


# PARLIAMENT OF THE CAYMAN ISLANDS

# STANDING PUBLIC ACCOUNTS COMMITTEE

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"FOLLOW-UP ON PAST PAC RECOMMENDATIONS
2021 - REPORT 1 (AUGUST 2021) HEALTH CARE"

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*Official transcript relating to the Official Report of the Standing Public Accounts Committee Meeting held on 29 September, 2021*

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**PAC Members Present:**

Hon. Roy M. McTaggart, JP, MP, Chairman

Ms. Barbara E. Conolly, JP, MP, Member

Mr. Dwayne S. Seymour, JP, MP, Member

Hon. Katherine Ebanks-Wilks, MP, Member

Ms. Heather Bodden, OCI, Cert. Hon., JP, MP, Member

Mr. Isaac Rankine, MP, Member

**In attendance:** Mr. Matthew Tibbetts, Accountant General
Ministry of Finance and Economic Development

**Audit Office:** Mrs. Sue Winspear, Auditor General

Ms. Angela Cullen, Deputy Auditor General (Performance Audit)

**Witnesses:** Mrs. Nellie Pouchie, Chief Officer
Ministry of Health and Wellness

Mr. Kenneth Jefferson, Financial Secretary/Chief Officer
Ministry of Finance and Economic Development

**PAC Clerk:** Mrs. Patricia Priestley

# OFFICIAL VERBATIM TRANSCRIPT
# STANDING PUBLIC ACCOUNTS COMMITTEE
# WEDNESDAY
# 29 SEPTEMBER 2021
# 10:17 AM

*Meeting with Witnesses*

## "FOLLOW-UP ON PAST PAC RECOMMENDATIONS 2021 - REPORT 1 (AUGUST 2021) HEALTH CARE"

Verbatim transcript of the Standing Public Accounts Committee Meeting held on Wednesday, 29 September 2021, at 10:17am, in the Chamber of the House of Parliament; George Town, Grand Cayman.

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*[Hon. Roy M. McTaggart, Chairman, presiding officer]*

**The Chairman:** Good morning everyone.

To all members of the Public Accounts Committee, welcome to this Hearing of the Committee. A very warm welcome also to everyone who is listening by radio or television today.

This morning the Committee is reassembled to continue the examination of the report issued by the Office of the Auditor General (OAG) entitled: "**Follow-up on past PAC recommendations 2021**" which was issued in August of 2021. The report that was issued provided a status update on all PAC reports that were Tabled in the House between September 2018 and December 2020. It also provided a reassessment of the government's implementation of past recommendations for the two reports: **"*Ensuring Quality Health Care and a Healthy Population (January 2017)"*** *and* ***"Government Programmes Supporting Those in Need" that*** was issued in May of 2015.

Last week Wednesday, the Committee examined the update on the report of **"Government Programmes Supporting Those in Need"**, and today we are looking at **Health Care**. With those introductory comments, I'll ask the Serjeant if he would allow the witness to come into the Chamber.

*[Pause]*

**The Chairman:** Good morning Chief Officer Pouchie, welcome to the Public Accounts Committee. Before we actually get started, I neglected to invite the Member for Savannah to lead us in a word of prayer, so I am going to ask her to do so at this time.

## PRAYER

**Ms. Heather D. Bodden:** Thank you, Mr. Chairman.

Let us bow our heads.

Our kind heavenly Father, as we humbly bow our heads before you this morning, we thank you for allowing us to see another day. We come to you today asking for your guidance, wisdom, and support as we begin this Meeting of the Public Accounts Committee. As we deliberate, help us to engage in meaningful discussion.

Lord, fill us with your grace as we do the work of the Cayman Islands, continue to remind us that all we do here today, all that we accomplish, is for the pursuit of truth for the greater glory of you and for the service of our country.

We ask all these things in your great name's sake. Amen.

**The Chairman:** Thank you.

I am going to kick off the hearing at this point and lead off with the very first question.

*[Inaudible interjection]*

**The Chairman:** Oh, my goodness.

I neglected an all-important step of inviting the Auditor General to make her opening statement with regard to this report; so Auditor General, I shall turn things over to you at this point in time and invite you to make your presentation.

## AUDITOR GENERAL
## OFFICE OF THE AUDITOR GENERAL

**Mrs. Sue Winspear, Auditor General, Office of the Auditor General:** Thank you very much Mr. Chairman.

Good morning to you, Committee members, colleagues and the listening public. Thank you very much for the opportunity to make some opening remarks and you've covered some of the ground already.

As you mentioned, this follow-up Hearing relates to a report that we published in January 2017, which was about "**Ensuring Quality Health Care and a Healthy Population"**; at the same time, alongside it, I also published a public interest report that described the healthcare system in the Cayman Islands, where it

is a mixture of private and public and quite complex. In that report, we also drew together some important data around underlying conditions, demography, and health related data for the population.

Further to that report, the Public Accounts Committee held several Hearing sessions with many witnesses in February 2017 asking questions and following up on that report.

On 27th March 2017, the Public Accounts Committee Tabled its report in the then Legislative Assembly. The PAC made a further three recommendations in addition to endorsing the nine recommendations made in my report.

In June 2018, the Government Minute with the formal response to the PAC's report, was Tabled in the Legislative Assembly. It's worth saying that Standing Orders require these to be Tabled within three months, so this was already a year late.

In October 2018, we published a follow-up report on past PAC recommendations as we do and, as you referenced, this is a further follow-up report. We assessed at that time that the progress made against the recommendations in the Health Care Report as amber, the main reason being that the government accepted most of the recommendations and we assessed it had some progress because most of the dates for implementation were yet to come; they were mostly due in 2019.

In January 2019, the PAC took evidence from the then Chief Officer of the Ministry. On 10th April 2019, the PAC Tabled its report in the then Legislative Assembly and made two recommendations additional to the three they made before and the nine OAG reports, making 14 recommendations in total. It is important to note that since April 2019, there has never been a response received to the Government Minute, which is contrary to Standing Orders.

This brings us around to this further follow-up report where we obtained an update in January from the Ministry, and I thank the Chief Officer for that. In August we published our follow-up report where we assessed the status as red now, as a number of dates have been missed and there is limited progress.

I have Angela Cullen with me today and we will be happy to help the Committee with any questions, but I just want to say that these recommendations are really important because the intention is improving the health of our Caymanian residents, whether served by the public or the private healthcare system and ensuring greater economy, efficiency and effectiveness out of that health system.

Thank you Mr. Chairman.

**The Chairman:** Thank you Auditor General.

As I mentioned, I am going to kick off the questioning with the witness. When I ask the question, Mrs. Pouchie, just state your name and your position for the record.

Mrs. Pouchie, the Auditor General's introduction has outlined a timeline of key milestones in relation to this report, which dates back to January 2017. She mentioned that almost five years after the original audit, her latest update states that limited progress has been made in implementing any of the recommendations made by her Office and the PAC, which are aimed at improving health care. She mentioned, particularly, that specific assurances were given to the PAC in 2018 and 2019.

Can you tell this Committee what the reasons are for the delays in acting on this report? It really is close to five years now since the report was prepared and issued. I would be grateful for your overall views and the overarching reasons as to why there has been no progress.

## MINISTRY OF HEALTH AND WELLNESS

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Good morning, Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness.

Good morning Mr. Chairman. In response to your query: obviously, we're looking back about five years and that is some length of time. However, to put things in context, I cannot speak to what was recommended/promised at that time, and in terms of the timelines that were given by which stuff would have been implemented prior to my acting role in this capacity at the Ministry, which was at the end of 2019. Prior to that, I cannot speak to specific delays and reasons for delays.

Within three months from my assuming the acting role, we were full-fledged into COVID; so that dominated my last two years in that acting role. Obviously the Ministry was dealing with the emergence of COVID from January of 2020, but it being full onslaught for us in March of 2020 dominated our focus at that time and continue to do so, unfortunately. So, in response to why we haven't implemented some of that, I can say that I have not been able to focus on those specifically prior to this point.

I've been appointed in this role effective September 1st, so it will take me some time to be able to go through and see what we have to do from a Ministry standpoint in that regard. Obviously, it will require resources to do so and we will get more into that aspect of it, but that's just the overall, overarching summary from my point.

**The Chairman:** Mrs. Pouchie, I don't hold you responsible for what transpired prior to you taking over, but to my thinking certainly, it would be people within the Ministry who would be responsible for this. I mean, it would appear to me, from the Auditor General's report that nothing really had been acted on. It's the Chief

Officer's role to drive the implementation of responses, but inevitably, there are others who are—for want of better words—doing the legwork in responding to these recommendations and implementing them, if they have been accepted.

Is it the case that the Ministry just has not picked this up and dealt with anything?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** To put our condition at the Ministry further into context, when I assumed the Acting Chief Officer role I had no deputy, I had no Chief Financial Officer; so at that time I was covering some of the key posts for quite an extended period of time. We obviously put in place a Chief Financial Officer within a few months after and that person has been on board and helping since then.

My deputy commenced in June of this year, the other deputy position never moved forward; we are just recruiting now, in terms of staffing up. In terms of our policy persons, we have two persons in policy in the Ministry of Health—a senior policy advisor and a policy advisor. It is against that backdrop that I look at what time frames were promised, in terms of implementation, given the very limited resources from then.

To continue, Mr. Chairman, it's not that the Ministry does not see these as important; they were accepted, deemed to be relevant and wanting to be implemented. Those were the assurances that were given, so I don't think that that is the issue. However, the resources behind doing the implementation within the time frames that were given to this body, I don't know if those were feasible before and certainly not within the time that I have been here, given that we have been dealing with COVID, sir.

**The Chairman:** Well, thank you very much for that explanation, Mrs. Pouchie.

What sort of commitments can you give to this Committee that this report will be looked at and actioned by the Ministry?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Since appointments, and since maybe two or three months now, getting a deputy, trying to get the Ministry reorganised, in terms of the human capital resources that we require to be able to fulfil our duties sufficiently and to the standard that we expect as well, we have gone through our restructuring and have looked at additional posts that we need to implement to be able to carry out these duties.

Obviously, as I said, with limited resources and being in a pandemic the focus has been on the pandemic. So, whereas many entities may have gone back to a bit more normalcy, in terms of being able to look at all other strategic goals and what they would like to accomplish and carry out, and moving ahead with some of those, the Ministry has not had that luxury just yet, because we are still in the pandemic. There is so much that happens behind the scenes to be able to continue to provide all the necessary changes that happen in that. That is just one aspect.

I am not saying that to say, *well, we can't do anything because of COVID*, it's just that that's our reality at this point, in terms of the resources that we have. We have looked at how then do we strengthen our policy group to make sure that we have persons who can look at and drive these other aspects of it? We have a new Deputy Chief Officer and we have put out for an additional one; that recruitment process is just under way. We are hoping that we will get someone fairly shortly that will help us to strengthen it.

The Deputy Chief Officer we have now is specific to Health and Admin so that will help us focus on that, but as I said, we are in a pandemic, so it does not afford us the opportunity to just go business as usual. It is just not there yet.

We are strengthening our senior policy group at the top, in terms of Chief Medical Officer (CMO) and Medical Officer of Health; adding a few persons from the public health arena at that top level to help drive the national policy on Health; that is something that has been lacking a bit for quite some time, even in terms of data analysis, statistics and so forth. So we are strengthening that top level so that we are able to provide resources there and to be able to deliver at that point. We have also looked at adding Senior Policy Advisors and a Policy Advisor; persons to do specific project management. We see these as mini projects, things that we need to carry out and that you need to be able to focus on.

Our Ministry did not even have a Communications Officer so we have our policy people into that because COVID is ongoing. You have daily communication demands, so it's looking at those gaps and trying to fill them, and we have done that, in terms of getting the job descriptions, getting the necessary approvals and going through the recruitments so we are able to now staff that. Those have been budgeted for as well in the upcoming budget process.

**The Chairman:** Thank you.

Listening to you, it seems to me that you have a real issue, severe constraints, with lack of personnel within the Ministry. Is that a fair assessment?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Absolutely sir.

**The Chairman:** Are you getting support from the leadership with regard to trying to fill the posts that you have vacant and that you might be looking to fill?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Yes, sir; so far we have gotten

approvals to add these additional posts to our Ministry as well as budget approval, in terms of the upcoming budget, to be able to carry these posts forth. So currently we have both the resources to be able to fill them and the approval to do so. Yes, sir.

**The Chairman:** The other question I wanted to ask you: in the Auditor General's background or introduction to it, she mentioned that the PAC Tabled its report in the Legislative Assembly on 10th April 2019, but to date there has not been a Government Minute in response to that. Can you tell me why, more than a year later—almost a year and a half—there still is no response?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Okay sir, I am not exactly sure who is responsible for Tabling the Government Minute. I do not know that it is me; I stand to be corrected in that regard but… I am not aware of that.

**The Chairman:** I think the responsibility certainly lies within the Civil Service and I believe, or my view is, ultimately with the Chief Officer in the Ministry to which it relates to; that person is best placed to deal with it and respond to the PAC's recommendations. My recollection then is that, once it is done and agreed, the report itself goes to Cabinet for approval and submission here.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Okay.

**The Chairman:** However, there is a relatively short timeframe—it is three months, which I know can sometimes pose a challenge, but it just strikes me that 18 months is a bit much.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Yes, sir.

I would not even have been privy to a lot of this really until late last year/early this year. In terms of the Government Minute, I know that the Chief Officer was consulted and given the updates, but ultimately it was not Tabled by me.

**The Chairman:** Can we get a commitment from you to make sure that the Government Minute is completed and sent down to this House? Otherwise our work is incomplete.

We are the supreme body in this country, and it is important that the processes that are in place to ensure good governance are upheld and that we ensure they are followed. So from the Committee, I plead that you give us a commitment to look into this, and get the report prepared and sent here.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Absolutely, sir.

I will also endeavour to seek what else remains outstanding for our Ministry, so that I am aware of what has not been done.

Thank you.

**The Chairman:** Financial Secretary.

**Mr. Kenneth Jefferson, Financial Secretary/Chief Officer, Ministry of Finance and Economic Development:** Good morning Mr. Chairman, and Committee members. I want to elaborate on, and support, what you just said.

The procedure for the Government Minute being Tabled in the Parliament is relatively straightforward. As we all know, the Auditor General's report has detailed at least a half dozen Government Minutes that have not been Tabled in the Parliament, ranging from the Segregated Insurance Fund, a report on
CIMA's Financial Statements, the effectiveness of Summary Courts, et cetera.

The Ministry, Portfolio or Office that has the responsibility for that particular subject area would be primarily responsible for drafting a Cabinet Paper.

The procedure to get a Government Minute Tabled is: As a result of discussion with their Minister (their Official Member), the Cabinet Paper would essentially say, '*Here is a report from the Auditor General; it contains recommendations which are substantiated' by a report from the Public Accounts Committee.* The Chief Officer normally would say to the Minister, *'I think that we can agree to this or not, and within this timeframe I need to do a Cabinet Paper either rejecting or accepting the recommendations'* and so forth.

The Cabinet Paper is then drafted and taken by the respective Minister (Official Member) to Cabinet, to say *'This is the Government's proposed response to the Public Accounts Committee report'.* Assuming that it is approved in Cabinet, the next step is for it to be Tabled in Parliament, usually by the Minister responsible for that subject area, but it could be by the Premier, for example—it doesn't have to be specifically by that Minister.

That is the procedure; it's a Cabinet Paper accepting or rejecting the recommendations in the PAC report. Once that occurs then it should be brought by the Minister or the Premier as the Government's official response to the Public Accounts Committee's recommendation.

**The Chairman:** Thank you, Mr. Financial Secretary.

I now invite other members to pose questions, but before I do, there is an urgent matter that I forgot to mention when we started: I want to acknowledge the

presence of Mr. Seymour, the Member for Bodden Town East.

He was the Minister for Health during the period when this report was prepared and so has a very direct conflict in the hearing of this report, so he will not be questioning the witness here today. He is going to sit through the hearing, but will not participate. I just want everyone watching and listening to know and understand that such is the case.

I'm going to move on now to address an issue/question an area regarding the strategic plan for health care. I invite the Member for West Bay Central to lead off with the questioning.

**Hon. Katherine A. Ebanks-Wilks:** Thank you, Mr. Chair. Good morning.

I will start by referring to recommendation number 1. The OAG reported that the Ministry of Health had issued its first National Health Policy for the Cayman Islands for 2012-2017 but found that the Government failed to take reasonable action to implement the strategy.

Mrs. Pouchie, I know that you just set out explanations in relation to another area—I think it was the report—but to go on further, the recommendation stated that the government should update the policy, including developing the operational plan necessary for its implementation, and the monitoring and evaluation plan required to track progress and results.

I actually had a look at the policy and two strategic directions that jumped out at me were:

> "7. ***Develop a robust health information system with multi agency linkages to improve the quality and coverage of health relevant information to be used for decision making***; and
> 8. ***Promote increased research for the production dissemination and utilisation of health relevant information, knowledge and scientific evidence***—again—***for decision making."***

My first question to you Mrs. Pouchie is, can you could elaborate? I am guessing that many of the explanations you provided to the Chairman will be very similar, but is there anything else that you could enlighten us on, as to why there may have been a delay with implementing the strategic part of the plan for health care?

I mean, if there is nothing additional you do not have to go back through that lengthy explanation; I will just go on to the next question.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Yeah, thank you. Mr. Chairman, through you, as I said before, unfortunately it's a little bit difficult for me to say why it was not implemented at that point, or even up to 2018 when it was said that it would be. I am not able to add anything further as to the reason why that has not happened. As I said, I have spoken mainly from what has transpired since my acting time in 2020 and what that focus has been for me in this role, but I cannot speak to what prevented it at that point.

**Hon. Katherine A. Ebanks-Wilks:** Thank you.

I guess going back to the directions that I just read out—seven and eight—leads to my next question. Looking at the chronology, I don't think anybody would have ever imagined that we would be facing a global pandemic right now; so, failure to have those directions solidified into a policy where we have a strategy to help with decision making, do you see that as a risk for us, as a country, to not really have a strategy for health care right now?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, the various councils' legislative framework that is in place ensures that the quality of health care is held to that high standard. Where the policy not being implemented, really impedes strategic progress, in that regard and what you might envision the healthcare system to be for the country.

In terms of risk to what is being provided now, I think those measures are in place, in terms of looking at practitioners and so forth. However, in terms of the direction of where you may want to improve health care and see it going in the future will be where that plan becoming operational would be more helpful. In that respect.

**Hon. Katherine A. Ebanks-Wilks:** Last question.

To elaborate, I guess where I was going with the question is really more dealing with the data that we need as leaders to make the right decision now in terms of keeping our people and our country safe.

To my knowledge, I know we have the councils and the Chief Medical Officer (CMO), but I am referring to the information that would be collated for decision making subject to a plan being in place. Do you see failure to have that mechanism in place as a risk, in terms of the decision making that is currently in place?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, so in terms of risk, I think it just means that we have to do that much more in the absence of the plan and having to draw on a lot more resources at that point to make sure that we have all the necessary data that we need to be able to make the relevant decisions; whereas I think a plan would have that—how that happens—in a more streamlined manner.

In terms of the guidance that we receive for national level decision making, the CMO, for example, would provide a lot. We have relationships with Public Health England and other entities like the Caribbean

Public Health Agency (CARPHA) and Pan American Health Organisation (PAHO), so there are those resources to draw on.

I think what has been lacking for some time, from a Cayman perspective, is to have a database of national data; and we are limited too, in terms of whether we have outbreaks and so forth, to actually have the data, but even in spite of that, just making sure that we know what our numbers are and what they mean from our perspective. That is where some of the thinking currently is, in terms of adding at the more senior policy level. For example, in terms of epidemiology—to have national epidemiologists that would help in that regard.

**Hon. Katherine A. Ebanks-Wilks:** Thank you, Mrs. Pouchie.

I am glad that this came out and the listening public can now have a better understanding because as you said, failure to have a streamlined process and the lack of the national health care data does make decision making a bit more challenging.

Thank you very much.

**Mr. Isaac D. Rankine:** Thank you Mr. Chairman.

Through you to Mrs. Pouchie, what are the Ministry's plans to develop a healthcare strategy and the operational plan to support its implementation?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** The current plan is nearing the end of the time that it was really designed for, so it's being able to go back and look at it now in the context of whether it is still relevant to what we have—I think 2017 was our date for the national policy that we currently have—and being able to now look forward to say, '*Okay, we are ending that time; now we need to get in gear as to renewing and updating the plan.'* That has to happen. That is ongoing work that still needs to update.

**Mr. Isaac D. Rankine:** Thank you.

**Ms. Barbara E. Conolly:** Thank you Mr. Chairman. Through you to the Chief Officer, can the Chief Officer gives us an undertaking or some timeline as to when the updating of this plan will occur?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, once we have in place the resources that we are currently recruiting for, then it is bringing together the relevant stakeholders to review that plan and update it as necessary. I'm looking to say that within the next six months we should be able to get back into that frame of having the relevant groups and being able to look at the plan and see how we go forward,

Bearing in mind that some of our regional or international stakeholders are still in pandemic mood as well, so it is difficult to look at other aspects of health care, because of the sheer magnitude of what you are dealing with, you have to re-prioritise. Not saying that we are not looking at it completely and just all COVID; unfortunately, we cannot just do that, but the pandemic does dictate how much focus or priority you can give to it at the current time.

**Ms. Barbara E. Conolly:** Through you, Mr. Chairman to the Chief Officer, you mentioned that the Ministry will shortly be recruiting another Deputy Chief Officer and some strategic officers, et cetera. Do you have the budget in place to recruit them now or do you have to wait until January, based on the 2022-23 budget?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, yes, we do have the resources in place to be able to do that. We recently sent out our advert for the additional Deputy Chief Officer.

**The Chairman:** Let's take that a little bit further, what is your staff complement in the Ministry?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Currently we have 12 persons for the core Ministry.

**The Chairman:** Okay. That has not changed in a number of years; I can speak to that.

How many positions are you actually trying to recruit and fill at this time? It looked at me like about three or four.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Yes. We currently have five on stream. The other national ones that I spoke of are in progress; they are not recruitment ready yet—we are just getting some of the job descriptions and so forth, —but we are looking at 10 persons, at least, to be able to bring the Ministry up to where it needs to be, sir.

**The Chairman:** Okay, thank you.

Are there any other questions on this area? If there are none, we will move on to question the witness on performance management and reporting. The Member for East End is going to lead off questioning on that.

**Mr. Isaac D. Rankine:** Thank you Mr. Chairman. Through you to Mrs. Pouchie, from the Auditor General's Report of 2017, they made some recommendations and recommendation number 7 of that report said that "**the Government should put in place a performance management and reporting framework for the Cayman Islands health system to**

**inform decision making and provide accountability to the Parliament and the public."** This is in support of what my colleague for West Bay Central made a note of earlier.

The Public Accounts Committee of March 2018, further said that the Medical Officer of Health should collect relevant health data from the private sector, as well as the HSA in future and should publicly report on both sets of data on a regular basis to, again, help inform public policy and decision-making. In January of this year, the Ministry said that the Chief Medical Officer intended to develop and roll out a National Health Care Standards Programme and provide annual reports on the health care system to be Tabled in Parliament.

What is very concerning, is that the CMO has now tendered his resignation. Based on that, can you give us an update on when the collection of national data from HSA and private sector will commence?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, in terms of your last point regarding the clinical standards data, I knew that it had commenced. There was an initial meeting just before we went into the whole COVID situation; the CMO actually had a group of stakeholders already in talks on how we were going to roll out national clinical standards. We have not yet moved that forward, but it is necessary. We see it as a priority area so that there are guidelines around that; so that we have better understanding of what is happening in practice, in the healthcare industry as well. That will go forward, and it is something that we would still put forward with a new CMO.

In terms of other performance reporting: we do get necessary information when we ask for it. The Medical Officer of Health would be more in tune in that regard, in terms of getting data from other providers and so forth—that is the position that would deal with that.

In terms of what we do when making other decisions and other policies, from what I have seen, it is merely drawing on your other partners. Even if Cayman has very limited data, having your other partners to be able to supplement and give you some more guidance, in terms of*, 'well, this is the data that you have or these are the KPIs that we would be expecting*.' Like I said, Cayman is blessed and cursed almost, in terms of not having all of the bad data out there. Our numbers are low in other aspects, but it also inhibits how much data we have from a local population, so you are relying more on data from elsewhere.

**Mr. Isaac D. Rankine:** Thank you, Mrs. Pouchie.

Through you again, Mr. Chair, we know, as has been said a couple of times now, that data gives us information we need to make decisions in the Parliament and provide accountability to the public. Therefore, can you update on the plans to develop a National Health Care Standards Programme and the Annual Report from the Chief Medical Officer, whoever that person may be?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Okay. Mr. Chairman through you, in terms of his response to his resignation, I think you may have heard as well that the CMO is still working on that report on what he will put forth he has seen during his time here—what needs to drive the standards that he is seeing. That will be forthcoming but yes, it is absolutely critical that we have that kind of information to be able to meet the relevant decision-making that needs to happen.

**Mr. Isaac D. Rankine:** So can we get an undertaking from you that we will get that report before the CMO leaves this jurisdiction?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Yes, sir. Absolutely. We will expect that that would be forthcoming.

**Mr. Isaac D. Rankine:** I thank you, Mrs. Pouchie.

**The Chairman:** If there are no further questions on this topic, we will move on to the next one—health statistics.

Member for George Town South.

**Ms. Barbara E. Conolly:** Thank you, Mr. Chair.

Through you Mr. Chair to the Chief Officer, the Office of the Auditor General reported in 2017 that "**the Cayman Islands appeared to perform well in many categories of health outcomes, but limitations of available information may obscure some important differences. Health statistics used reflect averages for all Cayman residents and do not take account of the high population of non-Caymanian expatriate residents that only live in the Cayman Islands during the healthiest years of their life."** Using averages risk distorting the apparent performance of the health system and may obscure differences in outcomes.

As members of this Committee have indicated, this is important for the government to know when planning and establishing policies for health care needs in the longer term. The OAG's recommendation 9 states that "**the government should ensure that health statistics used for purposes of planning, management and accountability distinguish between Caymanian and non-Caymanian populations".** We note that the government did not accept this recommendation so my first question to you is: Why did the government not accept it?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, unfortunately, it's difficult for me to say why that wasn't accepted at that point. I really can't elaborate too much in terms of the decision that was made, given that I was not privy to that part of it. However, in terms of knowing what our population numbers are, Caymanian or non-Caymanian, I'm not sure that that would be anything that would be adverse. I think that would be helpful in terms of policy making; however, as I said, I don't know all the intricacies of why that was not accepted at that point, so I can't really speak in that regard.

**Ms. Barbara E. Conolly:** Thank you Chief Officer.

Through you, Mr. Chair to the Chief Officer, can you state the advantages and disadvantages to analysing and monitoring information on health outcomes for Caymanians and non-Caymanians?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, in monitoring outcomes, it helps to make better decisions, drive policies to know where we are lacking or what we need to strengthen or, if we are already measuring certain outcomes and those are favourable—where we want to see them—then it would be now diverting resources onto to something else. If we know what those are, then surely that has to help to drive better decision-making.

I can see that in the absence of that it's more theoretical, but you would want to know that you are being very realistic for your population needs so that your people are getting the help that they need.

**Ms. Barbara E. Conolly:** Thank you, Chief Officer.

My question to you is: Do you think that this current Government would accept this recommendation to include non-Caymanians as well?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, through you.

I certainly cannot speak on behalf of the Government but it is certainly something that I can take forward and have some discussion, primarily with our Minister and, beyond that, her with her colleagues.

**Ms. Barbara E. Conolly:** Through Mr. Chairman to the Chief Officer, thank you for that.

I think it would be good information to collate for future reports, to determine Caymanians versus non-Caymanians, in terms of the health issues that they experience. I think that would be a good thing to take that forward through your Minister.

Thank you.

**The Chairman:** Chief Officer, I do have one question in this area of data.

I remember—it's quite a few years now—there was a draft of a Bill for a National Cancer Registry that would have made it a requirement for doctors and those in healthcare to report the incidence of cancer in the country. I do know that we have a cancer registry at the moment but it is purely voluntary. It's really difficult to make any informed decisions about the prevalence of cancer if it is purely voluntary because you don't know what you're missing.

Are there any plans by the Ministry to try and push to bring that legislation back to the forefront?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, I haven't had any discussions with my current Minister in that regard, but it's definitely something that I can put forth, to have the discussions to see if the Government has any views on moving that forward again.

**The Chairman:** Thank you very much for that commitment. I mean, I think the whole thing just really goes to the heart of this collection of really reliable healthcare statistics for the country. Are there any other questions on this area?

If not, we will move on and ask questions now on the CayHealth Programme. I believe the Member for George Town South is going to lead off the questioning here.

**Ms. Barbara E. Conolly:** Thank you Mr. Chairman.

Through you to the Chief Officer, in 2017, the OAG reported that the CayHealth Programme was a good example of chronic disease management; it was focused on the medically indigent population—at that time over 1200 patients—and the OAG recommended (in recommendation number 8) that the government should evaluate the design and performance of the CayHealth Programme and, as appropriate, extend it to cover a wider population.

The original response stated that an evaluation would be completed by the end of March 2017. In June 2018, an update stated that the CayHealth Programme would be extended to members of the Cayman Islands Civil Service Association and HSA staff. However, in January 2021, the Ministry stated that the plan to roll out to civil servants had not been implemented.

First of all, can you explain to this Committee, and the listening audience, what the CayHealth programme is about? I'm not really sure, so if you could tell us who and what does that cover, what the benefits of that are, I think we can start from there.

Thank you.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, through you, my understanding of the CayHealth Programme was to be able to pair your primary doctors with, for example a patient, and that would be tracking that patient's

primary health issues, et cetera; being able to provide that support and having that initial interaction with your patients, being able to know their situation and helping not to get to chronic illnesses and so forth. It was giving that better health outcome in an ongoing basis before you get to the real serious issues, and ensuring that persons were getting the necessary care to prevent that—that is my understanding of what the programme aimed to do.

In terms of how it is at this point and why it was not rolled out to civil servants, et cetera, I am sorry I cannot speak to that; I would have to take that away and try to understand that a bit better.

I know that the HSA had talks about re-energising the programme, almost like *'CayHealth 2.0'*, having other suggestions on how that might be rolled out and be more feasible, but I do not have those details—I have not seen that completed proposal as yet.

**Ms. Barbara E. Conolly:** Thank you Chief Officer.

Through you Mr. Chairman, can I have an undertaking from you that this will be discussed, in terms of the extension and plans to further the CayHealth Programme and to extend that onto the civil servants and HSA?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you: Yes, I will take it further.

**Ms. Barbara E. Conolly:** Thank you, Mr. Chairman, through you to the Chief Officer: Does the HSA currently have a mechanism for tracking these diseases for all residents or is it just for the indigent; and is it up to date?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, HSA would obviously have the statistics for those patients that their doctors tend to. They would have information on that. They would.

**Hon. Katherine A. Ebanks-Wilks:** Through you Mr. Chair, just one follow up question in relation to the CayHealth programme.

I noticed that when it was rolled out for the pilot programme back in 2010, the reports showed that there were positive outcomes, especially with patients who had diabetes or high blood pressure, those conditions tend to get under control a bit more.

I know this was before your time but I am just wondering—I know the Member for George Town South just asked a few questions about it but—if you have any indication at all why it was not continued? Was it a cost factor? Do you know anything at all?

I am just trying to understand why the government would not have continued the programme when we were seeing positive results, especially with our most vulnerable, which at that time was only 1200 but I am quite sure that the numbers have significantly increased.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, I think that the programme still continues but in a very limited capacity in that, for example, the HSA still tracks those patients that they have been monitoring and that they have paired with those primary providers on their end.

Why it did not progress and develop into a bigger scale is the information that I don't know, but I know, from discussions that I have had previously, that it was anticipated that tracking those patients would help deter those serious illnesses, if you're having that ongoing care.

I would need to investigate further with them and have further discussions as to why it did not roll out or expand beyond what was initially anticipated.

**The Chairman:** Are there any other questions?

*[Pause]*

**The Chairman:** Let us turn now to the next segment. That is the legislative framework and for that I will invite the Member for West Bay Central to lead off the questioning.

**Hon. Katherine A. Ebanks-Wilks:** Thank you Mr. Chair, through you, in relation to recommendation number 2—**the government should proceed with a law review for the systematic updating of the health system legislative framework.**

Mrs. Pouchie, can you advise us in relation to the Pharmacy Act? I know that this is as old as I am, 1979 is the last time that was looked at, and then the nursing profession did not seem to have any type of regulation by way of primary legislation or regulations. Are there any plans to proceed with a law review for the systematic updating of that framework?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, through you, my understanding is that there was a draft Pharmacy Bill available, I think, for a couple of years now; however, I understand there were some issues in the draft and it had not progressed beyond that.

Beyond that point, we put that same draft Bill before the current Pharmacy Council, mindful that it is made up of different members at this point, to review what was previously drafted so that we are not exactly starting from scratch; they can then give their feedback on some of the recommendations and provisions in that draft legislation, so that it can move forward. It is

currently with the Pharmacy Council for review and feedback to the Minister.

**Hon. Katherine A. Ebanks-Wilks:** So that is ongoing then?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Yes.

**Hon. Katherine A. Ebanks-Wilks:** Perfect, thank you.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** In terms of the other part of your question—legislative review—we have had initial discussions with the various councils, as well as the Health Regulatory Department looking for recommendations and feedback, in terms of where they see gaps in current legislation that may need to be strengthened. We have asked for feedback and have ongoing discussions in that regard.

The Health Practice Law is one of those areas that we are looking to do a review on. We have not commenced the stakeholder group on it as yet, but there is a tentative October date to bring together the relevant stakeholders so, review of the Public Health Law is ongoing as well.

**Hon. Katherine A. Ebanks-Wilks:** Thank you very much.

**Ms. Barbara E. Conolly, Elected Member for George Town South:** Through you Mr. Chairman, can the Chief Officer give some kind of timeline as to when these Laws or Bills will be brought to Parliament? I know what you indicated—the Health Practice Act, the Pharmacy Act and the Public Health Act—really need updating, so we need these to be brought to Parliament as a matter of urgency.

I don't think we can delay them much longer. As a matter of fact, when I was a Councillor in the Ministry of Education one of my constituents approached me about an issue with the Public Health Act—regulating beauty salons, et cetera. I would venture and hazard to say that it has been about 15 years or so that she has been trying to get some regulation with the beauty salons. It has not occurred because I think we are waiting on the Public Health Act to be updated.

Please, I beg you to endeavour to have this brought to Parliament as a matter of urgency.

Thank you.

**The Chairman:** I want to reinforce the plea, Mrs. Pouchie. I think particularly on something like the Pharmacy Act that is well-nigh on 40 years since it was implemented in 1979 and has not been updated.

I know that one existed and as you said, that is with the council looking for further review from them. The urgency is very real; I guess I am just putting in my own plea and encouragement to see if we can get some of these things to Parliament for consideration.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Yes, sir, thank you Mr. Chairman; I will certainly take that forward.

Like I said, we will be going through the feedback that we requested from the Council, and the current legislative draft review of the Public Health Act, with our Minister. The Government can decide at that point what they accept and bring forth to Parliament, sir.

**The Chairman:** Member for East End.

**Mr. Isaac D. Rankine:** Thank you Mr. Chairman.

I, too, would like to stress the urgency of getting that review done, but I also want to ensure that all relevant legislation that pertains to health care and the Health Care Act are reviewed as well. It must be an all-encompassing review, to ensure that we touch all the areas that need updating.

**The Chairman:** If there are no other questions, let's turn our attention now to health insurance. I call on the member for Savannah to lead off that questioning.

**Ms. Heather D. Bodden:** Thank you Mr. Chairman.

As a result of its first Hearing on this report, the Public Accounts Committee recommended that the Ministry of Health should, in consultation with the Health Insurance Commission, review relevant legislation to enable private sector coverage into retirement.

In June 2018, the Ministry stated that it had engaged a consultant to conduct a feasibility study and determine the premium for standard health insurance contracts for persons aged 65 and over. In January 2021, the Ministry stated that the study was completed and a draft report had been prepared in mid-2019.

Could the Chief Officer now say if there is an update on the outcome of the consultant's feasibility—where is that to date?

As we know, health insurance is an extremely major concern for everyone right now, so I would appreciate if you could give us an update.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, my understanding is that the prior consultation done in that regard did not produce feasible results in terms of an affordable premium for the vulnerable group that was in question at the time—retired persons over 60. My understanding is that it was not a feasible, affordable premium at that point and it had not progressed.

That is one of the issues that I have had discussions on with the Department of Health

Regulatory and the Health Insurance Commission; how we can look back at that study and what recommendations we might have to be able to drive it forward. Being mindful that one of the priority areas expressed by the current Government is the affordability of national health insurance, that is a priority area that is being progressed.

**Ms. Heather D. Bodden:** Thank you, Chief Officer.

My other question is on plans to change the requirements for private healthcare insurance to extend coverage beyond retirement age. Can you give us an update on that?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** That would be discussed, Mr. Chairman, in conjunction with that report, to see what the Government would be able to put in place to ensure that that population group has coverage because it's not always that persons are unable to afford, sometimes there is no access. We are trying to understand where that is; if it is possible that access can be provided, that it is done. That is part of the review.

**Ms. Heather D. Bodden:** I thank you very much. This is a major concern in our Cayman Islands and I look forward to seeing some updates.

Thank you.

**Mr. Isaac D. Rankine:** Through you Mr. Chair, I want to reiterate my colleague for Savannah's point.

We all have had representation from our constituents on the matter of health insurance coverage for people once they reach retirement age, this is critical. We must find a solution to afford our people who have gone into retirement the health coverage that they need, and if we cannot find something well, then, we as a Government must then direct that a solution be found.

**The Chairman:** We now turn to inspection and registration and again, the Member for Savannah will kick off the questioning there.

**Ms. Heather D. Bodden:** Thank you Mr. Chairman.

The Auditor General's 2017 report found that some practitioners and facilities were not registered and that some facilities had not been inspected as required by the law, which exposed patients to risks. The Auditor General's report recommended that "[…] **the government should review policies and practices for the registration of practitioners and inspection of health care facilities** and that it **should take steps to ensure that all qualified practitioners are appropriately registered and regulated and that all facilities at which healthcare services are provided by qualified practitioners are appropriately inspected and certified.** The original management response stated that the review of policies and practices would be completed by the end of July 2017.

In June 2018, the Minister provided a further update but it was not clear if it had taken any action and no updated timescale was provided for implementation.

Can the Chief Officers say if there is an upgrade on registration of healthcare practitioners and inspection of health care facilities to date?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you: this is part of the ongoing Health Practice Law Review.

The recommendation in respect of strengthening to make sure that there are no loopholes is being undertaken by the Department of Health Regulatory.

I also know that the Department is strengthening their review and verification of persons who expressed an interest to perform in that sector; and to be able to do the relevant checks, so they are looking to streamline that but it has been identified in terms of the ongoing Health Practice Law Review.

**Ms. Heather D. Bodden:** I thank you Chief Officer.

Could you also give us the reasons for the delays in updating the policies and practices?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, that is ongoing. I'm not exactly sure what the delays were previously, but it is something that we have highlighted as a priority.

**The Chairman:** Chief, how do we get a situation in this country where you have persons and facilities not registered? I mean, the legislation certainly exists but, according to this report, those are some of the findings. I am trying to process that.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, in terms of not being registered, it may be more a matter of enforcement. Everybody who sets up a business and wants to act in a health profession and offer those services has to be registered.

In terms of which persons are not [registered] and are still allowed to operate, it would need a bit more investigation to understand what those are. I think the person best placed so that we could ascertain that would definitely be the Director of the Department of Health Regulatory, but in terms of persons who are registered and performing services, those inspections do occur and if someone is illegal, then there is an arm, within their remit, able to deal with that.

**The Chairman:** Thank you, but my real concern is around healthcare professionals who are not registered. The ongoing inspection is part of it but… how is it that they get to operate in this country and they are not licenced?

You mentioned it being on regulatory enforcement but… we do have a regulatory enforcement arm with the licensing requirements—everything that goes with it. I mean, healthcare is probably one of the most regulated professions in Cayman and yet we see that there are lapses here and that people are able to, let's just say, operate under the radar.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, if that is occurring—if that is the case—persons are to report it to the Department of Regulatory Services so that we can ensure that that is not happening.

I would want to look into it further and probably discuss a bit more with the Auditor General's Office, in terms of the observation and recommendation just to understand more clearly: Were there instances of persons operating who were not registered or maybe it had to do with different standards of registration? I'm not sure, so perhaps some clarity would help me there.

**The Chairman:** Auditor General.

**Mrs. Sue Winspear, Auditor General, Office of the Auditor General:** Mr. Chairman, through you to the Chief Officer, if she has our 2017 report in front of her, paragraph 54 gives specific examples about the Counselling Centre and Haven Residential Centre. I seem to recall it has to do with where there were health practitioners operating in non-health facilities. I think there was an issue with the interplay between social care and health care.

Thank you.

**The Chairman:** You're referring to the original report?

*[Inaudible]*

**The Chairman:** Okay.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Thank you for the clarity.

As to not being registered, I don't know if there is confusion regarding the waiving of fees for persons who may be employed within those certain services.

Going back to the report, it speaks to "[…] **registration fees may be waived for practitioners who are government employees and the councils do not include practitioners on their registers unless fees are collected".** If you are saying that they are not in that list of persons, they would have to be qualified to even be deemed to be working in those professions in the first place. If they are not on your registered list, we can understand if they are somewhere else, in terms of them not having paid those fees, but they certainly would not be able to provide those services if they were not qualified to do that in the first place.

I don't know if there is some confusion in terms of the registration aspect of payment of fees because I know that if you're working in another government department, for example, or for a government entity, the fees are waived for those persons—probably from the standpoint of Government paying itself. However, the persons who carry out those duties would have to meet the same requisite qualifications and experience as anyone else who would be a practitioner in the respective area.

**Hon. Katherine A. Ebanks-Wilks:** Thank you, Mr. Chair.

I would also like to touch on recommendation number 5 and, as everybody else has said, the need for the update of the Health Practice Act and Regulations and its policies and procedures to be prioritised.

Looking at the Auditor General's 2017 report, in paragraph 56, one of the things that they highlighted is actually registered facilities. You look at places like the Pines, where they have registered practitioners providing health services, but they are not being inspected or certified even though it meets the definition of a health care facility under the Law.

The importance of highlighting this, is that our failure to address it then means that there may be a risk of the facility failing to provide the appropriate healthcare environment. When we go back to looking at protecting the elderly, protecting the most vulnerable, we want to make sure that we have these Acts, Regulations and policies in place, to ensure that places like the Golden Age Home, like the Pines, are being inspected on a regular basis.

*[Pause]*

**The Chairman:** The next area for us to examine is resources. I know it came up earlier and we explored that quite extensively, but I will recognise the Member for East End who will lead some further discussion and questions in this area.

**Mr. Isaac D. Rankine:** Thank you Mr. Chairman. Through you to the Chief Officer, Mrs. Pouchie, I know that we discussed resources earlier; you also alluded that there were deficiencies in certain areas, and pretty much, at the management level.

Can you give us an update on any further staff requirements that you need to be effective in delivering these reports and do what is expected by everybody else from your Ministry? Can you give us a further

update on what additional staff you need that would form part of the 2022 and 2023 budget cycle?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, to that question sir, we have identified that we would need additional policy advisors. As I said, we strengthened up by one Deputy Chief Officer and we are adding another. That will help give us capacity.

We are looking at a communications person, a business manager for our risk area—Freedom of Information (FOI) rights, et cetera; we added a more senior HR manager to help us with some of the strategic issues. We have not had that in the past and it helps us to address succession planning and capacity.

We are looking at our resources—the ageing population of our unit and Departments and so forth—to ensure that we have continuity, and just to have that capacity. Otherwise, it's obviously very difficult to be forward-thinking—ahead of it. You want to be more proactive and, looking at that, have the necessary persons who are able and have the time to do the research and so forth. We are looking at our procedures in that regard.

Implementing more timelines for review of our legislation, to have actual timelines for review periods, not just when somebody highlights a deficiency. We have implemented more of an action tracker approach as well, stating why key areas may not have progressed; so that it is almost a statutory document for us, from our Ministry standpoint so that as we have changes in personnel or government, we know what those items are.

That ongoing list stays with the Ministry and not with a person so when that person leaves, whoever comes in will know:

- These are the things that we were working on;
- These are the things that did not proceed; and
- Here is why they did not proceed, et cetera.

Just having more resources in that regard. Using technology too; not saying that we have to have persons for everything, but being a bit more innovative so that we are more on top of what we need to do from a Ministry perspective.

As I said, we have identified that continuity is a huge gap so, trying to put mitigating measures in place so that we can go forth much better.

**Mr. Isaac D. Rankine:** Thank you Mrs. Pouchie, you touched on two things that I was going to ask you about: succession planning and the use of technology.

If we fast forward to September 2022, when we asked, "*Can you give us an update on recruitment?"*—can we get your assurance that you will do your best to fill the positions you need to work effectively in delivering on the recommendations in the Auditor General's report?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, absolutely, sir. Recruitment is such a priority now, we just have to. We are stretched, so that is not even an option for us at this point, it's a need.

**Mr. Isaac D. Rankine:** Thank you. So just clarifying: We will be able to tick the box next to number 4 next year.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, anything that is in my control, that I am able to deliver, absolutely sir; that is the undertaking.

**The Chairman:** I think it would be remiss of me, Mrs. Pouchie, if I didn't touch a little bit on the CMO position, knowing that the incumbent has tendered his resignation. What are you thinking at this point?

I recognise it is still early days, but what do you think with regard to recruitment, the time it will take; will we end up having an acting position, et cetera? Just tell us what your thinking is at this time.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, thank you.

Obviously that is a priority for us, especially given that we are in a pandemic. We have seen how beneficial it is to have that CMO on site within the Cayman Islands, so that is a very critical post for us.

It is not something… I will just be a little bit informal here, I said to Dr. Lee, *"Are you absolutely sure? Is that your final answer?"* And he has to leave, so I want to thank our current CMO for all of his efforts to help us with the pandemic. Obviously, we still have to go forth and make sure that there is no gap in that level of policy, advice, et cetera. So that is being discussed at the very highest levels, because we understand the importance of that role to our overall national strategies.

We do not anticipate that we are going to be in a gap area in that regard—that we will be able to have someone come in and have that hand-over time, almost transition time with the current CMO. We are looking to have that filled pretty shortly, more on a temporary basis because of our time constraints but again, looking at how we move forward in terms of filling the post forthright.

We are also looking, as I said, at strengthening our more senior leadership in the public health area, so that we also have that level of capacity to draw on. We currently have a Medical Officer of Health and we are looking at adding resources at that top level, in terms of national epidemiology—having persons at that level available to help us—so yes, it is a priority area for us

and we have been having the discussions at the very senior level to have that gap filled.

**The Chairman:** Thank you.

Can you just confirm for me: the CMO's office resides within your Ministry; am I correct?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Yes, sir. The CMO and the Medical Officer of Health are Ministry employees. Those functions are carried on behalf of the Ministry, given the national nature of the positions.

**The Chairman:** Thank you for the clarity. Any other questions?

The Member for East End.

**Mr. Isaac D. Rankine:** Through you Mr. Chair, are you looking to recruit the new CMO from any specific areas? Is it going to be regionally, the UK, the USA—or even Cayman…even be better, Mrs. Pouchie.

Any thoughts of where you will be looking to recruit? Preferably we find a well-qualified Caymanian to fill that post first but if not, where are you looking?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, it will be the formal recruitment process where persons who are qualified and have the suitable experience are able to submit their applications once we get to that. In terms of technical advice we are still supported heavily by Public Health England, so we do have that resource as a gap measure until we have another CMO in place.

**Mr. Isaac D. Rankine:** Thank you, Mrs. Pouchie.

**The Chairman:** Let's turn now to Caymanian doctors. I turn to the Member for George Town South.

**Ms. Barbara E. Conolly:** Thank you, Mr. Chairman. Through you to the Chief Officer, in 2018 the PAC recommended that the Ministry of Health should develop a policy to develop Caymanian doctors to board-level certification, and provide a grant to the HSA to fund these staff developments through proper training.

I note that in June 2018, the government confirmed that the Ministry of Education, where I sat as councillor, had made $500,000 available to fund scholarships to assist Caymanian doctors to pursue post-graduate studies to board-level certification. However, in January 2021, the Ministry stated that it would "check if a policy had been prepared on the development of Caymanian doctors."

The PAC recommended in April 2019 that the Ministry of Health should consider Canada as an option for Caymanian doctors to obtain specialty-board certification. We note that the Ministry has not responded to this recommendation, so my question to the Chief Officer is: Can you provide us with an update on the development of a policy for Caymanian doctors?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, through you, in terms of medical internships and training for our Caymanians who are pursuing medicine, Dr. Jefferson, the Medical Director at the HSA, is the person who leads that for us—identifying suitably qualified and interested Caymanians in certain positions or pursuing certain disciplines. Helping to guide them in achieving what they need to be able to practise, et cetera, at the end of it. From a policy standpoint, Dr. Jefferson is the lead point person who advises candidates.

In addition to what was provided to the Ministry of Education to fund interested Caymanians, the Ministry funds a medical internship programme through the HSA, headed by Dr. Jefferson. Where I think we may be able to improve, is to have it better documented so we are able to guide people from the onset, so that when persons are pursuing or interested in the medical area they know exactly what the requirements are, and what they need to do.

In the past, persons pursued a certain career and then at the end of it, realised that maybe they were not yet suitable—they had more things to do when they thought that they were ready to practice, and so forth—so it's really getting that guidance.

I know that for the scholarship that is done through the Ministry of Education, they liaise with Dr. Jefferson to ensure that even persons who are being afforded the scholarship get that kind of technical professional advice. I think that is an area that can be strengthened, where persons do have that knowledge upfront and that ongoing guidance. They are linked, then, to our Medical Director, who is able to provide them with that necessary career guidance so that they know that at the end of their time, they are able to assume the positions that they aspire to.

**Ms. Barbara E. Conolly:** Thank you Chief Officer.
My next question then is: is it Dr. Jefferson who will drive or develop this policy? Is it him that will actually be responsible for developing this?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Like I said, Mr. Chairman, obviously the Ministry will need to ensure that it is readily available for every person wanting to pursue that, but Dr. Jefferson as the Medical Director of the HSA, is our point person, in that regard. So he will help in terms of having recommendations and so forth. Yes, in terms of driving that.

**Ms. Barbara E. Conolly:** So the policy…

Can we get some commitment that a policy will be established before long?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, I will make the commitment to have that discussion in terms of the actual written policy.

As I said, there are certain guidelines, but I think it needs to be more open/transparent, so persons know exactly what we are looking for at that level, and so that students are well aware. I am not aware of a written policy; there is some guidance that the HSA—like I said Dr. Jefferson—will look for, in terms of those persons, but to have a developed policy so that it is much clearer and transparent is the undertaking that we will look to institute very shortly.

**Ms. Barbara E. Conolly:** Thank you, Chief Officer.

Through you Mr. Chairman, the funds that are allocated for these medical scholarships are $500,000 per annum. Can you advise or confirm to this Committee, and the wider public, if those funds are utilised on an annual basis?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, through you, Yes. I would need to get an update from the Ministry of Education to see the uptake in that aspect.

**The Chairman:** Can I just ask if you could supply that update to the Committee, please? Thank you.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Yes, sir.

**Ms. Barbara E. Conolly:** Through you Mr. Chairman, I have one more question: Back in the day the PAC, I think it was the Member for North Side at the time, Mr. Ezzard Miller, really had concerns that Canada was not included for Caymanian doctors to be certified. Can you give some idea of whether Canada would be one of the countries where Caymanian doctors can obtain board certification?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, that will certainly be part of the discussion and the development of policy—to also be able to say why certain jurisdictions would not be recommended versus others. So that would be a part of it, yes.

**The Chairman:** If I could take that a little bit further, my understanding is that, since we are not a primary licensing jurisdiction, we rely on the licensing of doctors by other countries and there is a specific list of countries which we accept.

My understanding—correct me if I'm wrong—is that right now, that is limited to seven countries. Is Canada amongst that list?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** I do believe so, Mr. Chairman.

I think that list is quite dated, though. It seems that these seven jurisdictions were the inception, what we started with; however, I have not seen anything to say why it should remain seven jurisdictions, or why additional countries have not been added or considered.

Obviously, there is certain research that goes into that, to be able to add, but the seven countries were adopted some time ago and we have actually had discussions as well with the Health Practice Commission, just to understand what might be involved, in terms of getting more research/review done on that, to see what countries can be added.

**The Chairman:** I thank you for that. At this point, I am certainly not advocating specifically for the expansion of the list, I just want to understand.

Technically then, there should not be any real impediments for a Caymanian who wants to go to Canada or any of the other six jurisdictions to take their medical training and get qualified. Is that a fair statement?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** In terms of Caymanians studying, I think it is more about the curriculum that is offered and what the programme is, not so much the country if we are looking at students who are going on scholarships and so forth, in line with what the Member just said.

In terms of licensing a practitioner who already meets certain requirements in terms of residency and years of practice and so forth, that's where the seven countries then come into play; it's now looking at *is that list still relevant for us, or do we need to look at other jurisdictions.*

**Mr. Isaac D. Rankine:** Mr. Chairman, through you, going back to the PAC recommendation in 2018: then, Government confirmed, via the Ministry of Education, that they made $500,000 available to fund the scholarships. Then in January this year, the Ministry stated that it would check up as it had been preparing on the development of Caymanian doctors. I find it a little bit troubling that two years passed, and we are still checking to see if there was a policy developed.

Can you elaborate on why do you think that was not done in that two year period?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, through you, I am saying that I have not seen a written policy. Like I said, obviously there is guidance that is considered by the medical director; the medical director being someone who gives information then to the Scholarship

Secretariat for persons who are looking to pursue areas of medicine and looking at scholarships there.

I can't say that there are no guidelines; I am saying in terms of a written policy I have not yet been able to see that. [It is] something that we would need to ensure is developed—a written policy.

**Mr. Isaac D. Rankine:** Thank you Mrs. Pouchie.

Through you again, Mr. Chair, can you give us an idea of how many Caymanians are currently studying in the medical field and how many have actually returned and are now practising doctors, either at the HSA or elsewhere?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, I'm sorry, I don't have that information in front of me, but it is something I can add when I provide the update on the uptake of the scholarships—the persons who we have currently practising.

**Mr. Isaac D. Rankine:** Thank you, Mrs. Pouchie.

**The Chairman:** Are there any other questions in this area? We turn now, then, to cost of health care and I turn questioning over to the member for Savannah.

**Ms. Heather D. Bodden:** Thank you, Mr. Chairman.

In 2019 the PAC recommended that the Minister should consider ways to reduce cost of health care, such as removal of duty from drugs and medical supplies, as well as reducing HSA's mark up on the cost of drugs. We note that the Ministry has not responded to the PAC recommendation.

Can the Chief Officer say if there are plans to remove duty from drugs and medical supplies?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, I don't have much information on this one. I don't even know if that recommendation was accepted, so I can undertake to have further discussions and update on what is the status of that recommendation.

**Ms. Heather D. Bodden:** Thank you very much. I appreciate that.

Through you, Mr. Chairman, I would just like to ask the Chief Officer if there are any plans for any upgrades at the HSA, specifically for the entrance of the hospital, as well as room accommodations.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, through you, I know the Honourable Minister has expressed her desire for upgrades and to take a look at the whole operational aspect of the HSA, even just in terms of the aesthetics of the area—how we can make the HSA more inviting to our users.

I know there have been discussions in that regard and also in terms of capacity, what is needed in terms of beds, et cetera. There are ongoing discussions with the Honourable Minister and the HSA.

**Ms. Heather D. Bodden:** Through you Mr. Chairman, I would like to thank you very much for that, Mrs. Pouchie.

Now that I have an opportunity, I just want to draw everyone's attention to the health clinics in all the districts. I want to send a big shout out to all those who have made some really, really good upgrades to the clinics. Especially dealing with my mom at the Bodden Town clinic, I found this to be an extremely helpful place to go to now. Because of COVID, we are now directed more to the clinics and I just want to send a big shout out to the Ministry, as well as to the clinics, in regards to what they are doing to make the lives of our elderly and our children a bit more comfortable.

It is an easy drive from Savannah to Bodden Town and once you are there you are greeted, made comfortable, and you are seen by a doctor, and the nurses take extremely good care.

I think with what is happening now within our Islands as far as COVID, perhaps people should consider visiting the district clinics a bit more. I know for a fact that the Bodden Town clinic has gone way above and beyond in making sure that all their patients are well taken care of, and I want to really thank them for that.

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Thank you for that Ma'am, on behalf of the HSA and the staff who really strive to go above and beyond on a daily basis there. I am sure they appreciate that.

Thank you.

**Mr. Isaac D. Rankine:** Through you Mr. Chair, Ms. Nellie, I want to thank you for your appearance today as well, but I have a question outside of what my colleague asked earlier, in terms of the plans to remove duty from drugs and medical supplies.

Are there any plans being considered by the Ministry to help reduce health care costs in this country?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman through you, obviously the Ministry grapples with the cost of healthcare in many aspects; looking at it in terms of having to fund and to also ensure, not just that the government has adequate funding, but that our persons and our local citizens also have access to affordable health care.

We have a few studies that were done previously, those at the retirement age was one of them. We also need to be looking at our indigent

population that is very steady; even if it is not increasing by leaps and bounds, it is steadily increasing and those costs are accumulating quite highly. That's always an ongoing concern because we want to make sure that healthcare is managed in such a way that we are not drained at the higher end of it.

We are also looking at the wellness aspect, which we have not even been able to actually touch on yet from the Ministry's standpoint. Our Minister has added wellness as a part of her Portfolio and that will really help to drive some of it. Initially, we will have the critical care, ill persons on that indigent list, for example right now, who we must do our duty to provide the best healthcare that we can, but also mindful that the Government has limited resources as well.

Looking at ways to reduce that as best as possible without compromising access or care. However, from the wellness aspect, looking at what demographics, what age groups, what categories of persons can we now tap into, to be able to help [them so] that we do not get to the extreme where you need really critical care, which is very expensive. So the wellness aspect is still to come, to be able to help mitigate some of those costs in the long run.

Looking always at other ways in which you can drive down those costs and other ways to be able to service our population. Something that is in the thinking stage but not something that we actually explored yet, looking with our other stakeholders across the government, in terms of what can we do to drive those costs down. Working with CINICO critically as being that insurer for us as well; looking at whether outsourcing certain things is an option for us. We are looking really holistically at what we can do, in terms of costs, and not just accepting that this is a population that will always be in that kind of cost scenario. Those are things to come.

**Mr. Isaac D. Rankine:** I thank you Mrs. Pouchie.

You mentioned wellness, which plays a big part in helping reduce health care costs, I agree with that, but this is a big issue for the people of the country and we need to try and figure out a way; whether it's through messaging on wellness or finding some other ways of reducing healthcare costs, but we must get to that point in order to make it affordable for our people.

**The Chairman:** Financial Secretary.

**Mr. Kenneth Jefferson, Financial Secretary/Chief Officer, Ministry of Finance and Economic Development:** Thank you, Mr. Chairman.

I just want to elaborate, and I think it will probably be for the benefit of the listening public as opposed necessarily to the Committee members, because I suspect the Committee members already know this.

With respect to what we have just been discussing about the duty removal on drugs, with the objective or the hope in mind of making those cheaper to the public, I just want to say that many, many years ago the procedure for changing the import duty rates for any item being imported involved actually changing the rates specified in a Law; so the method was to bring an amending Bill to the Parliament to change the percentage import duty rates that were specified in the law.

A few years ago that procedure was changed, in that the Cabinet can now make changes to import duty rates in the Government Administration Building, as opposed to having to formulate an amending Bill and bring it to the Parliament, which that process could take months. So the procedure is a lot quicker now, once the Cabinet (the Government of the day) makes a decision that it wishes to proceed with a change to the existing import duty rates. That is a much faster procedure now and it can happen within a quicker timeframe once the Government of the day wishes to make a change.

**The Chairman:** Thank you FS, I hope you don't mind me putting you on the spot, but if I remember correctly, a review of the Customs Tariff Bill or Law was started some time ago. I do remember hearing it but, do you know if that has been completed or if there has been any movement there, sir?

**Mr. Kenneth Jefferson, Financial Secretary/Chief Officer, Ministry of Finance and Economic Development:** Mr. Chairman, you put me on the spot as well.

I don't recall that, but what I do know is that obviously the Cabinet, in the past, has made periodic changes to various items in the Customs Tariff Law. Changes have been made to educational supplies, et cetera. I will have to check about a wholesale review of the Customs and Tariff Law, to see if there is an ongoing general review of it, but I know that, as and when something that requires a change is pressing, it would be taken to Cabinet, dealing with that particular aspect, as opposed to waiting for a general review.

I will ask if a general review of the Law is being undertaken, I do not recall right now.

**The Chairman:** That is fine, sir, I do appreciate that. I recognise that you are not a witness before us, so if you told me 'no', I would have said '*okay, I will talk to you after'*, but thank you very much for that clarity.

The Member for Savannah.

**Ms. Heather D. Bodden:** Thank you Mr. Chairman, I have no further questions for Chief Officer Pouchie, but I would just like to say a big thank you for your honest and candid responses today. Thank you for being here; we really appreciate your presence.

**The Chairman:** Member for George Town South.

**Ms. Barbara E. Conolly:** Thank you, Mr. Chairman.

Just a quick question on the reduction of health care for our elderly and indigents: Can you give some indication of whether a capitated model would work?

**Mrs. Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness:** Mr. Chairman, through you, I would not want to say 'yes/no' without having really looked at that a little closer first, but any way that we are able to have a better handle on our costs and not having those fluctuating, escalating and so forth. From that perspective, in theory, you can see that as being something that would be desired, but in terms of the best model for us, and whether that would work for our situation, we certainly have to look into that a bit further before being able to say that definitively.

**Ms. Barbara E. Conolly:** Thank you, Chief Officer.

**The Chairman:** Are there any other questions for the witness? I see Members shaking their heads.

The Member for Bodden Town East.

**Mr. Dwayne S. Seymour:** Mr. Chair, if there are no more questions, or while people are thinking whether they want to have a last one, I just wanted to say a few words as the former [Minister of Health] and thank, and once again congratulate, the new Chief Officer in this role. I wish her well, she was strong then and will only become better.

It was just the two of us during the pandemic, and it was always that we had the largest Ministry, but somewhat the smallest complement of staff to assist with no deputies; yet we were able to successfully pull off dealing with something in the world, not just in Cayman—a pandemic.

On top of that, we were able to furnish the former government—2017 to 2021—with the most tangible projects, including:

- New garbage trucks, something that had been desired to get us back on track and you see that's pretty much on track now;
- Mental Health Facility;
- The ISWMS—Waste Management Project (capping and remediating the landfill);
- Expanding our culture programmes and taking the largest ever contingent of Caymanians to CARIFESTA in Trinidad;
- Expanding our Marine Parks; and
- Building homes and buying over 35 acres of land for affordable homes, just to name a few.

I wish Chief Officer Pouchie well, especially knowing her background, coming from a big five company before joining the civil service. I know that she will definitely be an asset and some of these things that had not been achieved thus far, she will be able to achieve when she gets the support and the staffing complement, because she has always been a driver from that CFO role in leaving her there.

I want to also thank and make mention of Dr. Lee; we had good productive times together, especially during COVID and I pray whoever takes over will build on what has been left and make it better. It was definitely refreshing to have a full time CMO and not an acting one splitting duties and it came at just the perfect time, during COVID—thank God we had a full time CMO.

I also want to thank Dr. Williams for his Acting role over the years.

Thank you, Mr. Chair.

**The Chairman:** Thank you for those comments, Member.

Ladies and gentlemen of the Committee and the listening public, this concludes this Hearing of the Public Accounts Committee.

I want to thank all the members for your participation in asking questions. Thanks also to the Auditor General and the Financial Secretary for their interventions throughout the Hearing.

Last but not least, Chief Officer Pouchie, just to thank you as well for your presence here today, and answering all the questions quite candidly and forthright for us. I join with other members in congratulating you on the confirmation of your post. I do wish you every success, and I know that you will grow and mature into an excellent Chief Officer, so I do wish you well.

That concludes our proceedings for today. Thank you all for listening, and until we next meet.

Thank you.

**The Committee adjourned sine die at 12:17pm**