



St Helena
Government

ST HELENA PUBLIC ACCOUNTS COMMITTEE

REPORT TO LEGISLATIVE COUNCIL ON THE FORMAL
SESSION OF THE PUBLIC ACCOUNTS COMMITTEE
HELD ON MONDAY, 26TH JUNE 2023

Laid on Table 5th Dec 2024

St Helena Public Accounts Committee

Report to Legislative Council on the Formal Session of the Public Accounts Committee held on Monday, 26th June 2023.

1. Introduction

In accordance with Section 69(6) of the Constitution of St Helena, Ascension and Tristan da Cunha, the Public Accounts Committee (PAC) hereby reports to Legislative Council on the Second Formal Session of the Committee, held on the 26th June 2023 to examine the Performance Audit Report: Benchmarking Health.

Membership of the Committee comprise:

Chairman:	Mr Mark Yon
Vice Chairman:	Mr Bramwell Bushuru Lumukwana
Members:	Hon Gillian Brooks
	Hon Dr Corinda Essex
	Hon Karl Thrower

The Committee is advised professionally by the Chief Auditor, Mr Brendon Hunt and administrative support is provided by the Clerk, Miss Anita Legg.

A transcript of these proceedings will be made available in the Public Library and on the St Helena Government (SHG) website at <http://www.sainthelena.gov.sh/public-accounts-committee/>.

2. Order Paper

- I. Chairman's Address
- II. Performance Audit Report: Benchmarking Health (Sessional Paper 2/22)

I. Chairman's Address

The Chairman opened the meeting and welcomed all in attendance and everyone listening via radio or live streaming.

As is customary, the Chairman explained the Constitutional role of PAC in accordance with Section 69 of the Constitution of St Helena, Ascension and Tristan da Cunha and Standing Order 26. He went on to explain the Committee's primary function which is to objectively scrutinise how the Government spends the public purse and advised further that the PAC is protected to act independently and is not subject to the direction and control of the Governor, the Executive Council, or any other body or authority and, has power to call any person to give evidence orally.

The composition of the Committee together with the key advisory and administrative support roles were then highlighted. The Chief Auditor Mr Brendon Hunt did not attend this Formal session due to a conflict of interest, therefore the Deputy Chief Auditor Mrs Vimbai Chikwenhere assisted the Committee in his absence. The Chairman welcomed back Councillor Gillian Brooks who had served as a temporary Minister for Safety, Security and Home Affairs while the substantive Minister and former PAC colleague, Jeffrey Ellick was overseas. He extended well wishes to Councillor Jeffrey Ellick upon his resumption of his duties. Councillor Karl Thrower was also welcomed back having recently attended the C24 Seminar.

The Chairman announced that both the PAC Clerk and himself were in discussions with CPA UK regarding the study visit of a PAC Clerk from another British Overseas Territory to St Helena. Arrangements were being made to accommodate a two-week placement. The dates for the visit were still being finalised while a work programme would be developed in due course. The study visit was expected to benefit both PACs and demonstrates respect for the high standards of work of the St Helena PAC and Audit St Helena across the UK Overseas Territories.

The Chairman moved on to explain the business under scrutiny.

In concluding the Formal session, he thanked everyone and added that PAC would evaluate the evidence heard and submit a report to Legislative Council on its findings, together with any recommendations.

The evidence taken on the Second Formal Session of PAC for 2023 is summarised below.

II. Performance Audit Report: Benchmarking Health

On Monday, 26th June 2023 PAC examined the Performance Audit Report: Benchmarking Health and the following persons attended to give evidence:

- Portfolio Director of Health and Social Care – Tracy Poole-Nandy
- Chief Medical Officer – Dr Peter Moss
- Head of Human Resources and Organisational Development – Carolyn Nutkins
- IT Section Manager – Jeremy Roberts

The Performance Audit Report on Benchmarking Health was prepared by Audit St Helena under Section 29(2) of the Public Finance Ordinance and was laid at Legislative Council on 11th March 2022, under section 29(3). Accordingly, this report, numbered Sessional Paper 2/22 was referred for PAC scrutiny, under Standing Order 26 Rule 2(a)(iii).

The Report highlighted that providing healthcare in remote locations like St Helena is a difficult undertaking, as an extensive and diverse range of primary, secondary and tertiary care must be delivered by a mix of permanent and temporary staff working with constrained resources. The report also highlighted that the Health Directorate could improve its monitoring of the population's access to basic healthcare services. This will be made easier by an electronic patient record system that is fit for purpose. The report therefore underscored that the configuration of existing systems, to enable the provision of data relevant to the monitoring of the Health Directorate's performance, should be a high priority for leadership. Further, because high levels of care – including overseas referrals – come at a high cost, the fiscal sustainability of the present funding model for an aging population is in question. The report therefore recommended that St Helena Government (SHG) should explore revenue-raising options like national healthcare insurance to preserve and strengthen this important service for the future.

The following is a list of the key issues PAC enquired of the panel:

- The staffing levels of doctors and nurses and their impact on access to health care, challenges encountered in recruiting and retaining medical professionals, and enquiries on updates to the recruitment strategy.
- The limitations of the electronic patient systems in use, whether they are fit for purpose, cost of maintenance and cost of duplicating business processes, the procurement process of the systems and alternative methods for collating the needed information.
- The process followed in the development of Key Performance Indicators (KPIs) and related targets, status of progress in improving these, and progress in the introduction of KPIs that track quality of care.
- The nature of costs in getting Technical Cooperation (TC) Officers to the Island, progress in localisation of TC posts, matters associated with premature contract termination and cost reduction plans.
- Progress in documenting benefits and status update of findings from the Jamestown Hospital Refurbishment project, impact of Covid on medical referrals, justification and status of commissioning the new CT scanner.

- The progress made in amending the Medical Practitioners Ordinance to ensure suitability of qualified doctors, and current processes in the recruitment assessment of new doctors and nurses.
- Progress on the procurement of a new off-Island medical services provider, and the process of ensuring that lessons learnt from the old Medical Services Organisation (MSO) contract were taken into account.

PAC received explanations and assurances for the above-mentioned enquiries and a transcript of the proceedings will be made available in the Public Library and on the St Helena Government website at <http://www.sainthelena.gov.sh/public-accounts-committee/>.

In addition to the verbal evidence, the Financial Secretary committed during a recall meeting to provide a written statement on the following matter:

- The Financial Secretary to provide a written statement based on the procurement records, justifying the decision to use the single tender route rather than an open procurement process for the Patient Source electronic system.

Based on the responses provided by the Panel, the below main conclusions were drawn, with recommendations proposed following PAC deliberations.

Main Conclusions

The PAC heard that, at the time of the hearing, the Health Directorate had a full staff compliment of medical doctors and midwives, whilst some gaps existed in nursing levels. PAC was encouraged to hear that the recruitment of the new Chief Nursing Officer was expected to improve leadership for the local nursing cohort. The Portfolio Director acknowledged the limited investment in local staff historically, with recent efforts having been made with nurses being placed on a UK funded development scheme. PAC also noted with concern the impact that the limited capacity in Social Care was having on the Health resources, as caused by extended hospital stays of social care patients.

PAC noted that the challenging work and living environment made it difficult to attract and retain some medical professionals. Some medical professionals also find it difficult to adjust to the nature and scope of the roles on St Helena in comparison to other countries. To mitigate this risk and improve cost effectiveness, the Health Directorate has directly approached previously contracted doctors, who have been on the Island before, and embarked on a strategy to bring out fully equipped specialist professionals, e.g. the Gastrologist for short term periods. The Committee was reassured that the Health Directorate was proactively monitoring contracts that were nearing their end date and initiating the replacement process.

The Committee was concerned to hear of the inefficiencies of using two locally server-based electronic patient systems (Patient Source and EMIS); both of which are not user-friendly nor integrated. PAC was encouraged to hear that an external consultant was engaged to perform a full review of the two systems in

liaison with Corporate IT, who recommended that a total move over to Patient Source be made, subject to necessary upgrades. The concerns raised by Health officials on the need for extensive research and evaluation of the two systems, unsettled Members as to whether sufficient stakeholder engagement had indeed been made prior to the proposal being given.

PAC noted that the current cost of duplicating business processes across the two systems could not be quantified. However, they were reassured to hear that the cost considerations for upgrading the preferred system to the Cloud of £43,300 and the annual license fees of £21,640 were already incorporated in the budget. Indicative timeframes for a fully-fledged system were dependent on high-speed internet and the implementation would be through a staged approach. The Committee expressed its desire for the preferred upgraded system to enable the Health & Social Care Portfolio to monitor performance. A system Change Handover plan would be developed by Corporate IT and will incorporate training.

Furthermore, during a recall meeting on 28th September 2023, the Committee received testimony from the Financial Secretary (Dax Richards) and the IT Manager (Jeremy Roberts) on the following matters which needed clarification:

- **PAC was reassured that the governance arrangements for the impending system change over included a lead team headed by Dr Derek Burke, assisted by two Corporate IT members and would be overseen by Health officials.** Members were concerned that whilst a period of forty six months had been advised for the first 3 phases of the migration, phases 4 and 5 relating to the implementation of additional functionalities in Patient Source and the final migration of primary care from EMIS to Patient Source was still to be confirmed.
- **The Committee was alarmed to hear the following multiple concerns surrounding the initial procurement of Patient Source in December 2017:**
 - the approval of the procurement as a single tender following recommendation by the then Portfolio Director (Dr Akeem Ali), despite some concerns raised around integration and compatibility at the time;
 - alleged limited Corporate IT involvement;
 - absence of procurement governance arrangements;
 - minimal stakeholder involvement (e.g. Laboratory, Pharmacy and Dental);
 - doubts about whether the Implementation Plan that was given as a condition for the contract to be signed was indeed prepared and submitted to the Procurement Board, and ambiguity on whether the system was in fact listed as a proposed solution in the Consultant's (Alan Wong) report.

PAC also heard from the Financial Secretary that the justification for the single tender route over the open tender option was attributed to limited availability of non-cloud-based solution options and budget constraints facing the small size of the Island.

- **Members were alarmed to hear that since the 2022 calendar year, the outdated EMIS system was no longer supported by the service provider, exposing the primary care system to various risks such as cyberattacks.**

As a mitigation to cybersecurity risk, the PAC was reassured by the IT Manager that the new IT policy which was soon to be issued at that time, would enhance cybersecurity in the use of USB sticks.

The PAC was reassured on the robust process involved in the development and oversight of the KPIs, albeit the monitoring of the KPIs remained a concern. The officials advised that Health & Social Care collectively develop KPIs for the Portfolio, aligns them to the DFID log frame, and reports on them in quarterly reports, with oversight provided by the Advisory Board and the Senior Management Team. It was also reassuring to PAC to hear that the quantum of the KPI's had been reduced to focus more on quality.

Members heard that the associated costs of bringing a TC officer to the Island depended on the period of the contract, with contracts of eighteen months and longer being paid in full, while shorter contracts were adjusted to remove mid-term travel. Localising TC posts had been slow, with only one individual going to the UK for training, while the outlook of future localisations was dim as the Covid budget was diminished. The PAC was reassured that efforts are still being made to collaborate with the UK National Health Service (NHS) on the nursing apprenticeship scheme, as well as with other United Kingdom Overseas Territories.

PAC was reassured that joint efforts between HROD and Health continue to be made to reduce costs associated with TC officers. Such initiatives included embarking on recruitment campaigns to top-up local salaries and making attempts to attract qualified nurses who are no longer practicing the profession. PAC also heard that out of a total of thirty two medical professionals on TC contracts, four had left before their contracts ended.

The Committee noted that the Jamestown Hospital Refurbishment led to the use of better diagnostic equipment installed as part of the project and positively led to earlier detection of medical conditions, although at the cost of increased number of overseas medical referrals. The Health officials suspected that the patients on which orthopedic surgeries had been performed following the refurbishment (and described as a positive outcome in the Performance Audit Report), were subsequently referred overseas due to the inadequate rehabilitation and post-surgery support on Island. Health officials advised that going forward, all joint replacement surgeries would be referred abroad as this would be better use of funds rather than for the surgeries to be performed on Island.

The PAC heard that the new Foreign, Commonwealth & Development Office (FCDO) funded CT scanner that was expected towards the end of the year would improve the diagnosis of conditions and would replace the current outdated CT scanner.

PAC was reassured that significant effort was being made by the Health officials to strategically save costs by attempting to secure direct links with pharmaceutical suppliers who are signatories to the World Trade Organisation agreement on patent medicines. While the PAC was also reassured that the Health Directorate was working on a more robust electronic stock-controlled system to manage stock expiry and write offs, they were not convinced whether patients

were required to sign to acknowledge full acceptance of the receipt of expired medicines deemed to be 'safe.'

PAC heard that the Health officials' view was that there are no significant, urgent amendments required to the current Medical Practitioners Ordinance in light of the robustness of the recruitment process in comparison to the appointment and approval formalities contained in the Ordinance. The CMO reassured PAC that the current recruitment of doctors is based on membership with professional authoritative bodies and application of appropriate governance standards, such as training with institutions recognised by the World Health Organisation. The PAC was also reassured that where a medical professional is deemed unfit to work, the overarching SHG disciplinary policy is followed and supplemented by NHS-based specific medical competence policy on investigations of doctors.

The PAC was relieved to hear that the preferred new off Island medical services provider had agreed to start delivering services from 1st July 2023. Based on the officials' reflections, the PAC was comforted that the process of terminating the contract with the current MSO was amicable and cooperative, and that moving forward, transitional plans for every patient had been discussed with the out-going and in-coming medical service providers. The Committee was reassured that the new agreement carefully took into account the lessons learned from reflections with the out-going medical services provider.

Recommendations

In relation to its scrutiny of the Benchmarking Health Performance Audit Report, **PAC recommends that:**

1. The Health officials should ensure that the preferred updated electronic patient record system includes the capability to monitor and report the Health Directorate's KPI's as a core feature.
2. SHG should ensure that the electronic patient record system Change Handover plan is sufficiently robust to include at least the following as a minimum: training; data backup and recovery; appropriate approvals; timely stakeholder engagement; and operates in line with best practice.
3. SHG should prioritise updating its risk register with risks and appropriate mitigations associated with the continued interim use of the outdated EMIS system, prior to the system change over.
4. SHG should work out the indicative timeframes for finishing phases 4 and 5 of the transition to the upgraded Patient Source medical system.
5. The Health officials should consider introducing a system to require patients to sign for the full acceptance of the receipt of expired medicines that are deemed to be safe.

6. The Health officials should consider developing a Communications Strategy to include reporting on progress of succession plans towards the localisation of TC posts, updates on nurses' professional development and reporting on employee retention initiatives.
7. SHG Central Support Service should release, at least annually, an update on the Health & Social Care Portfolio and its priority to 'Support the development of the Public Service through the delivery of an effective People Strategy' towards its strategic objective to 'address skills gaps by valuing the local workforce and attracting, growing and retaining the working age population'.

3. Concluding remarks

The Public Accounts Committee acknowledges the work of the Deputy Chief Auditor and staff at Audit St Helena in assisting with the production of this Sessional Report to Legislative Council. The Committee also thanks the attending panel members from the St Helena Government Health & Social Care Portfolio, Human Resources and Organisational Development, Corporate IT and Treasury for providing evidence in response to lines of inquiry.

This Sessional Report on PAC proceedings held on Monday, 26th June 2023 is hereby authorised for issue to Legislative Council pursuant to Section 69(8) of the Constitution of St Helena, Ascension and Tristan da Cunha.



Mark Yon
Chairman
St Helena Public Accounts Committee

25 November 2024