PARLIAMENT

OF THE CAYMAN ISLANDS

2021-2022 Session

REPORT

of the

STANDING

PUBLIC ACCOUNTS COMMITTEE

on the Report of the
Office of the Auditor General on
HSA Outpatient Pharmacy Services (November 2021)

Laid on the Table of Parliament on this 8th ***day of*** June ***2022***

TABLE OF CONTENTS

1. REFERENCE 3

2. DOCUMENT CONSIDERED 3

3. CHAIRMAN AND MEMBERS OF THE COMMITTEE 3

4. MEETINGS OF THE COMMITTEE 3

5. ATTENDANCE OF MEMBERS 4

6. PERSONS IN ATTENDANCE 4

7. WITNESSES CALLED BEFORE THE COMMITTEE 4

8. PRACTICE AND PROCEDURE OF THE COMMITTEE 5

9. GOVERNMENT MINUTE 5

10. PAC RECOMMENDATIONS ..... 5, 6 & 7

ACKNOWLEDGEMENTS 7

REPORT OF THE COMMITTEE TO THE HOUSE 7

REPORT OF THE STANDING PUBLIC ACCOUNTS COMMITTEE ON THE REPORT OF THE OFFICE OF THE AUDITOR GENERAL ON HSA OUTPATIENT PHARMACY SERVICES (NOVEMBER 2021)

1. REFERENCE

The Standing Public Accounts Committee of the Cayman Islands Parliament, established under Standing Order 77(1), met to consider the following Report prepared and submitted by the Auditor General:

- ***HSA Outpatient Pharmacy Services (November 2021)***

2. DOCUMENT CONSIDERED

In accordance with the provision of Standing Order 77(3), the Committee considered the following Report which was referred in the House of Parliament:

- ***HSA Outpatient Pharmacy Services (November 2021)***

3. CHAIRMAN AND MEMBERS OF THE COMMITTEE

The following Members of Parliament are the present Members of the Standing Public Accounts Committee:

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

Ms. Barbara E. Conolly, JP, MP

Mr. Dwayne S. Seymour, JP, MP

Hon. Katherine A. Ebanks-Wilks, MP

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

Mr. Isaac D. Rankine, MP

4. MEETINGS OF THE COMMITTEE

The Committee held four (4) meetings to consider this Report on:

(i) 12th November 2021*(Administrative Meeting)*
(ii) 10th January 2022 *(Administrative Meeting)*
(iii) 12th January 2022 *(Hearing)*
(iv) 13th January 2022 *(Hearing)*

5. ATTENDANCE OF MEMBERS

The attendance of Members at the meetings is recorded in the Minutes of Proceedings which are attached to and form part of this Report.

6. PERSONS IN ATTENDANCE

In accordance with Standing Order 77(8), the following persons were in attendance at the meeting held with witnesses.

- Mrs. Sue Winspear - Auditor General, Office of the Auditor General
- Ms. Angela Cullen - Deputy Auditor General (Performance Audit), Office of the Auditor General
- Ms. Jasmine Williams – Audit Project Leader, Office of the Auditor General
- Mr. Ruel Huet – Audit Project Leader, Office of the Auditor General
- Mr. Kenneth Jefferson - Financial Secretary / Chief Officer, Ministry of Finance and Economic Development
- Mr. Michael Nixon – Senior Assistant Financial Secretary, Ministry of Finance and Economic Development
- Mr. Matthew Tibbetts - Accountant General, Ministry of Finance and Economic Development

7. WITNESSES CALLED BEFORE THE COMMITTEE

In accordance with the provisions of Standing Order 77(4), the Committee invited persons to give information and explanations to assist the Committee in the performance of its duties.

The following persons appeared before the Committee to give evidence on **12th January 2022:**

- Dr. Courtney Cummings – Acting Medical Director, Cayman Islands Health Services Authority
- Mr. Colin Medford – Chief Pharmacist, Cayman Islands Health Services Authority
- Mrs. Dawn Cummings – Former Chief Financial Officer
- Mr. Ronnie Dunn – Deputy Chief Executive Officer and Interim Chief Financial Officer, Cayman Islands Health Services Authority
- Ms. Lizzette Yearwood – Chief Executive Officer, Cayman Islands Health Services Authority

The following persons appeared before the Committee to give evidence on **13th January 2022**:

- Dr. Marla Barnes-Small – Chair of the Pharmacy Council, Healthcare Pharmacy
- Mrs. Nellie Pouchie - Chief Officer, Ministry of Health and Wellness
- Hon. Franz Manderson, MBE, Cert. Hon., JP – Deputy Governor and Head of the Civil Service, Cayman Islands Government

8. PRACTICE AND PROCEDURE OF THE COMMITTEE

The Committee agreed that in accordance with the provisions of Standing Order 77(6), all meetings at which witnesses were invited to provide information should be held in an open forum. This decision was taken to promote openness and accountability in Government.

9. GOVERNMENT MINUTE

The Public Accounts Committee wishes to draw Government's attention to Standing Order 77 sub-order 7 which reads:

> *"The Government Minute shall be laid on the Table of the House within three months of the laying of the report of the Committee and of the report of the Auditor General to which it relates."*

The PAC expects the Government to honour the requirements of this Standing Order.

10. PAC RECOMMENDATIONS

On review of the Office of the Auditor General's Report ***HSA Outpatient Pharmacy Services (November 2021)*****,** and on critical analysis of two days of witness testimonies and deliberations amongst the Committee Members, the PAC endorses and supports the Auditor General and her team's nineteen (19) recommendations: three (3) recommendations for the Ministry of Health and Wellness, and sixteen (16) recommendations for the Health Services Authority.

The PAC makes the following additional recommendations:

i. The PAC heard evidence that the *Pharmacy Act 1979* is significantly outdated and creates risks for the safety and quality of drugs used in the Cayman Islands. The Committee heard that one area of international advancement is in the area of alternative or complementary medicines, which is not covered by the current *Pharmacy Act*. The Committee heard that the Ministry had received comments on the *Pharmacy Act* and the Ministry committed to finalize draft legislation to take to the Cabinet during 2022. The Committee also heard that due to technological advancements in the pharmaceuticals industry that legislation should be reviewed and updated every five years.

   The PAC recommends that the Government ensures that the revised *Pharmacy Act* adequately covers the importation and use of alternative or complementary medicines.

   The PAC recommends that the Government reviews the *Pharmacy Act* at least every five years to ensure that it is in line with international best practice and industry standards.

ii. The PAC explored reasons why the HSA did not accept the OAG's recommendation number 10, which stated that the HSA should reconsider the recommendations made by the consultant in 2014 that had not been accepted or implemented. The consultant's recommendations included bundling together patient prescriptions with a view to reducing the number of times a patient has to visit the pharmacy each month, and increasing the quantity of medication prescribed at a time to at least 2-3 months' supply. The Committee was not convinced by the evidence it heard about

the reasons for not implementing these recommendations as they seemed to apply to a minority of patients. The Committee appreciates that this may be problematic for some patients but should be able to be implemented for the majority of patients. The Committee also believes that this could improve efficiency and free up resources to focus on other services, for example, expanding the delivery service to across the whole of Grand Cayman.

The PAC recommends that the HSA revisit the 2014 recommendations made by the Consultant that were not accepted at the time (reference OAG recommendation 10) and implement them for the majority, if not all, pharmacy patients.

iii. The PAC heard that the HSA had further developed key performance indicators (KPIs) for the pharmacy service and made these available to pharmacy staff. The HSA provided the Committee with a copy of the KPIs shared with staff but the Committee has concerns about how these will be monitored and reported. The Committee heard evidence that performance against these KPIs was now being monitored and reported to the HSA's senior management and Board and requested to see a copy of a Board performance report. The Committee believes that the public should be aware of the KPIs and how the pharmacy service is performing against these.

The PAC recommends that the HSA publishes the KPIs for pharmacy in all pharmacy locations so that the public are aware of these.

The PAC recommends that the HSA regularly publishes performance against the pharmacy KPIs. This could be done by publishing the actual performance against KPIs in each pharmacy location.

iv. The PAC heard from the Chief Officer of the Ministry of Health and Wellness that despite previous commitments given in September 2021 that continued staffing problems had resulted in delays in starting to develop a national strategy for healthcare and that although work was progressing on revising some legislation, a review of the *Health Practice Act* had yet to start. The Committee heard that recruitment to fill a number of posts was ongoing and that the Chief Officer would be in a better position to update on progress by the end of the first quarter of 2022.

The PAC recommends that the Chief Officer of the Ministry of Health and Wellness provides a formal update to the Committee as at the end of March 2022 on progress with the development of a national health strategy and revising the legal framework for healthcare.

v. The PAC heard that the Office of the Deputy Governor had assumed responsibility for coordinating and submitting Government Minutes to formally respond to PAC reports and that these would be done in a timely manner. The Committee welcomes this approach; however, the Committee also heard that one reason for the delays in submitting Government Minutes by the deadline is that they are currently reviewed and approved by the Cabinet prior to submission. The Committee acknowledges that the Cabinet may need to approve some responses, for example, those that have financial consequences; however, most responses are from senior civil servants, as the responsible owner for the recommendations. The Deputy Governor committed to explore the option of including Government Minutes as Cabinet Notes for information rather than Cabinet Papers for approval.

The PAC recommends that the Deputy Governor reports back to the Committee on whether the process for submitting Government Minutes via the Cabinet has been changed. If the process has not changed, the Deputy Governor should explain how he will ensure that Government Minutes are submitted within the timeframe required by the Parliament's Standing Orders.

ACKNOWLEDGEMENTS

The Committee is most appreciative of the efforts of the Auditor General and her staff for the support, assistance and constructive advice given throughout its deliberations.

The Committee also wishes to thank the staff of the Parliament for the assistance provided.

REPORT OF THE COMMITTEE TO THE HOUSE

The Committee agrees that this Report be the Report of the Standing Public Accounts Committee to the House on the following Report of the Office of the Auditor General:

- *HSA Outpatient Pharmacy Services (November 2021)*

_____

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

_____

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

_____

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

_____

Hon. Katherine A. Ebanks-Wilks, MP - Member

_____

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

_____

Mr. Isaac D. Rankine, MP – Member

Parliament
of the Cayman Islands

PUBLIC ACCOUNTS COMMITTEE

MINUTES

Meeting held
Friday, 12th November 2021 at 10:00 am

PAC Members Present:

Hon. Roy M. McTaggart, JP, MP – Chairman
Ms. Barbara E. Conolly, JP, MP - Member
Hon. Katherine A. Ebanks-Wilks, MP - Member
Ms. Heather D. Bodden, OCI, Cert. Hon., JP, MP – Member
Mr. Isaac D. Rankine, MP – Member

PAC Members Absent:

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

PAC Clerk: Mrs. Patricia Priestley

Attendees: Mrs. Sue Winspear - Auditor General
Ms. Angela Cullen - Deputy Auditor General (Performance Audit)

1. **Meeting to Order**

There being a quorum present, the Chair called the meeting to order at 10:12 am.

2. **Apologies**

Apologies received from Mr. Dwayne Seymour for his absence and from Ms. Heather Bodden for arriving late.

3. **Approval of PAC Minutes**

- **Wednesday, 22nd September 2021** *(Hearing)*

On a motion moved by Hon. Katherine Ebanks-Wilks and seconded by Ms. Barbara Conolly, the Committee unanimously approved the Minutes.

- **Wednesday, 29th September 2021** *(Hearing)*

  On a motion moved by Mr. Isaac Rankine and seconded by Hon. Katherine Ebanks-Wilks, the Committee unanimously approved the Minutes.

- **Wednesday, 29th September 2021** *(Administrative Meeting)*

  On a motion moved by Mr. Isaac Rankine and seconded by Ms. Barbara Conolly, the Committee unanimously approved the Minutes.

4. Matters arising from Minutes

- **PAC witness hearing on Wednesday, 29th September 2021**

  The Committee reviewed and discussed the twelve undertakings given by the witness, Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness.

  The Clerk advised the Committee that she had not heard from the witness since the hearing.

  The Committee agreed that the witness should be contacted, by way of a letter from the Committee Clerk, and asked to fulfill the twelve undertakings given to the PAC.

  The Clerk agreed to draft a letter to the witness on behalf of the Committee to be reviewed and approved by the Chairman before delivery.

5. Approval of Auditor General's Invoices

OAG invoice no. 207546 dated 30 September 2021 in the amount of $101,425.02 and OAG invoice no. 207581 dated 30 October 2021 in the amount of $60,337.52 were both considered and discussed by the Committee.

The Auditor General provided an explanation to the Committee on why the two invoices were of substantially different amounts.

The Committee unanimously approved the Auditor General's two invoices on a motion moved by Ms. Barbara Conolly and seconded by Hon. Katherine Ebanks-Wilks. The Chairman acknowledged the Committee's approval by returning signed copies of the invoices to the Auditor General.

6. Auditor General's Update

- *OAG Quarterly Report - 30 September 2021*

  The Auditor General presented the *OAG Quarterly Report - 30 September 2021* and advised that the report covered the period 1st July 2021 to 30th September 2021.

  On the financial audit side, the Auditor General informed the Committee that her office began the 2021 financial audit season with an event for audit staff to review strategy and approach to planning for undertaking 49 entity audits, as compared to 42 entity audits in 2020, due to the restructuring of core government entities after the April 2021 election.

The Auditor General advised that her office was unable to recruit locally, perhaps due to the pandemic, and has had to recruit from off island.

With respect to outstanding audits, the Auditor General referenced the following:

i. The **Ministry of Health, Environment, Culture & Housing** has outstanding audits for 2016-2017, 2018, 2019 and 2020. With a new permanent CFO in place (Mr. Troy Claxton) the Auditor General believed that the Ministry is capable of getting caught up to date and suggested that the Committee include in its letter to CO Pouchie reference back to the previous PAC's hearing on Friday, 29th January 2021 in which the CO gave a commitment to the Committee to get the Ministry's audits up to date by June 2021.

ii. The **Cayman Islands Airports Authority** has 2018, 2019 and 2020 audits outstanding.

iii. One entity, **University College of the Cayman Islands**, was given a qualified audit, around revenue completeness, in its 2020 audit.

iv. The **Cayman Turtle Centre** currently has no one on staff capable of preparing the financials so a consultant is being hired to complete the 2020 audit.

On the performance audit side, the Auditor General advised that her office had finished and published the HSA Pharmacy Report which was the next item on the agenda and her office's priorities for the next period included:

i. a performance audit report on the **Regen Waste Management Contractual Arrangements** to review the value for money of the public private partnership contract for the new Regen waste management facility; and

ii. a second **Follow up on past PAC recommendations report** to provide an update on Government's progress in implementing OAG and PAC recommendations covering a range of reports from 2017 to 2019.

The Chairman thanked the Auditor General for her comprehensive report and update.

7. Consideration of the OAG Report

- *HSA Outpatient Pharmacy Services (November 2021)*

The Deputy Auditor General presented the report to the Committee. She advised the Committee that after seven weeks of waiting, the OAG decided to publish the report without receiving a response from the Ministry of Health and Wellness; however, the responses received from the Health Services Authority were generally positive.

The objective of the audit was to evaluate the efficiency and effectiveness of the HSA's outpatient pharmacy services. In particular to consider the legal framework and oversight arrangements; the availability, safety and quality of medicines, whilst delivering value for money; and the efficiency of delivery of dispensary services by the HSA Pharmacy.

The report comprised 3 chapters: (1) Strategic Direction and Governance; (2) Availability, Safety and Quality of Medicines; and (3) Performance of Outpatient Pharmacy Services.

The Deputy Auditor General advised the Committee that the performance audit found that as a result of the outdated Pharmacy Act (1979) there were significant gaps which create risks, for example, in the procurement and importation of medicines. Additionally, there is currently no registration of or code of standards for pharmacy technicians.

Discussion ensued.

The Auditor General recommended that the PAC hold a hearing on this report as soon as possible.

The Committee unanimously agreed to support the Auditor General's recommendation to hold a public hearing and agreed to request the attendance of the following persons as witnesses, on the following days:

Day 1: Wednesday, 12th January 2022

Cayman Islands Health Services Authority

Witness	Job Title
Ms. Lizzette Yearwood	Chief Executive Officer
Dr. Delroy Jefferson	Medical Director
Mr. Colin Medford	Chief Pharmacist
Mrs. Dawn Cummings	Chief Financial Officer

Day 2: Thursday, 13th January 2022

Ministry of Health and Wellness et al

Witness	Job Title
Ms. Nellie Pouchie	Chief Officer Ministry of Health and Wellness
Dr. Marla Barnes	Chair of the Pharmacy Council
Final witness: Mr. Franz Manderson	Deputy Governor and Head of the Civil Service

The Committee agreed that the Auditor General and Committee Clerk would arrange the schedule of witnesses.

The Committee further agreed that the Auditor General and her team would brief the Committee on this report a few days ahead of the hearing to allow Members time to prepare; accordingly, the Committee agreed to hold an Administrative Meeting on Monday, 10th January 2022 with the briefing to be included as an item on the Agenda.

The Chairman thanked the Deputy Auditor General for presenting this report.

8. Consideration of the PAC Report – discuss recommendations

- *PAC Report on the Report of the OAG on Follow-up on past PAC recommendations 2021 - Report 1 (August 2021)*

The draft PAC report was reviewed, considered and discussed.

The Chairman drew Members' attention to paragraphs 9 and 10. The Committee unanimously agreed to minor amendments to paragraph 9 and a third recommendation being added to paragraph 10. The third recommendation would identify Chief Officer Pouchie's twelve undertakings to the Committee during the hearing on 29th September 2021, with the expectation that these undertakings be responded to in a timely manner. It was noted that none of these undertakings had been satisfied.

Ms. Barbara Conolly moved a motion that the Committee approve the PAC report as amended and table the amended PAC report together with the report of the OAG at the next sitting of Parliament. The motion was seconded by Ms. Heather Bodden and the Committee unanimously agreed the motion.

9. Any Other Business

- The Chairman set up a PAC WhatsApp group chat.

10. Scheduling of Next Meetings

The next meetings were confirmed for the following dates:

- **Monday, 10th January 2022** *(Administrative Meeting with pre-hearing briefing)*

  10:00 am in the Large Committee Room.

- **Wednesday, 12th January 2021** *(Hearing)*

  10:00 am in the Chamber.

- **Thursday, 13th January 2021** *(Hearing)*

  10:00 am in the Chamber.

11. Adjournment

There being no further business, the Chairman adjourned the meeting at 11:40 am.

Parliament
of the Cayman Islands

PUBLIC ACCOUNTS COMMITTEE

MINUTES
Meeting held
Monday, 10th January 2022 at 10:00 am

PAC Members Present:

Hon. Roy M. McTaggart, JP, MP – Chairman
Ms. Barbara E. Conolly, JP, MP - Member
Mr. Isaac D. Rankine, MP – Member
Hon. Katherine A. Ebanks-Wilks, MP - Member

PAC Members Absent:

Mr. Dwayne S. Seymour, JP, MP – Member
Ms. Heather D. Bodden, OCI, Cert. Hon., JP, MP – Member

PAC Clerk: Mrs. Patricia Priestley

Attendees: Mrs. Sue Winspear - Auditor General
Ms. Angela Cullen - Deputy Auditor General (Performance Audit)

1. **Meeting to Order**

   There being a quorum present, the Chair called the meeting to order at 10:35 am.

2. **Apologies**

   Apologies received from Ms. Heather Bodden for her absence and from Hon. Katherine Ebanks-Wilks for her expected late arrival.

3. **Approval of Auditor General's Invoice**

   Invoice no. 207584 dated 30 November 2021 in the amount of $102,312.52 was considered, discussed and unanimously approved on a motion moved by Ms. Barbara Conolly and seconded by Hon. Katherine Ebanks-Wilks. The Chairman acknowledged the Committee's approval by returning a signed copy of the invoice to the Auditor General.

4. **Auditor General's Update**

   None.

5. Consideration of the OAG Report

- *Follow-up on past PAC recommendations 2022 – Report 1 (January 2022)*

The Auditor General presented the report to the Committee as the second in a series of "Follow-up on past PAC recommendations" reports and the first for 2022.

The Auditor General advised the Committee that this report covers the follow-up on the implementation of the recommendations of the OAG and PAC as a result of the following three performance audit reports and PAC hearings on these reports:

i. Government's use of Consultants and Temporary Staff (February 2018)
ii. Government's use of Outsourced Services (June 2019)
iii. Fighting Corruption in the Cayman Islands (November 2019)

The Auditor General advised that her office had assessed all three reports as **Green** *(Significant progress has been made in addressing the recommendations)*; consequently, the Auditor General did not recommend the PAC hold a hearing on this Follow-up report.

However, the Auditor General proposed and the Chairman agreed, going forward, the Clerk should draft letters on behalf of the Committee, to the relevant Chief Officers to:

i. congratulate and thank them on their progress and achievements thus far; and,
ii. follow-up on any outstanding recommendations which have been assessed as **Red** *(No Progress)*.

Also, the Clerk should draft a letter on behalf of the Committee to the Deputy Governor to follow-up on outstanding Government Minutes.

6. Auditor General's Briefing

- **Hearing on OAG report, *HSA Outpatient Pharmacy Services (November 2021)***

  - **Briefings for PAC Hearing on 12th and 13th January 2022**

The Auditor General presented her Briefing notes to the Committee.

Members decided who would lead the questions to witnesses in each of the following areas:

- **Legal framework** - Hon. Katherine Ebanks-Wilks
- **Strategic direction** - Mr. Isaac Rankine
- **Governance** - Ms. Heather Bodden
- **Performance** - Hon. Katherine Ebanks-Wilks
- **Procurement** - Ms. Barbara Conolly
- **Availability, safety and quality medicines** – Chairman Roy McTaggart
- **Regulation of pharmacy businesses** - Chairman Roy McTaggart
- **Pharmacy technicians** - Ms. Barbara Conolly

The Chairman thanked the Auditor General.

7. Any Other Business

The Auditor General requested the OAG's *General Report 31 December 2020 (December 2021)* be added to the Agenda for the next Administrative Meeting.

8. Scheduling of Next Meeting

The next meetings were confirmed for the following dates:

- **Wednesday, 12th January 2021** *(Hearing)*

  10:00 am in the Chamber.

- **Thursday, 13th January 2021** *(Hearing)*

  10:00 am in the Chamber.

9. Adjournment

There being no further business, the Chairman adjourned the meeting at 11:00 am.

Parliament of the Cayman Islands

THE STANDING PUBLIC ACCOUNTS COMMITTEE

MINUTES of Meeting with Witnesses
Wednesday, 12th January 2022 at 10:37 am

OAG REPORT ON HSA OUTPATIENT PHARMACY SERVICES (NOVEMBER 2021)

PAC Members Present:

Hon. Roy M. McTaggart, JP, MP – Chairman
Hon. Katherine A. Ebanks-Wilks, MP - Member
Ms. Heather D. Bodden, OCI, Cert. Hon., JP, MP – Member
Mr. Isaac D. Rankine, MP - Member

PAC Members Absent:

Ms. Barbara E. Conolly, JP, MP - Member
Mr. Dwayne S. Seymour, JP, MP – Member

PAC Clerk: Mrs. Patricia Priestley

Attendees: Mrs. Sue Winspear - Auditor General

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

Ms. Jasmine Williams – Audit Project Leader, Office of the Auditor General

Mr. Ruel Huet – Audit Project Leader, Office of the Auditor General

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

Mr. Michael Nixon – Senior Assistant Financial Secretary, Ministry of Finance and Economic Development

Mr. Matthew Tibbetts - Accountant General, Ministry of Finance and Economic Development

Witnesses: Dr. Courtney Cummings – Acting Medical Director, Cayman Islands Health Services Authority

Mr. Colin Medford – Chief Pharmacist, Cayman Islands Health Services Authority

Mrs. Dawn Cummings – *Former* Chief Financial Officer

Mr. Ronnie Dunn – Deputy Chief Executive Officer and Interim Chief Financial Officer, Cayman Islands Health Services Authority

Ms. Lizzette Yearwood – Chief Executive Officer, Cayman Islands Health Services Authority

1. Meeting to Order

There being a quorum present (Standing Orders 77(2) refers), the Chairman called the Public Accounts Committee Meeting to order at 10:37 am.

2. Welcome and Report of the Auditor General

The Chairman gave a brief welcome to Members of the Committee and Attendees and thanked them for attending the Public Accounts Committee (PAC) Hearing.

The Chairman invited PAC Member, Mr. Isaac Rankine, to begin proceedings with a prayer.

The Chairman acknowledged receipt of apologies from PAC Members Ms. Barbara Conolly who was unwell and Mr. Dwayne Seymour (former Minister of Health) who had declared a conflict of interest and recused himself from the Hearing.

The Chairman stated the purpose of the Hearing was to examine the Office of the Auditor General's report, *HSA Outpatient Pharmacy Services (November 2021)*.

The Chairman invited the Auditor General, Mrs. Sue Winspear, to make an opening statement and present the OAG report.

The Auditor General introduced her staff and presented the OAG report, *HSA Outpatient Pharmacy Services (November 2021)*. The Auditor General noted her disappointment that the Ministry of Health had failed to respond to the report and had failed to provide management responses to the three recommendations made in the report.

The Chairman welcomed the first witness, Dr. Courtney Cummings, Acting Medical Director, Cayman Islands Health Services Authority. The Chairman asked Dr. Cummings to state his name and title for the record before answering the first question addressed to him.

The Chairman invited Members to question the witness.

Before departing, Dr. Cummings was thanked by the Chairman on behalf of the Committee for attending the Hearing.

The Chairman welcomed the second witness, Mr. Colin Medford, Chief Pharmacist, Cayman Islands Health Services Authority. The Chairman asked Mr. Medford to state his name and title for the record before answering the first question addressed to him.

The Chairman invited Members to question the witness.

Mr. Medford provided Members with a copy of the Pharmacy Key Performance Indicators used to manage patient experience, governance, financial accountability and quality.

Before departing, Mr. Medford was thanked by the Chairman on behalf of the Committee for attending the Hearing.

The Chairman suspended proceedings at 1:00 pm.

Proceedings resumed at 1:45 pm.

The Chairman welcomed the next two witnesses to attend together, Mrs. Dawn Cummings, *Former* Chief Financial Officer and Mr. Ronnie Dunn, Deputy Chief Executive Officer and Interim Chief Financial Officer, Cayman Islands Health Services Authority. The Chairman reminded the witnesses to state their names and titles for the record before answering the first question addressed to them.

The Chairman invited Members to question the witnesses.

Before departing, Mrs. Cummings and Mr. Dunn were thanked by the Chairman on behalf of the Committee for attending the Hearing.

The Chairman welcomed the final witness for the day, Ms. Lizzette Yearwood, Chief Executive Officer, Cayman Islands Health Services Authority. The Chairman asked Ms. Yearwood to state her name and title for the record before answering the first question addressed to her.

Ms. Yearwood advised the Committee that each department of the HSA has Key Performance Indicators (KPIs) which will be used for the collection of data, this year, for evaluation purposes. The Chairman requested that Ms. Yearwood provide Members with copies of these KPIs following the Hearing.

The Chairman invited Members to question the witness.

Before departing, Ms. Yearwood was thanked by the Chairman on behalf of the Committee for attending the Hearing.

3. Any Other Business

The next meeting was confirmed for:

- **Thursday, 13th January 2022 at 10:00 am *(Hearing)***

  Witnesses to include:

  1. Dr. Marla Barnes, Chair of the Pharmacy Council;
  2. Mrs. Nellie Pouchie, Chief Officer, Ministry of Health & Wellness; and
  3. Hon. Franz Manderson, Deputy Governor & Head of the Civil Service.

4. Adjournment

There being no further business, the meeting was adjourned at 2:47 pm.

Parliament of the Cayman Islands

THE STANDING PUBLIC ACCOUNTS COMMITTEE

MINUTES of Meeting with Witnesses
Thursday, 13th January 2022 at 10:12 am

OAG REPORT ON HSA OUTPATIENT PHARMACY SERVICES (NOVEMBER 2021)

PAC Members Present:

Hon. Roy M. McTaggart, JP, MP – Chairman
Hon. Katherine A. Ebanks-Wilks, MP - Member
Ms. Heather D. Bodden, OCI, Cert. Hon., JP, MP – Member
Mr. Isaac D. Rankine, MP - Member

PAC Members Absent:

Ms. Barbara E. Conolly, JP, MP - Member
Mr. Dwayne S. Seymour, JP, MP – Member

PAC Clerk: Mrs. Patricia Priestley

Attendees: Mrs. Sue Winspear - Auditor General

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

Ms. Jasmine Williams – Audit Project Leader, Office of the Auditor General

Mr. Ruel Huet – Audit Project Leader, Office of the Auditor General

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

Mr. Matthew Tibbetts - Accountant General, Ministry of Finance and Economic Development

Witness: Dr. Marla Barnes – Chair of the Pharmacy Council, Healthcare Pharmacy

Mrs. Nellie Pouchie - Chief Officer, Ministry of Health and Wellness

Hon. Franz Manderson, MBE, Cert. Hon., JP – Deputy Governor and Head of the Civil Service, Cayman Islands Government

1. Meeting to Order

There being a quorum present (Standing Orders 77(2) refers), the Chairman called the Public Accounts Committee Meeting to order at 10:12 am.

2. Welcome and Report of the Auditor General

The Chairman gave a brief welcome to Members of the Committee and Attendees and thanked them for attending the second day of the Public Accounts Committee (PAC) Hearing.

The Chairman invited PAC Member, Ms. Heather Bodden, to begin proceedings with a prayer.

The Chairman acknowledged receipt of apologies from PAC Members Ms. Barbara Conolly and Mr. Dwayne Seymour.

The Chairman reminded the listening public that the purpose of the Hearing was to examine the Office of the Auditor General's report, *HSA Outpatient Pharmacy Services (November 2021)*.

The Chairman welcomed the first witness, Dr. Marla Barnes, Chair of the Pharmacy Council. The Chairman asked Dr. Barnes to state her name and title for the record before answering the first question addressed to her.

The Chairman invited Members to question the witness.

Dr. Barnes referred to draft standards of practice for pharmacy technicians which she agreed to provide to the Committee as soon as possible following the Hearing.

Before departing, Dr. Barnes was thanked by the Chairman on behalf of the Committee for attending the Hearing.

The Chairman welcomed the second witness, Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness. The Chairman reminded Mrs. Pouchie to state her name and title for the record before answering the first question addressed to her.

The Chairman invited Members to question the witness.

Mrs. Pouchie committed to the PAC to formally respond (in writing) on behalf of the Ministry of Health & Wellness to the following:

i. the recommendations in the OAG's report, *HSA Outpatient Pharmacy Services,* by Friday 14th January 2022, including a timeline for an update on the progress of implementing these recommendations; and

ii. the PAC's letter dated 30th November 2021, to address the twelve outstanding undertakings given to the Committee on 29th September 2021.

Mrs. Pouchie assured the Committee, going forward, the Ministry would respond to the OAG and PAC in a timely fashion.

Before departing, Mrs. Pouchie was thanked by the Chairman on behalf of the Committee for attending the Hearing.

The Chairman suspended proceedings at 11:55 am.

Proceedings resumed at 1:03 pm.

The Chairman welcomed the final witness, Hon. Franz Manderson, Deputy Governor and Head of the Civil Service. The Chairman reminded Hon. Manderson to state his name and title for the record before answering the first question addressed to him.

The Chairman invited Members to question the witness.

Hon. Manderson made the following commitments to the PAC:

i. to action all outstanding Government Minutes within the first quarter of 2022;

ii. to ensure implementation of the OAG's recommendations by inserting them into the respective Chief Officers' Performance Agreement;

iii. to speak with Cabinet about whether Government Minutes need to go through the political process. Make the suggestion to Cabinet that a Cabinet Note could be used instead of a Cabinet Paper thereby removing the necessity for obtaining approval from Cabinet; and

iv. to use his office to ensure more timely responses are given to OAG and PAC recommendations and the implementation thereof.

Before departing, Hon. Manderson was thanked by the Chairman on behalf of the Committee for attending the Hearing.

3. Any Other Business

The next meeting was confirmed for:

- **Monday, 31st January 2022 at 10:00 am *(Administrative Meeting)***

4. Adjournment

There being no further business, the meeting was adjourned at 1:28 pm.



PARLIAMENT OF THE CAYMAN ISLANDS

STANDING PUBLIC ACCOUNTS COMMITTEE

HSA OUTPATIENT PHARMACY SERVICES
(NOVEMBER 2021)

Official transcript relating to the Official Report of the Standing Public Accounts Committee Meeting held on 12 January, 2022

CONTENTS

PAC Members present	1
Witnesses present	1
Others in attendance	1
Mrs. Sue Winspear, Auditor General	2 - 4
Dr. Courtney Cummings	4 - 13
Mr. Colin Medford	14 -22
Mrs. Dawn Cummings	23
Mr. Ronnie Dunn	23, 25
Ms. Lizzette Yearwood	26 – 31
Undertakings	13, 27

PRESENT WERE:

PAC Members: Hon. Roy M. McTaggart, JP, MP, Chairman
Hon. Katherine Ebanks-Wilks, MP, Member
Ms. Heather Bodden, OCI, Cert. Hon., JP, MP, Member
Mr. Isaac Rankine, MP, Member

In attendance: Mr. Michael Nixon, Senior Assistant Financial Secretary
Ministry of Finance and Economic Development

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)
Ms. Jasmine Williams – Audit Project Leader
Mr. Ruel Huet – Audit Project Leader

Witnesses: Dr. Courtney Cummings
Acting Medical Director
Cayman Islands Health Services Authority

Mr. Colin Medford
Chief Pharmacist
Cayman Islands Health Services Authority

Mrs. Dawn Cummings
Former Chief Financial Officer
Cayman Islands Health Services Authority

Mr. Ronnie Dunn
Deputy Chief Executive Officer,
Cayman Islands Health Services Authority

Ms. Lizzette Yearwood
Chief Executive Officer
Cayman Islands Health Services Authority

Apologies: Ms. Barbara E. Conolly, JP, MP, Member
Mr. Dwayne S. Seymour, JP, MP, Member

PAC Clerk: Mrs. Patricia Priestley

OFFICIAL VERBATIM REPORT
STANDING PUBLIC ACOUNTS COMMITTEE
WEDNESDAY
12 JANUARY 2022
10:38AM

Meeting with witnesses

OFFICE OF THE AUDITOR GENERAL CAYMAN ISLANDS – HSA OUTPATIENT PHARMACY SERVICES – NOVEMBER 2021

Verbatim transcript of the Standing Public Accounts Committee Meeting held 12 January 2022, at 10:38am, in the Chamber of the Cayman Islands Parliament, George Town, Grand Cayman

---

[Mr. Roy M. McTaggart, Chairman, presiding]

The Chairman: Good morning to everyone.

I want first of all to welcome you to this first Hearing of the Public Accounts Committee for the New Year.

I want to apologise for the late start, we just had a few logistical issues. We have got those all sorted out and we are quorate, so that the Committee can proceed to do its business today and conduct the Hearing.

Before we actually get on the way, I would like to ask Mr. Isaac Rankine if he would lead us in prayer.

PRAYER

Mr. Isaac D. Rankine: Let us pray.

Almighty God, as we deliberate the proceedings of the Public Accounts Hearing, help us to be united in the same way you are in unity with your son, Jesus, and the Holy Spirit.

May we be of one spirit and have a common purpose as we deliberate the business of our country, for the betterment of our people; Holy Spirit of God, fill this place with your Power, and help us walk in unity in Jesus' name we pray.
Amen.

The Chairman: Thank you very much. A few housekeeping matters before we actually get started with our Hearing this morning and call our first witness. We have had apologies from Ms. Barbara Conolly who is unwell and not able to be with us this morning. We have also had apologies from Mr. Dwayne Seymour, the former Minister of Health, who has declared a conflict and has recused himself from the Hearing today. Every other member is here but we are down to a very bare minimum to make the quorum this morning, so I determined we should proceed as we had planned to for today's Hearing.

I would like to acknowledge the presence of two persons in the Chamber this morning, that's Ms. Jasmine Williams and Mr. Ruel Huet—do I have your name right? They are two audit project leaders from the Auditor General's Office (OAG) and they have done most of the fieldwork, I believe, with regard to the preparation of, and investigation into this report, and the Auditor General inquired if I would mind if they were to sit through and observe the proceedings today. I am happy to do that; I always encourage these things so that you can understand what takes place inside this Chamber so, I welcome you both to this morning's Hearing.

The purpose of the Hearing this morning is for us to examine a report of the Auditor General that was released in November of 2021; so late last year. The title of the report is *Health Services Authority Outpatient Pharmacy Services*. This report examines the operations of the pharmacy and it is segmented into a number of key areas. It highlights a number of deficiencies and a number of good things and makes several recommendations for improvement, really, with regard to the pharmacy services that are delivered by the Health Services Authority (HSA).

I invite the Auditor General to make her opening statement and then we will invite the first witness.

Thank you Auditor General. Please proceed.

OFFICE OF THE AUDITOR GENERAL

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

Good morning to you, members of the Committee, official colleagues and listening public and thank you for the opportunity to make some opening remarks to the Committee.

As you mentioned, the report we are considering today is the HSA' Outpatient Pharmacy Service and, as you already mentioned, it covers three main areas. I will briefly summarise our finding in each of these three areas.

STRATEGIC DIRECTION AND GOVERNANCE

This falls more to the Ministry than the Health Services Authority because it is looking at it from a national perspective. Unfortunately, not for the first time, I am reporting that there are significant gaps at the national level, in both the legal framework and the strategic direction for health care and, by extension therefore, pharmacy services.

You will recognise much of what I am about to say is from the most recent report following up on our extensive 2017 Healthcare Performance Audit Report, and you will recall the Committee had follow up Hearings on those recommendations in September 2021.

The legal framework is significantly outdated. The Pharmacy Act dates back to 1979, there are a number of gaps in it and this creates risks for the control and regulation of medicines that are imported into Cayman. There is no National Healthcare Strategy as it expired at the end of 2017; that strategy had an objective to develop a national policy for medicines but unfortunately, was never put into place.

The Pharmacy Council was created in 2017 by the Health Practice Act and is responsible for the regulation of the pharmacy profession. The council registers and regulates pharmacists, but it needs to extend their activities to cover pharmacy technicians. It is also worth highlighting that the council does not have powers to regulate the carrying out of pharmacy business or to restrict activity.

Moving on to the HSA, I am pleased to report that they do have a five year strategy; however, the strategy makes no mention of the Government's strategic objective for health care and as the main public sector healthcare provider, we would expect the HSA to demonstrate how it plans to contribute to Government's objectives. We also found that it is not entirely clear how the pharmacy service was expected to contribute to the HSA's strategic objectives. Again, for such a key clinical service, we would expect it to have its own business plan with objectives, outcomes and performance measures. That is probably the most troublesome of the three areas to be fair.

AVAILABILITY, SAFETY AND QUALITY OF MEDICINES

As I mentioned earlier, the legal framework is outdated and does have significant gaps. However, despite this, the HSA has developed standards to ensure the quality and safety of medicines that it uses. *This is positive.* The HSA established a drug and therapeutic committee in 2008 to oversee the formulary of medicines that are able to be used and prescribed by its doctors.

Changes made to the pharmacy inventory system have significantly improved stock control, resulting in fewer stock outs and fewer expired medicines having been written off in recent times. Again, *this is positive.*

The HSA spends around $9 million a year on medicines, but its procurement needs to significantly improve to ensure better value for money and that essential supplies are available. During our audit, the HSA was carrying out a procurement exercise for medicines, but we found that it was not handled well and had to be abandoned in 2021—more than a year after it started.

We genuinely appreciate that the world changed during 2020 as a result of the COVID pandemic and this resulted in supply chain issues and increased prices, however, the HSA's contracts with medicine suppliers expired in December 2019, and the procurement process should have been completed well in advance of COVID hitting our shores. We have reported that the procurement exercise started far too late, took too long and the options considered were not wide enough. We found that the HSA experienced similar issues during the previous procurement in 2017, and it appears that lessons were not learnt, unfortunately.

PERFORMANCE OF THE HEALTH SERVICES AUTHORITY OUTPATIENT PHARMACY SERVICES

The third and final area that we considered was the performance of the Health Services Authority Outpatient pharmacy services. A number of improvements have been made since 2014, I am pleased to report, however, there is no formal performance measurement framework for pharmacy and therefore, no formal reporting of performance against Key Performance Indicators (KPIs) that may help inform decision making.

The Acting Medical Director, our first witness, had developed a set of key performance indicators for pharmacy, but these have not been communicated and performance against them was not being monitored or reported. We did, however, find that customers are generally satisfied with the pharmacy service, although this varied by location.

Customers are able to order their prescriptions in various ways, which is good, however, the waiting rooms and patient areas need to significantly improve as they are cramped and there is a lack of privacy. We are aware that the HSA is currently renovating the Smith Road Centre and plans to move the main pharmacy there, but that is only one location. We found that waiting times are not measured properly, which is a Key Performance Indicator, and also, despite having policies for capturing potential errors, actual errors or near misses are not monitored or reported consistently.

As previously mentioned, stock outs are monitored and are now much lower than previously, however, the pharmacy service does not measure the impact on customers. For example, *how many customers are affected by medicine being out of supply?* I have

made a total of 19 recommendations in the report—16 of these were made to the HSA, the remaining three recommendations were made to the Government.

Unusually, and for the first time in my six years' tenure as Auditor General, the Government, and in this case it is the Ministry of Health, has failed to respond to the clearly drafted report despite being given extended period, or provide management responses to those three recommendations made.

Thank you for mentioning my two colleagues who worked on producing this report. I also have with me, Ms. Angela Cullen, the Deputy Auditor General who leads on the performance audit practice who oversaw the audit.

Thank you very much, Mr. Chairman and Committee members.

The Chairman: Thank you Auditor General.
We will go ahead at this time and call our first witness into the Chamber, Dr. Courtney Cummings - Acting Medical Director of the Cayman Islands Health Services Authority.

[Pause]

HEALTH SERVICES AUTHORITY

The Chairman: Good morning, Dr. Cummings. I am sorry for the late start, but welcome to the Public Accounts Committee. You are going to be questioned by members of the Committee, I would really appreciate that when you take your mic to speak for the first time, you would please state your name and your position for the record, so that it is recorded properly. With that, I will just turn the questioning over to members of the Committee at this time. My apologies. Mrs. Katherine Wilks.

Hon. Katherine A. Ebanks-Wilks: Thank you, Mr. Chair. Good morning Dr. Cummings. How are you today, sir?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Good morning and thank you for having me here. I am fine, thank you.

LEGAL FRAMEWORK

Hon. Katherine A. Ebanks-Wilks: That's good.

I will start off with questioning in relation to the legal framework. .We note from the management responses to the recommendations that were made, that the Deputy Medical Director and Chief Pharmacist have been allocated with the responsibility for the implementation of many of these recommendations.

However, as the most senior clinician, within the HSA—which I know you're acting—it is the medical director who provides the assurances to the HSA Board. I was just wondering if you can speak of the oversight by the medical director on the implementation of these said recommendations.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you very much. My name is Dr. Courtney Cummings. I am a Consultant Physician and Deputy Medical Director, and Acting Medical Director in the absence of Dr. Jefferson.

We have looked collectively at the recommendations that were made and we have spoken with the senior management and the board about the recommendations. Maybe I need to go into specific details about the individual recommendations, but certainly we have looked at them, and should you ask me a specific one, I can then speak to that particular recommendation, if that is the case; but as the Auditor General said, there are some 19 recommendations there.

Hon. Katherine A. Ebanks-Wilks: Thank you. I guess we will speak in more detail on the particular recommendations as we get down into the performance area.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Absolutely.

[Pause]

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

The OAG report states that the legal framework is outdated—I think the last Hearing that I participated on, I said that it was almost as old as I am—and it does not compare well with the World Health Organization's (WHO) guidelines for good pharmacy practice and it also lags behind other jurisdictions. In particular, The Pharmacy Act, going back to its age, is more than 40 years old, and this creates a number of risks for the Cayman Islands.

The report also states that during 2020, the Ministry for Health started to revise the Act and so, I am just wondering, in your view, do you see the risk to the Cayman Islands as a result of the failure to have this Pharmacy Act updated for over 40 years?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right, thank you for that question.

I do agree with the comments that were made. Medicine has progressed along the way over the last 20, 30, 40 years and that has to be taken into context because as a small country, as an example, we bring medications in, we don't produce our own medications here; and the absence of certain regulations—you will see right away—exposes the public and the Cayman Islands, in general, to medications that are not properly verified, in terms of qualities, et cetera.

An updated Law will prevent such things, so I would agree with that comment, in that, we need to update the Law now, we need to update the next five years and we need to update it again as things progress. I think in general, that is what I will say about that. Updating the Law is going to be very important, in terms of medications and in terms of equipment. Things have changed significantly over the last many years.

Hon. Katherine A. Ebanks-Wilks: So an Act, such as the Pharmacy Act, should be viewed more as a working document; going back to medicine changing and reviewed very frequently then?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right; and that needs to be changed also because we never talked about certain things many years ago. We now talk about alternative medicine. We are talking now about narcotics; those are topical issues that were not there before, so I think updating the Act and the Laws over a period time, is going to be very important.

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

The Chairman: Dr. Cummings, I am aware that a draft of the Pharmacy Law does exist and probably has existed for a few years now. Do you know what the status of it is? Just give us an update as to what your understanding is as to where it might be.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right.

The answer to that question up front, is that I do not know the details but I am aware, according to my Chief Pharmacist that an updated version has been made and submitted to the Ministry; but that is as much as I know.

An updated version has been made.

The Chairman: Okay, thank you. I will ask *[inaudible]*

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I am sorry, may I say it may be updated at that time. It may be a little bit outdated now, but certainly it was some time recently.

The Chairman: Okay; thank you, sir. I will just ask the Chief Officer later when she appears at the Committee. Thank you.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you.

Hon. Katherine A. Ebanks-Wilks: Dr. Cummings, I think the question that I am about to ask [you] is probably a very similar response to what you gave in terms of a more national response, in terms of risk with not having this Act updated but, just in relation to the has: Can you just elaborate a little bit more on how not having this Act updated impacts the HSA.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right.

So, we are in a competitive field, but I want to preface my comments by stating that we have looked at the broad strategic outcomes that the Government has actually put forward, and it says there that the outcome that they are looking for is *equitable, sustainable and successful healthcare system* and we want to make sure that is available to the public.

Now, many years ago, there were not many competitors; now we have competitors. We are interested in delivering service to the people. One of the issues now, is that when medications or equipment should come in and there is no law or something prescribed as to what can come in, then it makes it a bit more difficult for us to compete with others and I am going to explain why I say that.

We at HSA only purchase medications—and I am going to stick to medications for now—from jurisdictions that actually do quality checks on the medications. Medications cost a certain amount to produce, but then certain jurisdictions will have quality checks. For example, the Food and Drug Administration (FDA) and the European Medical Association (EMA) will do that; making sure that what is said to be contained in those medications is contained. There are other jurisdictions where that is not done, and you will understand, therefore, medications can be obtained from some areas much, much cheaper.

I know persons have complained about the HSA's medications being costly, well, it is because of that. Because when we give medications, when I use medications, I want to make sure it is coming from the right source, it has what it says it has and the quality checks are made. I am not saying that the ones that are coming from other sources are not good, or have problems. I am simply saying that we want the quality checks and we have to pay for the quality checks.

Hence to your question, so it makes it less… We can't compete so well with those persons because that Law leaves it open for people to do what they want, but we have decided that we will deliver medications that are of certain quality only. In fact, when we purchase, we purchase from very few jurisdictions; not that we cannot buy it from other places also, [but] for that reason—because of the quality aspect.

Hon. Katherine A. Ebanks-Wilks: Thank you very much, Dr. Cummings.

I would just like to highlight what you just said. I guess it is assuring to know that once we get to that stage of revising this Act, there will be more affordable

medication available to the people in the Cayman Islands. Again, that should give us, as the Government, the indication to press this along.

Thank you.

The Chairman: Mr. Cummings, I want to expand on your comments with regard to the availability, safety and the quality of medicines available through the HSA. The report highlighted that despite the legal framework being out of date, the HSA has adopted higher standards to ensure the safety and quality of medicines.

Can you speak to the Committee about what those higher standards are? What are some of the things that you are doing to strictly ensure that medicines are meeting these higher standards?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: So the Drugs and Therapeutic Committee—which is a committee that we have that looks at what medications should come in, et cetera—is comprised of physicians, pharmacists and other persons.

That committee also researches the literature and they are up to date as to, for example: *Are there problems with this particular drug? Are there any side effects of this drug?* And not only that the drug is good to be used with minimal side effects, but that as we had—I would say about four years ago—one of the very popular medications that we used for hypertension, it was found that that medication had some contamination with cancer forming drugs. Many places around the world had to withdraw those medications and that was because the FDA and the European Medical Agencies, et cetera, were checking.

Now, those same drugs are available in other places and I want to refrain from calling names, but they are available from other sources, other jurisdiction, other countries, but because we now know that the agency that we work through does check these things and they said, *look there is a problem here*, we were able to stop it, and in fact we pulled those medications away from the public. So the first thing is that we want to work with places that have a robust system of examination of medications.

Also, when we bring our medications in, from time to time, the Chief Pharmacist may also send some samples off to Jamaica for evaluation; so it is a sort of second or third check, if you will, to make sure what we are saying we are getting is what we are getting, and that not only we have the right contents, but it is safe and the quality is okay. Those are things we do in general.

The Chairman: Does the HSA or the Pharmacist Council maybe, maintain a list of countries or entities that you will not procure from?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: In terms of getting medication into the HSA, it's a group.

It involves the pharmacy stores—the pharmacy stores is run by a pharmacist and that person is in contact with a number of suppliers around the world at key areas, in the UK in the US and other places, and is quite aware of the sources that we should preferably get medications from.

We have the Drugs and Therapeutics Committee (D&TC)—that comprises a number of those persons also, and then we have the Procurement Body. The three work in tandem to select where and how we get medications.

We do have online suppliers who we deal with often and they know what principles we stand by and where to get our medications from, so hopefully I answered the question by saying that, *yes, the collective of that group*—the Pharmacy Stores Group, the Drugs and Therapeutics Committee with all having a say as to where, how and why that medication is actually obtained.

With that information, the procurement will make a request, and it is purchased from a preferred site because of all that input that comes in from these different sources.

The Chairman: How do you all monitor the entities that you source these drugs from, and ensure that they too are doing their work to give you safe and effective drugs?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right. That is a good question, thank you.

Recently we had shortage of a drug used for anaesthesia that we had been using for many, many years, and I think the Auditor General put that in the report. It is produced in Europe, and that group that produced that drug lost their good standing with their local monitoring agency. That sort of information is never secret; when we learned that, clearly we could not purchase from them anymore. In fact, they lost their ability to produce the drugs—period—and there was a shortage.

So, to answer your question, sir, what we do is keep on top of the literature to know what is going on, who is doing what, and of course, our suppliers work with these persons to know, *Are they still accredited?* For example, as a physician: I am accredited to work here in the Cayman Islands, but if I do not do what is necessary, my continuing medical education, then I lose my accreditation and that has to be publicised so you are going to be aware, *hold on this person is no longer accredited.*

I think it's the same sort of thing where, to maintain their good standing, they these companies have to be doing certain things and we are going to be aware of it once it happens.

The Chairman: I think the issue of [the] pricing of your drugs was highlighted in the report—that quite often, your prices seem to be higher than those that are available through the private sector. What are the challenges you face, then? Is there a competitive disadvantage in that you are not able to source drugs for the same or competitive prices, compared to the private sector?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right, thank you, sir.

It is a disadvantage but at the end, when we deliver to the public we want to make sure [that] we deliver safe, quality medication, so we are always going to be in the position or are always going to say, *buy from a source.* It is not about funding anymore, and I know, the pharmacy is supposed to be fiscally responsible, I am aware of that—we are all aware of that—but at the end, we think quality and safety overrides that aspect.

So, yes we do have a problem with pricing from that perspective, because customers do have the ability to buy at cheaper prices outside for the reasons I have given before, that they can they can buy it outside and it comes from areas that are not subject to quality checks. We are aware of that. I don't know if there is anything else we can do about that, but I assure persons that when we sell medications, we sell medications of the highest quality.

The Chairman: Are there any restrictions on where private sector importers, or even within the HSA, may source drugs from?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: No, there are none. As far as I am aware, there are no restrictions at all.

The Chairman: So it really is up to each individual importer, whether it is a medical supply company or HSA, as to the standards they employ with regard to where they will source their medications [from]?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Absolutely. And this is where I think the first question came in; the need for the legislation or the laws. Those things need to be put in place to make that restriction that you are talking about.

The Chairman: So, in my thinking as a lay person, if I were prescribed a brand of drug, the risk probably is much less with dispensing and getting that brand, rather than a generic; would that be a fair [statement] in terms of the sourcing of the drugs?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you. May I clarify that?

So, brand and generic; let us clarify that. The brand drugs are the drugs that are produced initially by the drug company that discovers it and first produced that drug. Because, over a period of time, they put millions and millions of dollars to produce the drug, it comes out with their brand name only and they are allowed a particular time for that drug to be used when no one else can make it.

After that period of time has elapsed, then others can apply to the FDA or wherever, in whichever country—whether it is Canada or wherever—to make it now, so then you get the generic, but the truth is that in these countries the generic has to have exactly the same thing.

The point I am trying to make for the Committee and for the public is that the generic is, or should be, just as effective; the quality should be the same and carry everything that the brand name carries. The difference in pricing is because the brand name was from the original companies, whereas the second or third company did not invest money in trying to discover this. You see the difference there? There is a little difference.

So brand and generic should be no difference at all, really, that is about production; but sourcing now, you can get different drugs now being sourced in different areas, and of course, for different prices. All I wanted to clarify is that the brand name is more expensive not because it is better, but because it is produced by the original makers. The generic could be equally effective, but produced by a company that did not have to put much money into investigating whatever it is.

The Chairman: That concludes my line of questioning. We are now going to move on to the strategic direction and I will invite Mr. Rankine to lead the questions.

STRATEGIC DIRECTION

Mr. Isaac D. Rankine: Good morning, Dr. Cummings.

You know, as the Auditor General's Report noted, that the 2012-2017 strategic plan expired. They also referred, in that same report, that one of the strategic objectives was **to ensure access to and rational use of high-quality and efficacious medicines and other health technologies but this was never put in place.** Would that have had an impact on the HSA since 2017?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I sort of missed the question. Could you repeat it for me, please?

Mr. Isaac D. Rankine: I said that the strategy expired, but the Auditor General reported that one of the strategic objectives, which was, **to ensure access to and the rational use of high quality medicines and other health technologies**, was never put in place. I am saying, what kind of impact did this have on the HSA?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Hopefully I understand the question. I am not sure if it is about the procurement aspect we are on here now.
I think there was some issue where…because of a number of things—COVID, et cetera—we couldn't get the procurement done in a timely manner, but I think what we did in that case, was that we extended our agreements with our suppliers.

I do not know if that answers that particular question, but at no time were we, say, left without medications for our patients. I think that is the important point I would like to make here now. Yes, you always want to have your contracts in order, it makes for a better working relationship, et cetera, but our point here is that at no time were the patients left unattended in terms of not having their medications.

Mr. Isaac D. Rankine: I am sorry, Dr. Cummings, but the report stated that there was an objective in that plan but it was never carried out.

Even though the plan is expired, that particular objective, which was **to ensure access to and the rational use of high quality, safe and efficacious medicines and other health technologies.**

That was never put in place, so I am asking if that had an effect on HSA.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Again, I mean the comment is there, you have said the comment and I think we have taken into consideration what the report says, what the Auditor General has said.

I think we have to address that issue, but I wanted to say that *yes*, that may have been so, but we would address it by at least making sure that our patients do not suffer along the way.

Mr. Isaac D. Rankine: Following on Dr. Cummings, what role do you think the HSA was expected to play in the national strategic objective to ensure the same access? What role you saw the HSA playing in that?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you for that.

I think the HSA being the Government entity, and the HSA is going to be here forever—not prophesying, but I think it's going to be here—not only that, the HSA being the largest supplier of healthcare and pharmacy service to the Cayman Islands, I think it is very important that we maintain the public's confidence; that we continue to be a place that the public can go to get what they need for their health care needs, et cetera.

In other words, a very pivotal role, in my view, the HSA and the HSA pharmacy that we are talking about have to play, in terms of healthcare and pharmacy services to the public, because of the volume and who we serve; we serve the majority of the nation.

Mr. Isaac D. Rankine: Thank you for that, Dr. Cummings. Can you elaborate?

The Committee hears what you are saying, but was there any particular reason why it was not actioned in the strategic objectives? I mean, you said there were some other issues that addressed those, but can you elaborate on why that particular one was not done? The lack of action on the strategic objective to ensure the access. You spoke about other methods that you guys used to ensure this, but why was that particular one not done?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: So I can be clear in my answer, can you say what page I can find that?

Mr. Isaac D. Rankine: One second.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: If I can just get that, I will be clearer in my response.

Mr. Isaac D. Rankine: Page 22 to 23 in the Auditor General's reports.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right yeah. So, I think it is recommendations number two and number that you are referring to sir, which states that, **"the Pharmacy Council should ensure that standards of practice for pharmacy technicians are finalised**, **published and brought into force as soon as possible."** Is that it?

Ms. Angela Cullen, Deputy Auditor General: Through you, Mr. Chair, if I can just help the witness.

The area is around the lack of a national strategy for health care, so yes, recommendation 2, which was made to the Government, but from what I understand, Mr. Rankine is asking [about] the impact on the HSA of the lack of a national strategy; and if you had any role in developing a national strategy as an organisation. If that helps.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right, right.

Mr. Isaac D. Rankine: Thank you for that.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I am sorry I misunderstood that.

I think our role was limited, first of all, in terms of developing a national strategy. I think our Chief Officer (CO) will speak more to that but our role was limited. Yes, the national strategies that referred to in the past, the absence of that, did impact us negatively. I have to say that, but we have recognised what needs to be done to deliver that care that is needed to patients and we have worked around that.

I think the Auditor General's report talks about what we have done, in terms of our standards at the HSA. We have put in place standards that can at least deliver what we want to deliver for the people and which will, in a way, tie in with what the Government is saying to produce sustainable, safe, equitable, outcomes for the patients, in terms of health.

Mr. Isaac D. Rankine: Thank you, Dr. Cummings; thanks for that clarification.

The Auditor General also highlights that the HSA had a five-year strategic plan, 2018 - 2023, but it never made any reference to the Government's strategic broad outcomes for health care in the 2020 - 2021 Strategic Policy Statement (SPS), and that related to seeking to use new procurement practices to reduce the cost of medicine and equipment.

What role would you have had in that—seeking to reduce the cost of medicines and equipment?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right.

Mr. Isaac D. Rankine: Just to further clarify, what role would you have in helping the HSA develop that strategic policy?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Right.

Our strategic policy, or the plan that we have, was put in place by a group of persons, specifically, the Drugs and Therapeutics Committee, the pharmacy, the Medical Directorate and other physicians and clinicians, we get together to advise the HSA in terms of a strategy, that hopefully will tie up with what the Government's plan is saying.

So, to answer your question directly, it is usually a meeting of minds, a meeting of these persons—of clinicians, the Drugs and Therapeutics Committee and other senior clinicians—who feed into that document that you see there, that strategy plan that you refer to. You know, it is not one individual, it is a collection of persons in different specialties.

Mr. Isaac D. Rankine: Thank you, Dr. Cummings.

I just have a couple of more questions at this point. Again, from the Auditor General's report that was highlighted says, the job description of the Chief Pharmacist includes strategic objectives, including the development of a business plan for the pharmacy. It further says that it appears that much of the strategic direction is provided at a higher level by the Medical Director and the Deputy Medical Director and there is no business plan for the pharmacy services.

Can you elaborate on that for me, please?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Yes, thank you.

So, let us talk about the business plan. We do have a business plan that we are working on right now, and I have to admit, we have not had a business plan for the pharmacy per se, but we have taken into consideration the comments of the Auditor General and we have sort of put together a working document for a business plan for the pharmacy as we speak right now.

So there is something, in response to the comment that has been made.

Mr. Isaac D. Rankine: Thank you. One final question: is the Chief Pharmacist part of that strategic group that helps provide the strategic direction to the HSA?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Absolutely, thank you.

We meet often in group and the Chief Pharmacist works closely—in fact, we take into consideration what he or what his group… because he meets with his other pharmacists, the clinical pharmacists, the other pharmacy leads and they will give us ideas, in terms of pharmacy issues: *what is going on around the world now, where are pharmacies moving to now, as opposed to last year.*

We meet and dialogue and those things are taken into consideration so, he is very much pivotal and central in all the decisions that are taken from a pharmacy point of view. He is pivotal in whatever recommendations come out of those.

Mr. Isaac D. Rankine: All right, thank you Dr. Cummings.

The Chairman: Are there any other questions on this area? If not, we will then move on to governance, and I will invite Ms. Heather Bodden to lead that line of questioning.

[Pause]

GOVERNANCE

Ms. Heather D. Bodden: Morning, Dr. Cummings.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Good morning, Ms. Heather.

Ms. Heather D. Bodden: Happy New Year, and I hope you are doing well.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: And to you—and everybody else here, thank you very much.

Ms. Heather D. Bodden: Just a question here regarding the HSA outpatient pharmacy services. The Public Accounts Committee (PAC) may wish to ask the [Acting] Medical Director about the assurances provided to the HSA board on the performance of pharmacy services. What update can you give us on that?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I did not get the question, please.

Ms. Heather D. Bodden: One minute, sir.

[Pause]

Ms. Heather D. Bodden: My apologies.

The Auditor General found that regular reporting on the pharmacist services is limited to Grand Cayman dispensaries, is inconsistent, and provides limited information to assist in decision making. We wonder if you can provide assurances to the HSA board on the performance of pharmacy services.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you.

I think one of the problems that we are sort of rectifying now is the documentation aspect. We have identified several Key Performance Indicators (KPI) that we look at and—in fact, we have a document that has come out. When we report to the senior management and to the board on a monthly basis, we will be addressing those issues.

One is the waiting time; the waiting time is now 25 to 30 minutes for the different categories. Another aspect that we will be talking about is customer satisfaction, and we will be saying that, *we have looked at some of the comments that persons have sent in; customer satisfaction from the questionnaires is poor or good or whatever it is.*

We will also be talking about fiscal responsibility. So we will be looking at those KPIs. In fact, our reporting system now is that those major points… quality checks, like looking for errors; waiting time, and patient satisfaction, they will be bulleted there and they will be addressing those issues to the board every month. If there is an issue [or not,] they will still get it. So those key important points will always remain on the senior management report on a monthly basis, and hopefully that will inform them as to how we are doing.

Ms. Heather D. Bodden: I just want to say that I noticed, during the pandemic, that at first things were a bit chaotic at the pharmacy. Patients who were waiting several hours for medication. It eventually got better as people made those comments and provided you with that information.

I also noticed that there was some sort of stipulation put in place, where the elderly were treated a little different and they were more or less getting served quite regularly and quickly, so I would like to thank the pharmacists and the staff, as well as the security, because at that point in time the security officers outside were doing the best that they could.

I gather there are plans to improve performance reporting on the pharmacy service to the HSA board. Am I correct?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Yes, you are. Thank you for your comments and we are, yes.

There are things we did at that time, such as senior pharmacy staff would take medications home for the elderly and for persons who were not able to move around as they would want to because of the restrictions on movement, et cetera, and because they were not moving around much, anyhow; so we would take medications home [to them].

We put other measures in place also, for example, requesting medication refills. So there were many things that were done; and of course, around that time we opened the Smith Road Pharmacy and I think that was a very good move, because many of the patients did say afterwards that they wanted that to be kept. In fact, when we had to fix that Smith Road Pharmacy, persons did not want us to close it down to renovate it.

I should say, that should open up in another two weeks or so, first week in February, and that is probably going to be—and I don't want to boast in public—the best pharmacy in town, I believe. It is fantastic. It is open, there is lots of room for privacy and social distancing. All the things that we want to talk about would be there and I have seen it so, thanks for your comments.

I think one of the constraints was that we saw many of these things that were happening. The facility was a problem. When you are restricted to a facility that can only accommodate let us say, 10 staff, even though we needed 15 pharmacists, you could not put 15 pharmacists there—it could not work; but now we are resolving that issue, and with the Smith Road [Centre] opening up now, we are able to expand and I think the public will be feeling much, much, much, much better about us.

Ms. Heather D. Bodden: I thank you for that, Dr. Cummings and just to say that we noticed that when the two pharmacies were open during COVID—I know they are still open—I got complaints that when they ordered the medication, they would go to the HSA pharmacy only to stand in line for 20 minutes to an hour, only to be told that the medication was supposed to be picked up at the Crew Road Pharmacy.

I think that has been sorted as well, and I do appreciate that some of the staff did take medication, because my mom was one of those to whom they hand delivered, so kudos to your staff. They are doing a fantastic job.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: And we are sorry for the misunderstanding at that time, but as you said, it has been corrected now.

The Chairman: We are going to move on now to the final area of questioning for you, Dr. Cummings and that is on Performance. I am going to call on Mrs. Katherine Wilks to lead that line of questioning.

PERFORMANCE

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

Mr. Cummings, the next line of questioning will be in relation to performance. The OAG's Report actually highlights that the Medical Director commissioned a review of the HSA pharmacy services in 2014. That report actually provided a summary of the status of the recommendations that were made by a consultant in relation to the outpatient services.

It is pleasing to note that many of those recommendations have been implemented or partially implemented; however, there are a few that were not accepted, in particular, some of the recommendations related to improving patient services. For example, some of those services would affect the volume of medicines that were dispensed and also some of the questions that my colleague just asked, [such as] the number of times that a customer or a patient needs to visit the pharmacy.

Now, I note that the Auditor General recommended that the HSA review those recommendations that they chose not to accept, however, I note from the management response that these recommendations are still not being accepted.

I know it might take a few minutes, but just for public knowledge, I had a look at some of those recommendations, some of which hit home for me because they affected the West Bay Pharmacy. One of the recommendations was the **Main outpatient dispensary: Consideration should be given to coordinating regular supplies of medicine for each patient into a single monthly dispensing episode**, which would reduce the patient having to go to the pharmacy frequently.

Another recommendation was to **increasing the amount of stable repeat medications to be dispensed per prescription from one month's supply to two to three months' supply.**

Another one that hit home for me was the West Bay Pharmacy. One of the recommendations was at the West Bay Pharmacy space, which is inadequate to safety [sic], **consideration should be given to expanding the pharmacy into the apparently underused laboratory situated next to the pharmacy.**

Lastly—again, I am just reading these out for public knowledge, since many people do not have the time to read through the reports—**the West Bay Pharmacy operates in an efficient model of outpatient medication prescribing and dispensing in that most patients collect all regular medication at a single visit and received two months' supply.** However, as I look at the chart I see that this model, although it was working well, has been discontinued.

My question is, Dr. Cummings, as we are now in a pandemic, can you see where there are benefits to these recommendations being accepted?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you for that question. I am going to take them one after the other.

I think the comments are well made; no issues at all with the comments, but there are some practicalities. I am going to say it this way—there are many explanations I have to give here now. In the Cayman Islands we see patients at the HSA who see many, many doctors, and I am going to give you an example because I am a physician too, and you may find that patient A sees the GP, sees somebody else, and oftentimes you will find that, medications that they are on, changes within one month. There are lots of interactions and lots of changes.

And one of the problems that we have and we were trying to work through that now, is [that] we put this patient on drug 'whatever it is'; this person gets two months' supply of a drug, then after two weeks it has changed or there is another drug that interacts with it.

What I am saying is that, because these patients don't see only one physician, and there are changes, (it is not the only explanation) made to the drug regimen over a period of time, you will find that oftentimes you are going to have to be withdrawing those medications—and once we have given a medication to a patient, we do not use it for someone else, so it has to be wasted.

That is one issue that we are thinking about how to deal with it because, again, giving them a month—and there's nothing magical about a month or two months—but giving two months or three months… Yes, it is going to decrease the number of times they

have to visit; it will decrease the amount of paperwork with financing—we are aware all of that; but the truth is: patients' medications changed very often and there is a lot of wastage.

That's one of the things we see

Hon. Katherine A. Ebanks-Wilks: I agree with you, especially if there is an individual who is probably just trying to get their condition under control; however, what about the average patient who may just be a diabetic or who may have an eye condition?

For those individuals, do you not foresee some sort of mechanism where, you know, I mean a diabetic, if you are on Metformin—I am not a clinician but… I mean, there just seems to be a high level of persons in the clinics right now, and with the pandemic, do you think that this is something that could be considered for patients who have more degenerative diseases that have been established with their doctors?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you. The answer is yes, it could be considered. We are looking at it and you are absolutely right, it could be considered, but even those diabetics you talk about, every so often we change their medications.

My answer would be that we are looking at it and we have not discarded it, and I want to say that to the Committee. I too am on medications and I do not like having to go to the pharmacy every month to get it so, to use the term, *'you are preaching to the choir'*—I agree. There are other issues also, but yes, it is been considered.

The Chairman: Members, if I could just ask us to pause the questioning here. We need to take a 2-3 minute break.

[Pause]

The Chairman: Okay, let us go ahead and call the meeting back to order. You can continue your questioning, Mrs. Wilks.

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

This will be my last line of questioning in relation to the performance. The OAG reported that the Medical Director—and I am thinking it might be yourself.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: If it is bad, it is not me.

[Laughter]

Hon. Katherine A. Ebanks-Wilks: Well, I think this is good.

That you all developed a set of Key Performance Indicators for pharmacy service but these indicators had not been formally communicated and performance against them was not routinely monitored and reported. I was just wondering if you can provide the PAC with any assurances that all of the pharmacist staff are aware of these performance indicators.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you very much.

Yes. What we have done, is we have actually publicised it and have printed it out now. [It] is stuck on the pharmacy wall, so the answer to that is, *they all are aware now*. We have told them and we have actually printed it out. I actually got the Chief Pharmacist to print those out and stick it on the walls in the pharmacy, so everyone is aware of the KPIs that we are dealing with.

Hon. Katherine A. Ebanks-Wilks: Thank you. Is that on the wall where the public can see it as well?

[Laughter]

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: No, it's inside the pharmacy.

Hon. Katherine A. Ebanks-Wilks: Also in relation to the Key Performance Indicators: Can you say if there is any progress in developing an approach to reporting this performance for the entire pharmacy service?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: If I understand the question correctly, there are about five different things that we look at.

In fact, I did not walk with the document that I would love to have shown you. Yes, one of the issues we have had in the past was reporting the issues, so what we are doing now, is that we are publicising and not even publicising, to the senior management and to the board. Those things are taken into consideration and every month the pharmacy staff now has to produce to us—the senior management and the board—the document that addresses all these issues. '*What's up with the errors?' 'What's up with quality?' 'Is there a quality issue?' 'What is the issue with regards to facility?*'

All of those key points that we talk about are going to be kept in focus and addressed on a monthly basis to the board and to the senior management.

I do not know if I answered that question.

Hon. Katherine A. Ebanks-Wilks: Yes, I guess for me, in my mind, when I think of the Key Performance Indicators and I have been doing some research, looking at the World Health Organisation and looking at how some of the international standards are around the

world, I just wondered how, as a country, are we measuring our progress, in terms of these indicators.

Who are we reporting them to and will we get to the stage where our performance will be reported? For example, there are hospitals where you can prescribe to being a part of a reporting mechanism where you can be in good standing as a hospital. I guess that is where I was going with the line of questioning: Will we get to the stage where the reporting will leave the board and go somewhere bigger?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I think that is a good question. I think we are ending where we started. This is where the Law, rules and regulations come in.

You are absolutely right. In the States, for example, you will see a document comes out, '*the best hospital in Florida for the year*', *the best this* or *the best that.* Absolutely right. I think once those regulations are put into place, you can then see that sort of information coming out. For example, hospital with the least waiting time, et cetera.

I think it's very important. We as a HSA, as a body, we can only speak about ourselves, we have no control over other things so, yes, I believe it is very important that when we talk about all these KPIs, it's okay for us to talk about it but, do we publicise it? And I think it should be publicised.

I want to say that we are going to put in a kiosk in the new Smith Road Pharmacy. There are so many things I am sure you be able to ask Mr. Medford, who is outside. We will be putting a kiosk there and we will be able to use that kiosk to do a number of things. In the near future, I think you are going to get better reports in terms of reporting of the waiting times, satisfaction. We are going to have objective information.

I am sure that Auditor General will loves us at that time, when all that comes out next round. I am sure it is going to be better.

[Laughter]

Hon. Katherine A. Ebanks-Wilks: Thank you, Dr. Cummings. That was my last line of questioning in relation to performance. I just wanted to be noted in this honourable House that, in my personal view, that is where I would like to see, not just pharmacy services but health care, taken in the Cayman Islands.

I am sure the Auditor General is making her notes as she makes her recommendations that we need to get to a place where we have some sort of benchmark as a country for our Health Services Authority.

Thank you.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you very much.

The Chairman: Dr. Cummings, I want to thank you too for your presence here this morning.

Just one request from you sir. Would you mind sharing those KPIS with the Committee?

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Yes.

The Chairman: Good. I think it would be very helpful for us to understand.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: You mean physically or…

The Chairman: Yes, if you could just send a copy for us. You can send it to the Clerk and she will distribute it to us.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: I will. In fact, I think Mr. Medford may have copies with him; I will ask him to do that now.

The Chairman: All right; that would be fine, sir.

Thank you again for your presence and for your frankness in answering our questions this morning. Thank you, sir.

Dr. Courtney Cummings, Acting Medical Director-Cayman Islands Health Services Authority: Thank you for having me. Thank you very much. Good day.

The Chairman: Members, I am sure you appreciate that we are running a bit behind time, but our next witness has been waiting out there for some time. I do want us to go ahead and interview him before we break for the lunch.

If that is okay with everyone, we will do that, and what I intend to do is, rather than take an hour for lunch, I would suggest we take as little time as we can and get back here and try to get ourselves back on schedule. Hopefully we can complete the questioning of this next witness and break for maybe 20-30 minutes for lunch and get back here between 1:00-1:30 to complete the afternoon session.

I would like to go ahead and summon our next witness, Mr. Colin Medford, Chief Pharmacist at the Health Services Authority.

[Pause]

The Chairman: Good morning, Mr. Medford.

Welcome to this Hearing of the Public Accounts Committee. Thank you for your presence. I apologise that we are running a bit late.

We are going to try to make up a little bit of time here as well, so I am going to jump right into things and

we are going to move into the very first line of questioning, regarding the legal framework, in terms of pharmacy services and the Pharmacy Act; and for that, I am going to invite Mrs. Katherine Wilks to lead the line of questioning.

Before you answer your first question please just state your name and your position for the record.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Okay. My name is Colin Medford and I am the Chief Pharmacist of the Cayman Islands Health Services Authority.

Hon. Katherine A. Ebanks-Wilks: Good morning, Mr. Medford.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Good morning.

Hon. Katherine A. Ebanks-Wilks: My line of questioning this morning will be relating to the legal framework.

I will just go straight to talking about the report of the Auditor General where it was stated that the legal framework is outdated and it does not compare well with the World Health Organization's guidelines for good pharmacy practice, and it also lags behind other jurisdictions. In particular, the Pharmacy Act is… old.

[Laughter]

Hon. Katherine A. Ebanks-Wilks: I am not—the Pharmacy Act is—and this creates a number of risk for the Cayman Islands.

The report also states that the revised Act was prepared in 1991, but it was not passed by the then Legislative Assembly; and that during 2020, the Ministry for Health again started to revise the Act so, as the Chief Pharmacist, I would like to ask you your thoughts on whether there are risks to Cayman, as a jurisdiction, in relation to having this outdated and old Pharmacy Act.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Absolutely.

The Pharmacy Act, as it is right now, is woefully inadequate to serve the needs of the Island. In fact, the Auditor's report has acknowledged that the HSA has literally surpassed the Pharmacy Act by creating its own set of guidance and rules and—I could probably call them regulations—to ensure that we are in concert with the world at large, and competent authorities in pharmacy, to ensure that we are on par with the standards that are expected for us at this stage.

The thing is, mentioning the national necessity, it is very important for us in these days. There are so many things in pharmacy that are literally pushing the acquisition and the handling of drugs in the wrong direction. We have got counterfeit drugs; they look like the real thing, they are packaged like the real thing, but they are made in sweatshops in Thailand, and so on. I was actually afforded the opportunity to see some of these at the International Narcotics Control Board and Interpol Conference where they had many of these things on display.

We are not exempt from that and, because of that, the HSA has had to put robust measures in place to ensure that when we purchase drugs, the drugs that we purchased for the general public are on par, or above par in some cases, and exactly what we are looking for.

As far as the legal framework is concerned, there was another attempt at providing a more updated law. This is actually in the hands of the Ministry of Health and it was so for some time. This was done around 2012, I believe, and we were called into a subcommittee meeting. I was actually on the committee and on the on the council at the time, when we made the amendment to the existing Law, and this has nothing to do with the 1991, I think it is that you just referred to. This was a very separate and complete document and we were asked to also include some of the legal framework from the Bermuda Law because obviously, [it is a] similar jurisdiction, similar territories.

We did not want to reinvent the wheel, so we did take into consideration a number of aspects of the proposed law. As far as where that is right now, I am not certain, but what I do know, is that it is a lot more robust than the 1979 Law, and certainly, it surpasses the attempt of the 1991 Law.

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

Firstly, I just like to say that it is great that everybody is being proactive and trying to keep up with international best practices, even though it is not enshrined in the Law as yet. That is great.

As the chief pharmacist, I would like to ask your views, whether you envision alternative medicine and the like being encompassed into this legal framework.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: I cannot see how we can avoid it, actually. Again, you talked about being proactive. The HSA already has in place a complementary and alternative medicine clinic, as well as pharmacy. They are well-staffed, well-stocked, and in practice as we speak.

Quite a bit of international research has gone into this. The doctor who is responsible for the clinic is extremely well-read—she is Caymanian, by the way—and has quite a bit of knowledge of the interactions between traditional medicine and complementary medicine, and that was absolutely necessary. We do not have any of that information available anywhere documented officially for the Island, and it means now that when we update our formulary, we are going to have to put in not only a list of those meds, but we are going to have descriptive information, as well as patient information. This is simply because of the fact that there are many unknowns, as far as complementary medicine is

concerned, even though there is a lot more information available.

What we have done is that we have adopted something called, *'Medicines Complete',* which is a software package and that software package lists all the current drugs actively available in the world today; all of the side effects, all of the interactions, all of the pregnancy and lactation information; but along with that software comes a package which contains complementary and alternative medicine information of the same degree. We have that in hand and right now, that is our primary reference.

As far as the national framework is concerned, it is impossible to omit any aspect of pharmacy, especially in these times when people are attending the University of Google and thinking that they have got the right information when much of it is opinionated more so than fact, so it rests on our shoulders to ensure that the truth and the most relevant information is available for the public.

Hon. Katherine A. Ebanks-Wilks: Thank you very much. I do not have any further questions.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Thank you.

The Chairman: Thank you.

Mr. Medford, we have read the report, and heard today, about the legal framework being basically, if I might describe it, *hopelessly out of date*, and also the absence of any clear established formulary and defined safety standards at a national level, with regard to the procurement and dispensing of drugs.

As Chief Pharmacist, what assurance can you give to this Committee and to the wider population who might be listening, as to the safety and the quality of the medications that are dispensed from the Health Services Authority pharmacy?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Yes, Mr. Chairman.

As I alluded to earlier, we have taken measures over the years and as the years go by and as things change, these measures are updated and revisited, either via our Drug and Therapeutics Committee or via my clinical pharmacist team. I have got a very keen group of clinical pharmacists. These are specialist pharmacists who have done medicines management in places like the United Kingdom and so on, and they bring much information from their former hospitals and so on.

Apart from that, we do not have a choice but to remain up to date as far as information and changes regarding medicine are concerned. When we purchase drugs, we do a lot of research not just into the drugs, but we ensure that these drugs are actually in use on the market by an established body, whether it be Medicines Canada, the FDA, or the European Agency for Medicines; we pay attention to those places.

There are other places that purport to have the same information and so on, but for reasons of uncertainty and doubt we prefer not to go that route and to stick to the established routes where we have been getting credible information long standing for years. That would also include places like Jamaica, Barbados, as well as South Africa. South Africa has a very robust system—I think people are unaware of that. Australia and New Zealand as well. We tend to stick to those places.

Sometimes, because of our preference and because of our diligence, in order to ensure that what we are getting is what we want our patients to have, they may be more expensive and as a result of that, we find ourselves in a situation where our prices are higher than the market place; but I think it is incumbent upon us to ensure that the quality of meds that we give to the general public, especially considering that we are treating literally 90 per cent, if not more, of our population.

I think it is necessary for us to swallow that cost sometimes, as much as possible, and ensure that we are giving them good quality drugs.

The Chairman: I am glad you mentioned those things with regard to the price competition. So, in terms of the policy of the HSA, they do have and they do exercise judgement with regard to meeting price competition in order to ensure that those drugs are made available to the public at the best price.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Yes; and you know, it is not a careless thing, Mr. Chairman.

We sometimes do find drugs that are within the cost that we would want them to be, generics as well. This year is the first that we have selected perhaps, I think, about 30 per cent more generic drugs, as opposed to brands.

What has happened in the past is that we have had good track record with our suppliers, and we have been able to negotiate—I would not say aggressive negotiation—but because we pay, and because we are an assured market for them, even though the Island is small, what they do is that they will sell us the brand at the nearest cost to the generic item; and because of that, we have been able. Then people wonder, *'you are selling the brand, how come you don't have the generic?',* but there is much consideration that goes into it.

Also, what has happened in the past is that, because of these relationships with many of the suppliers, they sell us the brand at prices which are very near to market price, even though it may be above— plus or minus maybe five or 10 per cent sometimes— but the price, when you compare it to the private sector, what they are selling it at, our prices are way better even though it's a branded product.

One product that comes to mind right now is Losartan, which is a very popular antihypertensive, and the other one is Humira, which is a very popular, but also very highly specialised, drug. It is called a monoclonal antibody and it is used for rheumatoid arthritis—very effective, but very expensive. Our price is probably on par with what it is being sold for, even below Jamaica, I believe.

The Chairman: Thank you, sir.

Apart from the George Town Hospital and Faith Hospital in the Brac, what other locations do you dispense drugs from?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Multiple locations; in the George Town Hospital alone, we've got 4 pharmacies. We have the main pharmacy, where everybody knows and comes—our hospital pharmacy.

We dispense drugs for the in-patient pharmacy, which is a specialised pharmacy where we have our clinical pharmacist operating.

We have the General Practice pharmacy which is strategically placed in general practice to reduce the mileage, especially for elderly patients coming from the GP, to the main pharmacy and having to wait in line there with mixed populations, and this works out very well for us, especially in times like flu season.

The GP tends to have lesser waiting time. It is actually supposed to be an express pharmacy, so we do not do refills there on purpose. The waiting times there are probably the best within the hospital. Persons who go to the GP clinic can be assured 15 to 20 minutes' waiting time most of the time, as opposed to 20 to 25 minutes' average waiting time.

Along with that we are also very instrumental with the Oncology Unit and as a result of that, we dispense all of those oncology medications from pharmacy as well, with the Unit.

The Chairman: Is there a pharmacy in West Bay or in other areas?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: I am so sorry, Mr. Chairman.

Yes, we do have. I forgot you asked about all of them. West Bay, Bodden Town, East End and North Side clinics, yes. All presently active.

The Chairman: Just for my general knowledge, how many pharmacists do you have working with you; and how many pharmacy technicians?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Currently we have a total of 12 pharmacists at the main pharmacy in George Town. We have one pharmacist each at the district clinics, so that would be one in each of those clinics I just mentioned, and then we got one at General Practice.

On a given day, split between shifts, we have got 12 pharmacists in the main pharmacy—that is between two shifts, morning and evening—and then, on the in-patient pharmacy, we have two regular pharmacists and two clinical pharmacists. Our total pharmacists at present is 22.

The Chairman: Okay, thank you very much. That is very interesting and enlightening.

In the interest time, I am going to move on next now to the questions with regard to the strategic directions for pharmacy services. I am going to call upon Mr. Rankine to lead that line of questioning.

Mr. Isaac D. Rankine: Good afternoon, Mr. Medford. How are you?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Good afternoon and I am well, thanks.

Mr. Isaac D. Rankine: We had some discussion with the witness earlier on this. The Auditor General's report highlighted the Chief Pharmacist job description, (your job description) and, based on your job description, what is your role in providing strategic direction for the pharmacy services?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: It is on a number of levels.

Mr. Isaac D. Rankine: Not just in the job description but what is your role, what do you actually do?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Okay. You want to know what I currently do, in relation to the job description and in relation to the…

Mr. Isaac D. Rankine: Strategic direction.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Thank you, okay.

My job is pretty much at varying levels.

First of all, my initial role at the HSA is that of the Chief Pharmacist of the Cayman Islands Hospital and by extension, I think, the Chief Pharmacist of the Cayman Islands Government. That means that I am responsible for procuring and advising on the acquisition of drugs and also ensuring that, in doing so, we are getting the best quality drugs for our clients, nationally as well as economically.

Along with that, my job also entails things like policy development. Right now we are working towards JCI's accreditation, which is the Joint Commissions Accreditation, and the role has pretty much transcended into one where I am actually giving advice now on things like hazardous drugs' storage, handling, as well as administration because of JCI, that has added some

expansive roles to what I would normally be doing; obviously because we need to meet the criteria that is set out by the Joint Commission.

Further to that, I also work at the national level providing information for all the pharmacies on the Island as necessary. We do a lot, as far as drug recalls are concerned. Sometimes we get drug recalls from either the FDA or from a specific company and those recalls have to be handled in a certain way. They also expect us, if necessary, to supply the drugs that we have [in stock] that are recalled. That has to be done efficiently and it has to be recorded in a very specific way.

As a result of that, we will communicate with the private sector and mitigate the movement of the item(s) back to the manufacturer, where it is supposed to go. That happened on two occasions recently with Ranitidine and Valsartan, two very popular drugs. For some people it was a national issue, as far as getting those drugs back to the manufacturers concerned.

In addition to this, I am responsible for the movement and acquisition of controlled drugs.

[Pause]

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Into the Cayman Islands.

This duty is really and truly not necessarily the duty of a Chief Pharmacist of a hospital. Because we are also ordering the drugs, I am ordering on behalf of the Cayman Islands Hospital or Government, and in the national sense, it should really be a separate office dedicated to the movement of drugs in accordance with the International Narcotics Control Board.

All countries—they call them 'Competent Authorities'— have an office set up for that purpose. Unfortunately, we don't, so it has fallen on the office of the Chief Pharmacist and, as a result, that is one of the duties in collaboration with the Chief Medical Officer. His/her office will approve importation certificates and we also report every quarter and nationally, as well as provide quotas to the International Narcotics Control Board which is an arm of the United Nations in Austria and we provide them with accurate details of drug movement from the purchase to the patients on an annual basis.

Beyond that, I work with other organisations such as the Caribbean Public Health Agency (CARPHA), and they assist us with analysing random samples of drugs free of cost. So, what I will do is take random samples of drugs that we procure and send them to CARPHA and they will do the analysing to see whether or not they contain what they purport to have in them, especially the active ingredients.

We have had issues in the past. There was a situation with a drug that we purchase normally for our patients with hypertension. We got it from one of the countries that we do not normally deal with because they were the only people who had it. The information that they sent to us said that it was what we were supposed to get, so we took it and realised that immediately patients were having concerns. Upon checking, we realised that it contained a different salt to the one that we normally get. The drug had the same name, but they have two different salts; we had to discontinue them and start all over again. As a result of that, CARPHA has been very helpful with our analysing.

That pretty much places my job at the regional level. Then I work quite a bit with the Caribbean Public Health Agency itself, to see whether or not there are any drugs that they can sell to us cheaply out of the United Nations or the Pan American Health Organization (PAHO) Strategic Plan.

Mr. Isaac D. Rankine: Thank you, Mr. Medford. That sounds like quite a lot of pharmacist over there, man.

You know strategic direction involves many other elements, but one of the questions I have is: Are you having issues recruiting and retaining pharmacists? How many did you say you have?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: We have got a total of 22, including specialists.

Mr. Isaac D. Rankine: Yeah, do you have any issues recruiting and retaining?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Well, pharmacist is probably one of the best-paid professions in the world right now.

We know for a fact that the United States are scouting pharmacists out of universities at $102,000 a year—and that is just beginning—with promises of increments by the following year; we got this information quite recently. Because of that, we hardly ever see persons applying from the United States, unless it is someone who is nearing retirement age and wants to go and live somewhere else.

Most of our recruitment is within the Caribbean or the United Kingdom. Increasingly, we have been seeing South Africa. Obviously, we can only hire from certain places where our Law gives us the permission to do so based on registrability. Outside of that, we really cannot.

We are limited as far as hiring is concerned, but as far as retaining staff, we have had that problem up until 2019. We are still having a few departures but they are mainly due to family situations. I can think about the last two which was for that reason, but we have just filled a number of posts as well, which has really helped us quite a bit, especially during this pandemic season where we are getting positives like everybody else and staff is falling ill.

Mr. Isaac D. Rankine: Thank you for that. A final question from me: of the pharmacists that you have on staff, how many are Caymanians?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: We had one and she has left us. I do not think we have any Caymanian pharmacist at the moment. We have Caymanian technicians, not pharmacists.

Mr. Isaac D. Rankine: Thank you, sir.
The Chairman: Mr. Medford, another question; it just hit me. I wanted to ask this before when I was questioning you, but in the current operating environment where you got supply chain and all sorts of disruptions, are you having any issues not just sourcing drugs, but being able to obtain them on a timely basis?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Okay, to the first part of your question, sourcing drugs is a challenge; not necessarily a big challenge at the moment, but it is a challenge for certain things.

A number of things have happened as a result of COVID. The first is that many persons who access raw materials to manufacture drugs, were placed out of work simply because the manufacturing industry closed in many places. Manufacturing shifted in the major industry to things like vaccines and treatment of COVID symptoms, and so on.

We believe that in the future we are also going to see a fall off of availability based on other countries who are in need of the same drugs, getting them and restricting them to their countries, so they are not made for export. This is happening in the United States and to a certain extent, it is happening in the UK. I think we have been very fortunate, as far as the UK is concerned, because there are companies which do something called 'parallel importing', and what happens is that the drugs are manufactured for different markets and so on and they access them and we are able to tap into those supplies. They have served us in good stead because we have been able to keep our stores of chronic meds, especially, up to par.

The problem with that is that there is always the question of uncertainty as far as supplies are concerned, because these are coming from warehouses that bought them from the manufacturer. They are not coming directly from the manufacturer, so when those warehouses run out, we hope we can find alternate sources. Also, in our recent in our recent tender, we selected secondary sources for almost every drug, so that we will be able to have a backup plan just in case. If we are getting the drug from Jamaica, we try to have a secondary source from UK or somewhere else.

You know, there is a lot to take into consideration, Hurricane season for example. Hurricanes hit the United States as much as they hit here, so if we are purchasing from the United States, our secondary source should not be a place in the United States, so we try to find a secondary source in Europe or the United Kingdom—somewhere outside of the hurricane area—that would be able to send us supplies; and we have got arrangements with many of our suppliers, to help us at these times.

I believe we have to be very careful how we dispense, simply because of the fact that there are many unknowns surrounding the acquisition of drugs as well as the international supplies as they exist presently, but as far as getting drugs are concerned, at the moment we can highlight one or two items that we probably have trouble getting, but we have been able to get them.

The biggest problem is timeliness. Shipping out of Miami is a nightmare at the moment, because the drugs get to Miami but then they have to wait somewhere in the queue or something, just waiting to ship out to Cayman. We believe this will improve as far as delivery is concerned because we are seeing more flights. I guess the companies will put them on the next best flight to the area. When it was only one flight coming a couple of days a week or just one day a week, it was really hard; we had delays, not necessarily severe outages, so our patients would get one or two weeks' supply instead of a month's supply and obviously they were not happy, but we just wanted to ensure that everybody got some.

The Chairman: Thank you very much for that answer, sir.

Next we are going to turn to performance and I am going to invite Mrs. Katherine Wilks to lead the questioning.

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

Before I go into performance, I just had one quick question in relation to your role with the strategic direction for pharmacy services.

I know you sound very busy, but it sounds like a lot of what you are doing is operational. I was looking at the report and it makes reference that there is no business plan for pharmacy services and much of the strategic direction is provided from a higher level, which is the Medical Director and the Deputy Medical Director rather than by the Chief Pharmacist. Can you speak on the lack of the business plan for pharmacy services?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Certainly.

What I would say is that I have not had an official business plan developed. We have several strategic plans—plans for staffing, plans for services, and inquiries into financial responsibility—and I brought some examples with me. We pretty much worked with these documents and within those processes where we had reviews. We had a number of reviews— pharmacy reviews, pharmacy financial reviews—and operated basically using that format.

We never produced a strategic plan; however, in light of this, the senior manager, a number of team leaders and I, are producing a plan going forward. It is important to note that before this, we had a retreat in

pharmacy and it was part of that retreat for us to sit down and develop not just a strategic plan for pharmacy alone, but also committees which would oversee certain aspects of our daily practice. The results of those Committees or whatever their findings are, would become a part of our strategic plan going forward. A lot of Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses took place.

We did that and arising from this document, we are actually on course to provide a strategic plan by the end of March this year.

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

That was going to be my next question, if you could give any assurances on when it would be ready. Thank you for doing that. I will go quickly into performance, then.

I'm not sure if you were able to hear the questions that I asked Dr. Cummings, in relation to performance, so I will just sort of summarise really quickly, because it is pretty much the same question in relation to the recommendations that were not accepted or considered.

I wonder if you could speak on the potential benefits, especially during a pandemic, of these recommendations now being implemented. In particular, the recommendations that relate to patient services, medications for patients who have underlying conditions being given at least for a period of up to two months to prevent persons having to go to the pharmacy frequently, at a time where we are dealing with social distancing and trying to protect our elderly and the most vulnerable.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: It is important that we keep the elderly off the streets. I think something we did to ensure that happened, was to take the initiative and deliver meds to patients during the pandemic and we are still trying to, as much as possible.

BritCay (British-Caymanian) gracefully donated a vehicle to us, which we treat as a pharmacy baby because we use it quite a bit for this purpose—in fact, our delivery service has increased tremendously. When we last took a number, we were delivering medication to at least 15-18 patients a day.

We are doing it in concert with the public health courier, so when they are making their rounds in any district or any area of the Island they will take medications as well, either to the district clinics for help or for someone to collect, or directly to the home; whichever presents the least incumbency for the elderly patients. This is extended to persons who have other areas of incapacitation as well—shut-ins, persons who cannot or have other vulnerabilities and so we do not want them to be out in the general public. We hope to develop this a lot more and have actually put forward a request for additional staff to do just this; we're hoping that it will be approved.

As far as the meds are concerned, ideally we would really like to give at least two months' supply to each patient. This would ensure that we have, first of all, fewer footprints in the waiting areas, which means that we will have fewer people out and about coming for medication. It would also ensure that patients' supplies will be on hand, especially in times of hurricane season when we ask patients to collect an extra set of medicine to put down. It would be automatic; they would already have a two-month supply of meds to carry them forward every time they come to see the doctor.

Now, there are a number of things that happen that caused this to be a bit difficult. We just discussed one, the intermittent supply issue. Sometimes we cannot do it because we just do not have enough for one person to have two sets at home; and/or the delivery is pending and we can share just enough of what we have for patients to get a month's supply and that is it—sometimes less than a month's supply. However, like I said, the important thing is for everyone to get medication to keep them going until we get our supplies up to par.

Another thing, is that we realised that patients come back to the doctor and bring bags of medicine with them, and you ask them, *'why do you have so many of these tablets in the bag?'* and they say, *'Well, I'm just keeping these as reserve'*; but that normally, every month they come back and get a refill.

So we assume that they are taking the medicine, but when the nurses go to the homes and ask to see what they have been taking, they bring a full bottle of Metformin. Then they have a bottle of Metformin that they have been using and you look at the date, and the one they are not using says 'August' and the one that they are using says 'October'; so they have got one sitting on the shelf—a reserve, I guess—but they do not realise that that is destructive to the medicine. And we had quite a bit of that. Doctors kept calling us and asking, *'why do you give the patient so many Metformin?'* But that was not the problem. The case was that we were giving patients three months' supply of medicines, at West Bay especially, and they just had them there and were not taking them. Then we had patients coming into George Town pharmacy saying, *'we want three months' supply*' and we would say, *'but we cannot give you three months' supply because we are out of stock';* not realising that we were sending it all to one or two places and then when other patients came, our stock was depleted to the extent that those persons can only get two weeks' supply because we were waiting to order more.

When we did our annual stocktaking—when everybody else was out celebrating New Year we were counting tablets; we just finished counting all the drugs in all the pharmacies throughout the Island this last weekend and we realised that there are much more meds available to the broader population at present. We realised that back in those times we were ordering

lots of drugs and persons were sending them back to us and we were getting lots of expired drugs, lots of returns from doctors' offices and so on, and we stopped it. We stopped it because there was no better way, really, to mitigate the wastage, and it was either we continue to do that and patients do not take them—because there was no guarantee that they would take them—or we ensure that every month we had enough for them to have a full supply of all the medicines that they need.

Now, on occasion, up to now, we still give certain patients two…and you don't have to have any special criteria. If you are home and you have a helper who just comes to be with you during the course of the day, your mental state is good, you can take your medication but you cannot leave home, you don't have anyone to collect them for you, any of those circumstances—not limited to that—but present any of those circumstance and you will get your two months' supply of medicine. Under those conditions we tend to make sure that we do a number of things.

We will give you a Dosette box—I think you know what I am talking about, it literally demarks your medicine down to each day. Each slot contains the medicine for the patient for the day, the week and a month; we will give you four Dosette boxes if it is necessary. One for each week. We have been doing that, it's time consuming and so on, but we set aside time in the pharmacy and there are persons who are experts at filling the Dosette boxes. They come in and do that, and the patients really appreciate it.

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

I have a follow-up question in relation to the delivery services then, because I do not think that is something that is widely known; at least in my constituency, I do not think many people are aware of it.

I would imagine there a criteria, either you are elderly or shut-in; is there anything that you want to say while you are on this platform, to raise awareness on how individuals can access those services, because that sort of falls in line with ensuring that we have quality services provided to outpatient services.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Yes. Like I said earlier, we are asking for help with it. We deliver to whoever requests it. We are hoping that help comes along before we are overwhelmed because to be honest with you, it started when senior pharmacists were more flexible. Clinical people, including myself, we took it upon ourselves to do this in our own cars, when the Islands shut down.

On the day that the Islands shut down, we would have been the ones getting stopped by the police because we had no official car markings or anything, delivering all over the Island, we just took it everywhere. We didn't even stipulate anything, there was no stipulation about gas or anything; we just figured that to keep these people off the streets, we would have to deliver the medicine. It has developed tremendously since then, and it has been successful.

What we are trying to do when we get our staff—well, provided that they are approved—is trying to have a zoning process where we will go to certain zones in certain days, but if there is an emergency medicine we will take it to where it is supposed to go. If there is a situation where someone has not had their medicine for a couple of days and they missed and ordered it late and they need to get it as soon as possible, we will send it any on any day, whatever day that is.

We believe the delivery service can be extended and that we will need another vehicle to do it effectively across the Island. All of that is in our plans. One of the things that we are doing right now is looking at the number of patients per area that we deliver to, so if we got 20 patients in West Bay and only five in East End, we are looking at ways in which we can either group or service them effectively, and still do our breakthrough orders as well.

Hon. Katherine A. Ebanks-Wilks: Thank you very much. I have no further questions.

Mr. Isaac D. Rankine: Mr. Medford, thank you for that.

You mentioned the delivery service how widely is that used in East End, because as the Member of Parliament for East End, I get many calls about assisting the seniors with getting their medications from the clinic. Are you doing that in East End currently?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: We do it all over the Island. I think in East End it is lesser known, to be honest. Just like the honourable Member just said, I don't think everybody knows that we do that. We have not advertised it simply because of the fact that we are waiting to get the right number of persons in place to do it effectively.

One thing we do not want to do is to overextend the persons who are doing it at the moment, but if a request comes in—and we have done this; we have taken medicines to the far reaches of North Side we have taken medicine to East End, but this is by extension. I think this is a situation where the clinic calls and says they do not have something up there but the patient needs it and we are going to close and we will be open tomorrow and we deliver it but not by a patient asking us to deliver it. It is not exclusive and certainly is available to anyone on the Island anywhere. We will try to get it to them.

I also mentioned that we use the public health couriers. They go to the districts every day, and they have no problems delivering it for us. If there is something that we need to send to East End then, by all means, we can ask them to do that to make the delivery on their rounds.

Mr. Isaac D. Rankine: Thank you, sir. I will certainly make the constituents and East End know that.

The Chairman: One last question Mr. Medford.

The Auditor General's report raised some very significant, I thought, shortcomings or issues with regard to the procurement processes for drugs, particularly with regard to procurement attempts I think, back in 2017 and again in 2019. I believe there was a procurement process that was actually abandoned after some two years.

In my thinking, these are cause for concern and I think you are now in another procurement process. What assurances can you give to the Committee that this procurement process itself will be successful?

In particular, what is being done differently this time around, in order to deal with the issues that have been raised in the Auditor General's Report— those shortcomings identified?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: I think one of the statements quoted by the Auditor General's report was that we had not learned from the lessons of 2017. I think this time around we certainly have taken heed.

Right now we are on schedule for the finalisation—well, according to the plan set up by finance for us to have the tender out, we are on schedule to have the final meetings on having the tender out this month. January was the deadline given for that if I am correct, I believe it is, and we were on par with all of these successive meetings and selection processes. I think I alluded earlier that we have already selected perhaps maybe about 30 per cent more generic drugs than we ever have done in the past and that is because we actually did that selection over a full week and weekend—night and day—in order to get it done on time.

What I can say, is that I do believe that we will be able to meet that deadline this month. Just this week, I saw the final draft of the tender and it is available right now. I think it has to go back to the Tenders Committee for their approval.

The Chairman: Thank you very much sir. I think that concludes—sorry. Ms. Heather, do you have a question?

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

It is more of a comment. I just want to thank Mr. Medford for providing that information with regards to delivery services, and let him and everyone listening know, that [at] the Bodden Town Clinic, which is ably run by Miss Thelma Ebanks, several nurses are all doing a tremendous job ensuring that deliveries are made available.

I can vouch for that, because Miss Thelma delivered my mom's medication to my office yesterday. They are very much on alert regarding this service, so thank you very much, and thank the staff at the Bodden Town Clinic, for all that they do to help our elderly and everyone else.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Mr. Chairman, if I may, Mr. Rankine asked me earlier regarding Caymanians on staff. I should have told him that we have a succession plan which is geared mainly towards school leavers—we are not trying to say that we only take school leavers—who may have a very strong interest in clinical jobs. We take them in as assistants.

Most of them come through the hospital's internship programme in the summer. Out of those who come, we tend to find some bright sparks who are really interested in pharmacy, and they come and prove themselves. We have one such person working with us at the moment and she is being geared towards becoming a pharmacy technician. We also had one person who came through the ranks and has successfully gone on to become a pharmacy technician working with us, pretty autonomously, in her area.

So there is a succession plan in place for Caymanian youth, but anyone else who fits the criteria and is interested in becoming a pharmacy technician or moving through the ranks, we encourage them. We also have a pharmacist in the United Kingdom who has come through that same process. She was a former scholar at Cayman Academy and is now in the United Kingdom on her fourth year, I think; because she is quite good, she just received a scholarship from the Cayman Pharmacists' Association.

Mr. Isaac D. Rankine: Thank you, sir.

The Chairman: You just reminded me that when we interviewed Dr. Cummings, he spoke of the KPIs that you have on the wall. Do you have copies of that that you could share with the Committee, sir?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Yes, I do.

The Chairman: All right, thank you very much for that.

[Pause]

The Chairman: Thank you.

Mrs. Wilks had two quick questions before we go ahead.

Hon. Katherine A. Ebanks-Wilks: Just wrapping up with the performance area.

The Auditor General reported that the pharmacy services are intended to generate profits, but the financial information collected and reported does not allow management to determine if a profit is being made for individual pharmacy locations or the service as a whole. Can you speak on any progress on developing the financial reporting for each of the locations?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Okay. Primarily this is an area for Finance, but I can tell you that we have actually been seeking ways in which we can do this.

One is that we procured a new Cerner [Hospitals and Health Systems] computer system which can produce reports on activities per area or per cost centre and even though it is quite new to us, we have been producing reports. In fact, I saw a report yesterday produced with this software, which tells exactly all the locations where drugs were sent. We are [now] trying to extrapolate what drugs were actually dispensed at these various locations.

We have found ways to access revenue; self-paying patients, et cetera—patients who pay cash outside of the insurance collections. As far as these things are concerned, I believe that we are in route to better reporting right now; like I said, even though I know things are happening, our financial team would be better able to respond to that.

Hon. Katherine A. Ebanks-Wilks: Thank you for that answer.

I think my last question in relation to performance ties in with the delivery services. Going back to the report, where it states that policies and processes are in place to prevent dispensing errors, carrying out quality checks and reporting any near misses; however, they go on to say that due to the setup in some of the pharmacies—and I believe particularly, in the district pharmacies—it is not always possible to have an independent or second check before items are dispensed. The report also said that it is not clear if all near misses are being captured and reported.

Can you provide assurances that the quality checks are being done in all of the locations in order to prevent these errors from happening?

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Well, to be honest with you, we started recording near misses mainly at the main pharmacy, and in-patient pharmacy for the simple reason that there is more staff available to do much of the paperwork necessary, et cetera.

Our situation in the district clinics—and I must be honest—does not present what is considered the best practice situation because we have limited numbers of staff; obviously there were problems or situations where we could not hire or did not have enough staff to spread around.

The other thing, is that even though we needed these people, having them work in the small spaces that exists was not healthy so we were forced to limit them to one person; however, with the introduction of the JCI accreditation process, we now have to move towards our best practice continuum, which means that we will have to have a pharmacy technician accompanying all of our pharmacists in the district clinics, and we will have to do so irrespective of the space available. We do it every day at West Bay and that is the only place that affords it, even though it is still limited, as far as space is concerned.

As far as recording the near misses and errors is concerned, we have started to do a fairly robust process. It even tells you the person, not necessarily by name because internationally we do not accumulate persons' names who make errors unless it is a very serious situation. We know for sure the number of near misses committed by a pharmacy technician, a pharmacist, a physician, et cetera. Near-misses, by definition, are those errors which are caught before they reach the patient. Any error at all, it could be the wrong name or the wrong drug, and as long as it is caught before the patient, it is recorded as a near-miss.

We put the software together ourselves to show staff involved, the type of miss it was whether it was the wrong drug, wrong patient, wrong MRN, which is the patient's number; the wrong strength—we even go as far as saying the wrong drug strength. This will help us in the future to put mechanisms in place that will mitigate the possibility of these errors in the future.

And this is happening across both in-patient and out-patient pharmacy and, by extension, all of the district clinics as well.

Thank you very much.

The Chairman: Thank you, Mr. Medford for your presence today and for your willingness to answer the Committee's questions. You have been very helpful and instructive, so I will excuse you from the Committee at this time.

Mr. Colin Medford, Chief Pharmacist, Health Services Authority: Thank you, Mr. Chair, and thank you, everyone.

The Chairman: It is 1:00 p.m. I am going to take the lunch break at this time and true to my word, I am going to say let's be back at 1:30 for the afternoon session.

Thank you all and we will be right back at 1:30 p.m.

Proceedings suspended at 1:01 pm

Proceedings resumed at 1: 46 p.m.

The Chairman: I would like to go ahead and call this Hearing back to order. Thank you all for being back promptly. I am sorry again for the delay, but we did this in order to ensure that the proceedings would now be broadcasting live for the afternoon session.

This morning we had the opportunity to question Dr. Courtney Cummings, the Acting Medical Director and Mr. Colin Medford, the Chief Pharmacist, both of whom work at the HSA. At this time, we are going to question Mrs. Dawn Cummings, former CFO of the

HSA, and Mr. Ronnie Dunn who is the interim CFO at the HSA.

I think it would be appropriate for us to question these two witnesses together; I cannot see any real benefit to us questioning them separately, so at this time I would like to summon Ms. Cummings and Mr. Dunn to the Chamber for the afternoon session.

[Pause]

The Chairman: Good afternoon to you both and thank you for being here. I am sorry for the delay in getting things underway, but I think we are starting to make up a bit of time here, in terms of our schedule. I am grateful that you are both here this afternoon. We are going to be questioning you and speaking with you with regard to the Auditor General's report on the hospital pharmacy operations.

The first area that we really have questions for you on relates to the topic of procurement. I recognise, Mrs. Cummings, that this report really relates to your time as CFO, but also recognising that Mr. Dunn, having succeeded you and now acting, may have input into this as well so, if it is a case that both you wish to speak to any particular questions, then I have no problem at all with you doing that.

The only thing I would ask is that each of you please state your name and position before you answer the very first question that is asked of you. That way we can have it there for the record. I am going to turn things over now to Mrs. Katherine Wilks, who is going to lead the discussion and questioning of these witnesses with regard to the topic of performance.

Hon. Katherine A. Ebanks-Wilks: Good afternoon.

As the Chair said, my first line of questioning will be in relation to performance. I think the procurement will be covered by another one of the members.

The Office of the Auditor General reported that pharmacy services are intended to generate profits, however, the way that the financial information is either collected or reported, does not allow for management to determine if a profit is being made either for each of the individual pharmacy locations or the service as a whole. I am going to pose this question to Mrs. Cummings and you can tell me if you do not think it would relate to you now.

In relation to the impact that the incomplete information for the pharmacy profit centre has, can you elaborate on how that has impacted the finances for the HSA?

Mrs. Dawn Cummings, Former Chief Financial Officer, Health Services Authority: Dawn Cummings, former CFO.

From a financial perspective, I do not necessarily believe that incomplete information has impacted the finances of the HSA. Overall, the reporting for the HSA included a general overall picture of the HSA's performance and from an operating perspective the HSA has made money. We have an Operating report that comes out on a monthly basis across all services and we have about 68 cost centres, as far as I remember, and that kind of lists out all the expenses in the revenue by cost centre.

For the pharmacy specifically, obviously the district clinics included an element of pharmacy that was not further segregated out, but in overall costs, the HSA is making money so, I do not necessarily believe that not having that full picture of our pharmacy would impact our finances.

The other element of it is that, although the HSA's remit is to provide quality, affordable, accessible services, we cannot just look at the bottom line of the services we provide, especially in the outer districts where the reporting is not quite as robust. For example, if East End was not making money, we couldn't necessarily just stop pharmacy services out in East End that is just not an option for the HSA so I think that needs to be considered as well.

Having said that, I know that we are looking to add additional modules [to] the Cerner system that we are using, which would allow for more in-depth profitability by cost centre. I am not sure if that has been fully implemented as yet, but it is something that was being looked at before I left.

Hon. Katherine A. Ebanks-Wilks: Thank you very much. The other question that I have speaks more about plans for the future, in terms of the progress on updating the financial reporting for each pharmacy location and the service as a whole. Are there any progress updates or any plans for the future, in relation to how the reporting will be developed further?

Mr. Ronnie Dunn, Deputy Chief Executive Office, Health Services Authority: Good afternoon; Ronnie Dunn, Deputy Chief Executive Officer of the HSA and Acting CFO.

Mr. Chairman through you, we do recognise that there are certain limitations with the current practices, insofar as how granular we are able to report profitability.

As Mrs. Cummings reported to the Committee, the sole focus is not one of economics, it is also about ensuring consistency with the government's policy to ensure quality, affordability and accessibility. The need for a costing model that breaks out large overhead costs among the HSA's individual cost centres has been recognised and is an initiative that is currently in process of being developed. I can tell you what the direct revenues are for pharmacy in 2021, for instance, and I can tell you the cost of the direct inputs associated including salaries and the cost of the drugs, et cetera.

There are other elements, however, such as depreciation on the building, the cost of post-retirement healthcare, or telephone service, that are not currently

allocated to individual cost centres. This year, an initiative for building a specific cost model that will look at each service individually, and provide greater profitability analysis, will enable that to happen.

Now, the district centres: in terms of whether pharmacy service, specifically, will be judged on profitability in East End, Bodden Town or West Bay, the plans are not to go to that level of granularity. As Mrs. Cummings pointed out, we are aware that the delivery of some of these services to some of these locations is more a matter of the public good and ensuring accessibility to people within those districts, than *how much money we can make off the service.*

Hon. Katherine A. Ebanks-Wilks: Thank you very much. I do not have any further questions on performance.

The Chairman: We can move on to the second area for discussion then, procurement.

I recognise Mr. Rankine.

Mr. Isaac D. Rankine: Good afternoon, Mrs. Cummings and Mr. Dunn. We heard from earlier witnesses in regards to procurement, but what I would like to hear from you particularly, Mr. Dunn, is where are you in your procurement timeline at this very moment.

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Mr. Chairman, at this very moment we have received the tenders. We had 24 submissions from 20 vendors; three were local, 17 international. On some 1,652 items that were tendered, we had submissions for 1,450 items valued at approximately $20 million.

The next step in the process is for it to come to the HSA's Procurement Committee; it is a committee that I chair, and then it is expected to go before the Public Procurement Committee for formal award at its first meeting next month which is on the 24th, Thursday.

Mr. Isaac D. Rankine: Based on the Auditor General's report, the tenders should have been received by 12th November, can you elaborate on what has caused that delay?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Thank you, sir.

Mr. Chairman, the tender was published with the prescribed timelines and the timelines have largely been adhered to.

The intention was for us to have submitted it to the Public Procurement Committee this month for formal award, however, we did have staff within the Procurement Office who was out due to COVID infection. We had other limitations over the Christmas period as well, so we are a few days behind schedule, but the assessment has taken place well.

As far as the HSA's element of it, we intend to wrap up this week; however, the Public Procurement Committee meets once per month and it will be presented to them at their next meeting.

Mr. Isaac D. Rankine: Thank you.

Another follow up question to procurement: we know that there were deficiencies in the procurement that started in 2019 and was cancelled in early 2021. What experience and/or lessons has the HSA learned from that?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Mr. Chairman, a number of lessons were learned, some of which the Auditor General usefully identified within the report, one of them being the need for timeliness in initiating the procurement process, to ensure that it is concluded within a period that allows new contracts to be in place before existing contracts expire.

The 2017 experience, which would have resulted in the contract awards which expired in 2019, was done with the piloting of the reverse-auction process, and whilst initially that process showed very promising results in terms of the numbers that were agreed for the supply of drugs, it did not pan out that way in the final analysis.

What we found was that suppliers were finding it very difficult to make commitments in this period that they would be able to hold fast to two years down the road, given volatility within the market. And whilst there were contract provisions in there which allowed for the revisiting of these prices, we faced situations where, if a supplier agreed to provide a particular item at a particular value, and because of changes in market conditions that increased their cost to be greater than what they agreed to sell it to us, they could simply say, *I am sorry, but I do not have that item particularly available to you at this time* and you would have to go elsewhere to meet the supply needs for that particular item.

So there were lessons learned in terms of the timeliness of the process, the approach of the process, and the contractual arrangements that were put in place, however, whilst with the best intentions, we can seek to enhance those contractual arrangements and maybe seek to put in punitive elements in it that would enforce compliance with the prices offered. The reality of the situation is often difficult, given the size of the Cayman Islands and the HSA relative to the overall market.

Mr. Isaac D. Rankine: Thank you, sir.

The Chairman: Auditor General.

Mrs. Sue Winspear, Auditor General, Office of the Auditor General: Thank you.

Through you, Mr. Chair. It just occurred to me while sitting here that you got the tenders back and you

described it. We know from the report and from your finances, that $9 million a year is spent on pharmacy stock and, of course, volumes will have a big impact upon that cost but I was just wondering, given [that] you have obviously gone through an evaluation process already, whether you are able to say anything—without getting into commercial sensitivities— about what the costs might be looking like, relative to existing costs under the old contract, and whether you expect an increase or not.

If it is too commercially sensitive or too difficult or too variable by drug, then obviously you are not going to be able to say, but I just wonder what the impact is likely to be on the overall budget for pharmacy.

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Thank you for that question.

Mr. Chairman through you: the overall submissions at the moment, we are looking at $20.5 million for a two-year supply, so that is $10.25 million per annum, which is not significantly greater than our previous experience, considering changes in volume

The Chairman: So if I could ask a follow-up question with regard to this new procurement process: the successful tenders then would get a two year contract from the HSA?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: That's correct, Mr. Chairman.

The Chairman: And are there escalation clauses in there, in terms of the pricing of drugs, or are they fixed for two years as well?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: The pricing were generally fixed for the first year, but as you can appreciate, whenever a supplier takes on risk, they will seek to pass that risk back onto the customer by way of increased prices, to mitigate any potential increase in the future. Where we have tried to bridge that is to say, *'give us some certainty at least for the first 12 months, in terms of what you will be able to supply these goods for, but then, we will allow you after a period of a year, to come back to us with credible justification as to how market conditions may have changed, and seek a change in the contractual terms, in terms of the cost of goods to be supplied.'*

I understand that was one of the reasons that the 2020 situation occurred; the prices and the market became so volatile, that suppliers were unwilling to provide long-term commitments for significant quantities of items, at particular prices. We were able to tell you what we could do with for the next three months or the next six months, but we were certainly not going to commit ourselves for a 24-month period at a particular price and so we had to work with what the market had to offer, at that particular time.

Mr. Chairman, we are doing some revisions too, and we are taking into consideration as part of the evaluation process, past performance by the various vendors, but this has to be taken in in context as well, that many of these would have been circumstances beyond the vendors' control, because they, again, are playing in a much bigger pool than they can influence individually so, some consideration must be given to what we know are our significant international supply chain interruptions.

The Chairman: I think you told me you had 24 submissions from 20 suppliers. Am I right?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: Yeah, that is correct, Mr. Chairman.

The Chairman: Okay. Those 20 suppliers, are they all prequalified in order to supply drugs to the HSA, or does that process come after the submissions?

Mr. Ronnie Dunn, Deputy Chief executive Office, Health Services Authority: The tender documents specify minimum periods for you to be in business so there is a sense of a pre-qualification process by virtue of the pass/fail criteria that is specified in the tender documents that says, *'we are inviting bids from proponents; you have to meet these particular criteria and then you are assessed otherwise on quality and prices.'*

However, we don't carry out a market sounding exercise where we invite potential bidders and eliminate and prequalify before the tender process on this particular exercise.

The Chairman: Are there any other questions from the Committee? No? Well, I want to thank you both for your attendance to the Committee today. I appreciate your candidness and I wish you both well.

Thank you so much.

[Pause]

The Chairman: I now invite the final witness of the afternoon, Mrs. Lizzette Yearwood, CEO of the HSA to enter the Chamber.

[Pause]

The Chairman: Good afternoon, Mrs. Yearwood. Thank you very much for attending this Hearing today with regard to the Auditor General's report on the pharmacy services at the HSA. It is good to see you and good to have you here.

We are going to commence the questioning with regard to three or four topics that we have to discuss with you this afternoon. The first one has to deal

with the strategic direction of the HSA, with regard to pharmacy services, and I am going to invite Mr. Isaac Rankine to lead that line of inquiry with you.

Mrs. Yearwood, if I could just ask you to state your name and your position for the record, before you answer your first question.

Mr. Isaac D. Rankine: Good afternoon, Mrs. Yearwood.

In terms of the strategic direction for the pharmacy services, the Auditor General's report noted there was currently no national strategy for health care, as the previous strategy expired in 2017.

The first question is: As the CEO, what do you see currently as the impact on the HSA of not having a national health strategy since 2017?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Good afternoon everyone; Lizzette Yearwood, Chief Executive Officer of the Health Services Authority. Thank you very much for that question.

Despite not having an existing strategy at the Ministry level that guides the overall operations of the delivery of healthcare services, we do operate by an overarching mandate to ensure that we have access to quality, affordable healthcare at the HSA; so, as far as pharmacy services are concerned, we ensure that we are always focused on ensuring that the drugs that we provide, [and] the suppliers that we choose to procure drugs from, are always of the highest quality. That we can assure that the public is getting quality medication at a good value for money.

Mr. Isaac D. Rankine: Thank you for that. Have you had any discussions with the Ministry in regards to developing the new strategy? Have you been in any discussions that would get you to an end date, where you have a document you can lay on the table?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Yes, sir, we have had those discussions and I believe that the Chief Officer, who is going to be examined after me, will be in a better position to speak in more detail to the plans thereof.

Mr. Isaac D. Rankine: Did the HSA have any input in that thus far? While you said the Chief Officer will be able to answer more clearly, what was the HSA's role in providing information for that?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: I would anticipate that when that exercise is convened, the HSA will be a stakeholder as we were with the previous National Strategic Policy; the HSA was one of the stakeholders that gave input and assisted in the development of that, and we would be happy to participate in that process again.

Mr. Isaac D. Rankine: Thank you for that.

The report highlights that the HSA has a five-year strategic plan for 2018 to 2023, but it does not refer to the government's strategic outcomes for health care, or any specific outcome in the 2020 or 2021 SPS that would have sought to use new procurement practices to reduce the cost of medicines.

Therefore, what is the role of the HSA, specifically in achieving the Government's outcome that sought to use new procurement practices in order to reduce the cost of medicines and services?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: The HSA operates under the Public Procurement Act and we ensure that we follow that process. We have a tendering process where there is an open tender for any company that is willing to bid on the provision of a number of items in our formulary, and we ensure that that evaluation process is followed according to the requirements of the Act.

Mr. Isaac D. Rankine: Thank you.

One final question from me: What are the plans to update the HSA Strategic Plan? What are your plans, as the CEO to update that?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: The HSA Strategic plan is updated on an annual basis. We currently have a three-year annual plan and that was updated at the end of last year. We have broad outcomes that relate to improving patient-staff experience; expanding our clinical capabilities and our core services; ensuring that we expand our services to ensure better access and better quality of care in a timely fashion.

Once again, at the end of every year, we look at our strategic plan with the board and all stakeholders.

Mr. Isaac D. Rankine: Thank you. I have no other questions at this time.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you, sir.

The Chairman: Mrs. Yearwood, in your role as CEO of the Authority, do you or the board have a set of Key Performance Indicators (KPIs) that it uses to measure the successes, failures or overall performance of the Authority in the delivery of health care?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Yes sir, we have a number of Key Performance Indicators.

There was a weakness in some areas where we didn't have data collection tools to actually collect the data in order to be able to give good information to our shareholders to understand the quality of services

delivered. We attended to that, and we are in the process of putting it in place this year.

Each of our departments has Key Performance Indicators that they will be reporting on and that is something that will be moving to this year. When the next evaluation is done, we will be happy to be able to report on the data that is collected from that process.

The Chairman: Okay thank you very much for that. We would really welcome the information.

Earlier, while questioning Mr. Medford, I think, we saw that at the pharmacy level they certainly have some KPIs that they have implemented and are now starting to measure as well. That to me is good news, in terms of overall administration and delivery of health care.

Does any other member have questions for Mrs. Yearwood? Okay. With that then we will move on to governance and I think that is going to be you, Mrs. Wilks? No, that was Ms. Heather.

[Inaudible interjection]

The Chairman: You are going to do it for her? Okay, go ahead.

Hon. Katherine A. Ebanks-Wilks: In relation to governance, the Auditor General found that there is no performance management framework in place for the HSA as a whole. It is also stated that pharmacy management should receive regular reports on services, but these are limited to Grand Cayman dispensaries. The reports and the data are inconsistent and they provide limited information to assist in decision making.

As the Chief Executive Officer, I wonder if you can speak on the Performance Management framework for the HSA as a whole.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much Mrs. Wilks, for that question.

Through you, Mr. Chair, that information is similar to what I spoke to earlier where we do have the Key Performance Indicators, but without the data collection tools in place it would be difficult on a regular basis to be able to provide that data, given that a number of our processes are quite manual driven.

However, we have now put in place an electronic basis to have the means to collect that data, so we will be in a better place to deliver that information.

Hon. Katherine A. Ebanks-Wilks: Thank you. I am happy to hear that you have that much-needed resource.

In relation to expectations of performance reporting, I guess that probably the answer to the question is, now that you have the tools, but I probably should ask in any event. Now that you have this new resource, will the performance reporting for pharmacy services be affected by that?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Yes Ma'am, it will.

[Pause]

Hon. Katherine A. Ebanks-Wilks: That was my final line of questioning for governance.

The Chairman: I have one question, Mrs. Yearwood.

The Auditor General report makes, I think, 16 different recommendations relating to the HSA. Can you speak to us from your own knowledge, as to what progress has been made on implementations of these recommendations? If I am correct, they were all accepted by the HSA.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much sir. An implementation or action plan has been devised.

We are focused on the key priorities, and I am very pleased to say that one of the key implementation strategies will focus on the dispensing of drugs. I know that is something that the public has had feedback on over a number of years, in regards to the congested space at the hospital now. As soon as next month, we will be moving over to a larger space, which will actually be triple the square footage of the current pharmacy, and the team has all been trained on that new delivery process and we are very excited to be able to implement that very shortly.

We have been involved with cross-training for our pharmacy technicians as well, so that they can not only dispense medication at the window but collect simultaneously, rather than persons having to move from one window to the other. I believe that the overall experience for the client will be positive. We have a strategy in place to ensure that we are looking at the other pharmacy delivery areas as well, not just at the hospital.

That is our key priority this year, but in our 30-year master facilities plan we have identified expansion in other areas as well. One of the key areas is in Bodden Town where the population has grown quite drastically, and continues to grow, and we need to focus on the expansion of the services that are available there. Of course, the Key Performance Indicators and the data collection systems that are in place will give us information from those areas as well.

We also have implemented a feedback mechanism for all departments in the hospital but, as we are speaking about pharmacy in this case, patients who come to seek our services will receive either a phone call or an e-mail within 24 hours of receiving those services, in order to be able to give us feedback. That almost-real-time feedback mechanism is important, so

that we can actually address any issues that arise and do same-day service recovery.

There are a number of other areas that we have built into our action plan as well; one is the expansion of our workforce. We have identified additional pharmacy positions, as well as pharmacy tech positions, so that they can help with the timely delivery of services at each one of the windows.

Other quality checks are also being put in place. This year we will be going through an accreditation process, and a number of these recommendations are actually in alignment with other quality targets that we have been working on.

The Chairman: Okay. We will now move on to the next section of the report which is procurement, I believe. *[Pause]*

Mr. Isaac D. Rankine: Mrs. Yearwood, earlier we spoke to Mr. Dunn and, based on what we see, the procurement process is a few months behind. As CEO, what assurances can you give us that it will be completed within the date set (sometime in January) to get to the procurement board, or as close to that as possible?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: I got an update on that process actually just before coming here.

That open tendering process was launched in September last year with a November 12 deadline, and the HSA received a number of submissions—24 to be exact. Based on everything that has been done so far, this process is aimed to be completed within the timeframe that has been outlined.

Mr. Isaac D. Rankine: We understand the HSA's role [includes] ensuring that we get value for money from the contracts that are eventually signed. What assurances can you give the listening public that that will happen?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: I think over the years the public has seen in the press that procurement of some drugs is quite challenging; sometimes, especially within the last two years with the pandemic, sourcing of some of those medications has been quite challenging and we have had to expand our network of suppliers in some cases, in order to be able to ensure that we have as few stock outages as possible and that there is not a negative impact on our patients.

What we do is, [in] the open tendering process the individuals will bid on the items that we have requested bids on, and there is an evaluation process. Once a bidder is selected for the item in particular, we also select a second and third supplier, so in the event that the first supplier does not have the medication or is not able to provide it at the price identified in the tender document, then we would move to the other two suppliers.

If we can stay within that framework, then we hope that will ensure that we deliver on our requirement for good value for money and fiscal responsibility.

Mr. Isaac D. Rankine: Thank you.

The Chairman: I am not sure if this was asked more directly, but: Mrs. Yearwood, are you satisfied with the progress that has been made, with regard to the current procurement process and the way it is moving?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Yes sir, I think the process has had long enough now that we have been able to put in place all of the supporting structures and teams in order to ensure that it works in a timely fashion to serve the patients.

In other words, we have the tendering process and the Public Procurement Committee also meets in a timely fashion and works very well with us to give us the feedback necessary to ensure good value for money.

The Chairman: What role do you play in this whole process of procurement?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: My deputy is actually the chairperson of the Internal Procurement Committee and with the input of the committee, then recommendations are made to myself for sign off before it goes to the Public Procurement Committee; so I have oversight of any of the procurement that takes place in the organisation.

The Chairman: Okay, thanks.

Mr. Isaac D. Rankine: Okay, one last question, Mrs. Yearwood. Do you have any actual involvement in the selection of any of the contracts?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: No, sir. My role is to make sure that the team has followed the process as required under the Public Procurement Act.

Mr. Isaac D. Rankine: Thank you.

The Chairman: Is the awarding of successful bids or contracts something that would go to your board for approval?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: No, sir. The board is made aware of the processes, for example, anything that has to do with our large purchases. They are kept up to date

on what is happening, but our board does not have any involvement in the procurement process.

The Chairman: Thank you. Are there any other questions on this?

[Inaudible interjection]

The Chairman: Go ahead Ms. Heather.

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

This really is not a question, I just wanted to say to Mrs. Yearwood that we greatly appreciate all her services, especially these last two years of the pandemic.

I can honestly say that any time I have called, you have been at the end of the line so, all that you and your staff at the HSA have done over the last two years, specifically, is deeply, deeply, appreciated and from all we have learned today, I guess we can say we are heading to a first class HSA service.

Thank you.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much. I will pass that on to the staff.

Mr. Isaac D. Rankine: I want to second that, Ms. Yearwood.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you, sir.

The Chairman: Thank you.

We are going to turn now to the final area for questioning, Mrs. Yearwood and that has to do with performance. I am going to ask Mrs. Wilks to lead the questioning on this area.

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

Mrs. Yearwood, I have a question about the performance indicators and guidelines. I am curious if there is any plan, or are there any entities that we are looking to use as guidelines, for example the Centres for Disease Control (CDC) or World Health Organization (WHO). If we have these indicators, how do we really measure the quality? Is there a benchmark and if so, who is that third party that we will be using?

I want to see if as the CMO, these are thoughts that you are starting to have for the future of quality performance in Cayman.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Absolutely, thank you very much for that question. That is very key, actually, to ensure that whatever we are doing here is actually meeting international best practice.

There are going to be a number of bodies of information, depending on the area; for example, if were talking about pharmacy, then there would be international benchmarks that we would use for pharmacy and other clinical specialists as well. That is part of the KPI exercise that we are putting in place; where we will showcase to the public what our delivery of services is, benchmarked with other international bodies.

Hon. Katherine A. Ebanks-Wilks: Will that make us more competitive as a jurisdiction then, in terms of healthcare?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Absolutely.

Hon. Katherine A. Ebanks-Wilks: Perfect.

Alright, I will move on to my next question in relation to performance.

I know we have been speaking a lot about the various locations and I know you touched a bit on the Smith Road location. Are you able to give us an in-depth update on timing, and where we are at with opening this location?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you.

We hope to have the ribbon cutting of that service before the end of this month, and we will be moving over for the 1st February, the latest. Everything is in place, we are just waiting on the final handover. Plans are already in place for the ribbon cutting.

Even though it is going to be very small due to the social distancing requirements, it is something that we definitely want to celebrate because it has been a long time coming and it is a long-time promise to the public that we were going to expand and improve the pharmacy's services.

Hon. Katherine A. Ebanks-Wilks: That is very excited; thank you.

More on a district level, is there anything more? I know you elaborated a bit on some of the services provided, but is there anything that is envisioned to improve the services or the facilities at the district clinics?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Through you, Mr. Chairman: we do have a 30-year master facility plan and that is something that is very dynamic. We review that again to ensure that the priorities there are in alignment with the national strategic priorities as well as the priorities of our overarching strategic plan.

We do have other expansions in place as well; like I said, Bodden Town is the next priority, given that it is the fastest-growing district. It really is quite a busy clinic that we have right now, but in the meantime, we want to ensure that we even look with the space restrictions at all of the other districts to ensure that the same principles are put in place.

I know that the report did speak to the fact that due to space restrictions in the other district clinics, we did not have a designated consultation space where the pharmacist could speak with clients, however, we have been able to work around that and they use other consultation rooms, so it could be a physician consultation room on another clinical space that they would take patients in there and they would still have the same level and quality of service that is provided, despite the space restrictions.

Storage is also quite challenging at some of those smaller clinics. They are quite cramped and what we have done there, as well, is review the storage inventory at the districts, and instead of having large numbers of supplies kept at the district level, we look and see what is absolutely necessary and then we just top them up on a more regular basis.

We would love to be able to place new facilities in each district, including the Sister Islands at the same time, but recognising that we do have fiscal restrictions, we have to prioritise based on the public demand.

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

I just have one more question and then I will be done. You touched a bit about customer engagement, and I think I recall you speaking about the customer survey. I wonder if you could speak a little bit about it, in relation to the benefits that the survey provides in terms of making decisions. The reason I am asking, is because I note that the Auditor General reported that, despite the HSA commissioning these surveys, it is still not clear whether the customer feedback exists on pharmacy services or how this is used to inform said decision processes.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much for that question.

Yes, our patient services team looks at the feedback from the customer surveys—the positive and the negative. I will give an example of one of the areas that we have been able to address: especially during the pandemic, we had difficulties with people accessing the pharmacy in order to collect drugs, again due to the space limitation and the requirements for social distancing.

One of our clients actually recommended the WhatsApp service that we are currently using. It was a very simple and very innovative suggestion and we put that in place and we used that up until now; that is one of the positive things that came out of the pandemic, where persons can simply WhatsApp their refill prescription and we are able to refill it.

Also delivery—we were able to actually put in place a delivery service for the shut-ins and those who had mobility problems, and that is a service that we are continuing with up until now, as well. In fact, we actually had a car donated to us for that service.

So yes, we do take the feedback. It is easier for us to remedy some of the concerns than others, but we do look very openly at the feedback that is given to us, because we want to be able to respond to the needs and the expectations of the public and unless we listen, understand and take it on with an open mind, we are not able to meet some of the requirements out there.

Hon. Katherine A. Ebanks-Wilks: Thank you very much. I know I said last question, but you could confirm whether the isolation support line is still functioning? I know I have received numerous calls recently that people are not getting through. Is that still up and running, or is it no longer under the remit of HSA and is now under hazard management?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: We have the flu hotline. We have continued to brand it as a flu hotline but, indeed, the flu hotline responds to all sorts of queries so the flu hotline is still up and running. We have increased the number of call-takers; all the call takers with the exception of one or two are clinical, and we have a call-in tree that is in place that helps to group the types of calls and make sure the right call-taker is taking the calls.

We have had a huge surge in the number of calls in the last week. Up until yesterday, we had over 500 calls coming into that line. A couple of days ago we had a system problem which resulted in some of the calls getting dropped—I think that was on Tuesday—but that was picked up very quickly. We addressed that in a couple of hours and it was actually just one call-taker that was impacted by that.

That resulted in a number of complaints, which we were able to address; however, if you give me the opportunity, I must really thank those call-takers. They have truly been a lifeline for a number of persons who are scared and concerned because it is a 24-hour service that is available for people to call if they have clinical concerns or just concerns about isolation and so forth.

We also look at the number and types of calls that are coming in, recognising that we cannot throw bodies at the number of calls all the time. What we do is look at the types of calls that are coming in and we use that in order to inform the public. We educate the public; give the public information so that they can help answer some of their own questions.

Certainly I know I interact with a number of you, and over time you are informed as well, and you are able to help problem-solve some of the questions that individuals have. We are very happy with the cooperation that we have had from the public. I know that sometimes it is a bit frustrating when they have to wait, but every individual who I have interacted with has been so appreciative and so patient, even though they may be anxious to get a response from us.

Hon. Katherine A. Ebanks-Wilks: Thank you very much, I do not have further questions.

The Chairman: Ms. Heather Bodden.

Ms. Heather D. Bodden, Elected Member for Savannah: Thank you, Mr. Chairman.

Could the CEO please tell us what are the future plans for the present location of the pharmacy?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much. Through you, Mr. Chairman.

We will be doing a number of renovations for the areas that are now being vacated. There will still be a pharmacy in that location, because we will still have services on campus. We will still have the emergency room; acute care will remain on campus, as well—that will be located in the area the specialist clinic moved out from.

Our mental health hub will be based on the hospital campus as well, so there will still be a small pharmacy in that location. We are just going to refurbish that and make it more accessible.

Ms. Heather D. Bodden: Thank you very much.

The Chairman: Mr. Rankine, go ahead.

Mr. Isaac D. Rankine: Mrs. Yearwood, my colleague asked earlier about plans to improve the facilities in the districts and I cannot let this pass me by without asking what those plans are. What are some of the plans for the Eastern District clinics?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you very much sir. Yes, East End is definitely not left off of our list. I know that we have had some discussions and I thank you very much for your engagement and your support of the Eastern Districts.

That is another area that we are looking at. Again, we have to prioritise what the needs are, but I know that there are discussions about the increased number of clinics that are available in the Eastern Districts, both North Side and East End.

Mr. Isaac D. Rankine: Are there any upgrades planned for the facility? I know I passed there yesterday and they were replacing the fence so, thank you so much but, are there any other upgrades planned for the facilities?

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Through you, Mr. Chairman: At this point in time, that is the only major infrastructure upgrade, with the exception of regular maintenance and operational repairs.

Mr. Isaac D. Rankine: I have a few suggestions, so I will meet off line to discuss that.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: I appreciate that feedback.

The Chairman: Mrs. Yearwood, thank you very much for your attendance today. Members have indicated they have no further questions, so I appreciate the candidness with which you have answered the Committee's questions and I will go ahead and release you at this time. Again, thank you so much for attending today.

Having said that, I would just like to acknowledge to you the work that has been done by the staff of the HSA, recognising that you all are at the frontline of what is happening here in Cayman, as a result of the pandemic. I know you have got specific challenges that you have to meet every day, but I just want to acknowledge the good work that you all are doing; the commitment and dedication of you and your staff, for seeing us through this.

I ask you to convey our heartfelt thanks to all the staff of the HSA for the work that they are doing.

Ms. Lizzette Yearwood, Chief Executive Officer, Health Services Authority: Thank you sir, I will take pleasure in doing that and thank you all very much as well for the questioning and for your involvement, because, obviously, as you know this is the public pharmacy services and we all want to see improvement.

I also want to take the opportunity, if I may, Mr. Chairman, to thank the Auditor General and her team as well, for their engagement and their feedback. It has always been a privilege to be able to interact with their team and their professional services are definitely always welcome.

Thank you very much.

The Chairman: Thank you.

Members of the Committee that concludes today's Public Accounts Hearing. I believe we have three witnesses tomorrow, and I think we will commence in the morning with the Chief Officer from the Ministry of Health.

[Crosstalk]

The Chairman: Yes, Dr. Marla Barnes tomorrow morning—she is the Chair of the Pharmacy Council. Then we will have the Chief Officer of the Ministry of Health and Wellness, and then during the afternoon session we will have the Deputy Governor, the Honourable Franz Manderson.

ADJOURNMENT

The Chairman: With that, I will bring the meeting today to conclusion. I wish you all a good evening. I thank you

all for your attendance and participation today. We will see you all tomorrow morning at 10 a.m. sharp. Thank you, all.

At 2:48 pm the Public Accounts Committee stood adjourned until, Thursday, 13th January at 10:00 a.m.



PARLIAMENT OF THE CAYMAN ISLANDS

STANDING PUBLIC ACCOUNTS COMMITTEE

HSA OUTPATIENT PHARMACY SERVICES
(NOVEMBER 2021)

Official transcript relating to the Official Report of the Standing Public Accounts Committee Meeting held on 13 January, 2022

CONTENTS

PAC Members present	1
Witnesses present	1
Others in attendance	1
Dr. Marla Barnes- Small	3 - 5
Mrs. Nellie Pouchie	6 - 15
Hon. Franz Manderson	15 - 18
Undertakings	4, 7, 12, 14, 16, 17, 18

PRESENT WERE:

PAC Members: Hon. Roy M. McTaggart, JP, MP, Chairman
Hon. Katherine Ebanks-Wilks, MP, Member
Ms. Heather Bodden, OCI, Cert. Hon., JP, MP, Member
Mr. Isaac Rankine, MP, Member

In attendance: Mr. Kenneth Jefferson, Financial Secretary and Chief Officer
Ministry of Finance and Economic Development

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)
Ms. Jasmine Williams – Audit Project Leader
Mr. Ruel Huet – Audit Project Leader

Witnesses: Dr. Marla Barnes-Small
Chair of the Pharmacy Council
Healthcare Pharmacy

Mrs. Nellie Pouchie
Chief Officer
Ministry of Health and Wellness

Hon. Franz Manderson, MBE, Cert. Hon., JP
Deputy Governor and Head of the Civil Service
Cayman Islands Government

Apologies: Ms. Barbara E. Conolly, JP, MP, Member
Mr. Dwayne S. Seymour, JP, MP, Member

PAC Clerk: Mrs. Patricia Priestley

OFFICIAL VERBATIM REPORT
STANDING PUBLIC ACOUNTS COMMITTEE
THURSDAY
13 JANUARY 2022
10:13AM

Meeting with witnesses

OFFICE OF THE AUDITOR GENERAL CAYMAN ISLANDS – HSA OUTPATIENT PHARMACY SERVICES – NOVEMBER 2021

Verbatim transcript of the Standing Public Accounts Committee Meeting held 13 January 2022, at 10:13am, in the Chamber of the Cayman Islands Parliament, George Town, Grand Cayman

---

[Mr. Roy M. McTaggart, Chairman, presiding]

The Chairman: Good morning, everyone.

Welcome to all the members, the Auditor General's Office, the Ministry of Finance and the staff of the House of Parliament, to this morning's session of the Public Accounts Committee (PAC).

We are continuing our examination of the Auditor General's Report on the Health Services Authority (HSA) Out-Patient Pharmacy Services. We interviewed a number of witnesses yesterday and there are three further witnesses for us to examine this morning and maybe after lunch.

Before we actually get started with the Hearing this morning, I am going to ask Member of Parliament Ms. Heather Bodden if she would lead us in a word of prayer.

PRAYERS

Ms. Heather D. Bodden: Good morning. Thank you. Let us kindly bow our heads, please.

Our kind heavenly Father, we humbly bow our heads and give you thanks for life. As we are about to deliberate the proceedings of today's Public Accounts Committee meeting, we ask that your presence, your wisdom, and your protection be upon us. Grant us peace and unity as we all work together for the betterment of these beloved Cayman Islands. All this, we ask in your great name's sake.

Amen.

The Chairman: Thank you.

We have continuing apologies from Mr. Dwayne Seymour and from Ms. Barbara Connolly today. Notwithstanding their absence, we are quorate and so the Committee can continue its business, so we are going to jump right into the examination of our first witness this morning.

To that end, I invite Dr. Marla Barnes, Chair of the Pharmacy Council, into the Chamber.

[Pause]

The Chairman: Good morning, Dr. Barnes, and welcome to this Hearing of the Public Accounts Committee and thank you for agreeing to be a witness before us. This being your first time, I know that you may have some concerns or hesitations about it, but I want you to be relaxed.

Our primary focus today in questioning you, is the challenges that you face in your role as Chair of the Pharmacy Council, particularly in the absence of a Pharmacy Act and any national strategic policy with regards to health services. We just want to understand more [about] your role and how you deal with these challenges, in terms of your work as Chair of the Council.

In terms of the report, we want to talk first about the legal framework, and I am going to invite Mrs. Kathy Ebanks-Wilks to lead the line of questioning with you.

Hon. Katherine A. Ebanks-Wilks: Good morning, Dr. Barnes, welcome to PAC.

The first line of questioning that I will raise this morning is in relation to the legal framework. I just want to speak a little bit about the Auditor General's report, which states that the legal framework is outdated—which I am sure you are very well aware—and it does not compare well with the World Health Organization's guidelines for good pharmacy practice, and lags behind other jurisdictions.

The Pharmacy Act, in particular, is more than 40 years old and this creates a number of risks for Cayman. The report also states that a revised Act was prepared back in 1991, but it was not passed by the then Legislative Assembly and more recently, in 2020, the Ministry for Health again started to revise the Act, but so far we do not have anything that has been approved this yet.

My question to you, as the Chair of the Pharmacy Council is: Could you speak on how the Pharmacy Council are affected as a result of the outdated Pharmacy Act? The implications?

The Chairman: Dr. Barnes, before you respond to the question, may I ask you to please state your name and the position in which you are appearing before the Committee?

PHARMACY COUNCIL

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: I am Dr. Marla Barnes-Small, I am the Chair of the Pharmacy Council. Just to give you a background, I was nominated August 31st, 2021 so I have been in this position less than five months.

To answer your question, I cannot speak on why the Pharmacy Act has been over 40 years old when I took the position. This is something that we are aware of and was among the first things on our agenda.

The Pharmacy Council was asked to review the 2016 draft and give our feedback since we are a new Council, and I can say that the Pharmacy Council has met on several occasions and we have been through the draft. We have made our notes and have given our feedback. I cannot speak exactly [as to] where the document is at the moment, but we have completed the revision, maybe at a later date the administrative staff at the Commission could speak on exactly where they are, but the Pharmacy Council has reviewed the document.

Hon. Katherine A. Ebanks-Wilks: Okay, let me just clarify because I do not want you to feel that I am asking why it has not been completed; that is completely outside of your remit.

What I am asking is, in your position as the Chair of the Council, do you see that we as a jurisdiction have any risk, having a very old Pharmacy Act? From your position as the Chair of the Council, and just looking at practice around the world, do you see it being outdated as a risk for us here in Cayman?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: I agree that the Act is outdated and it could pose a risk, however, I must say that the pharmacists who practice on the Island practice at the highest standard, even though the Act is not up to date. As a result of that, I do not think there is a risk to the Island, or to the people who we serve, because we have adopted the best practices from around the world, even without the Act being current.

Hon. Katherine A. Ebanks-Wilks: So, in your view then, even though the legislation is not in place, we are not at risk because you are still complying with the Center for Disease Control (CDC) or World Health Organisation standards.

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Yes.

Hon. Katherine A. Ebanks-Wilks: So, having the framework in place would just be a formality?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Well, it will be more than a formality but I am saying that we are not at risk just because, as professionals, we adopt highest practices even without the legislation, but we do need it to be formalised.

Hon. Katherine A. Ebanks-Wilks: I just have one more question in relation to that then.

I have no background in medicine, but in terms of purchasing medications and liaising with various distributors around the world, again having a framework in place that would ensure that we are getting value for money and also good quality…

At yesterday's briefing we spoke at length with the Chief Pharmacist and he explained how he does inventory and tries to mitigate costs, but in terms of safety, do you think that we have everything covered even though there is no legislation in place?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Yes, I strongly believe that; however, legislation needs to be in place, and that is why as the Chair Pharmacy Council we are going to push for the new legislation.

Hon. Katherine A. Ebanks-Wilks: One last question in relation to the, I guess ongoing, framework—that is, the updated legislation. Can you say if the Council has been consulted with in relation to the draft legislation, to seek consultation process? I am just trying to determine if there has been any engagement at all with the Council, since you have taken post, in relation to the drafting of this legislation?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Well, yes. When we met the last quarter of last year we reviewed the 2016 draft, and we made notes at the request of the Minister of Health. We were asked to review that and we did.

Hon. Katherine A. Ebanks-Wilks: Okay, thank you very much. I do not have any further questions.

The Chairman: Any other members? No?

Let's move on then to pharmacy technicians. Who will be taking that? Mr. Rankine.

Mr. Isaac D. Rankine: Good morning, Dr. Barnes.

I am not very sure how familiar you are with the Auditor General's report but I am going to quote from it and then I have a couple of questions for you. Okay?

In paragraph 33 of the report, the Auditor General noted that **"the *Health Practice Act* also gave the Pharmacy Council powers to regulate the professional practice of pharmacy technicians**. **However,**

the Council has not yet implemented any aspects of regulation for pharmacy technicians. This creates a risk that pharmacists may not be operating to the highest standards. At the time of the Auditor General's audit, the Pharmacy Council had drafted standards of practices for pharmacy technicians and were told that these were being been reviewed, but the target date for the finalisation was never made clear. In the absence of the approved standards of practice, the HSA sets its own standards for its pharmacy technicians, who must sit a (US) State Board certification course."

Now, in saying that, can you elaborate on the progress of the draft standards of practice for pharmacy technicians?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Okay.

I am happy to report that the Pharmacy Council submitted the standards of practice for pharmacy technicians. We completed the entire document last year and it was sent to the Ministry, so someone else could probably speak on the progress of that.

Mr. Isaac D. Rankine: Okay.

What are the safeguards or plans that you will put in place to ensure compliance with these standards, once you bring them into force and into regulation? How do you plan to ensure that pharmacy technicians are compliant?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: I am not sure how to answer that question. I probably will consult with legal before I answer.

[Pause]

Mr. Isaac D. Rankine: Dr. Barnes, will the codes have any Key Performance Indicators (KPIs) attached to them so they can measure the performance in ensuring that pharmacy technicians will be following the standards?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Respectfully, I believe there are. I am not able to say what those are now, but I can provide the documents at a later date if you require.

[Pause]

The Chairman: Dr. Barnes-Small, I would ask that you do provide the document to this Committee as soon as possible.

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Yes.

The Chairman: I appreciate it.

Mr. Isaac D. Rankine: Okay, Dr. Marla, thank you.

The Chairman: The final area that we wish to ask you about Dr. Marla, is the regulation of pharmacy businesses.

At the outset of your testimony, you stated quite emphatically that you were certain that all of the pharmacists on the Island were operating to the highest standards. I am not sure if I quoted you exactly, but I am curious to know how you make that statement in light of the fact that the Pharmacy Council does not have the powers to regulate pharmacy businesses at this time.

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: So the regulation of pharmacy businesses is a responsibility of the Health Practice Commission, not the Council.

When I speak, I speak generally from my experience and from what I know of the pharmacists who practise on the Island; it is not based on hard science, but on what I know of the pharmacists' practice and their level of competence.

As for the businesses though, the Council does not regulate the businesses.

The Chairman: But is there an industry body or association in existence?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Yes, there is; Cayman Pharmacists' Association.

The Chairman: And do they have standards that their members subscribe to?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Oh yes, they do. And the Council has standards to which the pharmacists adhere to.

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: If you had a situation where certain complaints were made to you, as Chair of the Pharmacy Council, about an entity that you licenced or approved, how would you go about investigating that claim or complaint?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: That would fall under the Health Practice Commission.

The Chairman: Okay.

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: We would investigate the professionals, not the business per se.

The Chairman: Okay, so in other words, you are very much dependent on the work of the Health Practice Commission?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Yes.

[Pause]

The Chairman: Okay. From your experience—and I recognise that you have only been in post for five months—how effective is that for the Council?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Do you mean in terms of not having powers?

The Chairman: Yes.

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Well, it is not a good thing; that is one of the reasons why we need the Act to be passed, so we can have more powers to do investigations.

The Chairman: In your time there, have you encountered any particular challenges with working with others to investigate allegations of malpractice?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Since I have been in the position only five months, I have not had that experience of investigating anyone.

The Chairman: Okay.

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: And I do not believe we have many such cases on the Island, anyway.

The Chairman: Okay, so from your perspective, what actions need to be taken in order to improve the regulation and inspection of pharmacists and pharmacies?

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: The main action is passing the law, because we have new regulations in it that will give the Council more power to regulate the businesses and to take action, to have more teeth; because as it stands right now, investigations are done by the Commission and the police. The Council has no teeth to do any of that. A new legislation will give us teeth to investigate.

The Chairman: Just to reaffirm it then, it is a real impediment to the Council, really—

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Yes.

The Chairman: —performing its functions effectively.

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Yes.

The Chairman: Okay. I have no further questions for you. Members; no?

If not, I want to thank you, Dr. Marla, for appearing before the Committee this morning. I wish you well in your new role as Chair of the Pharmacy Council, and thank you for the candidness with which you have answered our questions this morning.

Thank you for coming, and you are excused.

Dr. Marla Barnes-Small, Chair of the Pharmacy Council, Healthcare Pharmacy: Thank you for having me.

[Pause]

The Chairman: Our next witness is Mrs. Nellie Pouchie, Chief Officer, Minister of Health and Wellness. I invite her into the Chamber at this time.

[Pause]

The Chairman: Members, Mrs. Pouchie has not arrived yet and, not unexpectedly, we are quite a bit ahead of time. She was scheduled to be here at 11:00 and it is 25 minutes to 11:00, so we will definitely have to take a break until she arrives.

Proceedings are suspended until the witness arrives.

Proceedings suspended at 10:37 am

Proceedings resumed at 10:49 am

The Chairman: Thank you all for your patience.

[Pause]

The Chairman: We are going to recommence our Hearing. I understand that the next witness is within the confines of the building, so I would invite Chief Officer Mrs. Nellie Pouchie to enter the Chamber.

[Pause]

The Chairman: Good morning, Chief Officer Pouchie.

Welcome to this Hearing of the Public Accounts Committee regarding the [report on the] HSA's Outpatient Pharmacy Services that was prepared and released by the Auditor General; thank you for attending this morning.

Mrs. Katherine Ebanks-Wilks will leadoff by asking you questions regarding the legal framework. I know you have been before the Committee several times, but I would just like to remind you to state your

name and position for the record before you answer the first question. Thank you.

Mrs. Wilks.

Hon. Katherine A. Ebanks-Wilks: Thank you, Mr. Chair, and Good morning, Mrs. Pouchie.

Before I go into my first line of questioning, I am not sure if you were listening; I know many civil servants tend to follow the proceedings from their desks, but I think some of the proceedings yesterday were not aired live, so you may have missed the introduction.

In her opening remarks yesterday, the Auditor General raised her concerns that the Ministry had failed to respond to her draft report or even provide management responses to the three recommendations directed to the Government. Again, I will take the approach I did yesterday, because I am aware that many of the persons listening on air do not have the time to really read through the report. I just want to briefly touch on the three recommendations that we are following up on.

The first recommendation is: **"The government should ensure that a revised Pharmacy Act, one that reflects international good practice, including national standards for medicines, is finalised, enacted and brought into force as soon as possible."**

The second is: **"The Pharmacy Council should ensure that standards of practice for pharmacy technicians are finalised, published and brought into force as soon as possible."**

The third one is: **"The Ministry of Health and Wellness should prioritise the development of a new national strategy for health, one that provides overarching direction for pharmacy services and the use of medicines, and publish this as soon as possible."**

I note the delay was despite the Auditor General even allowing more than seven weeks for the Ministry to respond. I also note that the timing coincides with your appearance at the last Committee meeting back in September, where you gave evidence on previous Auditor General and PAC reports which also raised concerns about the outdated legislation and the lack of a national strategy which had been ongoing long before your appointment.

Again, just for the listening public, one of the questions that were raised in the last Hearing that you participated in, which was on the 29th [*sic*] [21st] September, the Chairman asked you to **"give a commitment to ensure that the Government Minute is completed and sent down to this House, otherwise our work is incomplete".**

The Chairman went on to express how **"this is a supreme body in the country and it is important for these processes to be in place in order for us to have good governance."** The reason I am reflecting on this, is because the position that we have here at PAC is to ensure that we are accountable and that we keep up with commitments that are made to this Committee.

My question then, really goes back to the delay—another delay. Can you give some explanation why, as of today, you still have not provided a formal response on the recommendations that we are still awaiting an update on?

MINISTRY OF HEALTH AND WELLNESS

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Nellie Pouchie, Chief Officer of the Ministry of Health and Wellness; good morning to everyone.

Thank you for your questions and comments, member; Mr. Chairman, through you. While I do acknowledge that there has been a delay, in terms of our Ministry responding, I want to state from the outset that that is not something that we want to be doing. We do not want to be in a position where we have not responded or have taken a long time to respond; however, given what we are currently faced with, I am sorry, those constraints have overpowered our ability to provide timely responses in these matters.

I can say that I am sorry, I did not get to listen to what was transpiring in yesterday's session although I would have liked to, we are just not in that position right now to be able to do that, unfortunately. I will catch up over the weekend, hopefully, in that regard.

Our real constraint is capacity. We have no other choice but to be focused on the overpowering COVID situation that we are dealing with constantly. We are very hopeful that we will not be in this position forever and that we will be able to move ahead with these other important matters and be able to timely respond to the issues at hand.

Hon. Katherine A. Ebanks-Wilks: Thank you, and while I can appreciate that we are in a pandemic, if we are going to compare or contrast the HSA with the Ministry, it is still a part of your remit; they had 16 recommendations and they have responded to all of them, and they are facing the same pandemic, you know, in relation to the Ministry of Health. From the outset, they would appear to be more impacted by COVID, because they are on the front line. However, it is what it is, and I know that when we spoke before, you raised—and you raised it again today—that you have staffing issues. If there are any other members who would like to chime in after I am finished…

My personal view is that what we are looking for here is just really a policy position. I think your staffing position may have changed a bit since the last meeting of the Committee, so even if it is just a holding position, just to give us an update on whether these recommendations are going to be considered or is it something that the Ministry feels is of importance, so that we, as the Public Accounts Committee, can move

forward, but not even having an acknowledgement of the email makes it very hard for us to move forward.

Is there anything other than the pandemic or lack of staffing that you want to add to that, or is that still really the only reason why you have not been able to give us some sort of indication on whether or not these three recommendations will be accepted by the Ministry? Is that something that you can speak on today and give us a verbal indication on whether these recommendations have even been discussed and are going to be considered?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Thank you.

Yes. I'm happy to hear that the HSA did make responses and movements on their recommendations; that is good. I will not compare us to the HSA because I do not know that that would be a fair comparison—we are all dealing with different challenges. From our Ministry's standpoint, our challenges are real in terms of staffing shortages. We have made strides on being able to bring on more staffing since I last sat here in September, and I am very happy about that, albeit it does take some time to do so.

I value the information and the recommendations that come out of the Auditor General's Office and I do agree with the recommendations that were provided. I am not disputing those and I do thank the Auditor General and her Office for those that were put forth in the report.

The Chairman: I have a follow up question to what you said, Chief Officer. I mean, you have given us the assurance this morning that you agree, but I am still struggling to understand why you could not just do that in a timely manner. I think we all know these particular recommendations are issues that are ongoing and are being worked on.

I really struggle with the absence of any sort of acknowledgment or response from the Ministry. [It is] most unusual. I do not recall a time, certainly in the eight years I have been a part of this institution where a government entity has not responded or acknowledged and offered recommendations, whether they agree or not, with Auditor General reports.

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

Like I said, I do apologise for that and we will ensure that we are timely going forward. We have dealt with many issues during that time and we were not able to respond in the time frame that was required of us in this matter, but we will ensure that that is corrected going forward sir.

The Chairman: Mr. Rankine.
Mr. Isaac D. Rankine: Thank you, Ms. Nellie.

You have given commitment that you will respond in a timely manner. Can you give us a commitment of when that will be? Based on what you have on your plate right now, when do you expect to have a response back on those recommendations?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: In terms of closing the loop so that we have a response recorded, I can do that this week.

In terms of being able to say exactly when we are going to be able to implement the recommendations that we are accepting, that will be a bit more challenging; that would be looking at perhaps the end of the quarter before we are able to provide substantive progress on the recommendations.

The Chairman: In terms of your response, just be mindful that tomorrow is Friday, you will have a response back to the Committee and to the Auditor General by tomorrow?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Yes sir, I can do that. I take the undertaking to accept the recommendations.

The Chairman: Okay.

Mr. Isaac D. Rankine: When do you expect to have a response to those recommendations? I want a timeline to implement those recommendations. [Will it be] another month, another two months or three months?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: My response accepting them will also speak to the expected implementation and the progress that we hope to make on those by the end of the quarter. That would also be included in the response.

Mr. Isaac D. Rankine: Thank you.

LEGAL FRAMEWORK

Hon. Katherine A. Ebanks-Wilks: Can I ask, in relation to the progress that you have made thus far, since we last met in September, in relation to the Pharmacy Act and the Health Practice Act.

Yesterday we asked a few questions to the CEO of the HSA on whether there had been any sort of re-engagement with the Ministry. Can you give us any indication on whether you have resumed consultation and engagement with the HSA in relation to the update of these Acts?

The reason I am asking is that I know the commitment was from the last sitting of the Committee that the framework would have been updated within six months. We are almost at that time frame now and I

wonder if you could give us some sort of picture on what has taken place thus far.

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

In terms of what has transpired since, we sent the draft Pharmacy Act to the new Council for their comments. There was a previous draft and we wanted to get the current Council's views on it. They reviewed it and it has been returned to our Ministry. The Department of Health Regulatory has advised that they received the Council's comments and it will be brought to our Ministry for further discussions. That is what has transpired with the Pharmacy Act.

The Health Practice Act has not moved on yet, in terms of the recommendations; we have identified some of the gap areas, but not yet the draft Act, to be able to go through in a more detailed manner.

The Chairman: Chief, taking that a little bit further: Dr. Marla Barnes was here earlier, she was the first witness we questioned this morning. She told us that the Pharmacy Council had completed their review of the draft legislation from last year and sent it back to the Ministry.

[Crosstalk]

The Chairman: Can you confirm that you have it now and that it will progress? What is the status?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Okay. Yes, sir. Thank you for that, Mr. Chairman.

My update from the Department of Health Regulatory Services is that it was completed by the Council, I think, around October last year and that it is with the Department of Health Regulatory. We have not received it at the Ministry yet.

The Registrar did inform that they had quite a few issues in terms of timeliness as well. They have been impacted by COVID; she lost family members and she had to go overseas and that had delayed—some of it—getting it to us, however, she confirmed that the Council had reviewed it around that time and that it would be coming to us shortly.

Hon. Katherine A. Ebanks-Wilks: Are you able to give us any indication on who from the Ministry's team—even if you do not want to list names, maybe just titles—do you have on your end, who is primarily focused on taking charge of the implementation or the consultation process and doing the gap analysis or whatever is being done to incorporate the comments and feedback that you are receiving from the Pharmacy Council and HSA? Have you charged someone under you and your Ministry with this, or are you directly responsible for this?

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

I obviously have responsibility to ensure that it is carried out and that it does happen; that is the crux of the problem with our Ministry right now. We have one Senior Policy Advisor for Health that we have had for years. In that regard, the shortage comes because when COVID hit, we had no choice but to deal with all of the COVID issues.

We lost our Policy Advisor but we do have a Senior Policy Advisor; I am just in the final stages of getting another Senior Policy Advisor for Health so that we are able to divide and conquer a bit better, so that we have more resources to be able to look at COVID and the other health issues. We realise these are important; however, our COVID issues are really the screaming emergency, urgent issues for us right now; and that does take away from being able to progress some of these other important issues.

We have added another Senior Policy Advisor under the Wellness aspect and I have had that person dealing with many of the public health issues, in terms of data and so forth. Trying to ensure that we are utilising the ones we have and trying to staff up, has been an issue for us, but we do have a Senior Policy Adviser that would take this forward under normal circumstances.

The Chairman: I am still confused regarding the staffing issue because I know that when you last appeared here, you indicated that there were major constraints there. Can you give us a breakdown again of what posts have been filled and what remains to be filled? [Can you give] an overall assessment of where you are with staffing at the Ministry?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: When I was last here we had both a Senior Policy Advisor and a Policy Advisor for Health. We have since lost our Policy Advisor for Health—that was in November. [Since] then we have been trying to recruit an additional, because we want to increase capacity in the area of healthcare.

We have another person who we hope will come over as early as next week; that is on a secondment basis right now for us, and it will give us additional help.

We also have a Senior Policy Advisor under the Wellness aspect of it, whom we are utilising in the public health aspect of reporting. We have another Policy Advisor under Wellness helping out with some of our health aspects; that gives us four policy persons right now, but bear in mind that one left.

What we have, in terms of ongoing recruitment, is another Deputy Chief Officer. We were looking to receive that; we have one currently and we are in the final stages. We have done interviews and we are now at the final offer stage for that post.

We have our Chief Medical Officer post—obviously, that is an interim that we are now doing permanent recruitment for; we have already done the short listing and it will be moving forward to the next stage, so that we can look at interviews.

We are working on an epidemiologist from a national standpoint. Right now, we are doing the job description and evaluations hoping we can have more of a consultant epidemiologist in the interim, so that we are not severely gapped there. We are also in the process of recruiting a Communications Manager—we have shortlisted for that post as well; so we are adding these additional roles since I last saw you.

Unfortunately, it does take some time to actually get persons in the door. We want to be able to strengthen leadership at that public health national level. You may recall that our Honourable Minister spoke to that in her budget address, in terms of being able to have stronger at the leadership level, which would entail the Chief Medical Officer, a Chief Nursing Officer, a National Epidemiologist, and the Medical Officer of Health.

It may be that we then evolve out to other key areas that might include pharmacy at that point in the future, but having that top tier of policy advisors, who will be able to look at the national level, is what we think is needed.

Even the Chief Medical Officer post has been unfilled on the Ministry's books for almost 10 years; luckily for us the last Medical Officer, Dr. John Lee, came in 2018—which was very timely, just before this pandemic.

These are some key posts that have been vacant and they have had some knock-on effects. These are the posts that drive some of the major policies by being able to look at strategic direction.

Unfortunately, we have not had that previously, so it is starting from that position and trying to staff up, because those posts also help to drive our clinical standards and healthcare standards, and are critical in showing us various gaps as well; and the Cabinet and so forth—the decision makers—to have advice and recommendations that would help to strengthen our systems. We are trying to staff up at that key level.

The Chairman: What about your successor, the CFO, is that post filled?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: We have an interim CFO as well, we lost our Deputy CFO last year as well, since I met you, so our finance team has two persons right now trying to cover many areas.

Unfortunately, we usually find ourselves at shortages during key times when nobody can give up their finance people either, but we have done the recruitment. We do not yet have a person to put into post there, and that is for both the accountant and the Deputy Chief Financial Officer. Currently our CFO is just an interim person as well and that post has not been fully recruited yet.

The Chairman: Okay, thank you.

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

Hon. Katherine A. Ebanks-Wilks: My follow-up question goes back to what we have heard throughout this Hearing: the risk that we face as a country by not having this updated legislation.

Listening to you, the reason we have not had any progression is because you are dealing with the pandemic and you are having staffing issues; and it sounds like that is not going to change immediately. I wonder if that means that we should start considering engagement from, maybe other policy analysts within the civil service who are not being utilised, or the Portfolio of Legal Affairs by way of a Law Reform. Something to ensure that we get this legislation implemented quickly, because, I mean, when we speak about risks, there is no real mechanism at this stage to monitor or approve the type of pharmaceuticals that are imported or even prescribed here in Cayman. And whilst we heard the HSA has been proactive and has put in place their own protocols, on a national stage, really, there is no monitoring or quality control mechanism for pharmaceuticals.

I know you have been asked to give commitments; is there any way that you can give us some assurance that, despite your challenges in dealing with the pandemic, which I can appreciate as you said, your role is different from that of the HSA… Is there any way that we can take comfort in knowing that this is going to happen in the very near future?

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

As we mentioned, the Pharmacy Council has given their feedback to what was drafted. Once the Ministry has that, which I expect to have before the end of this month for sure, to be able to then discuss what those proposals are from that draft legislation; to take that forward to my Minister; Minister to Cabinet to see if it will be accepted by the Cabinet—that will drive how quickly we have that amendment to the Law.

My understanding was that the draft was not accepted in previous Cabinets and therefore we have to take it forward to the new Minister and new Cabinet to see what the uptake will be, or whether or not we have any further amendments to the Law.

Hon. Katherine A. Ebanks-Wilks: Thank you Mrs. Pouchie. I do not believe I have any further questions. It sounds hopeful that we are getting somewhere and as you said, once it comes to Cabinet we know how quickly legislation can be finalised when it needs to be, as we have seen with the pandemic, although that is

not primary legislation; but in this instance, I feel a little more hopeful that we will get through fairly soon.

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Thank you.

The Chairman: Thank you Mrs. Wilks.

Now to examine the area of strategic direction; I call upon Mr. Rankine to lead that line of questioning.

STRATEGIC DIRECTION

Mr. Isaac D. Rankine: Thank you.

Ms. Nellie, before I get to that, I am still a little bit puzzled in terms of the report being sent to the Ministry because earlier this morning, Dr. Marla said that their draft was completed and sent to the Ministry.

I want to understand exactly what the process is. What happens once it leaves the Council, because earlier today she said it was sent to the Ministry?

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

In my discussions with the Registrar of the Health Practice Department of Health, Regulatory Services, that would be sitting on the different Councils as well, she confirmed that the Pharmacy Council had done its review and submitted it. It comes through that Department and then they would send it onto the Ministry. She confirmed that they have it, so we should have it in our hands soon.

Mr. Isaac D. Rankine: Okay, thanks for that clarification.

Based on the evidence you gave to developing a National Health Care Strategy when you were here last time—that would have been the operation plan to support the implementation of a national health care strategy within six months. It is now three months on.

Can you give an update on the progress with developing that national healthcare strategy?

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

We have not moved that on as much as we would like as yet. I think when I was here last, we probably were just entering community transmission that then went pretty massive. Those are things that sidetracked; you are then dealing with those issues and not able to deal with other aspects; however, like I said, I do have another Senior Policy Advisor coming on board who will be able to take that forward so that we are able to update it.

We hope that by the time I give another update at the end of this quarter, we would have made several moves in that. Our policy, in that regard, may not have many changes, but we would at least be able to move on that aspect.

Mr. Isaac D. Rankine: Thank you.

Will the Ministry be consulting with the HSA or other health care providers in preparing that new strategy?

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

The initial one would have had wide stakeholder input and engagement and this would be the same, to ensure that we are capturing the views of the various stakeholders in terms of policies going forward. So, yes, we would.

Mr. Isaac D. Rankine: All right, thank you Mrs. Pouchie.

The Auditor General's report also highlights that, although there was no National Healthcare Strategy, the HSA has a five-year strategic plan for 2018 to 2023. However, they also reported that the HSA strategy makes no reference to government's strategic broad outcomes for health care, or specific outcomes in the 2020/21 SPS that sought to use new procurement practices to reduce the cost of medicines and equipment.

Can you update this Committee on the Ministry's role in the development of that HSA's strategic plan?

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

If it was 2018-2023, I would not have had much involvement from this level in that strategic plan.

With our budget cycles being 2020-2021, those objectives may not have been utilised in the development of that, however, it would be beneficial to review that to see how it meets the objectives and the broad outcomes that are in play after you have developed the plan. It may be that that review needs to happen, just to tie it to the current broad outcomes.

I think that's all I can say in that regard. The recommendation might be to now review that, [in order] to see how it ties into the Government's overall broad outcomes for 22-23.

Mr. Isaac D. Rankine: All right, thank you.

Going forward, do you see the Ministry ensuring that HSA contributes to the government's strategic broad outcomes for health care and the specific outcomes?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Yes; and not just the HSA but all of our entities. We have to show the objectives we are trying to achieve in our individual plans and how they tie-in to the overall broad outcomes to take the strategic direction that the government of the day has implemented. So yes, it is necessary that they tie in.

The Chairman: Ms. Nellie, in terms of the strategic plan that the HSA has from 2018 to 2023, the CEO told us yesterday that they update that plan on an annual basis. Does your Ministry participate in that update process and what is its involvement?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: As an ex officio member of the Board, that will come through to the board, and that would be more, I think, the involvement, in terms of once we see what the HSA is proposing to do. That information then gets taken back to the Ministry and will also need to be able to tie in to the government of the day's overall objectives.

I think there was one retreat the HSA had that I was invited to, to see what was being proposed when that was being developed. It might have been at the onset of my time in this role. In terms of the board being updated and the information going back and forth, obviously since my appointment, I have been able to attend board meetings—prior to that it was impossible. I was acting CFO, DCO and CEO, and it was just impossible during the height of COVID and that was problematic; however, my DCO coming on mid last year has helped tremendously. Being able to actually nominate someone, so that if I am not able to attend every meeting we [still] have representation, is what we have been striving to do since my appointment in September.

Mr. Isaac D. Rankine: Ms. Nellie, thank you for attending today.

I understand the issues we are dealing with [because of] the pandemic, but I certainly look forward to receiving the responses to the Committee, based on the commitments you gave this morning. Thank you.

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

The Chairman: Are there any other questions on this section? If not, then let us move on to the final line of questioning on the governance. According to my schedule, that is to be led by Ms. Heather Bodden.

GOVERNANCE

Ms. Heather D. Bodden: Thank you, Mr. Chairman; good morning Ms. Nellie.

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

Ms. Heather D. Bodden: Thank you for being here. We all know that you have been doing everything you can to ensure that what is being put forward will be done, and I would like to thank you for your candid responses.

I know the past two years have been challenging and we look forward to the implementation of this most important document, however, I would like to put this question forward, in regards to governance. The HSA board is responsible for providing proper scrutiny and oversight, and ensuring that the HSA is achieving its strategic objectives. As Chief Officer, you are an ex officio member of HSA board, however, the Auditor General found that you did not attend board meetings regularly. What were your reasons for not attending board meetings regularly? Was it because of the number of duties that you have been carrying out in the past?

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

Further to what I mentioned, it was because of the multiple roles [I was] playing at the time, in terms of my duties at the Ministry; being short staffed—having no DCO or CFO—and coming into the Ministry at the time of a pandemic. I was covering all those bases.

My updates were kept in terms of what information was shared, albeit not in person, but receiving that information subsequently. Many of the discussions being COVID-related at that time as well, I would have been participating in multiple meetings and being updated on the position of what was happening at the HSA at that time, with the focus being on where we were at in the pandemic.

Like I said, after my appointment in September and having a DCO, and now a temporary CFO, I had more opportunity to [attend] those meetings and I have done that. That is certainly something for going forward, and now with DCOs I have the ability to have a nominee there as well, if I am unable to attend.

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

I do appreciate that Ms. Nellie, and I know you have been juggling a lot. I have watched you in the last few months with all that you have had to undertake in your role at the Ministry of Health; so, I really want to compliment you and let you know that we do appreciate all that you are doing to ensure that this is brought to our attention in the near future.

Thank you for being so candid this morning.

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Thank you.

The Chairman: Chief, I want to go back to what you said about your attendance at HSA meetings. Does the Health Services Authority Act allow you to designate someone to attend meetings on your behalf, or is membership on the HSA board specific to you, as Chief Officer?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Yes, Mr. Chairman. It allows me to have a nominee, so I can send somebody to some or all of those meetings.

Now that I have the DCO, we will alternate more so that person is able to be up to speed as well. We can divide and conquer that way. If I am attending and that person is acting, they may be a little out of that depth, [but] if we are alternating a bit more, it strengthens our Ministry's position in terms of being able to do our role on that board.

The Chairman: Okay. Go ahead, Mr. Rankine.

Mr. Isaac D. Rankine: Ms. Nellie, for clarification. When do you expect to be fully staffed with the positions you elaborated on earlier?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: We are completing our recruitment processes on the ones that we have shortlisted and being able to give offers to. Sometimes that is dependent on how available those persons are. We are hoping that at least no longer than the next three months, if there is a three month notice. Not for all of them, obviously, some people might be available [sooner] and we are really hoping that that is the case—sooner rather than later. Worst case scenario, three months for some of them, if that is the required notice that they have to give.

Mr. Isaac D. Rankine: So you expect to be fully staffed by the end of this first quarter?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Yes, sir. We hope to be in a much better position than we are now.

Mr. Isaac D. Rankine: Okay, thank you.

The Chairman: Chief, this morning the head of the Pharmacy Council, Dr. Marla Barnes-Small, told us that the code of standards for pharmacists had been drafted and reviewed by her committee and it has now been submitted to the Ministry. Can you confirm that you have received that, and can you give us an update on what the process would be going forward, in order to achieve the approval and implementation of the standards?

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

I can confirm that we have received those. They are to be reviewed and discussed with our Minister. We will be able to look at implementation once we are good with those, but we have not had an opportunity to brief our Minister on that yet.

The Chairman: I am going to press you in terms of a timeframe as to your expectations: When would you like to see this completed, recognising the importance and the gravity of it, in light of the reports.

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: We expect that we will be able to do that by the end of the quarter and [that] it would have gone through to Cabinet as well. That is what we are really hoping and expecting to be able to deliver by the end of the quarter, sir. I am really putting a lot on this quarter.

The Chairman: So you would expect this to go to Cabinet for approval?

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

The Chairman: The only other thing I want to turn my attention to, Ms. Nellie, is the letter that was written to you on 30th November—I think you have a copy of it. Really reminding you of the… She has a copy for you.

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: I have one, sir.

The Chairman: Reminding you of the 12 commitments that you made to us back in September.

I do not think we have had a response or any acknowledgement of the letter up to now, but I would really like for you to give us an update on where you are with these commitments, so that we can be kept abreast of things.

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Okay, yes, sir. It might be easier to just go down the list, if that helps.

The Chairman: I will leave it to you to take it any way you want.

UPDATE ON PREVIOUS COMMITMENTS

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: These were the undertakings made at the last meeting and, although I had not given an exact time on some of them—I was not sure as to what time to respond—however, I can provide a more formal update on that in writing.

In terms of the Government Minutes which remain outstanding for us, I have been working with the Office of the Deputy Governor on that to be able to have those done. It tends to collate what minutes are outstanding by which Ministry, so I have been working with that. We are looking to address any for our Ministry, by next week, I think; the 20th is the date that I have with the contact in the Deputy Governor's Office for that.

The National Healthcare Strategy we have spoken to a little bit here, in terms of getting that completed as best as possible and updated within the next three months. We are looking at what is happening at the end of the quarter, so that we have a better update on where those are at.

In terms of the health care standards and the report from the Chief Medical Officer, I have not received one as yet from our immediate past Chief Medical Officer, so I am awaiting that report. If he is not able to give us that, then it is certainly something I have discussed with our interim Chief Medical Officer as well, to be able to give us some views.

In terms of the statistics, the recommendation number 9 to the Minister, that is certainly a priority area for her. She has spoken to us with respect to strengthening the leadership level aspect at public health from a national perspective. We are looking at an Epidemiologist who will be able to provide us with national statistics that would take into account specific stats for Caymanian versus non-Caymanian, so that recruitment is in progress.

As data is so critical at this time, with the pandemic, we want to explore having a consultant epidemiologist in the interim, so discussions are already in place for that and we are moving that forward so that by the time we get to putting out the recruitment for an actual Epidemiologist, we would have had our framework in place through a consultant Epidemiologist and we will know exactly what would be best suited for our needs here.

Number five: requesting the Minister to bring back draft legislation regarding the Cancer Registry, incidence of cancer, et cetera. As I said, those are priority areas that our Minister has addressed in her budget address, so she is keen to move that forward once we have that draft legislation and some thoughts—some stakeholder engagement.

It will obviously be something that the Minister needs to approve, take to Cabinet and move on from that, but it is a priority area for her.

Mrs. Sue Winspear, Auditor General, Office of the Auditor General: Sorry, Chief Officer, just for clarity: Whose responsibility is it, drafting that legislation?

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: One of our Senior Policy Advisors will be able to take this project forward now.

This would entail having approved drafting instructions through Cabinet and the Legislative Drafting Unit being involved and doing the drafting for us. Once we have the draft, then obviously the consultation would happen and then we would move forward for Cabinet approval.

The Chairman: This is in relation to the Cancer Registry?

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

The Chairman: Draft legislation exists.

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Well, we would need to look at what was done before and, because it had not moved forward then…

The Chairman: I know it has been a number of years, but I can assure you that it does exist. It is in the Ministry, I promise you.

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Yes, in updating that, sir.

We certainly would not start from scratch and rewrite the whole thing, we look at what we had before and see if any of that can be brought forward.

In terms of the CayHealth Programme to cover civil servants and HSA staff, we have not had that presentation yet; we have had discussions with the HSA on it and they are aware that we want that presentation so that we are better informed of what can be covered there. I would have to get a forecasted date on that from the HSA to see when that would happen. Like I said, I am trying to see if we can get most of this done in this first quarter. Once I have that, I will be able to come back to say what progress we have made in that regard—whether the Minister will be able to extend it or not—but we are awaiting the presentation.

The various laws: We talked about the Health Practice Act; the Pharmacy Act, the Public Health Act. We did have a complete rewrite, I think, of the Public Health Act because in bringing it forward to modernise it, there were just so many changes. We have that draft already, we are just going to need to look back at that now and refresh ourselves. A lot of what we have been doing, obviously, are regulations; the many changes that happened because of the pandemic are all through regulations, but the actual Public Health Act is a draft waiting to be reviewed and taken forward.

The Health Practice Act needs to happen and obviously, the Pharmacy Act is in draft format to be discussed as well. The Health Practice Act is not readily available with a draft as yet, so that one will take a little bit longer to do.

I have spoken a little bit about some of the core Ministry recruitment updates and the executive roles, in terms of what strengthening the leadership CMO / CNO / MOH and epidemiologists and so forth at that level. Those will then help to drive national policies that will better enhance our healthcare system.

Number nine: To establish a written policy for development of Caymanian doctors. I have liaised with the Medical Director in that regard and he has given me some detailed information, so I do have that. It is now about putting it forward as a policy, and having that approved; but I do have the Medical Director's comments on it, so now it needs to be put forward for a policy approval.

Numbers 10 and 11: I have not been able to get those details from Ministry of Education yet, but I expect that we should have them by the end of this month, so that they give us how much has been taken up, in terms of scholarship for Caymanian doctors,

what has been allocated, what has been used, and also, what fields persons are studying in.

Number 12 was to advise the Committee of the Ministry's plans to consider ways to reduce the cost of healthcare, for instance, by removing duty from drugs and medical supplies or by reducing the HSA's mark-up on the cost of drugs: This one would be a bit more comprehensive; government did reduce some duties, for example on [items] like Lateral Flow Testing, so some medical supplies; but in terms of which specific drugs and medical supplies overall, that will need more comprehensive discussion and review, in terms of taking it forward to Cabinet and having that approval. So that one is still to be done.

The next thing would be our outstanding audits; our 2017 audit has been completed and is awaiting sign-off. We had significant subsequent events to update in that regard, in particular with the Integrated Solid Waste Management System (ISWMS) project, but it has been completed. From what I have been advised, the 2017 [audit] is pending sign off. I have also been advised that 2018 is about 75 per cent complete; 2019 - 70 per cent; and 2020 about 50 per cent. Where does that leave us? Obviously, we want to be up to date and not have backlog audits. Again, we have had some staff come, some go; so many changes—even CFO changes—and certain things take time for persons to get up to speed.

We have been working with the Office of the Auditor General, it is very much dependent, as well, on their availability in terms of their peak time. For example, right now we are not able to progress much. Once the Auditor General Office start interim and now the current year for the other entities, so that will push us a bit for forward again.

In this interim time, we are looking at how best we can get additional help, so we have persons focused just on audits, so that we are able to knock off what remains on these within a very short period of time. That has been a challenge because as I said, persons hold their finance—everybody needs their people then to complete their own. That has been a challenge for us. We have gone to private sector in the past, to recruit temporarily. It does take some time, if you are unable to find someone who knows the IRIS system, and that does take some time to get up to speed, as well.

We are trying to explore different avenues, we do not have many other staff in our departments. If we are able to bring one from a department to help at Ministry level, then the department suffers because we do not have much staffing capability there, but we are exploring different avenues in that regard. We are working [on it], we have one department staff member whom we have approached about helping us on a weekly basis to get some of it, even from a secondment standpoint, just to give the finance unit some more capacity, until we are able to fill the two vacant posts there and confirm the CFO post.

I do not want to be in this position, I do not want to have outstanding stuff but, unfortunately—with the best will in the world—I am not able to just make it happen since my last update. It is something that we are striving for, I think our team is more on board in terms of what we need to do and I have tried very, very hard, to take care of our staff right now.

I mean, unfortunately our staff have been neglected for a few years and people had very low morale, you know, when I came into this role, so there have been a plethora of issues. I have focused on getting job descriptions updated, helping our staff in every which way we can, making sure that persons understood that we were looking into their individual situations; trying to help them to boost their morale as well, so that we can retain our staff.

Health care is a very busy area outside of a pandemic, and with the pandemic just 10 times more in terms of commitment, so I have tried hard to do that. We have brought our staff up as best as we can and looking at their personal situations, and trying to help them; and then in terms of recruitment, trying to identify other posts that will help to strengthen our core Ministry.

I do want to thank the staff that we have. We have been through a lot, but we see dividends being paid and we will continue. I appreciate all of the efforts and sacrifices they have made. It has been a very challenging two years, but we look forward to a better 2022.

Thank you.

The Chairman: Thank you for that comprehensive response, Chief.

I think, for completeness sake as well, if you could respond to us formally on this letter that would really be helpful, because some of these things can be dealt with quite easily with a few sentences in response to what we have asked of you, in terms of these commitments. We eagerly await a formal response from you on this letter so that we can continue on with our work, and put some of these matters to bed.

I thank you and ask if you could undertake to get that done for us.

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Yes sir, will do. Thank you.

The Chairman: Are there any other questions of the witness? Okay. Well, Ms. Nellie, I want to thank you for appearing before the Committee this morning and giving your responses, answering our questions without hesitation.

We appreciate your responses to the Committee; I know you have a lot on your plate, but I wish you well and thank you for appearing today. You are excused.

Mrs. Nellie Pouchie, Chief Officer, Ministry of Health and Wellness: Thank you sir, and thanks everyone.

The Chairman: Members of the Committee, timing is perfect today. We have one more witness to examine this afternoon, so we are going to take the lunch break now.

We are early, so we will reconvene at 1:30 p.m., unless we can get the Deputy Governor here earlier; I am not sure if that is possible.

[Inaudible interjection]

The Chairman: Oh, sorry we said 2 o'clock.

[Inaudible interjection]

The Chairman: We are going to inquire whether we can get the Deputy Governor here for 1:00 o'clock, in which case we will break until then. If he is not able to, then we will start at 2:00pm. We are all here, so we will know very quickly, okay? So let us go ahead and break for lunch.

Proceedings suspended at 11:55 am

Proceedings resumed at 1:03 pm

The Chairman: Good afternoon everyone. I would like to call this Hearing back to order.

Thank you all for being prompt in getting back into the Chamber. We have one more witness to question this afternoon and that is none other than the Deputy Governor, who I would like to invite into the Chamber at this time.

[Pause]

The Chairman: Deputy Governor, good afternoon to you, sir, and welcome to the Public Accounts Committee and specifically, to this Hearing on the Auditor General's report on pharmacy services in Cayman. We appreciate your presence. I know I do not need to remind you, but I will just say for the record: please state your name and your position before you answer our first question. I will kick off the line of questioning this afternoon.

We are focusing on many things that were said throughout the two days of testimony so far. I am well aware, and I think we all are, of your vision for a first-class Civil service. The Auditor General plays a significant role in ensuring transparency and accountability within Government, and their value-for-money or investigative reports are a key part of the puzzle.

From your perspective, as leader of the Civil Service, what importance do these reports play in your administration of the civil service?

PORTFOLIO OF THE CIVIL SERVICE

The Deputy Governor, Hon. Franz I. Manderson: Mr. Chairman, thank you. Franz Manderson, Deputy Governor and Head of the Civil Service.

Mr. Chairman, first of all let me say, that my Office has an excellent working relationship with the Auditor General's Office. The Auditor General and I meet regularly to ensure that I am aware of any concerns that she has or vice versa. I should say that I put significant importance to the work of the Auditor General and the work of the Public Accounts Committee. When those offices function at the highest level, when their work is taken seriously, my job actually becomes a bit easier, in that, many things that are not working well, will work well if we pay attention and if we take the work of the Auditor General seriously and implement recommendations in a timely manner.

Since becoming Deputy Governor I have worked hard to ensure that we pay attention to the work of the Auditor General and that we implement the recommendations in a timely manner.

Just two years ago, before the pandemic, I appointed Miss Jennifer Ahearn to be my Strategic Operations Officer, and one of her key areas of responsibility was to ensure that the work of the Auditor General, their recommendations, were implemented; that Government Minutes were prepared, and that Chief Officers implemented those recommendations in a timely manner.

The pandemic caused huge disruption in all of that, there is no doubt about it, but to answer your question, sir, it is paramount that we implement the Auditor General's recommendations in a timely manner. If there is one thing that I have learned since being Deputy Governor is that if we implement those recommendations in a timely manner, we will achieve our vision of a World-class civil service.

The Chairman: I appreciate your candidness Deputy Governor, however, I think you may be aware of some of the reports that the Auditor General has done recently for this Committee, particularly, looking at its past recommendations and their implementation.

The best way I can describe it, is that there is significant room for improvement. We found that some recommendations have not been actioned for as long as five years. We, too, feel that our work is hampered, and that we somehow are not achieving what we would like to achieve in seeing these things implemented.

I ask you sir, to use your good office to reinforce to Ministries and Chief Officers, and whoever, the importance of getting these things done and maybe helping to drive some of the change and attention needed.

The Deputy Governor, Hon. Franz I. Manderson: Mr. Chairman, like I said, it has not been business as usual

in the civil service for the last two years. Performance management is not where it should be, in terms of regular performance meetings, setting goals, setting procedures, the majority of us in the leadership, I think, are all focused on COVID.

What is today? Thursday? Just yesterday I had a meeting with my senior leadership team to talk about our priorities for this year. Number one on the agenda is performance management. We are going back to where we were before the pandemic, which means that every civil servant has a Performance Agreement and is held accountable to that performance agreement.

A section that reads "compliance with recommendations of the Auditor General and implementation timelines", which used to be in Chief Officers' Performance Agreements, will be reinserted, so every Chief Officer—and I'm giving that undertaking to the Committee—will have a target in their Performance agreement to ensure that any recommendations that affect their Ministry from the Auditor General is implemented. That means that they are held to account by me.

I would then have regular updates from the Auditor General as to where we are. I do not want to wait until December to find out that the recommendations have not been actioned or whatever. That is number one; the first thing that I want to do to address your concern—which is a real concern that we share.

Number two is that I have given a section of the work that Miss Ahearn was doing in my office to someone else. That work is continuing; that person will drive responses to Auditor General Reports, help me follow up on past recommendations and get Government Minutes prepared. The conversation that I had with that person this week is, *'let us make sure that all outstanding Government Minutes are cleaned up in the first quarter of this year.'* I may need to liaise with the Auditor General to ensure that my list compares with hers but, again, I give that undertaking to the Committee that we will action all outstanding Government Minutes in the first quarter.

Now Mr. Chairman, my authority over this is limited in one respect: I can get those Government Minutes to Cabinet, I cannot decide when they actually get Tabled here, if there is no meeting of Parliament. I am tied by that, but I give the Committee an assurance [that] first quarter, all outstanding Government Minutes will be before Cabinet.

The Chairman: And I do appreciate the commitment, sir, because, to be honest with you, the next question was to get your commitment to getting these Governments Minutes fulfilled. I acknowledge, Deputy Governor [that] a number were done; yes, several were done and completed, but there are still a number of them that are outstanding. Auditor General.

The Deputy Governor, Hon. Franz I. Manderson: Absolutely.

Mrs. Sue Winspear, Auditor General, Office of the Auditor General: Thank you for allowing me to come in, Mr. Chairman.

I thought I would reflect. The history in Cayman, certainly since I have been here, is that these Government Minutes do go through a political process but the thing I just want to remind the Committee, the House and I guess civil services: this Committee is not about policy, it is about implementation of policy and therefore it is in a-political Committee and the responses are aimed at the Civil Service, there should not be a political aspect to them.

So, whilst I appreciate [that] in Cayman, they tend to go through a political process, in the UK and many other jurisdictions, for example, it is literally just the Civil service that reply to those recommendations directly and not through the political process. And indeed, when we send out our draft reports, to my understanding, I am not saying there may not be discussions with relevant Ministers, but the responses come from the Civil service.

I say that to just sort of lodge it as a thought, that maybe it would help expedite things if there was not that need to go through the political process, consistent with other jurisdictions; but of course, that is just an observation I make.

The Deputy Governor, Hon. Franz I. Manderson: Mr. Chairman, thank you.

Mr. Chairman, I understand what the Auditor General is saying, I am happy to look at look at that discuss and it with the Premier and my Cabinet colleagues. It has been the practice to share the Minutes with Cabinet [to] actually get them approved, in terms of what the Government responses are to the recommendations. Sometimes they may involve spend, which means we definitely would need to get Cabinet's approval. I certainly want to keep the elected leadership updated and informed of matters that are happening in the civil service, but again, Mr. Chairman, I am happy to have that discussion with the Premier. Maybe instead of a Cabinet paper is a Cabinet note, so that Members note what is happening, rather than having to approve; so I will discuss that with my Cabinet colleagues, Mr. Chairman.

The Chairman: Thank you, sir.

Throughout the Hearing today and yesterday, Deputy Governor, it is clear, and from the report itself, [that] there is an absence of a national health care strategy; updating out of date and deficient laws, especially the Pharmacy Act, Healthcare Act, et cetera. These have been outstanding now for a number of years and a number of risks have been identified in the reports.

I am really looking to get a commitment from you to use your powers and your influence to help advance some of these things; to try and bring them to a conclusion and allow us to get modern legislation implemented so that we can ultimately assure the good

regulation of health care, pharmacies, the pharmacists, pharmacy businesses and pharmacy technicians, who we are learning now, are quite common in the industry.

The Deputy Governor, Hon. Franz I. Manderson: Yes, sir.

Mr. Chairman, Chief Officer Pouchie and I have had numerous discussions about this, especially over the last few weeks, preparing to come here and I think she would have updated you this morning of the progress that she is making, in terms of building capacity in the Ministry; getting some key personnel on board, praying that the work of the Ministry will no longer be consumed by COVID—which, sir, it really has been consumed for the last two years. If I could find a stronger word [that "consume'] I would use it, but the Ministry has been consumed with COVID-related work, life-saving work over the last two years.

Once we get to the situation where the staffing is on board and we are almost there—any request that comes to me from the Ministry, I have been turning around immediately so that I am not part of the problem, and I am satisfied the Ministry is making great efforts to solve the problem in relation to staffing.

The conversations that I have had with the Chief Officer is that we now need to turn our minds to these PAC recommendations. One of the persons who is being brought on board will have specific responsibility for implementing these long-outstanding recommendations, along with the ones that you just mentioned, in terms of laws and regulations and updating of legislation. So Mr. Chairman again, I am happy to give that commitment that I will certainly use my Office to move things along as quickly as possible.

The Chairman: Thank you, sir. Mrs. Kathryn [Ebanks-Wilks].

Hon. Katherine A. Ebanks-Wilks: Good afternoon, Deputy Governor.

The Deputy Governor, Hon. Franz I. Manderson: Good afternoon.

Hon. Katherine A. Ebanks-Wilks: I want to touch a little more on what you were saying in relation to staffing, because that is one of the areas that Chief Officer Pouchie did rely on for a reason for her delay in responding.

In fact, she expressed to us that she has been busy writing job descriptions; to me this is more a Human Resources matter, so I was surprised to hear that her focus was more on writing job descriptions rather than the National Healthcare Strategy, the legislation, or even responding to the Chairman of the Public Accounts Committee.

I wonder, from your position as Deputy Governor, do you feel that Chief Officer Pouchie has adequate Human Resources support? From the sounds of it, there is a little question here.

The Deputy Governor, Hon. Franz I. Manderson: Thank you.

Mr. Chairman, through you: I think she has it now [but] a few months ago the HR team was very lean. Just to say we had a non-Caymanian in the role. Through succession planning, we now have a Caymanian HR Manager. That non-Caymanian has moved on, and just recently they employed another outstanding young Caymanian in the Ministry.

Certainly they are much better staffed now than they were even a few months ago; so yes, I would think her days of writing job descriptions are over and she has a very, very, competent Caymanian team there that can give her the support that she needs

Hon. Katherine A. Ebanks-Wilks: Music to my ears, DG [Deputy Governor]. Thank you very much.

The Chairman: Deputy Governor, just picking up on that theme, and based on the testimony that we heard today, there still seem to be some challenges in terms of resources. I do not think the Ministry is completely out of the woods yet with it.

It strikes me that there is potential for the civil service to parachute some additional resources on a short term basis to help out with some of this, because I will be honest with you: Speaking frankly from my perspective, I came away from the testimony I have heard these last two days, [feeling] that the Ministry has sort of been operating in crisis mode; and that is not healthy. It is not healthy for the staff, and it is not best for everyone, so I would ask you, again, to look into it further and see if additional support can be given to the Ministry as well.

The Deputy Governor, Hon. Franz I. Manderson: Absolutely, Mr. Chairman.

Again, we actually have parachuted existing civil servants into the Ministry. One of the roles that was filled recently was a civil servant coming from another agency; the one that we are about to fill is, again, a civil service coming from another entity on secondment, so we are doing just that.

What I think the Committee is saying is, *let us do it a bit faster.*

The Chairman: Yes.

The Deputy Governor, Hon. Franz I. Manderson: That is what we need to get done.

One area that I know you have not touched on and I am sure you are going to get to it, so I can just say it now, is the financial side in terms of the outstanding reports. The Chief Officer would have told you that

she lost her Deputy Chief Financial Officer; that person moved on. So just yesterday we spoke about parachuting financial help into the Ministry and let us solve this problem once and for all.

The Chairman: Okay, thank you sir. Members?

Hon. Katherine A. Ebanks-Wilks: I have no further questions.

You pretty much touched on everything, Deputy Governor. I want to say that I think it is great that you have incorporated a new field into the performance review section for the senior staff who are required to respond to Government Minutes or recommendations. We now have a mechanism for accountability there.

Thank you for doing that, and I have no further questions.

The Deputy Governor, Hon. Franz I. Manderson: Thank you, Ma'am.

The Chairman: Mr. Rankine?

Mr. Isaac D. Rankine: Deputy Governor, thank you for your well-explained positions earlier.

The testimony given by the Chief Officer today gave us issues and we were not convinced that there would be any improvements any time soon, especially with the National Health Care Strategy or updating the Pharmacy Act and other important Acts; but now that you have given us your assurances, I feel a bit better that this will happen in very short order, sir.

The Deputy Governor, Hon. Franz I. Manderson: Yes, sir.

The Chairman: Okay. Well, Deputy Governor, that seems to have exhausted the questions that we all have for you. I want to thank you for attending today. Thank you also, for freeing up the time to attend earlier than we had planned for you.

The Deputy Governor, Hon. Franz I. Manderson: Yes, sir; it worked well for me, thank you.

The Chairman: I wish you well this year in your work in the civil service, and I thank you too for your candidness in sharing what is happening. Clearly you were well prepared coming here today, so I really do appreciate it.

Thank you, sir and we will excuse you at this time.

The Deputy Governor, Hon. Franz I. Manderson: Thank you, Mr. Chairman.

Mr. Chairman, could I just say something in passing, please?

The Chairman: Sure, please do.

The Deputy Governor, Hon. Franz I. Manderson: I just want to reiterate the respect that my Office has for the work of the Auditor General and the Public Accounts Committee.

I want to make sure that it works well. I stand up over there in my capacity as Ex-officio Member and I give speeches to the House about the civil service, and I want to repeat what I say there: yes, it is our vision to be World-class. The reason I am here right now, is because we are not World-class; you would not have brought me here if we were being World-class in this particular area. However, when we are not World-class, I do not want to come and give excuses. I have given a firm commitment to address these issues head on; to not bury our heads in the sand and hope that it goes away; to make the tough decisions that are necessary for us to move this into an area of compliance. So I reiterate that commitment to the Public Accounts Committee.

Thank you.

ADJOURNMENT

The Chairman: Thank you too, sir, for the commitments that you have made to us today.

[Pause]

The Chairman: Well, we made it through.

Members of the Committee, this concludes the Hearing on this report. I want to thank everyone for your participation, and your attendance over the past two days. Thank you to you, Auditor General and your Deputy, as well as your team leaders; the Financial Secretary and the Accountant General for your presence here as well.

I also thank the Clerk for your support—these things go smoothly largely as a result of the help and support that I receive from the Clerk as well, and I am really grateful for that. Thank you all for attending.

Thanks also to the public who may have been watching via television or [listening] on the radio. This concludes this meeting of the Public Accounts Committee. I wish you all a good evening.

Thank you.

At 1:27 pm the Public Accounts Committee stood adjourned sine die.