I am saying that there is room for improvement and we are working towards making such improvements.

Mr. Chairman: Yeah, well. I mean, at the end of the day what I am concerned about in the Ministry of Health is, why do the hospitals not function as they should, and the health centres, and why does the citizen always feel that he is getting less than adequate service? Now, I understand and appreciate that most of the time the hospitals function fairly well, and most of the time the health centres function fairly well, and that what we hear most of the time are the elements of dysfunctionalities in the system. So I am not trying to say that the health system is a waste of time or that it does not provide good service, but at the end of the day what we have to be concerned about is whether people get good medical health care, whether the system is responsive to them and whether they feel that they are adequately treated for the things that matter, in a timely way.

And I am trying to understand what it is in the structure; what is it in the system; what is it that is dysfunctional, that makes it impossible to have a system in which the people generally say, "Look, we have a good health system in Trinidad and Tobago. You can be attended to within a reasonable time. You generally get good and courteous service; you generally get timely service; you generally get good health care"? And I am concerned about what it is that does not allow us to have a population that responds in that way, and perennially says the system does not work as it should. Okay? So that is what I was after. If you want to respond to that, I will let you respond, but I will move on to another member of the Committee afterwards.

Mr. Madray: Well, I will just say that it is the question.

Mr. Chairman: It is what?

Mr. Madray: It is a question and it is a concern of ours. I would agree with you that, you know, we do tend to hear the instances in which people have not received good service because, of course, when that happens—

Mr. Chairman: Yes, they will highlight it.

Mr. Madray: But you also know from the reports, off and on you see in the newspapers, and I know that you tend to get—it would be rarer that people would write positive things, but we do know that there are people who are satisfied in many respects with the service that they get. So we are looking into ways in which we can improve.

Mr. Chairman: But are you agreeing with me that, I mean, if we wanted to fix the system and have a satisfied population that found the public health system fairly acceptable, that you would have to find out what it is that causes this gap between the expectations of a patient or a citizen with a health problem and the capacity of the health system at the point of delivery to deliver that service? You agree with me on that?

Mr. Madray: I concur wholeheartedly, and that process by process, service by service, we need to measure and we need to assess what is right, what is good and model that in other institutions, because from institution to institution you do have instances in which one institution might be great at doing something, another may not, and if there is a model to follow, then we want that replicated across organizations. So I concur.

Mr. Chairman: Okay. I will ask another member of the Committee to ask. Who is ready? You?

Dr. Henry: Yes, by agreement.

Mr. Chairman: Okay, yes.

Dr. Henry: I will just start with a couple of quick ones. What is the status of the National Health Services Company Limited? What is the current take on that?

What is the current situation? And what is the contractual arrangement with NIPDEC in terms of procurement and storage of drugs? Can you give us an update on what is the state of play in those issues?

Mr. Madray: Our legal advisor will respond to the first question.

Ms. Roopchand: Good morning. Notwithstanding the Health Facilities Company was established under the last administration, meetings were held for probably around four months. When this administration came in, the Government of the day took a decision that they want to relook at this whole policy directive as to whether health really needs a company of this nature, and that consideration is still being looked at. So no formal decision has been made as to whether we will proceed to activate the company. The company has not been activated, in the sense that actual work was done. Although a board was appointed, there is no work that was actually done by that company.

And to lead into the NIPDEC, the intent was that this company will be responsible for the procurement, distribution and storage of pharmaceuticals. That decision is also on hold and NIPDEC continues to be on a month to month, providing pharmaceuticals to us on the same terms and conditions that would have existed prior to 2014.

Dr. Henry: Okay. Just one quick follow-up. Were any resources expended on the NHSCL?

Ms. Roopchand: To this date, in terms of—we would have filed documents. I do not think it is more than TT $25.

Mr. Samuel: Chair, through you, to the Permanent Secretary. We would all agree that the auditing of accounts and operations and systems are essential for any organization to determine how effective the operations are, as well as where the flaws are so that we can now adjust and make the necessary adjustments to better

it. But I am recognizing, from a status report from the Auditor General's department re the regional health authorities—and it is really not reflecting something that is very, very good, because what I am seeing here is that the South West Regional Authority, since 2006, has had difficulties in submissions. The Tobago Regional Health Authority since 2010 did not; Central, well, outstanding for years, and the North West Regional since 2008.

If we cannot be assessed effectively, how are we to determine if our present operations are effective? How are we to determine if we are not making the same mistakes and have the same loopholes and the same flaws if, at present, we are not benefiting from the audits and the assessments of these RHAs where necessary? I am really, really concerned with how we are determining our present operations and the effectiveness if we have not benefited from audit for—in most instances, since 2006 and 2007 and 2008. How do we assess to determine the effectiveness of our operations?

Mr. Ali: Good morning. Member Samuel, what we have done—you are right, we do not have audited financial statements from three of the RHAs that you mentioned. The TRHA is under the THA. They would report directly to the Ministry of Health. With regard to North West, South West and North Central, we have been working with them to get their financial statements completed. North Central I know has completed theirs. They are up to date. They have to submit them to the Auditor General's department. And South West and North West, they are similarly almost completed with their financial statements, in terms of submitting those to be audited.

Mr. Samuel: But can you inform this Committee as to the reasons why there have been tremendous delay in submissions?

Mr. Ali: It varies amongst the RHAs. For example, some of the RHAs, there has been a really rapid turnover of staff within the finance department which has

hampered the preparation of those financial statements. What we have done with the RHAs in at least two cases, they have had to outsource some accounting competencies to assist with preparing those financial statements. That has been one of the major issues.

Mr. Samuel: I am quite concerned with your response, from the standpoint that systems are in place and systems are supposed to be in place and staff adapts to systems. If there are systems in place, a rapid turnover of staff since 2006, in some instances, is causing that kind of delay, since 2006?

Mr. Ali: As PS would have mentioned earlier, we have been addressing some of our issues within the Ministry with regard to oversight and monitoring of the RHAs. We have some HR constraints within the Ministry of Health, as PS would have alluded to, in terms of our technical staff, and that has really hampered us to some degree in terms of really ensuring that the RHAs comply with their statutory requirements. We have been addressing those deficiencies within the Ministry and that is why we have started to strengthen our oversight of the respective RHAs.

Mr. Samuel: Just another question. In your response to a question: "Why was the overpayment register not maintained at the Ministry and how has this issue been rectified?" Your response was that: "The register was not maintained due to the high level of staff turnover"—so I am hearing the same thing—"on that schedule at the time." My question to you: Is the high level of staff turnover currently an issue? And the second question is: what is the status of the overpayments incurred when the overpayment register was not maintained at the Ministry? If there was no register—

Mr. Madray: Sorry. Could you repeat the second question, please?

Mr. Samuel: What is the status of the overpayments incurred when the overpayment register was not maintained at the Ministry? Because the reason for the non-maintenance of it was due to the high level of staff turnover.

Mr. Madray: Well, I do agree that that was clearly a gap in the operations of the accounts division. That gap has since been corrected. Hopefully, it will be sustained. And greater efforts are being made to reduce the number of overpayments. In putting those measures in place, we have also recognized that there were gaps in the reporting of the overpayments. So what we are, in fact, seeing in this financial year is a bit of increase in the numbers of reported cases, but that is simply because the rigour of our oversight has improved. I expect that we would be able to take some measures to reduce the numbers of the overpayments over time.

Mr. Samuel: And how are we getting back the money?

Mr. Madray: Well, the Government process is that where the person is still employed, or if there is a pension or gratuity to be paid, the moneys can be recovered through such mechanisms and discussions with the individual, in a negotiated way.

Ms. Dhanpath: If I may, Chair, through you. Overpayments, whether they are repaid or not, are reflected as overpayment, but what normally would happen is that when the overpayment takes place, mechanisms are put in place for recovery, but it does not write off us having a total figure for overpayment per annum. So that once an overpayment occurs, it is recorded. Even if it is paid, it is not reflected as—it is not taken off the book as an overpayment. So it is recorded as overpayment for the year but it is recovered most times within the current fiscal.

Mr. Samuel: But is it not reflected in the Auditor General's report as sums recovered?

Ms. Dhanpath: Yes. Well, that is what I mean, but it does not take away from the fact that there was overpayment.

Miss Raffoul: In terms of value for money, how do you define your objectives, and how do you measure if you have or have not achieved them?

Mr. Madray: I am not sure if that is a finance and accounts question, or a policy and monitoring and oversight question, so, again, I will come back to the—I am not sure that we have a value for money capability in the Ministry. Again, we are looking at how we can strengthen our systems for measurement and the meeting of objectives. So I recognize it as a gap in the operations of the Ministry.

Miss Raffoul: I have a follow-up question but it might be similar. Again, in terms of efficiency and effectiveness of expenditure, how do you decide which NGOs to partner with and how to measure the effectiveness of the services that they do provide?

Mr. Jaisingh: Member, thanks for the question. In terms of the NGO part of it, we have partnered with NGOs that are aligned to our priorities itself, and also dealing with the three leading causes of death as well: dialysis, cardiac and also cancer, as well. So the NGOs are aligned to our priorities. And more importantly, we are actually engaging—in terms of engagement, we are engaging the NGOs through memorandum of understanding and therefore in that MOU, there are quarterly visits to the NGOs itself to make sure that what was planned is what is actually implemented as well and achieving as well too.

So in terms of the value-for-money question, as well, too, you come back to the point, in terms of the service provided by the NGOs, how is that assisting in our own capability of achieving our priorities too? So in terms of site visits, in terms of quarterly reports, in terms of assessment, in terms of not only financial assessment but also the operational assessment as well, it is critical because your HR capacity also must match with the delivery system as well too, from an NGO perspective. So we have, since 2012, we have started to engage the NGOs via the new arrangement as well. So there is a tighter approach in terms of your management of the NGO process and the service delivery from that side of it as well.

Miss Raffoul: I have another follow-up question—

Mr. Madray: If I may, I would still like to respond to the value-for-money question. Of course, whilst greater measures should be put in place in the Ministry we do have a process in place for procurement and that process does normally involve the issuance of—particularly for the larger contracts inclusive of the construction contracts, are public advertisement evaluations by multi-skilled evaluation teams. And then, whether it is for large projects or smaller procurement matters, the relevant business owners of the Ministry—the relevant functional managers—would assess whether the services or the products were delivered at the particular level of quality, sign off on it through a certification process and then it works its way through the bureaucracy for eventual sign-off.

So there are some mechanisms that are built into the Central Tenders Board process that tend to lend themselves towards achieving efficiency and effectiveness in terms of the products and services that we acquire. Additionally, we have the two units that are in place, which is the Policy Division as well as accounts that provides the oversight—the internal audit that provides oversight. And with respect to the large projects, our project management division, that monitors the implementation.

Miss Raffoul: I have one more question, in terms of providing services to citizens and, again, effectiveness, value for money, I know that there are limited capacities within a few different fields such as audiology, occupational therapy, physiotherapy, and there is a practice of providing services through NGOs and individual contractors—individual private consultants. How the decision is made which types of therapy to include and how is the effectiveness measured?

Mr. Seetaram: Through you, PS and members: With respect to what therapies we outsource and seek to provide, it is done based on what is available at the RHAs, the wait times at the RHAs in terms of the services that are requested by

the RHAs. The outsourcing and using of consultancies and private institutions and firms are only a stop-gap measure as we seek to build the capacity within the RHA, and we do it as well through the same process PS would have alluded to before, through public tender. So it is based on need and we do it to ensure that the supply is within the system and that patients get the care necessary as required.

Dr. Henry: I want to get specifically to the issue of renal dialysis and there was a question that arose from the report regarding the cost of—the accounting for the $28 million that was listed as being spent on renal dialysis. Figures were provided for 2014 and 2015 and two things that I want to get some clarification on. There is a big jump of $31 million to $58 million in one year. What would have accounted for that in general? And then I see in 2014 we had several companies that we have no figure for: Caribbean Kidney and several of them. I do not want to call them all out, but, Trinidad Dialysis, Sangre Grande, and all these, there is no figure for and yet in 2014 we see figures ranging from roughly $1 million to $2 million in 2015. How could we account for that? What explains that disparity—the overall figure and the figure for these particular companies being non-existent in 2014 but significant in 2015?

Mr. Seetaram: To answer your question, through PS, in 2014 we did go out for public tender and therefore there were several new companies listed on the provider list, so therefore they would have started providing services either at the end of 2014 or the beginning of 2015. So there would have been expenditure for certain providers in one fiscal year and then some for the other fiscal year.

In terms of the figure, the large increase, there was the collapse of the roof of the dialysis centre at the San Fernando General Hospital and therefore the Ministry had to step in and absorb all of the patients at that centre, to be sent privately to ensure the continuity of care and life. So there was a large increase. The San Fernando General Hospital, through the RHA, has been working towards

re- establishing their unit. They have, in the interim, established four chairs. The plan is to actually set back up the unit. They are in the process of doing that. Once that comes back on stream, we expect this figure to go back to what it would have been in 2014 thereabout.

Dr. Henry: Okay. I am trying to understand. So the unit collapsed at the San Fernando General, and should it not have been automatic that the unit be restored?

Mr. Seetaram: It has to be restored and it is in the process of being restored, but the damage itself was so—the extent of the damage was so bad that it was not a quick fix. They actually have to go out; they have to actually find a location within the existing facility itself. The outfitting of a dialysis unit is not a straightforward, just putting in a chair. There is the need for water supply, for waste management. All the clinical necessities required must be in place, and that is happening, but space is a problem in San Fernando as well as the funding and the infrastructural development.

Dr. Henry: Okay. This might seem like a strange question, but what do you really mean by the unit collapsed?

Mr. Seetaram: The roof collapsed itself.

Dr. Henry: The roof?

Mr. Seetaram: The roof collapsed onto the unit and with the roof collapsing, it collapsed onto the equipment and chairs and therefore there was a lot of damage. So whereas we would have simply moved the chairs and redirected the water supply, the equipment itself had to be re-evaluated to determine their efficiency and ability to provide the service.

Dr. Henry: I find that rather astounding that the roof itself would cave in. So this put a tremendous additional burden of cost on the—

Mr. Seetaram: Correct.

Dr. Henry:—in terms of operations of the dialysis.

Mr. Seetaram: Yes, correct.

Dr. Henry: So there was no real increase. So the figure we see here may not represent an increase in the number of people.

Mr. Seetaram: Correct. There is an increase in the number of people but it is not as significant as this figure. The number of people who are being diagnosed with renal failure continues to increase yearly. All of the RHAs are currently trying their best to increase their capacity in terms of providing dialysis at their institutions, and the Ministry of Health is also in the process of establishing two national renal dialysis centres to absorb it within the public sector. But in the interim, until all of those things happen, we have no choice, to ensure continuity of care, that we outsource.

11.45 a.m.

Dr. Henry: And finally, I mean, what was the exact time period when the roof collapsed? When was that?

Mr. Seetaram: The roof actually collapsed on a Sunday morning. So on a Monday morning we had no choice but to absorb and send the patients privately.

Dr. Henry: For which month? Can you give the specific date?

Mr. Seetaram: I would have to furnish that.

Dr. Henry: Oh, you do not have it. Okay. All right.

Mr. Samuel: Chair, through you, just on the same issue of dialysis centres. Does the Ministry have a mechanism of evaluating the services offered by all of these centre; what measuring stick is used for the assessment of this; what kind of feedback have you been getting from clients; and if clients are not satisfied, how does the Ministry deal with dissatisfied clients?

Mr. Seetaram: In terms of monitoring evaluation, we do do spot checks from the Ministry. A team is dispatched to each of the centres. It is done at least twice per

year, or even at random. The team includes a representative of the Chief Medical Officer, a primary medical officer, an environmental officer, a member of quality, a member of the RHA, a senior medical officer. They go out; they inspect these centres; they speak to the patients; they review all of their documentation including their water treatment charts, their waste management charts; they actually review the clinicians that are there as well; they provide a report.

What I need to also include is that each of these centres that provide are required to register with the Ministry of Health under the Private Hospitals Act annually, and therefore, as part of our responsibility we have to inspect them. With respect to the complaints, should a patient have a complaint it is investigated, we dispatch a team, the team reports back. In the instance where it is any centre is found to be deficient or be providing substandard care, services at that centre are discontinued.

Mr. Samuel: There are quite a number of NGOs that have been contracted or have some kind of arrangement with the Ministry of Health—quite a few of them—and from time to time I think the Ministry has a team that visits these NGOs to ensure that their operations are intact and they are adhering to regulations based upon the financial assistance that they receive. You have had over the years to visit such, can the Ministry say if there were deficiencies discovered in the operation of some of these NGOs when the Ministry conducted visits to these NGOs?

Mr. Jaisingh: Member, thanks for the question. As I said before, based on the staff complement, we conducted site visits since 2013, and based on the standards and requirements that we have in terms of reporting capability and also the type of service there were deficiencies in about six NGOs where we had to actually stop the funding immediately in terms of reporting requirements, staffing requirements and the ability to deliver the service with the requirements that we prescribed in the MOU itself.

So therefore, currently, we have 30 NGOs and six we have stopped immediately on pending report information itself. Also, there were about two NGOs that were non-existent basically. So we had to actually stop the funding immediately. That is the first thing, but also try to contact the NGO through their parent party itself as well. So we are still awaiting information from that side of it as well.

Also, from the bigger part of it too as well, the Ministry of Social Development and Family Services has partnered with us as well because there is a network of NGOs in each Ministry and we wanted to make sure that the standards of practice are similar. So we are actually liaising with other Ministries to see exactly what are their standard requirements, the reporting requirements. And also in the application of a new NGO, in our case it must be aligned to the health priorities as well. So there are certain NGOs that actually we need a no-objection and they are not getting funding anywhere else. So the requirements from our side are strict in terms of application, in terms of monitoring. So, in short, we have already stopped about six NGOs based on lack of reporting and the type of service being delivered.

Mr. Samuel: And how often these assessments went out?

Mr. Jaisingh: These assessments are done quarterly and there is a timeline as well in terms of the renewal of the subvention. So based on their proposal, based on the past reports, then we have evidence to show whether you are actually delivering the services that are aligned to our priorities itself, so we could then determine from a two-year period whether we need this NGO still, whether we could still partner with this NGO in terms of their service delivery.

Mr. Samuel: I find it difficult to understand the fact that there were NGOs that ceased to exist. If quarterly assessments are done, how could they cease to exist over a lengthy period of time?

Mr. Jaisingh: They were submitting the quarterly reports—those two particular NGOs—up until 2015, and then when we went in the site itself, there was nobody there. That is the reality of it. So we stopped it immediately.

Mr. Chairman: Okay. I have some questions to ask. I mean, this is the Public Accounts Committee, so I want to ask some of the questions fairly focused on financial issues. But you would realize that when it comes to health—I mean, the issues that the Committee is concerned about—because the citizens are concerned about—is really about how the Ministry functions, how it can be more efficient, how people can get better service, et cetera.

In 2015, the actual expenditure for the Ministry of Health was just over $4.8 billion, and then in 2016 it was just over or close to $5.2 billion, and the allocation for 2017 or at least the estimate is approximately $5.8 billion, so when you look at that, if the money is spent in 2017, you are talking about close to $16 billion worth of public money that will be spent in the health sector by the Ministry of Health. Now, the Permanent Secretary of the Ministry of Health, based on Part I, section 4, page 37, of the Financial Regulations, this is what it says about the Permanent Secretary who is the accounting officer:

> "An accounting officer shall be responsible for ensuring that:
>
> (a) …the financial business of the State for which he is responsible is properly conducted; and
>
> (b) …the public funds entrusted to his care are properly safeguarded and are applied only to the purpose intended by Parliament."

And that is based on the allocations system and the documents presented in Parliament at budgetary time.

I mean, when you think of the three-year period, $16 billion, year by year just over $4.5 billion on average, how does a Permanent Secretary—given the

complexity of this structure that you mentioned, the challenges of jurisdictional authority and the issues of compliance that you did not flag, but clearly it is an issue as we will see when you look at the Auditor General's Report having to do with the auditing units—how does a Permanent Secretary ensure that the proper system of accounting as prescribed by the Treasury is established and maintained, and that the money over any year is managed in that way? Is it an over-challenging job, or is it manageable in a Ministry like this?

Mr. Madray: Well firstly, let me say that we do attempt at all times to adhere to the various pieces of legislation, the Exchequer and Audit Act, the Financial Regulations, the Financial Instructions and so on, and the PS does have at his disposal various divisions of the Ministry that do provide us with some oversight, and quite an extensive level of oversight. They are the Finance and Accounts Division, the Internal Audit Division and, in particular, I would refer to the Policy and Monitoring Division, as well as the Health Sector Advisory Division and the Project Management Division. So that on paper there are agencies within the Ministry of Health that are there to give the support for that level of control.

That being said, there are, as with all things in life, areas in which we can improve. I would like to see greater—I go back to the competencies—access to a greater number of sufficiently capable people, the sufficient level that we need when we need them. So I will give an example. We have a position of—what is it? I cannot remember the exact job title. Accountant. That accountant within the Accounting Division is responsible for oversight of the RHAs, and the RHAs receive billions of dollars' worth of money. The pay level for that in that particular position is roughly about $12,000 for an ACCA level position requiring experience.

So the position title I understand is cost and budget accountant. So we have advertised for the position, we cannot fill the position. For obvious reasons we

cannot fill the position. So when things like that happen, the levels of our control and the level of the Permanent Secretary's confidence that he has the team with him that can give him the support necessary is, of course, reduced. So it is a work in progress. I saw in the newspaper the other day, my Minister was quoted as saying filling vacancies in the public service is a nightmare; well, it can be a nightmare particularly for the more skilled and qualified positions as you move up the ladder. So we continue to work at that.

Mr. Chairman: And the problem there, let me understand you clearly, is the qualifications of people and the price of the job?

Mr. Madray: The price of the job and the—well qualifications loosely, but qualifications and experience, or what we would also term now "competencies". You are moving beyond just a paper qualification to be, let us say, this is what they are in fact able to do.

Mr. Chairman: Yes, you have required the competence over years.

Mr. Madray: So there is some of that. I would also refer to the—I go back to the initial salvo from the start of this conversation, and that is, the structures. So we do need to enhance the Internal Audit Division to some extent. We do need to put in place a stronger procurement management team. Right now there is really just one or two positions in there and when the relevant legislation is proclaimed we need to have people in place who are procurement officers, who have the experience. The challenge, of course, is where do you find the experience if they really have not been developing it over the years and people have not had it on the ground in the job? So those are some areas of work in which we will have to undertake over the—

Mr. Chairman: Are you preparing at all for the proclamation of the new procurement law?

Mr. Madray: We are attempting to, through training, but in my opinion what is

first needed—an essential requisite is in fact that structure for procurement officers and trained people filling that structure, experienced people filling that structure.

Mr. Chairman: How do you exercise supervision over the receipt of revenue and control of expenditure? I mean, I know you mentioned to me that you are largely, as a Permanent Secretary, dependent on efficiency and effectiveness at critical points below you. But I mean, are you satisfied that you are able, as a Permanent Secretary, responsible as the accountable officer in charge? How do you supervise revenue and expenditure to make sure that money is well spent and revenue is in fact secured in the way it is supposed to?

Mr. Madray: I am informed that the Auditor General's Report did indicate a difference in revenue between the cash book and the amount shown in the appropriation account, and clearly that was an error somewhere in the system. What we have implemented to ensure effective and proper maintenance of the subsidiary records and reconciliation of accounts is that a senior officer at the level of Accountant I has been assigned to provide supervision. Training has been provided to the revenue staff in order to alleviate future problems. Records are stored in fireproof cabinets and cash is stored in a vault. The cash book is checked more regularly, the till book is checked, miscellaneous receipt books and verification of cash are conducted on a daily basis. The examinations are also conducted to ensure that revenue collected is duly deposited and receipts entered into the cash book, and a report is prepared monthly indicating revenue collected and the various revenue heads and items, and this is submitted to the Treasury Division.

If any of the Accountants would like to add anything, please feel free to do so. Our Director of Finance is unavoidably absent today, but if any of the others are able to contribute.

Ms. Pedro: You covered everything.

Mr. Madray: Well, I am being told that that covers everything from an accounting point of view.

Mr. Chairman: You know, in the Auditor General's Report they flagged a number of issues. Sen. Samuel raised the issue of overpayments, but there is also the issue that is flagged of expenditure control, documents not produced, development programme involving things like the hospital, district health facilities, health centres, et cetera, perhaps not as—what can I say?—as transparently presented as they need to be and the whole issue of the functioning of the Internal Audit Department and their ability to insist on compliance and to get the accounts right within this system. I know that you may not have been in the Ministry for all the time covered here—but does a Permanent Secretary take full responsibility for that and insist when the Auditor General flags something like this that it shall not happen again, or it will not happen next year? Can you do that?

Mr. Madray: I want to give a guarded response and to say that the reports are worrying. Of course they are and I aim to ensure that there is no deviation from the regulations and from the standards that are applicable, but I do recognize the systemic challenges. I have had conversations with Audit, as well as with the Accounting Division, and will be providing regular oversight and greater oversight on some of the challenges that they are facing in both of those two units. I have had discussions with the Deputy PS and we will be working towards making improvements in terms of the management of the—

Mr. Chairman: So you are going to try to implement some of the recommendations of the—

Mr. Madray: Assuredly so, and as I have mentioned earlier we have already implemented measures to improve, and for that reason I am appreciative of both the reports of my Internal Auditor as well as the report of the Auditor General,

which is part of the check and balance process in the public service.

Mr. Chairman: Okay. I am going to shift gears a little bit and I want to ask you about a specific institution, that is to say, the Sangre Grande Hospital. Air-condition systems exist in Wards 5 and 6 of that hospital—I am not sure what type—and there are concerns that the ventilation on these wards are not in compliance with OSHA standards, do you know anything about this and can you address it if you are not aware?—because there seem to be issues that are affecting both the staff and patients at that particular hospital.

Mr. Koylass: Good afternoon. Actually it is in the afternoon. We are not aware of the specific issue with respect to the poor ventilation, but what we have in fact allocated to the Eastern Regional Health Authority for this year is to replace the air-conditioning units in Ward 5 and in Ward 6. We have looked very, very clearly at the specifications which are being provided and it does in fact include all the necessary filtration which will allow for a safe environment.

Mr. Chairman: So, is it going to be done and when?

Mr. Koylass: It will be. They have already tendered for the project and we would expect that it would be completed within this fiscal year.

Mr. Chairman: All right. So you give that assurance that it will be done, did you say when?

Mr. Koylass: Yes. Well, it would be completed within this fiscal year. I do not have the exact date before me, but based on our last meeting the project has already been tendered.

Mr. Chairman: So you will do this before August?

Mr. Koylass: Before, yes.

Mr. Chairman: Okay. The internal audit function, I mean, based on the Auditor General's several issues raised in relation to that, what are you going to do about that internal audit capacity?

Mr. Madray: Chairman, there are 10 posts of Auditor on the permanent establishment and I believe there are three filled.

Mr. Chairman: You have three filled?

Ms. Dhanpath: Permanent.

Mr. Madray: All 10 filled?

Ms. Dhanpath: All 10 have bodies, but three permanently filled.

Mr. Madray: Okay. What does that mean?

Ms. Dhanpath: All the positions have bodies, but there are only three permanently appointed persons. So the others are either acting or on a temporary basis.

Mr. Chairman: Yeah, but the acting or temporary people, I mean, are they competent to execute the post that they—

Ms. Dhanpath: I will ask my Auditor III to respond.

Ms. Ghouralal: Hi. Good afternoon, Chair. We do have 10 in the position and they are capable and competent to perform the duties of the internal audit function; however, the Ministry is a very big Ministry and it requires much more than 10 staffing. So due to that level of deficiency then, we would not be able to complete in an entire year a full audit programme as you would like us to.

Mr. Chairman: Okay. Well, I am a little worried about the answer, not by you, but by the Deputy Permanent Secretary that some are acting and some are temporary. I am hoping that even if they are acting or they are temporary, since they are being paid for their jobs that they do it and they are efficient and effective—I mean, they may be looking for other jobs, I do not know, but if they are there they should do the work that is required and that they are being paid for. And then the second thing is, can the 10 people be more effective at what they do while you seek to bring to the attention of I suspect the Public Service Commission, or the—what you call it in the Public Service Commission that

determines—posts, increase the number of posts. I forget what the unit is called—

Ms. Dhanpath: The PMCD.

Mr. Chairman: PMCD?—while you ask PMCD for an increased number of posts, can you get the 10 people to function better, more in compliance with what the Auditor General wants?

Ms. Ghouralal: Yes, we do as much as we can to our capacity. However, because of the large audit environment, because in the Ministry we have about 33 vertical services and each one of them seeks—if we have to do that within the year or two it is very different, but with the staff that we have we are trying to do as much. And in addition to that, we also have pension and leave, and previous years' vouchers for payment for staff which comes first at some point in time. So while we may be doing a particular audit, we would also have to ensure that our pension and leave, and previous years' vouchers for payment are completed at a certain time because we do not want to keep that back as well. So we try to juggle everything.

Mr. Chairman: So you have more than your share and you have not enough staff—

Ms. Ghouralal: Yes.

Mr. Chairman:—and it creates a problem for your doing your job effectively?

Ms. Ghouralal: Yes, as much we would like to.

Mr. Chairman: Okay. Do any of my Committee members have other questions? I have, but I would give way.

Dr. Henry: My final question and it goes back to the issue of the dialysis. I was trying to find stories about the collapse, but I did not quite get any on the—I was googling it here. But I came across a story of a sod-turning ceremony for a new dialysis centre at Mount Hope—that was published in the *Guardian* on September 03, 2015—is that coming on stream, or what has happened to the dialysis centre?

Mr. Seetaram: I would just say the reason it did not make public media was because the Ministry was very proactive. It happened over the weekend and on Monday morning the decision was taken and patients were immediately transferred, so there was no loss of service. So it was not negative to the patient. In terms of the construction, I would hand over to Mr. Koylass.

Mr. Koylass: There are two centres to be constructed under what we would probably term as public/private partnership arrangement. This involves both the design, construction, operating and then eventual transfer of the services back. The project has in fact started at the Mount Hope Hospital and we have also similarly, through the contractor, boarded off the site at the San Fernando hospital. There is however a matter which has to be resolved with respect to a variation to the contract and that is currently before Cabinet at this point in time, but the intent is to proceed.

Dr. Henry: So basically, it is still in the planning stage?

Mr. Koylass: The designs have been completed, so we actually started construction at the site at Mount Hope.

Dr. Henry: Okay.

Mr. Samuel: I have always been concerned about retired personnel and the troubles and difficulties. It is a heartbreak for people to access and receive what is due to them and it is not just in your Ministry, but in several Ministries. People wait years, people die not having accessed what is owed to them. When it comes to the Ministry of Health, how far back are you? What year are you dealing with now? People who have retired, how far back are you?

Mr. Madray: Deputy PS will respond to the question, but I owe it to our staff and to the member to say that, that concern is shared completely. It is a really entrenched problem from Ministry to Ministry and it really could create real problems for the people who have served all of their lives and then go home and

cannot get paid a dollar for years on end, in some cases. So Deputy PS will attempt to address your question.

Ms. Dhanpath: I will not say that we are as far back as any particular year, but there are instances where persons—well, we are at various stages in different years and for a number of reasons. We would have had persons who would have retired recently who would have already got their remunerations, and there may be some persons in the system as far as two/three years aback who would not have yet received those remunerations and reasons are many.

As you indicated in your statement, it is a problem across all Ministries.

The public service is such that for most persons they do not spend their entire time in one Ministry and everything is not one place to be sorted out. That is just one of the problems that we encounter, where persons would have ended their service with us, but they would have come from various other Ministries and we are still waiting on loose ends to be tied up there before we could progress—outstanding performance appraisals, increments—all those would hamper us being able to do a complete P&L at the end of their tenure to ensure that they have a smooth transition.

12.15 p.m.

What we have done, though, in the Ministry, is that we have tried to beef up the operations in what we would call our terminal benefits unit where we have added additional staff. The Ministry of Public Admin has embarked on a number of training programmes to re-equip and equip persons in the preparation of the pension and leave and the process and we have been taking advantage of those training programmes with the current staff, as well as potentials so that we have a system, hopefully, in a couple of years, that would be a lot better than what we have right now.

Mr. Samuel: Is there not a system where your records move with you? I mean, if you buy a motor vehicle and it is being serviced regularly, there is a record of the service and then you shift to another area and you take that service record and you move so they know what has happened with that motor vehicle. Is there not a process that could be implemented where your records move with you?

Ms. Dhanpath: Yes and it does happen. However, if you are moving from one Ministry and everything is not in order for that record to move, the record does move with the incorrect information and it still has to be corrected way back, and it is only at the time of final preparation to submit to Comptroller of Accounts that we recognize that there are certain deficiencies along the line. But sometimes, you keep asking the previous Ministry and it just does not come forward. But, you know, we would not have full control over what came to us.

Mr. Chairman: I could not end this meeting—I am going to bring it to a close now—without asking you a question that is current, which is this. How, from your point of view in the Ministry—and I appreciate all the issues of structure and so on—do you explain something like all the CT scan machines being down at the same time in all the hospitals? Is there a reasonable explanation for that?

Mr. Madray: I do not think that there is a reasonable explanation.

Mr. Chairman: Okay. Is that a system failure? Is it a sabotage issue? Is it a problem of monitoring and ensuring that things work at the local level? That is to say at the institutional level. What is it? Is it communication that they do not tell anybody unless it is a crisis?

Mr. Koylass: Chair, it is probably a combination of what may have been mentioned.

Mr. Chairman: All of those things?

Mr. Koylass: Well, a combination of some of those things that might have resulted. If we look at what happened at the South West RHA, they did, in fact, receive a

part, which was a CT tube, and that is something which has a normal wear and tear. Unfortunately when the tube came in, there was a defect with the tube so it had to be sent back and it is now being reshipped.

With respect to the problem at the Port of Spain General Hospital, I am pleased to say that they have, in fact, from what I was told up until yesterday, returned one of their units up to service and the second one is currently being troubleshooted. I think, at the end of the day, there has to be—and this is my own personal opinion—probably in terms of with respect to the monitoring of service contracts and the provisions of quality service being provided on some of these major medical equipment, but equipment as it is, will always, you know, be subject to—

Mr. Chairman: These things are monitored at the hospital level or the RHA level or the Ministry level or what?

Mr. Koylass: It is monitored at the hospital level. There is a biomedical engineering unit at each of the regional health authorities who are responsible for monitoring all medical equipment including these major medical.

Mr. Chairman: So you had a failure to monitor at all the institutions that were affected?

Mr. Koylass: I am not saying that. That is why I sought to explain what happened individually at each of the cases.

Mr. Chairman: Yes, okay.

Mr. Koylass: So, for instance, at San Fernando, I mean, when you had a defective part coming in, that is something that is definitely out of the RHA control.

Mr. Chairman: All right. Okay, I could not close by asking you, Permanent Secretary, if there is any way that the PAC can assist your Ministry in helping you by anything that we can do, because we do reports and we make recommendations and we write to the Government, basically by laying it in Parliament, asking for

certain things to be done based on the Auditor General's report and your responses. Is there anything that we can do to help you to be more efficient, more effective, correct some of the issues? If you had to tell me two things, what would they be? Or do you think we can do anything at all?

Mr. Madray: I, again, return to some of our initial discussions: Support for the speeding-up of the reconfiguration of our structures in the public service.

Mr. Chairman: So the structural issues.

Mr. Madray: Support for a competency culture within our public service and country generally. And aligned with that would be the relevant pay packages that would support a competency culture.

Mr. Chairman: Remuneration.

Mr. Madray: Pay is not the only issue but it is one of those essential elements if we are to get the management and senior management capacity that will help us to govern the health sector.

Mr. Chairman: Okay. I want to thank you on behalf of all my colleagues for your cooperation and for your contribution here this morning to enlighten us and to enlighten the public. And just before I close, I want to ask the representatives of the Auditor General's office if they would like to make any comment on what you have said so far.

Ms. Maharaj: We would like to thank the Ministry of Health for all the cooperation that they have been giving to our auditors. Right now, we are doing a special audit and they have been very helpful in getting us the relevant connections to be able to arrange that. We are due to start the fieldwork on Monday. So we would just like to thank them for all the assistance and we look forward to their continuing to try and improve the structures and continuing to try and follow the regulations. They are actually supposed to be following the regulations to make sure that the funds are being used in the best possible way. Thank you.

Mr. Chairman: All right. I could not help but pick up in the course of the presentations this morning that one of your members indicated that there is an annual increase in renal failure and therefore, in the number of renal failure patients that will come to the health system, and I mean from what we know, a lot of this—I mean, I am not a doctor but we certainly read about these things. From what I am aware of, a lot of these renal problems stem from initially the onset of diabetes and then escalation later.

Now, we have a kind of diabetes epidemic in the country and I know the Ministry of Health is making some attempt to address that in a systematic way. But, I mean for us to address this issue, we really have to address it, not just for the existing patients but you might say an entire generation, and it has to be done in the school system because it is a lifestyle disease and it has implication for all of these other consequent diseases. I would ask you, as the Permanent Secretary and your team, if this issue could become an important issue for the Ministry of Health which is to say to address this lifestyle disease from the point of view of, not just the mother going into the health system but the children in the school system so that we might do it over a generation.

And the other thing that I picked up was the issue of the fact that the rigour of oversight in the Ministry is not as strong as it needs to be, and the value-for-money capability in assessing this is not as strong as it needs to be. I think those two things also are something that need to be addressed from the ministerial point of view. So I simply mention this.

I want to close by thanking you very, very sincerely for your forthright statements and comments. I did notice at one time, Permanent Secretary that you said you have to be guarded in your comments. But I want to say that it is important in these meetings, you know, to get a full picture and to be able to address what are really challenges for this society in a meaningful way. I mean, the problem of the

Ministry of Health is not the problem of the Ministry of Health only, it becomes the problem of everybody who has to get medical attention and use the public health system and therefore, it is a really important thing.

But I thank you. I think you all were rather straightforward and forthwith in your statements and comments and I want to thank you for the work that you do in the Ministry and for the public service and for the country. But I also want to thank you for engaging us in a very, very constructive way here this morning.

I also want to thank the press for being here. I hope that they will let the public know what we have discussed and from their point of view what they think is important for the public to know. And of course, I want to thank the parliamentary staff for the full support. My Committee members, of course, I thank for being here.

You may noticed that some of the Government Members are absent and that is because today, in the Executive branch of Parliament, they have a Cabinet meeting so that they were not able to attend this meeting but the Committee goes on any way with the quorum. All right. So thank you all very much and we are grateful for your contribution.

12.27 p.m.: *Meeting adjourned*.