PARLIAMENT
REPUBLIC OF TRINIDAD AND TOBAGO

PAC

TENTH REPORT OF THE

PUBLIC ACCOUNTS

C O M M I T T E E

SECOND SESSION OF THE 11TH PARLIAMENT

Inquiry Examination of the Audited Financial Statements of the Eastern Regional Health Authority for the financial years 2008 - 2013

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. Taharqa Obika	Vice - Chairman
Mrs. Ayanna Webster-Roy	Member
Mr. Randall Mitchell	Member
Dr. Lester Henry	Member
Mrs. Paula Gopee-Scoon	Member
Mr. Adrian Leonce	Member
Ms. Melissa Ramkissoon	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	Graduate Research Assistant

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.

Table of Contents

MEMBERS OF THE PUBLIC ACCOUNTS COMMITTEE

ELEVENTH PARLIAMENT,

REPUBLIC OF TRINIDAD AND TOBAGO

Dr. Bhoendradatt Tewarie
Chairman

Mr. Taharqa Obika
Vice- Chairman

Mrs. Ayanna Webster-Roy
Member

Mr. Randall Mitchell
Member

Mrs. Paula Gopee-Scoon
Member

Dr. Lester Henry
Member

Mr. Adrian Leonce
Member

Ms. Melissa Ramkissoon
Member

Executive Summary

The PAC presents its Tenth Report of the Eleventh Parliament which details its examination of the ***Audited Financial Statements of the Eastern Regional Health Authority for the financial years 2008 - 2013.*** This report highlights the issues, endorsements and recommendations made by the Committee in an attempt to assist the ERHA in better performing its duties while also commending their initiatives.

During this examination, the following issues arose:

- The number of medical staff employed by the ERHA;
- The main challenges experienced by the ERHA;
- The efficiency of the services provided at the various healthcare facilities under the ERHA's purview;
- The ability of the Sangre Grande Hospital to handle emergency situations;
- The resources available to the ERHA to meet its vision;
- The number of special investigations requested and the process involved when prioritizing special investigations ;
- The number of Internal Audit staff employed at the ERHA;
- The challenges faced by the Internal Audit Unit (IAU);
- The reasons for the high turnover of management staff at the ERHA;
- The number of vacant positions at the ERHA;
- The risks experienced by the Authority with respect to medical negligence claims, lack of pharmaceuticals, breaches in contracts and OSHA compliance;
- The verification and tagging of fixed assets;
- The status of the Internal Fraud and Whistle-Blowing Policies at the ERHA;
- The recurring problems discovered by the Auditor General Department's during the auditing of the Authority;
- The nature and status of the $25 million allocated for capital project development at the ERHA;

- The systems in place at the ERHA to assure accountability and value for money with the use of public funds;
- The recommendations of the PAC to assist the MOH in performing its duties and functions.

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

- The MOH must ensure that each RHA develops its own Key Performance Indicators to continuously measure strategic progress;
- Weekly meetings should be held with the departmental heads to review what each department is working on, what was recently achieved and what improvements are needed;
- ERHA should submit a report to the Parliament on the status of the initiatives being undertaken to measure the organization's strategic progress by February 28, 2018;
- The ERHA should take the requisite steps to develop and implement action plans that are kept consistent with the OSH Act by February 28, 2018;
- The ERHA should submit a report to the Parliament on the status of the initiatives being undertaken to ensure compliance of the law by February 28, 2018;
- The ERHA must liaise with the Auditor General's Department to ensure that the key recurring issues identified with respect to the fixed asset register are addressed;
- An internal system should be developed to monitor and ensure information on the fixed asset register is accurate and up to date. ERHA should provide a status update on the progress made in monitoring and controlling the fixed asset register by February 28, 2018;
- The ERHA should review the trends in its staff turnover and develop a plan on how the shortage of personnel will be addressed over the next three months. The Committee should be provided a status update of this plan by February 28, 2018;

- The ERHA should report back to the Committee by February 28, 2018 summarizing what actions have been identified and implemented to mitigate the challenges experienced by the Authority;
- The ERHA should immediately submit a report to the Parliament on the status of the initiatives being undertaken to implement a succession plan for the Authority and a proper performance appraisal system;
- ERHA should submit a report to the Parliament on the status of the initiatives being undertaken to acquire the requisite Internal Audit staff and standard departmental structure for Internal Audit by February 28, 2018;
- ERHA should develop a policy document on whistleblowing within the shortest possible time frame to ensure that staff appreciates the ethical environment of honesty, integrity, ethics and fair play; and
- ERHA should submit a report to the Parliament on the status of the initiatives being undertaken implement the internal fraud policy and a whistleblowing policy by February 28, 2018.

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.

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 a fifteen (15) entity work programme during its second meeting on Wednesday December 16, 2016. These entities included:

1. Judiciary of Trinidad and Tobago
2. Ministry of Agriculture, Land and Fisheries
3. Ministry of Education
4. Ministry of Energy and Energy Industries
5. Ministry of Finance
6. Ministry of Health
7. Ministry of Public Administration
8. Ministry of Public Utilities
9. Ministry of National Security
10. Ministry of Tourism
11. Ministry of Trade and Industry
12. Tobago House of Assembly
13. Land Settlement Agency
14. National Lotteries Control Board
15. Regional Corporations

After reviewing the proposed Work Schedule for the 2nd Session 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. Eastern Regional Health Authority (ERHA);
5. Land Settlement Agency (LSA);
6. Judiciary of Trinidad and Tobago;

7. Ministry of Attorney General and Legal Affairs; and
8. Ministry of Public Administration and Communications.

Following 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 Ministry of Finance on June 28, 2017 and the Ministry of Energy and Energy Industries on September 13, 2017.

The Inquiry Process

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

I. Identification of issues in the Audited Financial Statements for the financial years 2008 - 2013 with specific reference to the Eastern Regional Health Authority;

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

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

III. Questions were forwarded to the ERHA for written responses;

IV. Based on the written responses received from the ERHA, an Issues Paper was drafted for the Committee's consideration. The Issues Paper identifies and summarizes any matters of concern in the responses provided by the ERHA;

V. A public hearing was conducted and the relevant witnesses were invited to attend and provide evidence on Wednesday March 29, 2017.

VI. Following the conclusion of the public hearing, a letter requesting additional information was forwarded to the ERHA.

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

Eastern Regional Health Authority Profile

Background

The ERHA is one of the five (5) Regional Health Authorities in Trinidad and Tobago established by an Act of Parliament in 1994. The ERHA is responsible for providing health care for the catchment population of approximately 120,000 from Matelot in the North to Guayaguayare, Rio Claro and Brothers Road in the South to Valencia in the East, covering approximately 1/3 of the island.[3] The ERHA is responsible for the administration and management of the:

- Sangre Grande Hospital
- Mayaro District Health Facility
- and a network of 15 Health Centres[4]

Mission

To develop resources and execute on plans which build an enabling environment for the delivery of a broad range of high quality people-centered health care services in support of the strategic goals of the Ministry of Health.[5]

Vision

The ERHA is a people-centered, caring, proactive institution which provides excellence in medical care and patient service, thereby promoting, protecting and improving the health status of the population of the eastern region of Trinidad and Tobago.[6]

Core Values

- Respect for Human Dignity
- Integrity

[3]The Ministry of Health website accessed on Jun 06, 2017 http://www.health.gov.tt/sitepages/default.aspx?id=90
[4] The ERHA website accessed Jun 06 2017 http://www.erha.co.tt/About-Us/History.aspx
[5] The ERHA website accessed Jun 06 2017 http://www.erha.co.tt/About-Us/Mission-Statement.aspx
[6] The ERHA website accessed Jun 06 2017 http://www.erha.co.tt/About-Us/Vision.aspx

- Shared Ownership
- Commitment to excellence
- Partnership
- Universal access, affordability and equity
- Quality Care[7]

Line Ministry: **Ministry of Health**

Permanent Secretary: **Mr. Richard Madray**

Directors

- Ms. Esme Rawlins-Charles, Chairman
- Dr. Brian Armour, Director
- Dr. Ritesh Sooknarine-Rajpatty, Director
- Ms. Barbara Punch, Director
- Mrs. Gloria Andrews, Director
- Ms. Sarah Mootoor, Director
- Ms. Indra Sinanan Ojah-Maharaj, Director
- Mr. Avind Moonan, Director
- Ms. Sasha C.A. Darbeau, Director[8]

[7] The ERHA website accessed Jun 06 2017 http://www.erha.co.tt/About-Us/Core-Values.aspx
[8] The ERHA website accessed Jun 06 2017 http://www.erha.co.tt/About-Us/Directors.aspx

Background: Auditor General

The Auditor General is required by law to examine and report annually to Parliament on the accounts of Ministries, Departments, Regional Health Authorities, Regional Corporations and such State Controlled Enterprises and Statutory Boards for which the Auditor General is the statutory auditor. The portfolio also includes the audit of:

- The accounts of projects funded partly or wholly by International Lending Agencies
- All pensions, gratuities and other separation benefits paid by the State in accordance with the Pensions Acts and other Agreements; and
- The grant of credit on the Exchequer Account in accordance with the requirements of section 18 of the Exchequer and Audit Act, chapter 69:01

The audit services take the form of financial audits, compliance audits and value for money audits intended to promote:

- Accountability
- Adherence to laws and regulations
- Economy, efficiency and effectiveness in the collection, disbursement and use of funds and other resources.

The duties and powers of the Auditor General are defined in the Exchequer and Audit Act Chapter 69:01 of the laws of Trinidad and Tobago.[9]

Auditor General - Mr. Majeed Ali

[9] Exchequer and Audit Act Chapter 69:01
http://www.auditorgeneral.gov.tt/sites/default/files/Exchequer%20and%20Audit%20Act-69.01.pdf

Issues and Recommendations

1. **Absence of performance measurement system**

For the period 2012-2016, the ERHA's strategic plan identified the achievement of eight (8) main goals as a priority. While some deliverables for these goals were achieved, the level of achievement was a challenge due to the lack of an established system to continuously measure the organization's strategic progress. In health-care provision, measuring performance helps the organization understand how well it accomplishes the primary objective of providing high quality healthcare to its patients. It allows for an analysis of where, when and what changes need to be made in order to improve performance and the quality of care provided. Based on the alignment of strategic objective(s) to goals, the ERHA identified the following areas where improvements were needed:

- Health, Human Resource Planning;
- Operational Excellence with particular emphasis on infrastructural needs and data collections;
- Prevention, Care and Treatment of Chronic Non-Communicable Diseases; and
- Encouraging Development and Maintenance of the highest level of mental wellbeing in the population of the Eastern catchment.

Recommendations:

- ***The MOH must ensure that each RHA develops its own Key Performance Indicators to continuously measure strategic progress;***
- ***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; and***
- ***ERHA should submit a report to the Parliament on the status of the initiatives being undertaken to measure the organization's strategic progress by February 28, 2018.***

2. Non-Compliance of Occupational Safety and Health Act (OSH)

The Occupational Safety and Health Act was assented to on the January 30, 2004. The Act's purpose is to ensure an environment that leads to safe and healthy workplaces throughout Trinidad and Tobago. The ERHA identified that a recurring issue it faces was keeping its health facilities compliant with the terms prescribed under the OSH Act.[10] In Trinidad and Tobago, an employer must ensure safety, health and welfare at work of all its employees. To accomplish this, an employer must:

- Ensure safety of plant and systems of work.
- Provide arrangements for safe use, handling, storage and transport of equipment, machinery, articles and substances.
- Provide appropriate personal protective clothing or devices.
- Provide the necessary information, instruction, training and supervision as is necessary.
- Maintain the workplace in a safe condition and ensure the provision of safe means of getting in and out
- Provide safe working environment with adequate welfare facilities (toilets, changing rooms, washing facilities, drinking water etc.)

The ERHA indicated that it was actively trying to correct its OSHA issues through the Public Sector Investment Programme (PSIP) development of capital projects and by the continuous improvements to its physical facilities.

Recommendations:

- ***The ERHA should take the requisite steps to develop and implement action plans that are kept consistent with the OSH Act and are available to all workers by December 31, 2017; and***
- ***ERHA should submit a report to the Parliament on the status of the initiatives being undertaken to ensure compliance of the law by January 18, 2018.***

[10] Occupational Safety And Health Act Chapter 88:08
https://rgd.legalaffairs.gov.tt/laws2/alphabetical_list/lawspdfs/88.08.pdf

3. Lack of Maintenance of the fixed asset register

The lack of maintenance of the fixed asset register was identified as a pervasive issue at the ERHA due to the absence of physical inventory counts and the non-maintenance of a detailed fixed asset register. This lack of due care could mean that the Authority may be carrying assets in its books that were previously disposed or current assets maybe either overstated or understated. The Authority indicated that the updating of its fixed asset register was an ongoing process due to the continuous acquisition of assets. Officials from the ERHA stated that procedures were implemented to monitor and control the acquisition of assets, asset movement and disposal of assets within the fixed asset register.

Recommendations

- ***ERHA must liaise with the Auditor General's Department to ensure that the key recurring issues identified with respect to the fixed asset register are address; and***
- ***An internal system to monitor and ensure that the information in the fixed asset register is accurate and up to date should be developed and implemented and provide a status update to the Committee on the progress made in monitoring and controlling the fixed asset register by February 28, 2018.***

4. Challenges experienced by the ERHA

The ERHA categorized its challenges as either financial, operational, legal, compliance, environmental or political. The major challenges of the ERHA were the space constraints at the Sangre Grande Hospital, the shortages of supply of pharmaceuticals and the high turnover of management positions. The Ministry of Health stated that it was working with the ERHA and NIPDEC to provide a solution to the pharmaceutical supply shortage. In addition, officials from the ERHA indicated that the high turnover in management positions was significantly affecting the Authority's ability to efficiently and effectively administer healthcare services. The situation was attributed to the positions requiring a great amount of institutional knowledge and a deep understanding of the health sector. The ERHA indicated that it usually takes an estimated six to eight

months to acquire the competencies needed for these positions. Members from the ERHA's board and its Human Resource Committee indicated that the staff retainment system currently in place was not the best at keeping staff. The system put the ERHA in an untenable position to the point where officials from the ERHA indicated that all contract posts be reviewed to determine which contract positions should be continued.

Recommendations:

- ***The ERHA should review trends in staff turnover, setting out a plan on how the shortage of personnel will be addressed over the next three months and provide the Committee with a plan by February 28, 2018 on how it will retain staff better;***
- ***The ERHA should report back to the Committee by February 28, 2018 summarizing what actions have been identified and implemented to mitigate the challenges experienced by the Authority; and***
- ***The ERHA should immediately submit a report to the Parliament on the status of the initiatives being undertaken to implement a succession plan for the Authority and a proper performance appraisal system.***

5. Staff constraint within the Internal Audit Unit

When the Internal Audit Department (IAD) was restructured, the ERHA's ability to conduct one hundred percent audits was hindered due to the removal of audit supervisor. The supervisor's role was to liaise with the other RHAs, aid in the finalization of audit reports and assist with administrative and audit work when additional assistance was needed. With the removal of the supervisor, the production of reports decreased and to rectify this in the interim, the ERHA sought to have a post of Senior Auditor created. Senior Auditor is a managerial level position it entails supervising the Auditors in the Department and reporting to the Head of the Internal Audit Unit. The post of Senior Auditor exists in the South West Regional Health Authority (SWRHA), however this post is not at the Management Level. Officials from the ERHA indicated that they were was liaising with the SWRHA and the other RHA's to have a standard Departmental Structure for Internal Audit.

Recommendation:

- ***ERHA should submit a report to the Parliament on the status of the initiatives being undertaken to acquire the requisite Internal Audit staff and standard departmental structure for Internal Audit by February 28, 2018.***

6. Absence of Internal Fraud Policy and Whistle-blower Policy

The Authority's Regulations mandate that suspicions of misconduct, illegal acts or omissions be reported to the Office of the CEO. Officials from the ERHA, stated that the Authority presently has no board approved policy document in respect of whistle blowing of fraudulent activities and that the Authority operates under the Regional Health Authority's (Conduct) Regulations made under Section 35 of the Regional Health Authorities Act Chapter 29:05. The Authority indicated that it was in the process of drafting a Fraud Policy to be approved by its Board of Directors.

Recommendations:

- ***ERHA should develop a policy document on whistleblowing within the shortest possible time frame to ensure that staff appreciates the ethical environment of honesty, integrity, ethics and fair play; and***
- ***ERHA should submit a report to the Parliament on the status of the initiatives being undertaken implement the internal fraud policy and a whistleblowing policy by February 28, 2018.***

Eastern Regional Health Authority – Concluding Remarks

The ERHA lacks a proper monitoring and evaluation system to keep track of the level of achievement of the deliverables of its main goals. Being unable to identify the level of achievement thus became a challenge, and not having an established system to continuously measure the organization's strategic progress left some areas requiring further improvements. Implementing qualitative key performance indicators should aid in the measurement of their performances whilst ensuring strategic objectives are kept aligned to the ERHA's goals.

As a health authority, the ERHA was established to provide efficient systems for the delivery of health care for approximately a third of Trinidad's land mass. With such a large area under its jurisdiction, the ERHA must continuously ensure that all its health facilities are OSH compliant. By adhering to the OSH guidelines for the maintenance of its health facilities, the ERHA will be able to manage health and safety giving the authority the best chances of having an incident-free workplace.

The ERHA's human resource policies of awarding two year contracts to management staff and then advertising the positions when the contracts expire thus restarting the employment process. This system of recruitment does not benefit the ERHA because they lose personnel experienced in the health sector if their interview results aren't high and it doesn't benefit the employee whose contract wasn't renewed. The ERHA as a result, seriously needs to re-evaluate its HR policies or offer longer contract durations.

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

Sgd.
Dr. Bhoendradatt Tewarie
Chairman

Sgd.
Mr. Taharqa Obika
Vice - Chairman

Sgd.
Mrs. Ayanna Webster-Roy
Member

Sgd.
Mr Randall Mitchell
Member

Sgd.
Dr. Lester Henry
Member

Sgd.
Mrs. Paula Gopee-Scoon
Member

Sgd.
Mr. Adrian Leonce
Member

Sgd.
Ms. Melissa Ramkissoon
Member

APPENDIX I
Meetings

At the meeting held on Wednesday May 10, 2017 the witnesses attending on behalf of Eastern Regional Health Authority (ERHA) were:

Auditor General's Department

• Mr. Shiva Sinanan	-	Assistant Auditor General
• Mr. Cyril Barran	-	Assistant Audit Director

Eastern Regional Health Authority (ERHA)

• Ms. Esme Rawlins-Charles	-	Chairman
• Dr. Rameshwar Maharaj	-	Chief Executive Officer
• Ms. Yolande Benjamin	-	General Manager Finance
• Mr. Narine Singh	-	General Manager Operations
• Mr. Roland Jack	-	General Manager Human Resources
• Mrs. Anita Rampaul- Mohammed	-	General Manager Legal and Corporate Affairs (Ag.)
• Dr. Jason Ettienne	-	Specialist Medical Officer- Accident & Emergency Department
• Mr. John Pouchet	-	Internal Auditor
• Mr. Peter Ramdass	-	Manager Quality
• Ms. Amy Ali Manager	-	Para Clinical Services
• Mr. Keston Daniel	-	Research Officer
• Ms. Saskia Ramkissoon-Bain	-	Research Officer

Ministry Of Health (MOH)

• Mr. Richard Madray	-	Permanent Secretary
• Ms. Dianne Dhanpath	-	Deputy Permanent Secretary
• Dr. Vishwanath Partapsingh	-	Principal Medical Officer
• Ms. Sarita Ghouralal	-	Auditor III
• Mr. Asif Ali	-	Health Sector Advisor
• Ms. Bhabie Roopchand	-	Legal Adviser
• Mr. Lawrence Jaisingh	-	Director Health Policy Research and Planning

THE PUBLIC ACCOUNTS COMMITTEE – SECOND SESSION, ELEVENTH PARLIAMENT

MINUTES OF THE SIXTEENTH MEETING HELD ON WEDNESDAY, MAY 10, 2017 AT 10:25 A.M. IN THE ARNOLD THOMASOS MEETING ROOM (EAST) AND 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
Dr. Lester Henry	-	Member
Mrs. Ayanna Webster-Roy	-	Member
Ms. Keiba Jacob	-	Secretary
Ms. Hema Bhagaloo	-	Assistant Secretary

Excused were:

Mr. Randall Mitchell	-	Member
Mrs. Paula Gopee-Scoon	-	Member
Ms. Jennifer Raffoul	-	Member

Absent was:

Ms. Marlene McDonald	-	Member

COMMENCEMENT

1.1 At 10:25 a.m. the Chairman called the meeting to order and welcomed those present. Mr. Randall Mitchell, Ms. Jennifer Raffoul and Mrs. Paula Gopee-Scoon were excused from the meeting.

THE EXAMINATION OF THE MINUTES OF THE FIFTEENTH MEETING

2.1 The Committee examined the Minutes of the Fifteenth (15th) Meeting held on Wednesday March 29, 2017.

2.2 There being no further omissions or corrections, Minutes were confirmed on a motion moved by Mr. Rodger Samuel and seconded by Mrs. Ayanna Webster-Roy.

CONSIDERATION OF COMMITTEE's REPORT

3.1 The Chairman informed Members that the Committee's Report on the examination of the Ministry of Education was approved by the Members of the Committee and will be finalized for presentation at the next Sitting of the House of Representatives and the Senate.

PRE-HEARING DISCUSSION RE: EASTERN REGIONAL HEALTH AUTHORITY (ERHA)

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 Audited Financial Statements of the Eastern Regional Health Authority for the years 2008 to 2013.

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 EASTERN REGIONAL HEALTH AUTHORITY (ERHA)

5.1 The Chairman called the public meeting to order at 10:46 a.m.

5.2 The Chairman welcomed officials from the Ministry of Health (MOH), Auditor General's Department (AGD), the Eastern Regional Health Authority, members of the media and the public to the Sixteenth (16th) public hearing with the PAC and introductions were exchanged.

5.3 The following officials joined the meeting:

Eastern Regional Health Authority (ERHA)

- Ms. Esme Rawlins-Charles - Chairman
- Dr. Rameshwar Maharaj - Chief Executive Officer

- Ms. Yolande Benjamin - General Manager Finance
- Mr. Narine Singh - General Manager Operations
- Mr. Roland Jack - General Manager Human Resources
- Mrs. Anita Rampaul- Mohammed - General Manager Legal and Corporate Affairs (Ag.)
- Dr. Jason Ettienne - Specialist Medical Officer- Accident & Emergency Department
- Mr. John Pouchet - Internal Auditor
- Mr. Peter Ramdass - Manager Quality
- Ms. Amy Ali Manager - Para Clinical Services
- Mr. Keston Daniel - Research Officer
- Ms. Saskia Ramkissoon-Bain - Research Officer

Ministry Of Health (MOH)

- Mr. Richard Madray - Permanent Secretary
- Ms. Dianne Dhanpath - Deputy Permanent Secretary
- Dr. Vishwanath Partapsingh - Principal Medical Officer
- Ms. Sarita Ghouralal - Auditor III
- Mr. Asif Ali - Health Sector Advisor
- Ms. Bhabie Roopchand - Legal Adviser
- Mr. Lawrence Jaisingh - Director Health Policy Research and Planning

Auditor General's Department

- Mr. Shiva Sinanan - Assistant Auditor General
- Mr. Cyril Barran - Assistant Audit Director

Key Issues Discussed

- The geographic area under the ERHA's jurisdiction;
- The number of institutions under the ERHA's purview;
- The number of medical staff employed by the ERHA;
- The main challenges experienced by the ERHA;
- The efficiency of the services provided at the various healthcare facilities under the ERHA's purview;
- The ability of the Sangre Grande Hospital to handle emergency situations;
- The resources available to the ERHA to meet its vision;

- The number of special investigations requested and the process involved when prioritizing special investigations ;
- The number of Internal Audit staff employed at the ERHA;
- The challenges faced by the Internal Audit Unit (IAU);
- The implementation of the Financial Management Information System (FMIS) and its' impact on the ERHA's audit work;
- The reasons for the high turnover of management staff at the ERHA;
- The number of vacant positions at the ERHA;
- The risks experienced by the Authority with respect to medical negligence claims, lack of pharmaceuticals, breaches in contracts and OSHA compliance;
- The verification and tagging of fixed assets;
- The persons responsible for the signing and verification of the fixed asset stock count sheets;
- The status of the Internal Fraud and Whistle-Blowing Policies at the ERHA;
- The recurring problems discovered by the Auditor General Department's during the auditing of the Authority;
- The nature and status of the 25 million allocated for capital project development at the ERHA;
- The systems in place at the ERHA to assure accountability and value for money with the use of public funds;
- The role of the Permanent Secretary in ensuring transparency and accountability of public funds; 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

6.1 At 12:06 p.m., the Chairman suspended the *public* meeting.

ADJOURNMENT

7.1 The Committee agreed to examine Audited Financial Statements of the Land Settlement Agency for the financial years 2008 and 2009 at the next meeting.

7.2 The Chairman thanked Members for their attendance and the meeting was adjourned to **Wednesday May 24, 2017.**

We certify that these Minutes are true and correct.

CHAIRMAN

SECRETARY

May 12, 2017

VERBATIM NOTES OF THE SIXTEENTH 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, MAY 10, 2017, AT 10.45 A.M.

PRESENT

Dr. Bhoendradatt Tewarie	Chairman
Mrs. Ayanna Webster-Roy	Member
Mr. Rodger Samuel	Vice-Chairman
Dr. Lester Henry	Member
Miss Keiba Jacob	Secretary
Miss Hema Bhagaloo	Assistant Secretary

ABSENT

Mrs. Paula Gopee-Scoon	Member
Mr. Randall Mitchell	Member
Miss Marlene Mc Donald	Member
Miss Jennifer Raffoul	Member

OFFICIALS FROM THE AUDITOR GENERAL'S DEPARTMENT

Mr. Shiva Sinanan	Assistant Auditor General
Mr. Cyril Barran	Assistant Audit Director

OFFICIAL FROM THE MINISTRY OF HEALTH AND EASTERN REGIONAL HEALTH AUTHORITY

Mr. Richard Madray	Permanent Secretary
Mr. Asif Ali	Health Sector Advisor
Mr. Lawrence Jaisingh	Director Health Policy Research and Planning
Ms. Esme Rawlins-Charles	Chairman
Dr. Rameshwar Maharaj	Chief Executive Officer
Mrs. Anita Rampaul-Mohammed	General Manager, Legal and Corporate Affairs (Ag.)
Mr. John Pouchet	Internal Auditor
Ms. Yolande Benjamin	General Manager Finance
Mr. Roland Jack	General Manager Human Resources (Ag.)
Dr. Jason Ettienne	Specialist Medical Officer – Accident & Emergency Department
Ms. Amy Ali	Manager Para Clinical Services
Mr. Peter Ramdass	Manager Quality
Mr. Narine Singh	General Manager Operations
Mr. Keston Daniel	Research Officer
Ms. Bhabie Roopchand	Legal Advisor
Ms. Sarita Ghouralal	Internal Auditor III
Dr. Vishwanath Partapsingh	Principal Medical Officer

Mr. Chairman: Good morning all. I want to welcome all of you officials from the Auditor General's Department who are here with us, and from the Ministry of Health and the Eastern Regional Health Authority. I also want to welcome the members of the media who are here to cover this, and members of the public who are here to listen to what is essentially public business.

This meeting is held in public, this is to say it is open to the cameras and to the media, and to the general public through the media, and is being broadcast live on the Parliament Channel 11 and on Radio 105.5FM and, of course, on the YouTube channel *ParlView*. Viewers and listeners can participate by sending their comments related to today's topic to the following email: parl101@ttparliament.org, facebook.com/ttparliament and Twitter @ttparliament.

Now the purpose of this meeting of the Public Accounts Committee is to examine the concerns raised in the Report of the Auditor General of the Republic of Trinidad and Tobago on financial statements of the Eastern Regional Health Authority for years 2008 to 2012. So that is a long period. Fairly long period of coverage in which a number of issues have been flagged by the Auditor General.

This Committee is desirous of hearing from you, as key stakeholders, at the Ministry of Health and the ERHA to try and understand the challenges that you face and to hopefully help with some of the possible solutions to these challenges. The role of this Committee is to help the ERHA improve its delivery of services in an efficient and effective, and economically sustainable manner. What I want to do now is to have members of this Public

Accounts Committee introduce themselves to you, and then the members of the Auditor General's Department can introduce themselves, and then, finally, the officials who are here for the information exchange and dialogue with the PAC from the Ministry of Health and the ERHA will then introduce themselves. So I will start with Sen. Henry.

[*Members of the Committee introduce themselves*]

[*Officials from the Auditor General's Department introduce themselves*]

[*Officials from the Eastern Regional Health Authority introduce themselves*]

Mr. Chairman: All right. Thank you very much for your full attendance this morning. We are grateful for that, and I want to start off the questions by asking you a few things which I think would be important to the population at large, the citizens of this country. The first thing is: What is the area covered by the Eastern Regional Health Authority? What is the geographical area there?

Ms. Rawlins-Charles: The authority covers three counties, Nariva/Mayaro, St. Andrews/St. David. We go from Matelot to Guayaguayare, to Brothers Road Rio Claro, to the eastern coast line.

Mr. Chairman: Yes, that is a pretty expansive area.

Ms. Rawlins-Charles: It is the largest geographic—

Mr. Chairman: Yes, and a spread out population too. How many institutions are under your charge?

Ms. Rawlins-Charles: We have the two major medical facilities, Sangre Grande and Mayaro District Health Facility, and we have 15 health centres and outreach centres.

Mr. Chairman: Okay. Very good. Can you give us an idea, if you have, of

the medical personnel that you have under your charge? Let us say the number of doctors, the number of nurses, other support medical staff, not administrative.

Dr. Maharaj: So we probably have approximately 300 doctors, and that will include both the hospital as well as the community services.

Mr. Chairman: But these do not include doctors and private practice, right?

Dr. Maharaj: No.

Mr. Chairman: Okay. So this is doctors aligned to the public service?

Dr. Maharaj: Yes. The exact number of nurses, I am sure whether it would be much more than that. Our total staff complement at the Eastern RHA is approximately 2,000.

Mr. Chairman: Is how much?

Dr. Maharaj: Approximately 2,000.

Mr. Chairman: Two thousand. Okay. But that includes administrative and support staff and so on?

Dr. Maharaj: Yes, Chair.

Mr. Chairman: So you have about 300 doctors, you probably have about 500 nurses, is that what you are saying? Because you said it is more than the doctors.

Dr. Maharaj: It is possibly even more than 500.

Mr. Chairman: Okay. All right, very good. And you say generally about 2,000 employed by the RHA. You have any idea how many private practitioners you have in the region? You may not have it statistically, but you may have it by informal information.

Dr. Maharaj: Informally if I were to estimate, I would probably say

approximately 20.

Mr. Chairman: Twenty. Have you worked out as part of your knowledge base to provide the services, the ratio of doctors to population in your regional area?

Dr. Maharaj: Chair, I do not have that information with me. I could forward to you if you wish.

Mr. Chairman: I think it would be useful to have it. Would you say that the region is well served in terms of two things, one, that the population is well served by you; and secondly, that you are well served by the resources that you have to do the work that you are supposed to do?

Dr. Maharaj: I would say that population is well served and not only is the population of the Eastern RHA served by the facilities within the Eastern RHA, but more so we have patients coming from other areas as well into the RHA and they are also served by it.

Mr. Chairman: Why do they come?

Dr. Maharaj: I think it hinges upon the customer service, it hinges upon the dedication of the staff of the ERHA. It is a smaller facility as well and they feel that they are being better served.

Mr. Chairman: All right. And there is no restriction on who can come to your region? Although you have a regional system any citizen can go anywhere, is that correct?

Dr. Maharaj: Correct.

Mr. Chairman: Now what would you say are the strongest achievements for your Regional Health Authority over the last year?

Dr. Maharaj: Well, we have been actually looking at some of the issues that

have been recurring over the years in terms of OSHA issues and where we might have been violating any OSHA issues—

Mr. Chairman: What about achievements? What did you achieve in the last year that you would consider really important?

Dr. Maharaj: Well Sir, I was going on to that, in that we are actually trying to via the PSIP and via capital projects, trying to correct all of that and we are actually right now almost—

Mr. Chairman: So correcting the OSHA issues is a major one—

Dr. Maharaj: Correcting the OSHA and improving the facilities on the whole.

Mr. Chairman: Improvement of facilities, physical facilities.

Dr. Maharaj: Yes.

Mr. Chairman: Over the last five years what would you say would be some of the highlights of achievements?

Dr. Maharaj: So we would have been trying to improve the IT system. We are been trying to improve our software in terms of payroll. We are actually trying to harmonize the HR and Finance Department in conjunction with the Ministry of Health. We are trying to look at the facilities on a whole and try to just generally have a good upkeep.

Mr. Chairman: And what are your major challenges now, this day, this month, tomorrow?

Dr. Maharaj: So our major challenge right now is the space constraints at the Sangre Grande Hospital.

Mr. Chairman: Space, that is all?

Dr. Maharaj: That is our major challenge right now.

Mr. Chairman: Okay. You know in the last two questions I asked you about the strongest achievements this year, strongest achievement in the last five years, what are your major challenges now, none of the answers have anything to do with the quality of service to the citizens. So I would ask you some questions about that, which is, let us say on a one to 10 in which 10 is the best quality service, how would you categorize the hospital care in your hospital at Sangre Grande?

Dr. Maharaj: Well, I would definitely give it at least eight out of 10.

Mr. Chairman: Okay. So you think it is very good?

Dr. Maharaj: It is quite good.

Mr. Chairman: What about outpatient care in your various facilities? You said you have 15 health centres—the Chairman indicated that—you have a major facility in Mayaro and you have, of course, the main hospital.

Dr. Maharaj: Similarly, I think, Chair, the service is quite good. We try to involve the patients. We have community wellness clinics and facilitators who assist in engaging the community; we have outreach programmes via the nursing department; we have vaccination drives on; we have health education on. So we interact with our customers, and we try to listen to them via the Quality Department.

Mr. Chairman: So you do preventative care as well? Anticipatory care, you do that as well?

Dr. Maharaj: In terms of clinical care, primary care?

Mr. Chairman: Yes.

Dr. Maharaj: Yes.

Mr. Chairman: And what about emergencies, you are equipped to deal with

emergencies if they occur?

Dr. Maharaj: Yes, we do have emergency physicians who are well trained.

Mr. Chairman: I did not ask about the size of the population, but do you know what the size of the population is for your jurisdiction?

Dr. Maharaj: So it is approximately 120,000, possibly plus or minus, and that spreads probably like around 70,000 to 75,000 in St. Andrew/St. David, where in Sangre Grande Hospital is probably like about 35,000 to 40,000 in Nariva/Mayaro.

Mr. Chairman: And how many people do you basically service a year you think in any given year?

Dr. Maharaj: At the Sangre Grande Hospital we would probably have combined A&E, inpatients and outpatients, approximately 100,000 patient encounters if I would call them that.

Mr. Chairman: Really.

Dr. Maharaj: In Nariva/Mayaro, because they have two A&Es, we will have probably approximately 110,000 patient encounters. County St. Andrew/St. David, we would probably have about, I would guess about, 80,000 patient encounters.

Mr. Chairman: That is 200,000 people you are telling me there, you know? That is correct?

Dr. Maharaj: Correct.

Mr. Chairman: What is your vision for the future of health in the region?

Dr. Maharaj: The vision for health and the vision in keeping with the ERHAs to partner, and to continue to partner with the community to better understand what their needs are because the ERHA is unique from all

among the other RHAs, in that it is largely rural. It is a great geographical expanse, and whereas some things are common with us and other RHAs, some things are unique to us as well, and I would want us to persevere and understand where they at, and possibly try to reach out to them more than they come in to us. So we probably be trying to use the facilities we have to actually do more service there, rather than have them come and haul into one hospital.

Mr. Chairman: Okay. Are the dominant demands for care for things like diabetes, heart issues, renal issues, et cetera, or it is different? Is the profile different?

Dr. Maharaj: Some of them are quite common I must admit, especially the primary care setting, and in the secondary care we would find some of those are cases but present with complications as well, but we see other things as well.

Mr. Chairman: You said that your vision is really to like improve the quality of care, the quality of service and so on, and to serve better this population, you think you have the resources to do that?

Dr. Maharaj: Chair, to be honest, we probably do not have all resources we have, but before I look outside I would want to suggest and what we have been doing is trying to optimize what we already have.

Mr. Chairman: What you have.

Dr. Maharaj: Yes, and to make sure that we really need more before we actually say we want more because there are, as in any organization, there are rules, there are policies, but we need to actually make sure that we actually fall on them, making sure that we optimizing everything before we

go outside.

Mr. Chairman: Okay. You have a pretty formidable budget for that region, for 120,000 people. You have $481 million for 2017. I think you had a little less than that for—I do not have the number here. It might have been 300 and something, and then about $300 million for 2015. So you are talking about a sizeable amount of money here, does most of the money go for operational cost, salaries, things like that? How much money do you actually have for any kind of development, or innovation, or responsiveness to the population and their needs?

Dr. Maharaj: Yes, most of that money would go into operational cost and we would be doing some small projects from that as well. However, we probably have about $25 million which has been set aside for capital projects.

Mr. Chairman: Do you spend any money at all on strengthening the quality, and responsiveness, and access and availability of care to citizens, to patients? Do you ever focus on that?

Dr. Maharaj: Chair, all of our efforts are focused to that and it is—

Mr. Chairman: So that is your general focus on how we give the best patient care.

Dr. Maharaj: Yes, regardless of where the team lies, whether they be a cleaner or an administrative person, our care is delivery of health care to the Eastern Regional.

Mr. Chairman: All right then. Thank you very much. I would ask other members to proceed now and they will each ask a few questions to satisfy their own curiosity.

Mrs. Webster-Roy: Hi, good morning again. One of the areas that has been

coming up for concern has been the internal audit, if you could just give me a brief background in terms of the complement of your internal audit staff and what are some of the challenges you all are facing.

Dr. Maharaj: So before I pass it over to the auditor, I will tell you that our internal audit team consists of one internal auditor and five auditors who report below him, as well as an administrative assistant.

Mrs. Webster-Roy: Is that enough to carry out the functions of the Internal Audit Department?

Dr. Maharaj: Member, I will ask Mr. Pouchet to—

Mr. Pouchet: Good morning. Well, right now we do not have our full complement of auditors. We have four auditors and the head of the department. So no it is not enough to do everything that we would like to do. Also we are trying to revise a structure to get an additional staff member, somebody at a more senior level.

Mrs. Webster-Roy: What is the idle number?

Mr. Pouchet: The idle number, well for now I would like to have at least one other managerial position in the department, and to have the full complement of the five auditors. In that way we could target the more high-risk areas in doing our audits. We could always use more resources especially when we have large projects concerning the arrears of back pay and so on, which we are required to do 100 per cent audit of. At that time, sometimes we have to request help from other departments, but generally if we could get that other managerial position under normal circumstances.

Mrs. Webster-Roy: What steps have been taken, Mr. CEO, to address the staffing capacity?

Dr. Maharaj: Member, I have actually engaged the Human Resource Department, together with the Internal Auditor, to come up with a proposal as to what is realistic and what is functional in their department. So we are going to address the needs of that. We will create the necessary posts and have them approved by the Ministry of Health.

Mrs. Webster-Roy: I would like a timeline, please.

Dr. Maharaj: We could definitely do within the Eastern RHA before we send to the Ministry of Health, probably within three to four months.

Mr. Pouchet: If I may? The post that is vacant now, we have interviewed for the post, but there is a problem with funding. So we are hoping that that should be sorted out by the end of the year. As for the new post that we want to create, that would take longer because that has to go through the Chief Personnel Officer. So that is probably one or two years down the road.

Mrs. Webster-Roy: In your written submission you noted that the request for special investigations would have impacted on your ability to carry out your regular duties, internal audit. The question is: Do you seek specialist advice undertaking the special investigations; and then how do you contract the services for that?

Mr. Pouchet: Well, most of the special investigations are things that we have competencies to deal with. If the cases arise where we do not have the competencies within the department to deal with a specific investigation, we would request—normally most of the times it would be legal advice. We would first seek in-house from our legal department and they would advise if we should go outside, and then we would probably through the Ministry try to acquire legal services.

Mrs. Webster-Roy: Okay. Could you tell me the number of requests for special investigations you would have had over the period?

Mr. Pouchet: The number of requests?

Mrs. Webster-Roy: Yeah, from the management and from the board of directors.

Mr. Pouchet: In a normal year we could have between 12 and 20 requests. Not all of them we would be able to do. Yeah, between 12 and 20 in a year.

Mrs. Webster-Roy: And how would you prioritize the requests?

Mr. Pouchet: Well, I report to an audit committee and I will advise them that a request has been made and they would assess whether what is the highest priority based on my advice as well.

Mrs. Webster-Roy: Also in your written submission, you noted that the Financial Management Information System that you sometimes use that to help you in carrying out your duties, when was that software acquired and implemented?

Mr. Pouchet: Well, the software was acquired before I joined the—well, it would have been several years ago, but I think maybe the General Manager of Finance could probably give more information on it. Oh, she is saying in 2008 the software was acquired.

Mrs. Webster-Roy: And you started using it from 2008? When?

Mr. Pouchet: Well, the Internal Audit Department has had access to it from since I joined, which would have been 2012, and I believe there was access before that as well.

Ms. Benjamin: Yes, the previous Auditors had access to the system from the time of implementation.

Mrs. Webster-Roy: Okay. Would the software have assisted in terms of the overall operations in any way?

Ms. Benjamin: Yes.

Mrs. Webster-Roy: You are not sounding as if you are sure.

Ms. Benjamin: No, yes.

Mrs. Webster-Roy: I want to know if it was a good investment for you all.

Ms. Benjamin: Yes, it was a good investment because it tracks all different aspects from financial and inventory. So it tracks information that is required.

Mrs. Webster-Roy: Okay. Thanks a lot.

Mr. Samuel: I just want to—morning again—piggyback on Mrs. Webster-Roy's question because she asked the question about the Internal Audit Department and you said you are hoping to get one more, who does the assessment of the internal structure of the RHA; and if that is the case, what was the proposed structure of the IAD?

Mr. Pouchet: Well, we will work in conjunction with the HR Department and we will make submissions as to what is the ideal or what we would like to get. Before I joined there was a proposal and the structure was revised. The original structure had a supervisor in that structure which was removed. From operating within the system, and from liaising with other RHAs, it is necessary to have somebody in that position. That is the position we are seeking to get fill because basically all the auditors wrote reports to me in addition to the administrative work, and sometimes actual audit work, one manager position is not sufficient. So if we get that additional person we will be able to produce a lot more reports. That will increase our capacity to

produce reports.

Mr. Samuel: So you would be satisfied with just one person more?

Mr. Pouchet: As I said, we have a vacancy in the department. So that vacancy has to be filled as well, and if we get that person, in the normal course of our operations we would be able to operate with that. When we have these large exercises to do, arrears of payroll as the CEO indicated, we have about 2,000 staff so that is a lot of worksheets that we have to do 100 per cent audits of. So that does impact on our work. So at those times we may need additional resources, and that happens like once every three years we would have a major thing to do. So I am trying to balance between having the ideal without just putting an extra body, or extra bodies, to deal with the maximum amount that we need as opposed to the normal operations.

Mr. Samuel: I just want to shift away from the IAD and talk about in your operations the whole issue of risk management, and I will propose that to the person responsible for that.

11.15 a.m.

In your report, there were quite a number of risks—financial risk, operational risk, legal risk—and you talked about—and probably the CEO or the Chairman can talk about this—the high turnover of management staff as a risk and I would like you to address that, and the lack of pharmaceuticals as a serious risk. So if you can address that for me, I will be appreciative and then we will talk about the others.

Dr. Maharaj: So, if I were to start with the last one, Member, the pharmaceutical risk we have basically, as you are probably aware, all the RHAs, including the ERHA, are supplied with medication that comes out of

NIPDEC. They are our procuring body and they more or less would do. There have been some challenges in terms of supply which are currently being ironed out and the Ministry is working with us and with NIPDEC to try to iron that out. However, it remains a risk in terms of supply sometimes and we actually—once we have nil stock letter coming from NIPDEC, we will procure on our own.

As far as the high turnover of management staff, what we have realized is that to run the organization, you must have some degree of institutional knowledge and the depth is lacking because of the high turnover of the management staff as opposed to the junior staff who remain there but what you find is that, you know, you would be offering contracts or acting appointments to the management staff, probably sometimes as little as two years. In all fairness to anybody, with the greatest of knowledge, it takes quite a while to understand the health sector, to understand what has been happening and to try to address it and it takes, I would estimate probably like about eight months—six to eight months to do that comfortably. And by before you know it, a year is done and if you offer somebody in a management position a two-year contract, there is no guarantee, at the end of the two years, they are going to be having any employment further. So their enthusiasm may be lost and it is one of the—I would say one of the shortcomings and one of our risks at the RHA.

Mr. Samuel: That leads to the question of succession planning. Usually that is an integral part of the operations of any institution/organization, succession planning. You would know in advance when people are going to retire, you would know in advance when people are doing things and you

begin to now plan in advance to deal with the replacements of people and the training so that the institutional knowledge and capacity is not lost because you are now training people to relieve those that are retiring or whatever. What is the succession planning mechanism of the ERHA?

Mrs. Rawlins-Charles: When this board took office, we realized that at the ERHA, they had two methods of retaining staff. You have permanent staff and then they had staff on contract, and one of the things is that all the managerial staff, whether junior management or senior management, were all on these contracts and these contracts were two-year contracts. So that the board has—the HRC committee and the board have indicated to the management of the ERHA that that is not really a tenable position, and that they need to, first, look at all of these people who they have on contract, all of these posts and see which posts should not really be contract posts but should be posts with continuity. So that you would have people there and, just as you say, you are able to institute a succession planning programme.

Because the way it is now, you are there, you are only there for two years, and then you have to get interviewed once more. When you are interviewed once more, we know that there is a large pool of people out of the authority who would apply for the post and when they apply, sometimes, you know, qualification wise, et cetera, they actually score higher and then what happens? The person with the real knowledge is now out of a job and the authority loses. So that we are basically looking at this.

Recently, we did a permanency exercise at the Authority where many people who were on these contracts are now in permanent positions, and we are now looking at the managerial aspect of it to see what could be done

because we cannot continue with this high turnover of management staff. It is not good for the Authority.

Mr. Samuel: There is another legal risk, two of them, I want to ask on. There are two other risk areas that I want to look at and that is the medical negligence claims. What is the total cost of medical negligence claims between the period 2008 to 2012?

Dr. Maharaj: Hon. Member, unfortunately, I do not have that info and I could forward to the Committee.

Mr. Samuel: Because I am looking at the legalities of it and the legal problems and another one was the breach of contracts and you talked about that as a serious risk. What breaches in contracts has the Authority experienced and how have you been dealing with the issues? How have you been addressing the issues of breach of contract?

Dr. Maharaj: So breach of contract, as it pertains to things which we might have procured and not delivered, we would try to address in an amicable fashion at best and if it is still not settled, well then we will have to seek legal advice and to deal with it that way.

Dr. Henry: Good morning, again. I want to start by piggybacking on the question of staff, the turnover and the contracts and so on. I was trying to get an idea of what was the genesis of this contract system as opposed to having permanent. Where did it come from? So we could better understand what exist.

Dr. Maharaj: Hon. Member, I will probably ask my General Manager, Human Resources, to answer, Mr. Jack.

Mr. Jack: In 2011, relative to managerial positions, a decision was taken that

all managerial positions should be advertised and we had to follow the policy. On account of that, positions were advertised and interviews were held and as the Chairman had said, we will find persons with the institutional knowledge would have come lower down the list and persons with the qualifications and so on who do not have the institutional knowledge would have gotten the position.

As we said, we are looking into—review that situation to ensure that we have continuity in the service by ensuring persons are offered permanent appointments as far as possible.

Dr. Henry: So if I understand you correctly, you are saying that the people who came in from the advertisements, when you advertise the positions, got the job but they did not have the institutional knowledge?

Mr. Jack: Most of the time, they do not have the institutional knowledge and they are offered the position. So after a year or so, they take a while to learn the system. The positions are advertised again and that person eventually, because they did not have a good performance appraisal, they do not get the job and that is part of the problems we have in the—it is not just Eastern RHA, in all the RHAs. The question of managerial positions being advertised.

Dr. Henry: Okay. So these people with the institutional knowledge would just be there being overlooked for the positions time after time?

Mr. Jack: Time after time.

Dr. Henry: And why was that? Because they did not have the right qualifications or?

Mr. Jack: To some extent, and also when they go to the interviews, persons

are offered the job in front of those persons. That happens from time to time.

Dr. Henry: Or, okay. So they just remain there in the job frustrated for year after year and they are not being promoted. All right. Just switching gears a bit, I want to ask about the financial management systems, you know. What systems are currently in place given the inadequacies and misappropriation of funds, having noted that the financial management system is not fully implemented? Without the financial management system, how do you keep track of funds and so on? I know some questions came up on the audit already, but, you know, what is exactly going on in terms of tracking funds?

Ms. Benjamin: Well firstly, the financial management information system is fully implemented so we do track our financial—because all of our financials are done using the FIMS system. So we do our bank recs through the FIMS system, we do our accounts payable, our receivables, our inventory, our fixed asset. Everything is done through that system so it is implemented and that is the system that is used to be audited by the auditors when they do come.

Dr. Henry: From when was it implemented?

Ms. Benjamin: Well, in 2008, the system was acquired. In 2010, when I joined the Authority, we had done a full implementation and training of the system to utilize the full modules within the system. So right now, that is what is being used. So like the previous period like 2008 and 2009, they may have not been fully operational but since then, we have been using the system to its maximum.

Dr. Henry: Okay, and you have the right people who know how to use the system and so on?

Ms. Benjamin: Yes, and we also conduct training also because periodically, the system is updated. There are updated versions and persons have to be trained on the modules to ensure that they understand how each module is used and function. So we do internal and external training as required.

Dr. Henry: Okay. My next question is on the issue of fixed assets and monitoring, tagging the fixed assets of the entity. How often is tagging of assets carried out?

Ms. Benjamin: Okay. With the fixed asset, we have—that was an exercise conducted as a project as indicated. We have been tagging as the assets are acquired, so right now we are still tagging assets. New assets that are acquired are tagged and logged so we are doing it.

Based on the historic response from the auditors, we have put measures in place and have started tagging and building the fixed asset register and all those things. So what we are trying to do is to make sure it no longer becomes an issue. So we are addressing the issues that were identified and up to now, we are still tagging because assets are always procured. And when we tag, we update the list and the end users and other management are notified and submitted with a copy of what assets were acquired and where they are located. So we are doing that.

Dr. Henry: So you are tagging on a continuance—

Ms. Benjamin: A continuance basis.

Dr. Henry: On a continuance basis?

Ms. Benjamin: Yes.

Dr. Henry: Okay. And what about the verification and location of assets?

Ms. Benjamin: Right. So in the tagging, we do log, we record where they are

located, which department, the serial number, everything for that asset. We submit a list to audit so audit can also verify our information that was compiled and collected. Also, after our tagging and verification and building of the asset, we do go back again just to double-check to ensure that no assets were moved from one location to another and the request requisite forms are not completed, so we do re-verify. So besides verifying, we go back again and check to make sure that if it is located in this area, it is still there, it is still functional so we will know how to operate.

Dr. Henry: Have you had cases of missing assets and how often?

Ms. Benjamin: I would not say missing assets, I would say an asset would have moved from one area to another and the form was not completed but that is when the re-verification occurs and we would have identified. So they would have filled up that they moved it but they did not put it on the requisite form for our department so we would be notified. So it is not to say missing assets but moving from one area to another area and those, we would have written the relevant persons and they have started complying because the processes are there, it is just the reinforcement of them.

Dr. Henry: So you have had no cases of assets gone missing?

Ms. Benjamin: To my knowledge.

Dr. Henry: And you have been there for eight years?

Ms. Benjamin: 2010.

Dr. Henry: Well, just about seven.

Ms. Benjamin: To my knowledge, yes.

Dr. Henry: Okay, that is very good. I will stop here for now.

Mr. Chairman: All right. Thank you very, very much. I want to ask the

members, the representatives of the Auditor General's Department, before going on to some of the questions, what in your view are some of the recurring problems discovered at the Eastern Regional Health Authority during the audit of the authority of this period?

Mr. Sinanan: Okay. Generally speaking, the property, plants and equipment was a major issue across—

Mr. Chairman: The what?

Mr. Sinanan: Property, plants and equipment. The fixed assets register has been there for all the years and we agree they are making efforts to improve the situation but it is such a major part of an institution that—yes, the human resource is the major part of your institution but the fixed asset for a hospital, you know it is always critical and there was a material part of the accounts.

And apart from that, that was the major one but there were little minor issues with the liabilities, provision for gratuity, accounts payables, smaller issues that were there throughout the years. But that major issue with the fixed asset register was of grave concern that caused the whole disclaimer opinion on the accounts for all those years.

Mr. Chairman: All right, okay. Any direct response to that particular issue that the Auditor General's Office has identified there?

Dr. Maharaj: So, Chair, we have so far made, you know, great efforts to correct everything. However, I think what has happened in why we were not able to correct it for the successive years is because the—if I am not mistaken, GMF could verify for me. We were actually audited in batches of two years and it was just a few months apart so we were not able to actually correct it.

Mr. Chairman: In between?

Dr. Maharaj: Yes.

Mr. Chairman: I understand. You would like to respond? You would like to say anything?

Mr. Sinanan: Okay, we agree with the auditing taking place in batches of two months but as a precursor to preparing your accounts, the fixed asset register should be there or should have been there. Whether we come a little later or afterwards, with all due respect, generally accounting, the asset register is an integral part that should have been present.

Mr. Chairman: Yes. Okay, I think it really raises the question of functional systems and the efficiency of it. You know, that is a big problem in all kinds of organizations, private sector and public sector organizations but it is especially lax in public sector organizations and it should not be like that. You know, if you are running an operation which really has to do with the life and health of people and these fixed assets are critical in that process, I suspect some of them are, you want to make sure that these things are properly cared for and that you have the documentation of all of these things according to the expectations of the Auditor General.

I want to ask a couple of questions. I had raised the issue of your budget. Your estimate for 2017 is $481 million, and when you look at 2015, 2016, 2017, we are talking about just under $1.2 billion in money. Now, the way the RHA works, they have a fair amount of autonomy and yet you have the PS who is also responsible for the fact that these RHAs are part of the Ministry of Health system. How does accountability work for this, let us say in these three years, $1.2 billion? How does accountability work and how do

we get value for money and strict accountability for every dollar of taxpayers' money?

Dr. Maharaj: So, Chair, in terms of accountability and in terms of how we spend, for every budget item we have and for salaries or for capital projects, it is all approved by the Ministry of Health, and they have a reporting format and which we need, apart from we doing our own checks within the RHA itself, they would also be double-checking as well. So it is a fairly tight system and they help us and give us feedback as to where we might be going wrong.

In terms of value for money, we would actually make sure that whatever we are procuring, whether it be via the Central Purchasing Unit or via a tender, it goes via an open and transparent process and to attract as many persons as possible to buy items which our end users have correctly identified as being a need. And we would also, in terms of value for money, be looking at what our customers are actually saying to us and what it is their needs are and we will actually be targeting and moving along that line.

Mr. Chairman: Okay. Would the Permanent Secretary like to add anything to that? I mean, do you think that it is a system that actually works and that they are accountable in the final tally to you? I am asking that because it is a complex system. You have a CEO, you have a board. The board ultimately has responsibility and then the Permanent Secretary is overall the accounting officer for the entire Ministry. Does it work?

Mr. Madray: So I will answer it in the sense that we have multiple measures that are—or mechanisms in place by which we provide the oversight over the activities of the RHAs. All of these mechanisms are a work in progress.

All right, so there is always room for improvement. But we monitor, through a contracts management committee, all contracts over and above $4 million in expenditure. So that is a means by which we are able to determine whether their procurement process is compliant with what our standards are. We require financial statements from the RHAs on a monthly basis and those financial statements are reviewed by our accounts division.

Mr. Chairman: You get them?

Mr. Madray: Yes, we do. We have recently set up a Board Minutes Review Committee comprised of various divisions within the Ministry to tighten up on that oversight to some extent and that was only recently set up. So we will have to monitor the extent to which that committee is successful but it is comprised of various divisions: the health sector advisory, our policy division, our legal division, the Chief Medical Officer and our financial management division.

We also have a unit within the Ministry that is our Project Management Unit and of course, a major aspect of the funding goes towards projects. So we have a project manager who is in charge of that division. While there are some staffing issues, we have the system in place. Again, there is some room for improvement there but the RHAs produce monthly reports on PSIP expenditure and there is close collaboration between the project manager and the RHAs on those major projects.

We have also placed a senior member of the Ministry on the board of the RHAs. So in that sense, that representative is a direct link between the Ministers—because the board reports to the Minister—and the RHA to ensure that the Minister's policies are, in fact, implemented and that

feedback is given to the Minister on the extent to which those policies are implemented. And there are various other reports that are produced generally but I think I have articulated some of the main ones.

Mr. Chairman: Well, let me take this issue of procurement. You have NIPDEC who is involved in procurement of drugs for you. Is that correct? Are they involved in other procurement or is it just for the medicines?

Dr. Maharaj: They would do pharmaceuticals and non-pharmaceuticals as well.

Mr. Chairman: Okay. The Permanent Secretary mentioned a four million-dollar figure for procurement that has special meaning. Do you procure anything yourself?

Dr. Maharaj: Yes, we do via the tenders committee. What the Permanent Secretary was speaking about is capital projects that might exceed that four million-dollar mark.

Mr. Chairman: Okay. So what is the limit for procurement under the Eastern Regional Health Authority?

Dr. Maharaj: So anything over $100,000 needs to go to a tenders committee and it does not go through the Central Purchasing Unit and once our board approves, once it has done due diligence, they could approve—

Mr. Chairman: Over $100,000 but under what?

Dr. Maharaj: Well, I suppose under $4 million, just under four.

Mr. Chairman: Okay. And what happens at $4 million?

Dr. Maharaj: After the board approves, it goes to the Ministry of Health where they would scrutinize it and they will send—

Mr. Chairman: Okay. So it has ministerial scrutiny?

Dr. Maharaj: Yes.

Mr. Chairman: And then what goes to NIPDEC?

Dr. Maharaj: NIPDEC, basically, will procure for all of the RHAs, pharmaceutical and other non-pharmaceutical items which you would find at a dispensary at the RHAs. So when I say non-pharmaceuticals, I am speaking about things possibly like cotton swabs or needles, syringes. Those are non-pharmaceutical but still within a medical need.

Mr. Madray: All right. I would just like to clarify that with respect to the $4 million figure, that that process does not involve approval of the Ministry. It is just the process that we have implemented because of the sums involved to ensure that the processes, to monitor whether the processes used by the RHAs have been compliant with standards. So it is not a question of approval by the Ministry, the approval is done at the level of the board.

Mr. Chairman: Okay. I find this a complicated overlapping process. I know it is an inherited system that has evolved over time but really, it is a complicated overlapping process. And I mean, as I understand it, originally, the RHAs were supposed to be fairly autonomous in terms of implementation and that is why they were run by a board.

The Ministry was responsible for policy and policy execution which would then be captured in terms of direct delivery operations at the level of the various regions and the idea was that, ultimately, the alignment between policy and execution and delivery would result in better patient care, better run institutions, more value for money for the taxpayer and ultimately, better service to the customer.

But I think in all of these things, because of these jurisdictional issues

and overlap and administration and all the complications, I do not want to say complexity because it is not complexity, it is just complications. What happens is that you have a lot of gaps for inefficiencies and overlaps and people bouncing their heads on top of one another in the process. So I do not know if my interpretation is correct or if I am being too harsh but I sense that because this—I am basing that both on my questions to the Ministry of Health, I think, we did last time and to the Eastern Regional Health Authority now. Okay? So, I will move on to Mrs. Webster-Roy.

Mrs. Webster-Roy: Thank you, Chair. Mr. CEO, earlier in a response to the Chairman, you noted that you have $25 million set aside for capital projects. I just want a brief outline of the projects and the timelines, please.

Dr. Maharaj: The projects are more or less divided into medical equipment and hospital refurbishment projects. Of the medical equipment upgrade projects, we have four and we are actually in the process of purchasing 11 vaccine refrigerators and that should be done within the next week. They are almost all delivered already. Supply and delivery of two extra units: we are hoping to finish and have that completed by October of this year. Supply and delivery of three ambulances: we are hoping to have that finished by September of this year. Three neonatal ventilators: we are hoping to have that supplied by July of this year. The air-conditioned units for Ward 5 and 6: we are hoping to have that awarded and contracted possibly by the end of this week or next week.

Fire suppression system: we are hoping to have that—that is at Sangre Grande Hospital. We are hoping to have that awarded by—completed by September of this year. Fire alarm system: that should be coming for award

possibly this month, in May. Upgrade of the diesel bond and LPG storage system at the Sangre Grande hospital: we are forecasting to complete that in July of this year. Refurbishment of the kitchen at Sangre Grande hospital: we are estimating to complete that by August of this year.

11.45a.m.

Upgrade of the sewer system at Mayaro District Health Facility and Brothers Road Health Facility: we are hoping to complete that by August of this year. We have started doing one phase of our electrical upgrade at Sangre Grande Hospital and we should have some laundry items delivered within this fiscal.

Mrs. Webster-Roy: All those projects you identified, how do you see them impacting on the service and impacting on not only the service but impacting on clients?

Dr. Maharaj: We definitely expect, you know, greater client satisfaction, and not only to the external but to the internal as well, because it will be better facilities in some cases for our own staff to function within.

Mrs. Webster-Roy: I am going through the documents and I noted that the issue of fraud was identified during a certain period and what I want to know is, during the period of 2008 and 2012, if you had any convictions.

Dr. Maharaj: Hon. Member, I am unaware of any—

Mrs. Webster-Roy: Okay. It was noted that certain instances of fraud were identified during the period?

Mr. Pouchet: If you are referring to the written submission, the responses for that were what currently applies. So the audited accounts would go up until 2012/2013. So during that period I am not aware of any convictions for

fraud. I cannot say—

Mrs. Webster-Roy: But matters are being investigated?

Mr. Pouchet: Currently we investigate—since then, we have investigated several matters for fraud, and as far as convictions, one matter went to court, as far as I know.

Mrs. Webster-Roy: I want to understand why—okay, we identified issues of fraud, investigated, but no conviction. What happens at the end?

Mr. Pouchet: Well, we are guided by the RHA Act and the RHA Act has very specific guidelines as to how to deal with disciplinary matters. Whenever a matter of fraud is suspected, it has to be reported to the DPP's Office. So we have to follow that policy and we cannot take any further disciplinary action until that matter is—so that would really be handled through the courts. It is out of our hands at that stage.

Mrs. Webster-Roy: Okay. You noted also that you were in the process of developing a whistle-blower policy?

Mr. Pouchet: Yes. Well, we are currently trying to get together a team, a committee, to deal with that. We know that that is a current issue and we would like to include whatever current documents are put forward in our policy. So we are looking, but that is a policy we intend to do before the end of this fiscal.

Mrs. Webster-Roy: So you are still in the process of putting together a team. So is it you started identifying persons, or it is just an idea on paper? How far along?

Mr. Pouchet: They started identifying persons and the people who are likely to be on the committee have started doing their research as well.

Mrs. Webster-Roy: So by the end of this fiscal you should have the whistle-blower policy?

Mr. Pouchet: Well, that is not entirely up to me, but we would have had at least a draft done to be presented to the board.

Mrs. Webster-Roy: Okay. Thank you.

Mr. Samuel: The fact that we are dealing with the report 2008 to 2013—and I know that some of you may not have been around then, I still need to ask some questions that arose out of the Auditor General's Report 2013, and that had to do with the final stock count sheet provided and the problems that occurred with the end situation. Many of them did not state the branch. And were there signatures of persons who checked and reviewed the listings? In addition to that, when the independent auditors' report of the report of the Auditor General was for the year 2013, the auditor was unable to verify the existent accuracy and completeness of the Authority's inventories of twelve point something million dollars. Who really is responsible for signing off and verifying the fixed assets stock count sheets?

Ms. Benjamin: The persons who are at the count during the period which would be the verifiers and the supervisors are responsible for signing off those sheets. Since the submission of that report, we had reinforced—because we have guidelines, and some were signed and some were not signed. So we had reinforced that, and they have started being in compliance. So we do verify to ensure that they have signed off. Based on the Auditor General's comments we have ensured those—

Mr. Samuel: So you are saying both the internal auditors and the external auditors work in harmony to ratify the issues?

Ms. Benjamin: We have no control over the external. The internal process — where we have the internal verifiers and the auditors, what we did for the external auditors is request that they attend the stock count because we usually notify the Auditor General's office of our stock count. Since that, we notify the last appointed auditor, so they are present and they submit a report on their findings. So the issue that arose at that time where they were not present would be eliminated because now we will have an official document from an auditor external to ERHA there, so that they can place some reliance on the data, not solely on ERHA's data alone.

Mr. Samuel: Are you saying that when we review the 2014, 2015 and 2016, we should not have a reoccurrence of this problem?

Ms. Benjamin: Should not.

Mr. Chairman: I did not give the chairman of the board the opportunity to give an opening statement at the beginning, but I wonder, in the context of the questions that we have asked and the various responses, if you would like to give a summary response at this point, what you might call a kind of closing response.

Mrs. Rawlins-Charles: Well, at this point what I would say is that whatever was contained in the management letter from the Auditor General with regard to the previous audit, that the ERHA took notice and that they have tried to improve on their systems. So that at present the audits are taking place for 2014 and 2015. 2016 will soon go to the Auditor General. And the board has also taken —

Mr. Chairman: So you are now up to date?

Mrs. Rawlins-Charles: We are. We are up to date, yes.

Mr. Chairman: All right, okay.

Mrs. Rawlins-Charles: And the board has taken notice of what was contained in the previous management letters and through the finance committee of the board and then the general board, we try to ensure that the management of the ERHA stick to the correct financial policies, et cetera— one of the reasons why we are up to date with our financial records for submission.

With regard to HR, the HR policies of the ERHA need an overhaul and we are looking at it, especially in the area of hiring and how people are given permanent appointments at the ERHA: when they actually enter the ERHA what is their status; what is their status two years later; is it a fair procedure? In other words, you know, people sometimes complain that people jump them, et cetera, in the queue. We are trying to ensure that all of this is taken care of. So in that regard, we actually, during the course of the next two months, hope to have a new general manager, HR, because the current one is just acting and holding on for us until such time when the board, through the HRC committee, is going to request that we take a good look at the HR policies of the ERHA to bring it up to mark, so that we can satisfy the internal customer. The internal customer at the ERHA, they need to be motivated so that they can give good service to the external customers. And these things are the things that people are usually very concerned about: their tenure; their remuneration and things like that. So that we have to get it right.

Other than that, the ERHA, I think, if you speak to most of the public out there they would say that generally they are satisfied with what the ERHA provides, and I would especially recommend that you visit the

outreach centres of the ERHA, the ones in the rural communities where they really do excellent work in the community and maintain a good relationship with the communities.

Mr. Chairman: All right. Thank you very much. I may come back with a couple of questions but I wanted to ask the representatives from the Auditor General's office if you would like to say anything at this point based on what you have heard.

Mr. Sinanan: Mr. Chairman, we are looking at 2008 to 2013, but historically there were occasions when the ERHA actually got clean reports, wonderful audit reports, where there were no issues. And in the dynamics of managing and expanding and reconfiguring maybe some things got weak—controls. But at one time they got clean audit reports from the Auditor General and were complimented on occasions for their record-keeping and mechanisms that they put in place.

So it is not going to be impossible. They have a history of doing good work there, not that it is their fault it is being bad now, because there are other issues in the play. But we just want to say that, you know, they did it before, they can do it again and they are up to date. The 2014 and 2015 accounts should be ready by early September—its reports. The 2016 accounts, I was told, would be forwarded to us by month-end and we want to keep them up to date.

Mr. Chairman: All right, very good. I do get the general impression—I mean, this is by hearsay and things you hear within the system—that the Eastern region is comparatively well run compared to the other RHAs. I know that for a fact. I just want to ask two questions which I think are

pertinent. One is: the HR issues that you mentioned, you have a system which you are trying to manage now in which you had people on two-year contracts, which I suspect was to promote a certain kind of competitiveness, but the loss from that was that you lost knowledge, you lost institutional memory, you lost know-how, et cetera. How are you planning to manage this process going forward? Because with permanent employees you also have the problem of how do you keep performance levels up. And the issue of competitiveness keep people on their toes but you also get better talent when you have the opportunity to recruit at different points. How are you going to manage that particular issue in terms of HR?

Mrs. Rawlins-Charles: The thing is that at the ERHA, if you start from when you enter, when you enter you actually enter on a contract, you know, for two years, and then you go over to the permanency, which is—that is one strange thing.

Mr. Chairman: And that is based on performance.

Mrs. Rawlins-Charles: It is supposed to be based on performance. Everything is supposed to be based on performance. So that therefore, what you really need to have is a proper performance appraisal system. Most likely, they have the proper performance appraisal system, what they need to do is to implement it.

Mr. Chairman: Right, okay.

Mrs. Rawlins-Charles: You need to have supervision. You need to follow the procedure. If someone does something, you are supposed to write them, you are supposed to speak to them. You need to do those things. Right? Because you cannot just be jumping over people and you have not done the

procedure.

The other thing is, with the wealth of managerial positions that they had, both junior and senior, and the fact that, yes, the ERHA can give three-year contracts, eh, but their policy was to be giving two-year contracts, and in many cases you really need to give someone a three-year contract for them to really perform. So that if every two years you have to be running interviews—you have a lot of HR people whose time is taken up only putting the ads and doing the score sheet and interviewing, when they could be doing other things. So that all of these matters need to be sorted out. But I think that the key is performance appraisal, and you give the people their targets; they know what they are supposed to do and you are supposed to score them.

Mr. Chairman: You measure them against that.

Mrs. Rawlins-Charles: Yes.

Mr. Chairman: Okay. The second question I had for you is that, given that—I mean, there may have been lapses, but you are a fairly run organization. Two related questions: You have 2,000 employees. How many vacancies do you have that you feel that you must fill? Or do you not have unfulfilled vacancies?

Dr. Maharaj: Sir, we would not have that many.

Mr. Chairman: Okay. So you are pretty up to full complement.

Dr. Maharaj: Well, almost there.

Mr. Chairman: All right. You have the right people in the right jobs?

Dr. Maharaj: We have the right people in the right jobs, and one of the areas that you could probably say that we really do have a vacancy is probably

like the district health visitors, the nurses at the community. That is one of the areas that, you know—and the specialty nurses. That is a major area, and I think we are working towards—

Mr. Chairman: Is there a shortage in Trinidad of these kinds of personnel—Trinidad and Tobago, I would say?

Dr. Maharaj: I would want to say yes.

Mr. Chairman: Now, in closing, I would ask you, if there were three things that you could have done that would allow you to operate at optimum capacity and efficiency and effectiveness, what would those three things be at this point?

Mrs. Rawlins-Charles: I will give you one of the three things, and it is actually being done; a new hospital at Sangre Grande. I will give you that one.

Mr. Chairman: Well, I know that the CEO says something about space before. A new hospital will give you more space and—

Mrs. Rawlins-Charles: It will give us more space; it will give us more beds and—

Mr. Chairman: And better facilities, probably.

Mrs. Rawlins-Charles: Yes, and enable us to use very modern techniques and—

Mr. Chairman: Equipment and—

Mrs. Rawlins-Charles: Equipment, techniques, et cetera.

Mr. Chairman: Okay. What else besides the hospital?

Dr. Maharaj: The other thing that I think we need to work on is probably—just as the Chairman was saying before—a performance management

system and probably move towards making more people permanent and actually just managing them via the RR system or via the performance management system.

The other thing is, you know, for us to really take a look and see the feedback we have been getting and continually take the feedback from the board, from the Ministry, from the customers and improve our efficiency for our own growth and development.

Mr. Chairman: All right. Can you say, reasonably—and this is your last question—that spending close to $500 million on your region through the board and through the Eastern Regional Health Authority—would you say that the taxpayers' money is well spent?

Dr. Maharaj: I would say, yes, and we are trying to improve our efficiency. So it is going to be better spent as well.

Mr. Chairman: And you feel that that has generally been so and will continue to be so?

Dr. Maharaj: Yes.

Mr. Chairman: All right. I am fine. I do not know if any members want to have any last questions.

Mr. Samuel: I just have one.

Mr. Chairman: Yes. Quick.

Mr. Samuel: There was an issue with the software that NIPDEC used with regard to what was supposed to be used. I think they were using Microsoft Excel based on the report, and they were supposed to be using, I think, the Great Plains Software. Has that been rectified?

Dr. Maharaj: I will probably pass that on to the Manager, Para-Clinical, and

she could probably advise.

Ms. Ali: I just need to ask one question to clarify, please. Are you talking about the software for inventory management for pharmaceuticals and non-pharmaceuticals?

Mr. Samuel: Yes.

Ms. Ali: So the NIPDEC—I cannot comment on the NIPDEC system, I can tell you that the initial software that the hospital was using was an Encon system. It was not tied into NIPDEC's inventory, however. And that system did not allow us a level of functionality that we would like and the system also is old and in dire need of replacement. And in an attempt to improve our monitoring of inventory levels we have since developed an in-house system. The IT department, cost and management department and the pharmacy department, actually sat together to design a system to give us real-time information on our stock levels, as well as to track our utilization patterns, our demands for services, our trends, our ordering practices and that system went live on the 1st of May. So we are planning to review over the next three months with the intention of rolling this out into the community setting and the ultimate goal being to get all of our pharmacies linked across the Authorities so that we can have live exchange of data.

Mr. Samuel: Okay. Thank you.

Mr. Chairman: Thank you very much. I want to thank all of you, Permanent Secretary, Chairman, CEO and the entire team from the Ministry of Health and the ERHA for your contribution here today, for answering the questions and for clarifying issues based on the questions that we asked.

I want to also thank the media for attending, and I want to say that the

media are very important because through them the public gets to understand some of the issues that are important to their own understanding of how Government works and how the system works. And I want to thank those members of the public who came here and who listened.

So thank you all very much. My own Committee members are always hard-working and diligent. And I want to thank the members of staff of the Parliament also for supporting us so well. And I also want to thank the Auditor General's office for being present and for supporting this exercise. Thank you all very, very much.

12:07p.m.: *Meeting adjourned.*