
THE SENATE DEBATES

(OFFICIAL REPORT)

FIRST SESSION 1999 –2004

THE SENATE

Wednesday, July 25, 2001

The Senate met in the Senate Chamber, Parliament Buildings, on Wednesday, July 25, 2001, at 11.20 a.m.

PRESENT

His Honour Senator Sir Fred GOLLOP, K.A. (President)

His Honour Senator C. L. BOLDEN, C.B.E., LL.B. (Hons.) (Lond.) (Deputy President)

Senator the Hon. P. C. GODDARD (Minister of Health) (Leader of the Senate)

Senator the Hon. G. S. H. MURRAY, B.A. (Hons.) J.P. (Minister of State, Prime Minister's Office and the Civil Service)

Senator T. E. BARKER, B.A. (Hons.) M.A. (Econ.) (Parliamentary Secretary, Ministry of the Environment, Energy and Natural Resources)

Senator the Hon. Dame Patricia SYMMONDS, D.B.E., G.C.M., B.A. (Hons.) P.G.C.E., J.P.

Senator J. E. D. WILLIAMS, B.Sc., M.B.A., J.P.

Senator G. E. N. BROME

Senator C. A. MASCOLL, B.Sc. (Econ.) (Hons.) M.A. (Public Finance)

Senator LeR. H. McClean, B.Sc. (Hons.)

Senator C. LeR. TROTMAN

Senator Mrs. P. E. RICKINSON, B.A. (Hons.) M.P.H. (Harvard) S.R.N.

Senator C. K. LAURIE, D.I.C.T.A. (S.T.), FBSTA

Senator Sir John Stanley GODDARD, K.A., B.Com., C.A., Hon. LL.D. (U.W.I.)

Senator B. R. COLLYMORE, C.M.G.

Senator Mrs. V. E. NEWTON, S.C.M., B.A. (Spec. Hons.) M.A., LL.B. (Hons.) (U.W.I.) F.L.A. (Gt. Brit.) L.E.C.

Prayers were led by Senator Mrs. J. P. ALLEYNE.

Mr. PRESIDENT: The Senate is in Session.

PRESENTATION OF PAPERS

1. Franchises (Registration and Control) Kmart Overseas Corporation) Order, 2001.

2. Sugar Industry (Sugar Workers Provident Fund) Order, 2001.

SUSPENSION OF STANDING ORDERS

SENATOR THE HON. P. C. GODDARD: Mr. President, I beg to move that Standing Order No. 45(2) be suspended for the remainder of today's Sitting.

As you know the Senate will not be sitting next week, because of a Public Holiday and there is some urgent Public Business to be done.

The question was put and resolved in the affirmative without division.

FIRST READING OF BILLS

1. The University of the West Indies (Guarantee of Bonds) Bill, 2001.

2. Education (Amendment) Bill, 2001.

3. Final Appropriation (2000-2001) Bill, 2001.

PUBLIC BUSINESS

SENATOR THE HON. P. C. GODDARD: Mr. President, during the debate of the Patents Bill, 2001, the point was raised by the Honourable Senator B. R. Collymore

that it was not clear to him whether the previous Bill had been repealed.

Accordingly, because we had no quick answer to this, we had suspended further consideration of the Bill, until today.

In section 75 (1) the suspension is indicated.

"Notwithstanding its repeal by this Act, the former Act shall, subject to this section, continue in force for:

- (a) patents granted in Barbados before the commencement of this Act;
- (b) applications for patents under the former Act that were filed in Barbados before the commencement of this Act;

but patents granted under the former Act may only be renewed pursuant to this Act.

In this language it is clear that the intention is for the Bill to be repealed and I have been so advised by the Clerk of Parliament.

Mr. President, with that explanation, I beg that this Bill be now read a second time.

The question was put and resolved in the affirmative without division.

On the motion of SENATOR THE HON. P. C. GODDARD, the Senate resolved itself into Committee on the Bill, HIS HONOUR SENATOR C. L. BOLDEN in the Chair.

COMMITTEE

Mr. CHAIRMAN: The Senate is in Committee.

Clauses 1 – 4 inclusive, were called and passed.

Part 1:

Clauses 5 – 33 inclusive, were called and passed.

Part 2 was called and passed.

Part 3 was called and passed.

Part 4 was called and passed.

Part 5 was called and passed.

Part 6 was called and passed.

On the motion of SENATOR THE HON. P. C. GODDARD, Mr. CHAIRMAN reported to HIS HONOUR the PRESIDENT, the passing of one Bill in Committee and Mr. PRESIDENT resumed the Chair and reported accordingly.

On the separate motions of SENATOR THE HON. P. C. GODDARD, the Bill was read a third time and passed and cited as the Patents Act, 2001.

ORDER NO. 5 – FINAL APPROPRIATION (2000-2001) BILL, 2001

SENATOR THE HON. P. C. GODDARD: Mr. President, in moving the Final Appropriation (2000-2001) Bill, this would provide a grant out of the Consolidated Fund the sum of \$120,600,652.00 for the services and purposes specified in the schedule.

The Schedule is attached to the Bill which itemizes the various additions that were made during the course of the year to bring the business of the Government into accounts. 11.30 a.m.

Mr. President, I beg that this Bill be read a second time.

SENATOR Mrs. P. E. RICKINSON: Mr. President, the last time I spoke on this Bill, I was told that this Bill is not normally debated and I do not understand that. I looked in the Standing Orders of the House and it does not tell me that the final reading of the Appropriation Bill is not to be debated. I have been put in this Senate to debate different Bills. During my orientation I was not told that one of the Bills which comes to the Senate is the Final Appropriation Bill and, therefore, I am not to get up and say anything about it because the Bill has just passed.

As I understand it, Mr. President, the Government is supposed to discuss with the various ministries its expenditure for the upcoming year and plan a budget for it. I am not saying that people would not overspend in times of disasters or unforeseen circumstances but when it comes to the millions that the Government overspends, having planned what it is going to do for the year, I think it deserves a comment. It means that something is wrong and, therefore, one needs to be involved in more prudent planning.

If this is going to be the case there is no point presenting a Budget because you can just spend whatever you feel like spending and then come and pass the Final Appropriation Bill. It does not make sense having a Budget and then you are going to come to the House and pass supplementaries after supplementaries which gives the impression that you do not know what you are doing. It also sends the wrong message to the public. It tells us that

persons are trying to run the Government in secret and these are just surprises that are brought upon the people of this country because all of these are unplanned for.

Mr. PRESIDENT: Senator Rickinson, I hate to interrupt you, the Chair would, of course, not interrupt any Honourable Senator who is speaking within the rules, so perhaps I should explain that this is a Money Bill and the convention is well established that such Bills, as in this case of the Final Appropriation Bill, are not normally debated in this Chamber. I do not think it is a question of anybody misleading anybody, but certainly you may continue to speak.

SENATOR Mrs. P. E. RICKINSON: Thank you, Mr. President, since you are telling me that this Bill is not normally debated I will not continue. However, if this is the case then when a person is oriented they must be informed of this because from the time I have been in this Senate, every year I have spoken on the Final Appropriation Bill and this is my second term in this Senate. I have done this because it is a money Bill and it is the only opportunity that I do get to speak on a wide range of topics that normally during the sessions I am not allowed to speak to because I am usually asked to speak to the specific topics.

SENATOR THE HON. P. C. GODDARD: On a point of order. The Estimates Debate in this House allows Honourable Senators to speak on every subject and they may choose to do so for an extended period of time. So it is not accurate to say that this is the only opportunity that the Honourable Senator has to speak on any subject that she may choose in this debate.

SENATOR Mrs. P. E. RICKINSON: My apologies, Mr. President. I admit that the Estimates debate allows me to speak on every subject but this is the only other time that I can speak on any other subject, and that is why I have been speaking. But since I am now told after all of these years that it is conventional that we are not to speak, I will not continue to speak anymore.

HIS HONOUR SENATOR C. L. BOLDEN: Mr. President, I do not want to prolong the debate so this is only a bit of advice. We have in this Chamber Senator Collymore who is also an Independent Senator and who has been a civil servant for numerous years ending with the post of Permanent Secretary. I think he is well aware of how Estimates are prepared and the reasons for supplementaries and I will advise Senator Rickinson to consult with him to get advice and learning as to how Government is run in this particular respect.

SENATOR THE HON. P. C. GODDARD: Mr. President, I move that this Bill be read a second time.

The question was put to the Senate and agreed to.

On the motion of SENATOR THE HON. P. C. GODDARD, the Bill was certified as a Money Bill and was read a third time and passed and cited as the Final Appropriation (2000-2001) Act, 2001.

ORDER NO. 2 – THE QUEEN ELIZABETH HOSPITAL BILL, 2001

SENATOR THE HON. P. C. GODDARD: Mr. President, in rising to move the second reading of the Queen Elizabeth Hospital Bill, 2001, I take great pleasure in bringing to fruition the tremendous body of work that has been done by the Haynes Commission and subsequently by a group of dedicated citizens, who worked selflessly to develop the core of this legislation and to create a new system of management under which the Queen Elizabeth Hospital will operate.
11.40 a.m.

Mr. President, for as long as the Queen Elizabeth Hospital has been in existence, it has come under waves of severe and constant criticism, interspersed by a few letters of commendation from the public who have appreciated the care that they have experienced in the Queen Elizabeth Hospital. We have to recognise that the Queen Elizabeth Hospital was established in the early sixties and that medical science and the practice of medicine has undergone significant change over that period of time.

Mr. President, the complexity of modern medicine and the improvement in medical care have made it necessary for us to create a new structural system and a new method of management which starts the process of a revolutionary change in the Ministry of Health. That change is the decentralization of the management functions of the health institutions in Barbados. This departs from the past where Ministries have been responsible for the management of everything and the centralization of management. This Bill carves out a new dimension for the Board. It gives the Board new powers which have not been given to other boards and it gives it greater flexibility in operation and a much greater autonomy in the development of policy on a wide range of matters. It continues the Minister's ability to make broad policy initiatives or directives to the Board, and I stress the word "broad".

This is in keeping with modern management practices and I might state at this point in time that while a tremendous amount of work has been done to bring this legislation to this point, the Ministry of Health is engaged on a wide number of initiatives on a broad front of activities which include the strengthening of our public health system, boosting our national immunological capacity so that we can raise the immunization level of Barbadians to the 95 per cent that is deemed necessary; a review of our mental health programme;

strengthening of the systems which are preventative in nature; giving support to NGOs and other organisations which are active in the prevention of disease and working in the cause of improving the national health through better dietary and exercise regimes by changing behavioural patterns.

In so doing, we have also developed a major HIV/AIDS programme which has taken us the better part of a year to negotiate and to develop, taking into account all of the stakeholders, the many Ministries that are involved and arriving at the point where we have finalised an agreement with the World Bank for participation in our national HIV/AIDS programme. The Ministry has also been significantly involved in the South Coast Sewerage Project and we can see that within a very short period of time, I would say within a year, we should see the completion of that project, something that will improve the environmental aspect of this country. While we are talking about health, we must recognise the fact that the environment is extremely important in maintaining the health of our population.

Mr. President, the Ministry of Health has been engaged in a wide range of activities not the least of which is the development of this Hospital Bill. This Bill will strengthen the Hospital. I recognise that there has been ongoing criticism of the Hospital and some of it has been misdirected but some of it has been very cogent, very appropriate, and were it not so, there would not be a need for this Bill. However, we are now taking positive actions to move in a direction to enhance the management of the Hospital, and I will explain how the Bill will do this in due course.

That does not mean that we have stood still and marked time. Mr. President, the Hospital has a management. Even though it may have been hamstrung by some bureaucratic procedures of the past and the present, it has been involved in an extensive refurbishment programme. Apparently, none of this has been noticed by some critics, but I would just like to acquaint Honourable Members of some of the things that have taken place at the Queen Elizabeth Hospital over the past five years, both under the previous Minister and under my jurisdiction.

This follows the policy of the Barbados Labour Party and I, as the Minister, am carrying out that policy and implementing the policy of the Party to improve the general health conditions of the country and specifically, while we are talking about the Queen Elizabeth Hospital, the physical and operating conditions of the Hospital.

Over the years, it has been recognised that not enough has been devoted to the ongoing maintenance of this very vital and complex institution. I say complex, because this Hospital carries out more major procedures than many of its

size in the developed world. That is natural because it has to serve a whole population, an island/state, as well as many members of the Eastern Caribbean and beyond. It is also a teaching hospital and by virtue of being a teaching hospital it brings other complexities to its operation, and this compounds the complexity of the management function.

This Bill will enable us to integrate better the activities of the treatment hospital and the activities of the University College of the West Indies as its function in a teaching hospital and, by extension, will help us to focus better on the issues of medical research. I might add, Mr. President, that over the past two years as Minister of Health, I have been deeply involved in strengthening the relationship between the University and the Hospital and particularly in strengthening our capacity for medical research.

There is some very valuable work being done and there are also some very valuable partners that we can bring to the table to expand this research which, in due course, will bring benefits to all of our people and give us the capacity to implement systems that will reduce the disease burden and reduce the human suffering as a result of that disease burden in our society.

In the refurbishment of the Hospital, in the last five years, the private entrance has been completely refurbished, all the ceilings have been refurbished with ceiling tiles and new lighting put in place. That new lighting allows people to see where they are going as opposed to the lighting that was there for many decades. It also enhances the security of that region. We have improved the floors and the following wards have been completely renovated: A1, A2, A3, Natal Intensive Care Unit, B3 and B2. The Mortuary has been completely renovated and it is nearing completion and we have increased capacity by eight.

11.50 a.m.

We have refurbished the air-conditioning units in the Surgical Intensive Care Unit and in the Neonatal Intensive Care Unit. The Obstetric Theatre has been completed remodeled and upgraded and major refurbishment to air-conditioning systems and the general surgery is now in progress and should be completed by December. This means for the first time in the history of the hospital it will have all of its operating theatres working at the end of the year.

We are also refurbishing the Accident and Emergency Department, the Medical Intensive Unit, the Radiotherapy Department and Ward B12 has been refurbished. The hospital management has built a rapport with NGOs and the private sector to help them refurbish the hospital. This is as it should be because the hospital is not an alien institution parked somewhere for people to throw rocks at. It is part and parcel of our community and we should see it as such. We

should see it as an institution that demands our critical support but not destructive criticism.

The Accounts Department and the Nursing Administration areas have been refurbished as well as the Laboratory Department and the Biochemist Department. We have installed new equipment, cat scan, ultra sound, two ecocardiograms, a new X-ray generator, two X-ray machines, a mammogram machine, a treatment and planning unit for radiotherapy and a fully computerised lab testing system with remote work stations which enables real time communication and results. This is also being developed in the HIV Laboratory where the results of a test will be sent directly to the doctor in real time which means that as soon as the test is done, the doctor will get the results. This is part and parcel of a beginning of an IT programme, which I will come to later, to improve record-keeping and communications throughout the hospital.

The existing computer systems in the hospital have been upgraded and replaced over the past five years so that we now have current equipment in place but this is still quite insufficient for a modern-day hospital and this will be the subject of some of the activity the Board will have to undertake in upgrading the IT systems to full capacity. We have brought ventilators into the hospital, state-of-the-art endoscopy equipment and we have also brought twenty new kidney machines into the hospital.

The history of kidney dialysis in Barbados is a very interesting one. It was first started in 1984 and at that time there were five machines and approximately ten patients. We have now expanded the patient base to approximately 60 people. The new machines replaced approximately ten older machines. This is a new innovation because two of those machines are portable machines so we have not only improved the treatment of kidney dialysis by expanding the number of machines available but we are also treating people in the Intensive Care Unit should they need a dialysis in that location. We now have the flexibility to take the machine to the patient rather than the patient to the machine. This adds to patient care and comfort and hopefully would improve treatment results.

Mr. President, there has been a lot said about these machines and their operations and I am not going to pretend that there were no complications in the implementation of these machines. However, remedial action had been taken and over the past months the machines have operated flawlessly and as of this morning I know of no malfunction.

However, there is another part to this whole saga about the machines because the Press carried reports of a recall situation. I have a report from Baxter Healthcare indicating that none of the machines was affected by the recall and that

they were free of faults relating to those recalls when they were received by the Queen Elizabeth Hospital, but there was a malfunction of some sensors.

Let me just explain to Honourable Senators that a sensor resembles a light bulb but is about a quarter of the size of a pencil point. Some of those sensors were manufactured by the suppliers to Baxter Healthcare using a different process which put them under heat stress and in certain conditions where saline solutions entered the base of that sensor they malfunctioned intermittently. We all know what intermittent malfunction is like in a chip for a computer. You will run your diagnostics and everything is fine and then the fifth or tenth time there is a malfunction and sometimes it is very difficult to trace.

An intensive investigation was done and they determined what these were and all of the sensors have been replaced. They have reverted to the original manufacturing process and it is not anticipated that this will occur again at any time. Since that time the machines have worked flawlessly but in addition to that, the staff has undergone additional training and I am absolutely sure that we are now delivering the best quality care in terms of staff competence as well as in the equipment that is being used.

12.00 noon

Mr. President, we have additional foetal monitors to improve intra-uterine foetal monitoring. We have laparoscopic equipment. We have introduced an oxygen concentrator which reduces the cost of bottled oxygen to the hospital and improves the reliability of oxygen supply so that we have a constant supply of oxygen.

There are innovations which have taken place. We have replaced the washing and drying machines in the laundry department. We have improved the security in the car parks and increased the lighting around the hospital; increased the number of security guards to 45; improved the departmental security by restricting the use of the front doors and we are continually upgrading the hospital in this regard.

A new distilling plant has been installed which reduces the need to source distilled water. This reduces the cost operation to the hospital as well as enabling us to have continuous supply. A centralised system for medical gases has been made more reliable and has been extended to all areas that have been renovated.

Mr. President, I stated earlier that we have introduced new services in the hospital. The Neurosurgery Department has expanded its services and this has resulted in a reduction of the amount of money that we spend on sending people overseas for medical treatment. It is conservatively estimated that the Neurosurgical Department has saved the Medical Aid Scheme approximately \$2 million in the year 2000. The Neurosurgery Department has an excellent team which we plan to build and to expand.

We now have a Pediatric Intensive Care Unit which offers specialised intensive care to children. This unit is headed by a Barbadian who received extensive training in the United States of America. Sir, this means that children no longer have to compete with adults for the medical intensive care unit and as a result they can stay within the pediatric area of the hospital.

Sir, we have also expanded our PSA testing and are making a concerted effort to offer this test to men who are at risk and to provide screening at the Queen Elizabeth Hospital for prostate cancer.

We have developed a Pain Management Centre at the Queen Elizabeth Hospital which would provide pain control services to persons who are severely affected by chronic or acute pain. This is a very important area of treatment. Once again, I have to thank the service organisations and the diplomatic community for the great contributions that they have made in helping us develop this Pain Management Centre.

The Lions Eye Caring Centre has finally been put into full operation and it houses several departments. The Ophthalmology Department – all services except the eye ward are housed in this centre. These services include the operating theatre, out-patient clinic with a minor operating theatre and the Hematology and Blood Collecting Unit. A fully functional department of Cardiology services is being planned to be located in this Centre. The Centre also houses the invasive and non-invasive section and the Cardiac surgery programmes. A new angiographic suite is to be installed in that section and the procurement process has already started.

We have expanded our capacity in the area of hip replacement and for the first time in the last few years, we are now offering a knee replacement programme.

Mr. President, you can see that the hospital is not a static institution and that there has been ongoing upgrading and improvement. There has also been an improvement in the sanitation of the hospital. As you will recognise, Mr. President, I am no stranger to the institution because I traverse its corridors on a weekly basis and make appropriate comments when I have to.

Mr. President, I would say that much has been done but there is much more to be done. We are providing through this Bill, the management structure that would create an institution that would be a medical centre of excellence in the Caribbean. It is planned that a new hospital wing will be added and the entire existing building will be completely refurbished. Sir, as we speak, the terms of reference are being developed.

Mr. President, many may speak about the Hospital Bill but I caution Honourable Senators that the Queen Elizabeth Hospital is not the whole Ministry of Health and it is not the institution that looks after all the health of the country. Therefore, we must see it in the context of its true position at the end of a process where many other things have failed and complicated treatment is necessary to improve the quality of life and to prolong life.

Mr. President, as I have outlined before, the Ministry of Health has been actively engaged on a wide front and this will be the first piece of legislation which will show a new ethos and a new direction and a strengthening health care system for this country.

12.10 p.m.

Mr. President, I now turn to paragraph 5, section 3. This Bill provides for a Board to manage the affairs of the Hospital. When we look at this section, it is a very important part of this Bill and it determines the quality and standard of Board members.

5. (3): The Members of the Board shall

1. possess the expertise, business acumen, professionalism and experience that would allow for the proper discharge of their function;
2. be individuals who have demonstrated
 - (i) competence and outstanding achievement in their field of endeavour; and
 - (ii) commitment to community or public service.

Now, Mr. President, let me just say that this sets the hallmark of the Board. There are going to be persons of stature, with a high degree of ethical behaviour and competence in this Board. I think that these people would understand that though they may come from a different organisation, though they may come from those outlined later in the Act, that they would understand that they are members of the Board of the Q.E.H., and while they are sitting as Board members their primary interest would be the Q.E.H. and everything else would be secondary.

I do not think, Mr. President, that the issues of conflict of interest are an undue concern. We live in a small society with conflict of interest from the time we were born. It is how we deal with the conflict of interest that is important, not whether or not that we have conflict of interest. And therefore, Mr. President, I would expect that these individuals would have the capacity to understand their role

as Board members of the Q.E.H. I think it a very important thing that we detail the quality of persons that we want to have as members of this Board and it is here in the Bill for all persons to see.

There are various things that the Board is charged with doing.

6. (1) The function of the Board is

- (a) to ensure that the Hospital is used for the purposes set out in section 3;
- (b) to develop the policies for the
 - (i) prudent management and efficient maintenance of the Hospital;
 - (ii) provision of service to patients or clients of the Hospital;
 - (iii) assignment, utilisation and management of staff of the Hospital;
- (c) to determine the standards to be attained in the provision of services at the Hospital and the principles to be adhered to in attaining such standards;
- (d) to manage the operation of the Hospital and to control the activities within the Hospital and to ensure the continuous improvement in the quality of the care of patients;
- (e) to establish within the Hospital such departments or divisions as are considered necessary for the provision of effective care to patients;
- (f) to provide suitable equipment, apparatus, appliances and furnishing that the Hospital may require and to maintain such equipment, apparatus, appliances and furnishing and the premises of the Hospital to fit and proper condition;

the normal things that people would expect at the Hospital.

(g) to ensure that:

- (i) the premises of the Hospital are kept as resistant to disaster as possible;
- (ii) there is a disaster-preparedness plan for the Hospital;

- (iii) the contents and procedure for the implementation of the disaster-preparedness plan are known to all staff of the Hospital.

So we have planned that this institution will be prepared for any unforeseen events.

(h) to establish a criteria for:

- (i) the appointment, assignment and utilisation of all staff of the Hospital; and
- (ii) conferring on persons the status of honorary consultant.
- (i) to appoint all members of staff of the Hospital and to exercise discipline over such staff, including the suspension or termination of employment;
- (j) to approve a financial code and other codes respecting the operation of the Hospital and codes of conduct for staff of the Hospital;
- (k) to prescribe and to collect all fees payable to the Hospital for services provided under this Act; and
- (l) to take such measures as are necessary to give effect to the provisions of this Act.

This is important that the revenue of the Hospital will be accrued by the Hospital.

I will point out in section 8:

"There shall be paid to members of the Board, remuneration at the rates that the Minister determines."

And therefore, we feel that these Board members will be doing extensive and valuable work and should be adequately compensated for their services.

9. (1): The Board may employ persons at such remuneration and on such terms and conditions as it considers necessary for the proper discharge of its functions and the functions of the Hospital.

This now means that the Board is not going to be bound rigidly by the civil service profile for the establishment of persons and the payment of individuals.

10. Notwithstanding the powers conferred on the Board by section 9, the Board shall not, without the prior approval of the Minister;

- (a) assign to any post established by the Board any salary in excess of such amounts per annum as the Minister may determine and notify the Board in writing, and;
- (b) appoint any persons to a post established by the Board to which a salary in excess of the amount determined by the Minister under paragraph (a) is assigned.

So the Minister still has and, therefore, by extension the Cabinet, the authority to be a safety valve on the upper limit of salaries, so to speak.

11. "The Board, may with the approval of the Minister – And here we are talking about the Minister of Finance – "

"...purchase, lease, or otherwise acquire, hold and dispose of any estate or property of whatever kind;

- (b) receive in its corporate name or in any other name whatsoever any estate or property whether by way of devise, bequest, gift, grant, or donation."

13 (2):

"The Board shall borrow money only on the written authorisation of the Minister of Finance which authorisation shall stipulate;

- (a) the amount and source of the loan; and
- (b) the terms and conditions on which the loan may be obtained.

3. The authorisation of the Minister of Finance under subsection (2) may either be general or limited to a particular borrowing.

4. The Board shall not pledge its assets or the assets of the Hospital as security for any loan without the written approval of the Minister of Finance.

- 18: The Board may apply savings realized under any head of its estimates or surplus over-estimated receipts to meet the deficiencies under another head of the estimates; except that the total expenditure for a financial year must not exceed the amount approved for that year.

This now gives the Board, and it is the first time that I know of, the flexibility to determine whether priority it takes to buy for example, a new computer or a new autoclave machine. So they have the flexibility to quickly respond to developing situations in a more complex organisation. This now changes the whole way in which the Board operates.

- 19(1): The Board may make appropriate arrangements for the transfer or secondment of any officer in the public service to the service of the Board.

- 19(2): Where an officer in the public service is transferred or seconded to the staff of the Board;

- (a) his rights to any pension, gratuity or other allowance for which he would have been eligible had he remained in the public service are preserved;
- (b) his service with the Board, shall unless the Governor-General otherwise decides, be pensionable under the Pensions Act as if the officer had not been so transferred or seconded."

This gives security to public officers who may be moving from one situation to another and is an adequate provision to be made for the protection of employees.

12.20 p.m.

I now move to the Schedule to look at the composition of the Board.

1. The Board comprises the following persons:

1. Three persons nominated by the Minister;
2. One person nominated by the Principal of the Cave Hill Campus of the University of the West Indies;
3. One person nominated by the Barbados Association of Medical Practitioners (BAMP);
4. One person nominated by the Barbados Registered Nurses Association (BRNA);
5. One person nominated by the Congress of Trade Unions and Staff Associations of Barbados (CTUSAB);
6. One person nominated by the Private Sector Agency;
7. One person nominated by the Barbados Christian Council;
8. One person nominated by the Barbados Association of Retired Persons;

- (i) The following persons *ex officio*:
 - (i) The Chief Executive Officer;
 - (ii) the Chief of Medical Staff;
 - (iii) the Director of Nursing Services;
 - (iv) the Financial Controller; and
 - (v) the Dean of the School of Clinical Medicine and Research of the Cave Hill Campus of the University of the West Indies.
- (2) The *ex officio* members shall not be entitled to vote.
- (4) Members of the staff of the Hospital, other than those mentioned in paragraph 1(i), shall not be qualified to be appointed as members of the Board.
- (5) The members of the Board shall be appointed by the Minister by instrument in writing.
- (6) The Minister shall appoint the Chairman and Deputy Chairman from among the members nominated by him.
- (iv) The Board shall appoint a Secretary who shall perform the duties assigned to him.

I would assume that the Board will appoint a Corporate Secretary of high professional competence and good standing.

The appointment of the Board is for a period not longer than five years and Board members can be reappointed for a second term. The remainder of the Schedule details the various activities of the Board members.

Mr. President, this Bill will enhance the operations of the Queen Elizabeth Hospital tremendously. It will not make them perfect. I know none of us that walk on water and we will have to revise from time to time to let this operation continue. We have to do so in the light of new management techniques. We have to do so in the light of changing situations and we have to do so in the light of changing medical technology and the demand and requirements of the community. We have to recognise that this is a first step and a major step to improving the management and the integrity of the system of operations of the Hospital.

I now move to the issue of patients' rights. This is a burning issue around the globe. It has been the subject of

much debate in the House of Representatives in the United States of America. However, I might indicate to the Honourable the Senate that the working committee, which did much of the work to make the inputs to the drafting of this Bill, have already drafted a charter of patients' rights. They have already drafted the financial rules under which this institution will operate and these will have to be discussed and implemented by the Board when it is established.

Mr. President, from time to time, I have been asked who are the members of the Board. I really have to say that the public and the Press should be better educated about how the Government of Barbados works. The Government of Barbados has worked this way regardless of which party is in power in that a Minister can only act when a law has been passed and this Bill has not been passed by this Senate at this point in time. Therefore, I could not possibly even suggest to Cabinet who the Board members might be but when the Bill is passed I will make that suggestion and with Cabinet's approval I will then invite members to sit on the Board. So that is the process by which this will work.

It is astonishing to me to see that many members of the public who report on public affairs do not seem to understand the mechanisms of Government and how it works. I can forgive the casual enquiry in the midst of my supermarket shopping but I cannot really understand how the media does not understand this issue.

Mr. President, while I say this would improve the operations of the Queen Elizabeth Hospital, I cannot stress too much how important the other aspects of the Ministry of Health are and how many things are being done simultaneously to improve the health and quality of life of Barbadians and the tremendous focus that the Ministry of Health is putting on public health. We are stressing preventative medicine. We are stressing behavioural change. We are stressing health education. We are stressing early diagnostics of children to detect learning or physical disabilities.

Our objective is to improve the quality of life of all Barbadians to ensure that every Barbadian has the best chance to participate in our society and our economy. That is the role of the Ministry of Health and in that regard a much greater focus needs to be put on the issues of public health and immunization. We can become very complacent. People do not remember what it is like to get a chigger but I do remember. We do not see ringworms in Barbados except in very rare instances. I am not saying that we have eliminated them, but we seldom see them and it would be a blight on our society to ever see them again. This is what the Ministry of Social Transformation is all about helping to alleviate those poverty situations where those health problems may arise.

12.30 p.m.

We have eliminated polio. There is no more smallpox. We have eliminated measles and we are in the process of eliminating rubella. Rubella is a blight on our society. It is dangerous to the unborn child; and very shortly we will be starting our second mass MMR campaign to bring our immunisation level up to 95 per cent of our population. We are also going to improve the recording mechanisms for immunisation and we will computerise that process so that individuals will be able to get certified medical records showing that they have been immunised over time.

Let me tell you why this is a problem. You go through immunisation, you have to have an immunisation card to get into secondary school and to get into university. Many people lose their cards and have to go from doctor to doctor to get certification that they have had immunisation. What we are going to do is create a strong database, highly secure and with positive identification of those who have administered the immunisation. We would then have a system of being able to research rapidly and to issue certified immunisation cards at any point in a Barbadian's life.

Mr. President, I talked about complacency, but recently we have seen a resurgence of a variety of polio in the Dominican Republic and Haiti when we thought that that disease had been eliminated from the Caribbean. We can never let our guard down. Like freedom, immunisation requires constant vigilance and that is what our public health officers are committed to do.

Mr. President, we always hear about complaints on the health service, but it would be remiss of me if I did not laud those dedicated and hardworking individuals in the Health Ministry of Barbados and associated with the Ministry who give sterling service to the citizens of this country. There are many who go well beyond the call of duty, who work long hours and who do not blow their own trumpets.

Unfortunately, there are some who do not achieve that level. I think with a new management system the development of a new ethos and a new decentralized approach to the management of the Ministry of Health where the Ministry becomes the standard setter and the regulator, and the decentralized units manage their institutions with oversight from the Ministry of Health, you will find that people will take ownership of the problems, which is something that Barbadians do not like to do very much. They walk a mile to get away from it.

This is a move to change the direction, the method of management where people will be empowered. This will require better training, better education, a higher level of commitment. This does put the patient at the centre of our health care system. This does mean that we are in the business of improving the quality of life and the health of all

Barbadians. We are all committed to that. None of us shy away from that responsibility. We do not say that we will be perfect at it but we can certainly improve a lot.

This Bill is a revolutionary Bill. This is going to change the way the Ministry of Health operates and it is going to change the way in which the components that the Ministry of Health is responsible for operate. It will improve the quality of life not only for Barbadians who are the patients, but it will also improve the working conditions and the quality of life for those who work in the institution. It will be more responsive to the needs of physicians, nurses and other technicians right down to the orderlies and the maids.

The expansion that is envisioned for the Hospital envisions upgraded recreational facilities, *à crèche*, and a whole host of new systems which will make working in this institution easier and smarter. It will bring increased efficiencies and it will benefit everyone associated with this institution.

Mr. President, once again I would like to thank the members of the Committee that worked so hard to bring this Bill to fruition: Dr. Richard Haynes; Mr. Joseph Nathaniel Goddard, not the one born in the nineteenth century that we see in the papers from time to time but the one that was born in the last century; Senator LeRoy Trotman; Dr. Trevor Hassel; Dr. Sonia Richards; Sir Carlyle Burton and other members who worked assiduously on the details of the Haynes Report to work on the drafting of this Bill. It is those individuals who worked selflessly for a very long period of time. I might add, Mr. Michael Evans, who is an Information Technology Specialist. It is important that we understand the role of information technology in today's medicine and the fact that we must prepare this institution to provide telemedicine facilities both to receive and to dispense information. It is very clear that the method of treatment in the twenty-first century will be the method developed at the Queen Elizabeth Hospital by this new Board.

I think that this is an exciting period of time for medicine in Barbados. It is a departure from the past. We will not throw out the good from the past but will keep it and add the good of the future. I look forward to the establishment of this Board.

Mr. President, I beg to move that this Bill be read a second time.

SUSPENSION

SENATOR THE HON. P. C. GODDARD: I beg to move that this Sitting be suspended until 1.40 p.m.

The question that the Sitting be now suspended until 1.40 p.m. was put to the Senate and agreed to, and Mr. PRESIDENT suspended the Sitting accordingly.
12.40 p.m.

RESUMPTION

Mr. PRESIDENT: This Honourable Senate is resumed.

SENATOR LeR. H. McCLEAN: Mr. President, I rise to speak on this Bill before us with mixed emotions. As I go along perhaps you will appreciate why I make that statement.

Mr. President, a hospital is a very integral part of the health care system in the country. Unfortunately, we have seen over the years much fluctuation in the standard of health care that has been practised in Barbados. We have seen our system rise to a level that we can be proud of and one which has been the envy of several other countries. We have seen situations where there was cause for serious concern about what appears to be some decline in our standards.

I am particularly concerned about issues like dental and vision care for students in our schools. Recently, persons working in the polyclinics in the dental programme have complained about lack of equipment and supplies. Also, in the area of vision care for our students there seem to be serious problems with people getting appointments for that service. We have also heard of continued problems in the area of the Accident and Emergency Department at the Queen Elizabeth Hospital and people have to wait for extremely long periods for attention. There has also been the ongoing saga of the dialysis machines, one day there are up and working and another day they break down.

We have heard from the Minister today that the problems have been finally solved and one can only wait to see if they have been solved or if this is just another case of disruption. As the Minister pointed out with the intermittent changes, you are doing your test and they work well for a while and then they break down again. We have to wait and see if this is another case of that or whether we have in fact got over this problem.

Another area of concern is the quality of training for persons who have been employed as Director of the Queen Elizabeth Hospital. Over the years we have had a person who was a mental nurse became Hospital Director. Another one was a general nurse and became the Hospital Director and a Physiotherapist also became Hospital Director.

Sir, I do not think that in an era where people have to get specialised training that this is the best situation, where a person can do a few specialised courses and qualify to be

Hospital Director. There must be a higher level of training for persons who will reach that level.

We have a situation where a person could be a nurse or physiotherapist today and over a two-year period that person has catapulted to Hospital Director. I do believe that system requires the necessary training which is required for such a complex institution. It is not a case of merely obtaining certification for the job, but it is a case of having gone through the necessary processes to give one that experience and know-how to manage such an institution. I am sure a private sector institution would not take a person with a MBA and make him a Managing Director of a company so why should this be the case of a health care institution which has a more complex system to operate.

Mr. President, one of the things that I must point out is that this Bill will replace the existing Bill, Cap. 54 of the Laws of Barbados. People seem to forget that there is already legislation for the establishment of a Hospital Board. This Act which commenced on July 25, 1966, was never proclaimed so this piece of legislation is not revolutionary as is said, it merely tidied up the previous Act. For example, in the previous Act it was said that the revenue from the hospital would go to the Consolidated Fund, whereas in this Act the revenues would go directly to the operations of the hospital.

Sir, this is no earth-shattering, trail-blazing legislation in this case. The present legislation very much resembles the old piece of legislation with the modern touch, of course, since we are talking about the difference between 1966 and present so, obviously there would be some changes.

Sir, speaking as a member of the Democratic Labour Party, I cannot object to the establishment of a Board for the Queen Elizabeth Hospital since we had already spoken of such an institution.

Also, Mr. President, the Democratic Labour Party had set up a Board for the running of the St. Joseph Hospital so the matter of a Board is not something that we are not familiar with. I also have to point out that we should not get too carried away with the idea that the Board will solve all the existing problems at the Queen Elizabeth Hospital.

I wanted to put the matter of a Board in context less the Board be carried away with the view that by putting a Board in place we will be in a position to solve the myriads problems that beset the Queen Elizabeth Hospital.

Mr. President, from looking at the legislation there are some things which are not said that attract my attention.

Asides.

SENATOR LeR. H. McCLEAN: Sir, that might be over certain people's heads but very often, what is not said

is often times more important than what is said. Sir, some of us in here might be able to appreciate that.

Sir, the legislation speaks of the financial or management area of the hospital. For example, it speaks of efficient operations when it speaks of management but when it comes to health care there is no qualification of the type of health care and this is why I said that what is not said attracts my attention because it says appropriate health care and not the highest possible health care as being one of the objectives of the Board.

Sir, with the Minister coming from a private sector background he would know that when a company sets out its mission statement it says that it wants to provide the highest quality service in its area. There is always this qualification when it comes to the management or financial aspects of the hospital.

2.00 p.m.

Mr. President, I therefore ask the question, what is the true intent of this legislation? Is it to ensure the improvement and efficiency of the delivery of health care at the Queen Elizabeth Hospital, or is it to make the hospital more efficient in terms of its financial management and operations and, therefore, to operate like a business? Sir, there is nothing wrong with either of them. There is nothing wrong with the institution being able to operate like a business.

However, the primary function of the hospital should be the delivery of the highest possible level of health care. Mr. President, this should be done in the most cost effective way possible but at the same time it should not be compromised merely to ensure that the institution does not lose money. I think that many taxpayers in Barbados will be prepared to accept significant Government input into the hospital as long as they get the proper health care which they require.

I said before that the Minister in his presentation said that the hospital will bring about the revolutionary change in the Ministry of Health since it would result in the decentralisation of management. Sir, this does not necessarily lead to greater efficiency. The Minister also pointed out that this move was in keeping with modern management practices. I raise the question, what about modern health care practices?

I would also like the Minister to indicate to you how the Bill will strengthen the hospital as he said. I thought that since this Honourable Chamber has the honour of having the Minister sitting here, that the Minister would have taken this opportunity to treat us to some clear policy statement with

regard to the delivery of health care in this country and give us a clear indication as to what are the plans he has for the Ministry of Health.

I would have expected some clear policy statement from the Minister of Health to date.

Sir, it is not enough to say that he will give broad direction to the Board but the Board can only function in the context of that broad direction. The people of Barbados have a right to know what the broad policy of the Minister will be with respect to health in this country and the delivery of health care for the people of this country.

Sir, I am a bit disappointed that the Minister did not come with a clear statement of policy today, given the fact that the people of this country are extremely concerned about the delivery of health care. Whether the Minister believes that this is a result of a lack of information, he made the point that the Press has not been highlighting certain issues, therefore the public is unaware of the measures that have been put in place. Sir, persons can only react to what they know and if the Minister is so aware, the Minister knows that things have been happening. He made the point today and he mentioned several areas of improvement which we have no difficulty with. We need to know exactly what the long-term plans are and that this is not an approach where we are patching things as we go along. Mr. President, given the level of concern for health in this country, I believe that the Minister should have taken the opportunity to put to rest some of the concerns that people might have in this country.

The Minister said that he has personally been able to strengthen the links between the hospital and the University of the West Indies, the hospital being used as a teaching hospital. I would hope that in strengthening those links, the Minister would also move speedily to ensure that the library at the hospital becomes a reality. I do not understand how we can have a teaching hospital with such a poor facility for a library.

Sir, it is over a year that tenders were advertised for the construction of library facilities at the Queen Elizabeth Hospital. Interestingly enough the Minister spoke of the Lions Eye Care Centre and mentioned several things that are happening in that department. I think that only a few things pertaining to eye care seem to be happening in it. One of the things that was supposed to happen there was that...

SENATOR THE HON. P. C. GODDARD: On a point of order, Mr. President. The Honourable Member is misleading the Honourable Chamber. I clearly pointed out that the total Ophthalmology Unit of the hospital was relocating into the Lions Eye Care Centre and that all eye care treatment in the hospital is being done in the Lions Eye Care Unit.

SENATOR LeR. H. McCLEAN: I will accept the Minister's explanation, Mr. President.

I know that is one of the things that was planned for that unit. Unfortunately, you still have a situation where people with impaired vision have to walk up the stairs to get medical attention. I would have thought that more of the facilities would be on the ground floor level rather than have persons with poor visual impairment having to climb the stairs.

Asides.

SENATOR LeR. H. McCLEAN: Mr. President, I know that one of the things that was planned for the same centre is that the library was supposed to be on what was originally the roof that has now been covered. Unfortunately, nothing has happened since the tenders were advertised for. The facilities in terms of the library at the Queen Elizabeth Hospital must be upgraded, in my view, if we are to maintain the high standards that we know with respect to education in this country and in this case having the proper facilities for our medical students. I hope that the Minister will enlighten us in due course when the library at the Queen Elizabeth Hospital would be put in place.

The Minister also spoke of improved lighting at the hospital resulting in what he believes to be an improvement in the security. I think that the hospital does not only need improved lighting when it comes to security; it also needs security personnel properly deployed in the hospital. We also need clarification where the security guards are concerned because they do not seem to be clear as to what their role is. Something has to be wrong when people are working in a position and do not know what their role is in the hospital.

I will privately explain it to the Minister...

Asides.

SENATOR LeR. H. McCLEAN: I will, because there is a particular area that I personally observed where there is the possibility of a serious breach of security at the Queen Elizabeth Hospital. I think it is not enough to simply to look at the improvement in the lighting, but there are some other measures that need to be put in place if you are going to improve the security at the Hospital.
2.10 p.m.

I have also heard the Minister explain that all of the operating theatres will be functioning by the end of the year. If this is so, then I highly commend the Ministry of Health and the Hospital for having this put in place because, indeed, it has been a problem with so many theatres being out of service at any one time. That has been a source of concern for the people of this country. I would like to congratulate the Minister of Health and the Hospital if they could have these operating theatres working by the end of the year.

It is interesting, Sir that, as politicians, whenever things go good you are expected to be congratulated for it, but when things go bad, you want persons to blame the civil service, or whoever else. But very often when things go wrong, as the Minister quite rightly said, people start looking for somebody else to blame. Since I am always prepared to criticize the Minister when things go wrong and I submit that Ministers are ultimately responsible, I will similarly congratulate the Minister when things are going right and in this regard I congratulate him.

The Minister has given a list of improvements that have taken place at the Hospital and as he has, the media has not been highlighting these things. I think that after his presentation, they are now in a position to do so. If these improvements are taking place, it would suggest to me, Sir, that things are not as bad as the Minister had led us to believe with respect to the bureaucracy of the hospital. As I said the Minister has always been saying that things are going wrong because one is incapable of getting things done, because of the bureaucracy, the lack of flexibility and all these things have been preventing the hospital from getting these things done. Certainly if...

SENATOR THE HON. P. C. GODDARD: On point of order, Mr. President. Certainly I did not say that we could not get things done because of the bureaucracy. What I have said in the past is that it takes too long to get things done. I was very clear in my speech to say that though we have done much, there is very much more to be done and it has to be expedited. And it was because of that that we have changed the system.

Mr. PRESIDENT: I will treat that as a point of elucidation.

SENATOR LeR. H. McCLEAN: Mr. President, the point I am making goes back to this impression that you have to have a Board in order to get things done and that by having a Board, you will get things done.

I still have some faith in the public service of this country, Mr. President, and there are persons who always tend to give the impression that anything being done by public servants is going to be slow and inefficient. I have spoken on that issue on more than one occasion. I am not saying that the public service always acts with the greatest level of efficiency but, at the same time, I am always concerned when I hear people giving the impression that the public service is so inefficient that you must always find some alternative way to get things done and that you must introduce these measures from the private sector in order to get things happening in the private service.

Many of the institutions that we have today that we claim to be proud of are institutions that have been developed by the same public servants...

SENATOR THE HON. P. C. GODDARD: Mr. President, I am sorry to interrupt the Honourable Senator again, but it is on a point of order.

I have never criticized the public servants for not doing something in a particular circumstance. I have criticized the system under which they work that constrains their ability to be productive. That is a significant point and that is what this Bill is aimed at changing, therefore, I would just like the Honourable Member to know what I have said; the thrust of the argument.

SENATOR LeR. H. McCLEAN: Mr. President, I will also maintain that the system we have in the public service, whether we want to accept it or not is, very often, more efficient than some of the systems coming from the private sector.

I am, therefore, saying that it does not mean that because one brings in private sector ways of management that one's efficiency is automatically going to improve, because very often the people in the private sector are not held accountable to the extent that public servants are and sometimes things that they can get away with in the private sector, they cannot get away with in the public sector. So...

Asides.

SENATOR LeR. H. McCLEAN: If you examine the situation, you will recognize that that is so. The Minister said that he has never criticized the public service, but the whole thrust over a large percentage of his defence of the problem with the dialysis machines is that the staff did not know what they were doing. On many occasions he said that that was because of human error, that the machines were working properly and it was because of human error that you were having problems with the machines. So I do not see how he can be now saying that it was not because...furthermore in his presentation today, the Minister has pointed out that because of the training these persons now have that they will be able to operate the machines more efficiently. Obviously, that implies to me that they did not have the necessary training before and therefore, could not operate the machines.

Strangely enough, they had no difficulty operating the machines that they were using before, but they only have difficulty in operating the new Baxter's machines which, from all indications, were also machines that were recalled by Baxter's Laboratory. Maybe the faults were corrected before the machines reached here, but there were certainly listed amongst the machines that were recalled by Baxter's Laboratory, therefore, I do not think that it is correct for the Minister to say that those machines were never recalled. At least, they were not recalled from Barbados, but they certainly were among the list that were recalled.

Mr. President, when the Minister is speaking of the new equipment that is being installed, I am sure that he would always be conscious of the fact that he needs to exercise greater caution when he is purchasing machines from various sources.

The Minister also spoke about introducing an Information Technology Programme which will lead to the improvement in the Record keeping at the Hospital. Again, I will say that this is a good move and it is something which I hope will happen very soon, because one of the biggest problems that persons who visit the Q.E.H. experience is getting their records and certainly in an information age... I heard only yesterday, a gentleman in the public building yard and his complaint was that for his wife to get a medical report, one doctor is charging \$3,200.00, another \$4,500.00, another \$6,000.00, only to get a medical report. This is for a public servant who fell while performing her duties and was seriously injured, for the past six months has not been able to draw a salary because she has been on sick leave for so long. Therefore, in order to get the medical records from private doctors will cost her all this money – and some of these private doctors are also working in the hospital, so I do not see why she should not be able to get the records from the hospital itself.

Yes, I believe that record keeping is extremely important and that with the new technology, once that is in place, there will be no reason why a patient should not be able to receive that sort of information within a few minutes. I sincerely hope that something happens very soon in order to make sure that there is some improvement in this way.

Mr. President, this Bill comes in part as a result of recommendations made by the Haynes Commission of Inquiry into the Queen Elizabeth Hospital and it seems to me that the Government has decided to adopt lock, stock and barrel, the recommendations made by the Haynes Commission of Inquiry into the Queen Elizabeth Hospital.
2.20 p.m.

I am not in any position to say whether that is advisable or not. One of the things that I notice in the Haynes Commission Report is that there were recommendations to that Commission that some of the services of the Hospital be contracted out, but I believe that the Commission did not go along with that recommendation. I would like the Minister, given what I have been hearing from other quarters in the Government, to tell us whether or not there is a plan for the Hospital to contract out its catering and laundry services to private contractors rather than the Hospital having responsibility for doing them itself.

Even though the Hospital is a residential institution in the same way that a hotel is a residential institution one cannot assume because a hotel would contract out its food

and beverage or laundry services that the same thing should necessarily apply to a hospital particularly in a situation where we do not have that many people in Barbados who are experienced in providing these services. We are dealing, in the case of laundry, for example, with cases where people will have to handle laundry which might be contaminated and will, therefore, require special means of handling. There are persons within the Hospital who are trained for that. We do not have many people outside of the Hospital who are so trained and, therefore, there are some serious implications for this.

When it comes to catering, there are several different diets that have to be satisfied within the Hospital environment and we have people who are specifically trained as Dieticians for hospitals. So these are very specialized areas. This is why I make the point that even though we want to ensure that the Hospital is run with the minimum loss of money we still must ensure that the provision of health care is of the highest standard, and if that requires us having to spend more money, I would prefer that to happen rather than to see health care being compromised because we want to reduce the amount of money that we are spending. So we have to be very careful with these. I am concerned about this because we have seen what has happened to the awarding of some contracts in this country. We have seen the way in which contracts are awarded and I do not think that persons can bury their heads in the sand and not know what is the likely outcome of some of these actions.

Mr. President, I will return specifically to the legislation again and look at section 5(3) which says: The members of the Board shall;

- (i) "possess the expertise, business acumen, professionalism and experience that would allow for the proper discharge of their function."

Now, this is a simple case of language. Perhaps one will say that it is a small point, but as far as I understand it, if you say that you need a, b, c and d it means that you need all of them. So, therefore, in this Clause, I am wondering why instead of saying 'and' we did not say 'or' because here we are saying we want the expertise, business acumen, professionalism and experience that would allow for the proper discharge of their function.

Now, what level or what kind of experience are we speaking of? We could very well have some person who has experience in the medical field or in a related field who is quite capable of serving on the Board of the Queen Elizabeth Hospital but may never have been involved in business. So would that person be eliminated? That is why I am saying that there is a difference between 'and' and 'or'.

Also how will an organisation like the trade union choose their representative? When you put things in law we have to worry about them because the law is the law.

Therefore, we have to be specific when we are dealing with the law. So I am wondering if we should not have had 'or' there. In other words, you need to have somebody with these qualities but not that you must have somebody with all of them. I do not know if you will find somebody with all of them. So this will certainly limit the field considerably.

Also at 5. (3)(b)(ii): It says;

"commitment to community or public service."

Again, that is very subjective. What does this mean? I notice that the private sector is to have a member on the Board, but this will probably eliminate half of them if you are talking about commitment to community and public service. So you may be able to eliminate half of the private sector by putting in that clause because given the way some of them are behaving in Barbados nowadays you wonder how much commitment they have to both those areas.

The matter of the patients' bill of rights came up a number of times during the Haynes Commission and I want just to query when we will see such a piece of legislation coming to the fore. The Minister just briefly glossed over the rights of patients but I think that it is about time that we have a clear statement as to what are the rights of the patients who are going into our health care institutions, hospitals and polyclinics, to seek medical attention, because very often we hear people with some amazing stories as to how they were treated when they went to some of these institutions.

We also have a situation where there are some policies which are put in place which caused severe hardship to persons seeking medical attention. For example, if a person attending a polyclinic in St. Peter is prescribed medication and the medication is not available at the pharmacy down there, that person cannot go to another pharmacy or to the Queen Elizabeth Hospital to get that medication. Now, why should we have such a policy in place given that we are supposed to have a national health care system. Each pharmacy is treating the dispensing of medication as their little private property. Therefore, if you should have gone to pharmacy A to get medication and you did not get it, you cannot go to pharmacy B in order to get it. The only reason such a situation should arise is if there is a scarcity and people believe that they might find themselves in a position of not being able to service those patients who come through their system.

This again, Mr. President, raises questions as to what is happening in the Ministry of Health itself, because I am a little concerned that the Barbados Drug Service which provides medicine for this country is not operating at the level that we are accustomed to in the past. We have been hearing concerns from pharmacists that they are not being paid on time. We are hearing complaints from some of the medical practitioners who are raising concerns about the quality of drugs being bought through the Barbados Drug

Service. We are also hearing concerns from the patients about the effectiveness of some of these drugs. I do not need to be too careful on that because right now there are investigations being undertaken in Great Britain. Companies are being investigated because it has been proven that they have been selling pharmaceuticals to Third World countries which are not effective. They have found that expiry dates have passed but yet the drugs are being sold to Third World countries. They have found that the active ingredient is either there in too low or high a quantity or not there at all. We cannot assume that we live in some paradise where we are totally insulated from the practices of these people. To believe that we test all of these things and, therefore, there is no chance of anything coming in, that is a joke.

2.30 p.m.

Sir, this relates to another department which comes under the Ministry of Health. I have seen a chemical on the shelves in this country that when you read the label you would wonder how it got into Barbados. This is a chemical used to spray cabbages and it is said that you should not use the crop that this chemical was sprayed with under 30 days. Sir, people were spraying cabbages with this chemical every week. It was on the shelves of Barbados.

Sir, I recall addressing a meeting of the sugar technologists in 1988 where I mentioned that chemical. What the agents of that chemical in Barbados did was they took it off the shelves. They first wrote me some nonsense that if I did not withdraw the statement they would take legal action against me. I asked a lawyer to write to them and tell them in the nicest terms possible where to get off. The chemical was being supplied in an aluminum container.

I have done a bit of science in my life, Mr. President, and I know that whenever a chemical is stored specifically in an aluminum container, that is the first red flag that goes up. They took that chemical off the shelves in the original container and they are now selling it in an ordinary glass container with a locally produced label. This label does not have on all of the information that was on the original label. So do not come and tell me anything about testing because in this country a lot of things slip pass for one reason or another depending on who is involved.

Sir, there are many things that we have to be concerned about when we are dealing with the health care in this country. We have to think about the welfare of the people of this country. Health care is probably the most important issue that we have to deal with because it affects every sphere of activity. If you do not have a healthy nation regardless of how much money you spend on education, housing, agriculture or whatever, it will go to naught if you do not have a health care system. You will have to spend the money

in treating persons and dealing with the myriad of problems that will arise because of a poor health care system.

Sir, the area of health is extremely important and any Minister who has the responsibility for that has a great task to deal with. As I have said before, Mr. President, I will compliment the Minister when I think that it is necessary to do so and I will criticize him when I think it is necessary and I have no fear of that. I would also say, as I have said in here before, there are some issues in the Ministry of Health that I do not hold the Minister responsible. He has accepted out of his loyalty the responsibility of those areas. I do not hold the Minister totally responsible for what is happening at the Queen Elizabeth Hospital.

As I have said before, it was not he who decapitated the management of the Queen Elizabeth Hospital for sending home all of the top management. That move was intended to ensure that the hospital would be properly run. This is why I say let us not get too excited about what is happening now and believe that all will be well. Because we saw a move then which was executed by no less a person than the Prime Minister himself that was designed to ensure that the Queen Elizabeth Hospital was properly managed. What has happened? The result is that it cost the Government of Barbados in excess of \$2 million when you consider what they had to pay out to the former managers who were sent home. When you consider the amount of money that it cost for the whole legal proceedings and the money that had to be paid to the persons who were acting in place of those persons who were sent home, it cost the taxpayers of this country a considerable amount of money and nothing has improved.

We have a number of people who were basically chopped down in the prime of their career in a very callous manner. They were removed and some of them to this day have not even received the money that was awarded to them by the court. Now that I believe is the kind of callousness that has been practiced by the Barbados Labour Party. If you are not seen as one of the supporters of the Barbados Labour Party and you are not part of the "how great thou art choir", you can be sure that they will do anything possible to cause you serious dislocation. Again, we are seeing another board practicing that at the Caribbean Broadcasting Corporation who is operating with the same kind of callousness and disregard when it comes to the welfare of the workers and the people of this country. We cannot get too excited about this board because whenever it comes down to it, it is not what you have but how you implement it and how it is used. There are some instruments that are used for good but certainly in the wrong hands they can be extremely destructive. The board does not necessarily mean anything in this regard.

The other point regarding this legislation when we look at the Schedule, I heard somewhere and maybe it is an

oversight on my part that the Principal of the University of the West Indies will nominate a person to the board. From what I see here, it states the Dean of the School of Clinical Medicine and Research of the Cave Hill Campus of the University of the West Indies *ex officio*. In the absence of any other person coming out of the University. I believe that...

2.40 p.m.

Aside.

SENATOR LeR. H. McCLEAN: I have what was presented to me. I can only read what I received. So if there is something else, do not tell me that.

Mr. PRESIDENT: I am not sure whether you addressed the Chair.

SENATOR LeR. H. McCLEAN: My apologies, Mr. President, it seems that I do not have the revised...

Mr. PRESIDENT: Will the Clerk assist the Senator to ensure that he has the Bill which is before the Senate?

Asides.

SENATOR LeR. H. McCLEAN: I am not supposed to hear asides so I will not comment. Mr. President, it does take some degree of fortitude to deal with certain levels of behaviour.

Mr. PRESIDENT: Senator, I deal with behaviour in this Honourable Chamber, so I would ask you not to go down that road.

SENATOR LeR. H. McCLEAN: I certainly will not, Mr. President, because I will never reflect in a negative way on the manner in which you preside over or rule in this Honourable Chamber. One sometimes hear some annoying sounds coming from areas outside of the precincts.

The point I want to make in this regard even though the Principal... Could we have the Dean of the School of Medical Science or his nominee rather than specifically which, as far as I understand, is one of the normal practices with legislation of this type, a person or his nominee; but that is a small point which I took note of.

Mr. President, the Hospital Bill comes, as I said before, in the context of great concern for the system of health care institutions in this country. This Bill, in my view, is lacking in another serious regard where it comes to personnel management, because whereas there is provision made for a Human Resources Manager or a person to head the human resources section, I do not think it specifically states a human

resources department because when you are looking at dealing with over 2000 people or close to it, right now in the present system we have one person responsible for personnel matters. It is time that, as the Minister said, we come into modern management practices and have a properly established personnel department so that we can clearly identify in the Hospital areas specifically responsible for the management *per se* of the institution and areas clearly identified for medical areas, maintenance areas as mentioned in the Haynes Report and associated things like laundry, engineering and also personnel.

You have an institution that will have personnel ranging from consultants, nurses, gardeners, a whole spectrum of workers which I believe requires some specialised skills in order to ensure that there is proper human resource management in the institution. Also you would need to have a situation where there is provision for training so that the type of training can take place in the Hospital that would ensure that we can always have properly trained personnel in place and the opportunities available or somebody who can clearly recognise the training requirements to keep the Hospital always on the cutting edge of health care.

The Minister quite rightly said that he has great plans for some areas and I said unfortunately he did not spell out all of those plans to us, but from what I have heard it would be necessary to ensure that you have continuous training and a continuous examination of what is happening so that we are not in a situation continuously where we have to respond, but that we can have systems in place or persons in place to keep the Hospital going in a proper and efficient manner.

Mr. President, the health care system of Barbados and the Hospital is only a single part of that, but we would like to look at all the issues concerning health care in this country. For example, we would like to look at what is happening with the matter of solid waste disposal in this country.

Mr. PRESIDENT: You have two minutes in which to conclude your speech.

SENATOR LeR. H. McCLEAN: Thank you, Mr. President. Again there is talk about what will happen to Greenland. Apparently, Government has decided that it will go ahead...

SENATOR THE HON. P. C. GODDARD: On a point of order, Mr. President. Government has not made any decision about going ahead with Greenland and the Honourable Senator is referring to something in the media today that has no substance.

SENATOR LeR. H. McCLEAN: Mr. President, I hope that Honourable Members understand what the Minister has

said, that Government has made no decision about going ahead. The fact is that Government must go ahead with Greenland if the persons who have invested their money at Sandy Lane will get an environment that is free of any possible stench coming from Mangrove Pond. Government will be forced to do something about Mangrove Pond as soon as possible even though there is a possibility of serious consequences as a result of what will happen at Greenland by putting a landfill there. I foresee that Government will take that decision in order to make sure that persons at Sandy Lane enjoy a stench-free investment.

The matter is that health care in this country requires proper administration. We are not satisfied that over the years under this Barbados Labour Party, even though they have changed a Minister, which was an admission that they have not been properly managing the health care system of this country, even though a Minister has been changed. What is happening, as the calypsonian said, the complexion of the Queen Elizabeth Hospital has not changed and the health care system of this country has not experienced any significant improvement as a result of that change. We are still in a poor state when it comes to health care of this country and, Mr. President, I hope that the Government will take the steps that are necessary to ensure that the people of this country will feel comfortable once again with the high standard of health care that the Democratic Labour Party provided them and they felt comfortable with all along.

Mr. PRESIDENT: I should like for the benefit of Senator McClean, in reference to a point which he made in the course of his speech, to refer Honourable Senators to the 22nd edition of May's Parliamentary Practice. I will read a short sentence from page 391:

"All members should maintain silence or should converse only in undertones. Whenever the conversation is so loud as to make it difficult to hear the debate the occupant of the Chair calls the House to order."

It is the occupant of the Chair who determines when that call should be made, Senator McClean. Thank you.
2.50 p.m.

SENATOR Sir JOHN STANLEY GODDARD: Mr. President, sometimes it is useful to go back in time to get a better understanding of the present. My research indicated that the stone of the Barbados General Hospital was laid in 1840 and the decision to build its replacement was made in 1950 more than 100 years later when it had deteriorated, outlived its usefulness and the practice of medicine had become far more sophisticated and complex and better facilities were needed.

The Queen Elizabeth Hospital on Martindale's Road became operational in 1964. As has been said already, there is a big difference between the old Barbados General Hospital and the newer Queen Elizabeth Hospital that replaced it. The old one provided medical services only and that was a very important function but the new hospital is a teaching hospital in addition to providing the normal range of medical services. Therefore, as such, it has a much greater influence on medical practice and the delivery of health care.

I had the honour to appear before the Commission of Enquiry on July 4, 1998, because at that time I had a keen interest in the work that the Commission was doing and I still maintain that interest because the Queen Elizabeth Hospital is such a focal point in this society and I am very pleased to be participating in this debate.

Sir, it might be useful if I were to review some of the points I raised on July 4, 1998. My observations represented neglect; there were dirty floors; the internal walls were dirty; there were damaged floor and ceiling tiles; there was a lot of damaged furniture; some of the elevators were not operating; the car park was unsafe and generally there was a demonstration of neglect. When I looked at the external walls, they had the appearance of the earth. In my view, that institution has become a national embarrassment and disgrace. I express it that way because I feel very strongly about it.

Sir, the cornerstone of the Queen Elizabeth Hospital was laid in 1960 and I happened to look at that cornerstone last week which is mounted in front of the main entrance. It says "This stone is laid by Her Royal Highness on February 16, 1960". I hasten to add that you have to go within two feet of that stone to read it. It is difficult to see because the lettering has not been repainted since it was first painted in 1960. Sir, that should be a matter of pride because this is a hospital in which all Barbadians are stakeholders and here is this cornerstone at the front of the hospital that really needs to be repainted.

I went on to comment on some of the public perceptions. They included abuse by some medical practitioners regarding use of the Queen Elizabeth Hospital facilities for personal benefit and abuse by some non-medical staff with respect to items of food, linens, medicines, cleaning and other supplies. There were outdated systems of information and controls in relation to 1998 and these systems could not provide adequate control and information for proper record keeping. There were frequent breakdowns of important medical and non-medical equipment and there was indifference of the staff and poor attitude towards the public that the staff is there to serve.

Sir, last but not least, there was the impression of political involvement and interference in the management of the hospital.

Sir, my observations and comments on the negative public perception at that time reflected the widely held belief that there was incompetence in the operation and management of the Queen Elizabeth Hospital and an inadequacy in the existing management structure at the time to deal with all these deficiencies and to take the necessary corrective action. Many of those negative perceptions persist to this day.

As mentioned earlier, Sir, I did visit the hospital last week because I was anticipating the debate here today, and I walked around in some of the public areas for about 45 minutes inside and along the corridors and I must say that there has been a noticeable improvement in the general appearance and cleanliness of the hospital. While this reflects a movement in the right direction, there is still room for more improvement.

Sir, I will speak about the management side. I cannot speak about the medical side because I do not have the training or the experience to do so but I have spent most of my life in management; I have learnt many things but I still have a lot more to learn.

Sir, the Queen Elizabeth Hospital like any hospital of a similar size or type is essentially an information-based organisation. By definition, the structure of any information-based organisation needs to be flat rather than in the shape of the traditional pyramid. In such an organisation there is no room control type management because you are dealing with knowledgeable workers. In other words, the style of management needs to be participatory with a premium on discipline rather than being autocratic.

The composition of the Board of Directors is extremely important. The Board needs to be representative of the various interests within the community; it needs to be balanced and above all it needs to be effective.

The Bill makes provision that the Board is to be responsible to the Minister with respect to matters of policy and strategic direction. It is also responsible for approving and operating capital budgets and major items of expenditure. Its responsibilities would also include reviewing monthly financial statements, other operating reports and such other important matters as would normally come to the Board of Directors of any complex organisation like the Queen Elizabeth Hospital.

The Board must be held responsible for management but, Mr. President, the Board by itself is incapable of managing effectively and that applies to any Board because effectiveness is achieved through authority that has been

delegated through the Chief Executive Officer and to other senior officers that the Board will appoint who will remain responsible to the Board through the Chief Executive Officer.

All senior officers which the Board has appointed will need to have the necessary education, training, experience, integrity and commitment to perform their respective tasks consistently at the highest level because we are dealing with patient care and people's lives. They must be carefully selected, suitably rewarded and held accountable for results – that is something that we sometimes overlook – and replaced whenever their performance or conduct falls below acceptable levels. We do not like to replace people in this society because in a small society people are so interconnected but we must focus on the delivery of health care. 3.00 p.m.

Some of the present incumbents, I do not know any of them, Sir – might qualify to be retained but that should not be assumed automatically. The decision of the Board as to whether they are allowed to retain their present positions or not, needs to be based on objective appraisals of past performance and their potential for future development. In fact, with a person who has been in a position for many years, there is no justification for retaining that person in that position if an independent appraisal shows far more deficiencies than advantages, poor attitudes and all the other things that militate against good performance.

It is the responsibility of the Board to recruit senior officers to ensure that they are kept motivated and provide the necessary financial personnel, human resources and material resources to achieve the results that are expected of them. Sir, you cannot perform with your hands tied behind your back. Money, manpower, material and the man has to take that responsibility. While I have been focusing on senior management, middle and lower management must also be strengthened at all levels to improve the wide range of services that have to be provided.

I now turn to the Bill itself. I would like to make a general comment. The administrative and operational problems at the Queen Elizabeth Hospital, (QEH) did not start in 1961, 1976, 1986 or 1994. I mentioned those areas because they just happened to coincide with changes of Government here in Barbados. The deterioration of the hospital has been and remains a national problem, not a political problem which cannot and must not be allowed to continue. The problems of the QEH can be solved effectively, and I genuinely believe that, but only if they do not become embroiled in partisan politics as has happened in the past. We have to be absolutely clear about that. Sir, this is a matter that has to transcend partisan politics.

There are approximately 270 000 Barbadians that have a vested interest in that hospital. They are stakeholders

plus other persons in the Eastern Caribbean. I give my full support to the Bill, Sir, but seek to address my opinion in a very businesslike manner. Many of the problems have been identified. I only regret that it has taken two and a half years, from the time of the submission of the Haynes Commission Report for it to come to Parliament, but better late than never.

I would also like to comment on certain sections of the Bill as follows:

Section 6 (2) "The Minister may give general policy directions to the Board..."

This is proper, as the delivery of health care is the Minister's responsibility and as most of the funds to the QEH will consist of monies voted for the purpose by Parliament, it is important that the Minister establishes and maintains a good relationship with the members of the Board at all times and works closely with them through the Chairman.

Section 10 gives the Minister authority over the Board regarding remuneration of persons appointed by the Board. Under section 9 (1) is a useful safeguard and I support it, but the Minister must be ever mindful of the market conditions especially in the recruitment and retention of senior executives and other persons with special skills that are needed. Sir, without the proper remuneration package, we will be having a 'second eleven' in a test side and that is not what we want. Sir, this is particularly relevant in attracting highly qualified and experienced persons from overseas.

In my opinion it seems very likely in the early stages, if we are really serious about expediting the turn-around, that such expatriates should be required to train their local replacements within a reasonable period of time. Let us not have a closed mind. Here in this little island of ours, we have all the necessary talent and experience to put into the QEH and turn it around. Sir, I am talking about a complete turn around. We have to recruit the best talent and in order to get that we have to pay for that talent. Let us be always mindful of that.

Section 15 (2) requires the Board to prepare a statement of accounts in respect of each financial year and to submit them to the auditors within three months after the end of each financial year. The auditor is then required to submit a set of certified accounts to the Board within two months of his receipt of accounts from the Board. Sir, that will take us up to a maximum of five months. Now here is the challenge.

- 16: The Board shall, as soon as possible after the end of each financial year, submit to the Minister a report containing;

1. a detailed account of the activities of the Hospital during the preceding financial year; and
2. a statement of its certified accounts.

- (ii) The Minister shall lay a copy of the report referred to in subsection (1) before Parliament as soon as possible after the receipt of the report.

Now, Sir, "as soon as possible?" Another way of saying "never, never".
3.10 p.m.

We know about five months, then we have two instances in this Bill which speaks to "as soon as possible". In my opinion, Sir, a much higher level of accountability of the Board to Parliament would be achieved if the phrase "as soon as possible", in most instances, was replaced by a specific period of time, and I am suggesting within two months.

The schedule outlines the composition of the Board at the Hospital. While it is representative of supporting interest, its effectiveness could be improved, in my opinion, by the inclusion of a person nominated by an institute of chartered accountants, another nominated by the Barbados Bar Association. I am not suggesting that the total number of the Board be increased, I am only suggesting that the Minister will consider taking this suggestion into account, when making his appointments.

The appointment of the Hospital Board, Sir, is an important first step of many to follow in improving the efficiency and image of the hospital. It will earn the confidence and support of the public when it is seen to be seriously addressing the wide range of problems that currently exists and providing solutions to them.

In this regard, Sir, it is important that the public be kept fully informed about the progress that is being made. There has been a lot of hype over this Bill and while the Bill is passed, the public will be looking for improvements – not overnight, people have to be reasonable – but they will never know about the improvements unless they are being kept informed. Sir, I want to compliment the Leader of Government Business, because he gave a very good commentary today and I am sure that all of here ... and I hope that the Press carries, in full, the many bright, positive things that are being done at the Q.E.H.

Most Barbadians and many persons living in the Eastern Caribbean strongly desire to see the restoration of the earlier positive image at the hospital and it deserves reputation for the consistent delivery of health care. Most

of these are matters of pride, because none of us has any lease on life or good health. In that regard Sir, I am speaking from personal experience and I think that I can speak for everyone, we all have a vested interest in the proper functioning of that institution.

The Hospital Board has an important leadership role to play, there is no mistake about that. Its focus must be on doing the right things, while the management that it appoints and which is accountable to it, must focus on doing right things for it to function properly. I thank you, Sir.

Mr. PRESIDENT: Senator Symmonds.

SENATOR THE HON. Dame PATRICIA SYMMONDS: Thank you, Mr. President. Mr. President, I recall the opening of the Q.E.H. in 1966. I was acting as Headmistress and in that capacity, I attended that function. There has always been a strong link between the hospital and The St. Michael School and surprising that is one of the reasons why we have this fixed feeling of affinity with it. We have produced many nurses, some with the greatest distinction, including the former Governor-General Dame Nita Barrow, first local Matron, Mrs. Ena Walters, Ms. Brenda St. Hill, Jean Springer; they have all been students of The St. Michael School and also Matrons of the Hospital. Sister-Tutor, Mrs. Ilene Murray-Haynesley and they have all distinguished themselves. There is also Senator Rickinson, also a distinguished nurse and has been spoken highly of by the tutor Mrs. Murray-Haynesley.

I say this to emphasize that the hospital has always had and continue to have good nurses and brilliant doctors, but as the Leader had indicated, there were problems from the beginning and in reading the report I have observed the following: overload of nursing, service administration, strained staff relations, nursing shortages, too low an estimate of organizations and administrative requirements – think that is always a problem when setting up institutions and one which I should like to focus on, restrictions as regard to action.

According to the report and from general observations, the latter has been the major problems when the top level of supervisors cannot get decisions quickly enough from the top machinery.

Like many citizens, Mr. President, I have, on many occasions, visited the hospital, as well as being a patient. I do thank the doctors and very efficient caring nurses that I have survived to this day when I was seriously ill and I have observed from the nurses whom I have come into contact with how patient-oriented and caring many of them are.

I have also noticed the improvement in the ambience of the hospital in my frequent visits and recently, while visiting persons who were terminally ill. I have not done as thorough

a walk as Senator Sir John Stanley Goddard, but also persons with whom I joined said too that the hospital looks so much cleaner and brighter now. We looked up at the ceiling and could have seen the repairs that were ongoing. It is quite obvious, even to casual observer or visitor, the many improvements that are taking place in the hospital. But Central Purchasing too, has been a big problem. 3.20 p.m.

Specialized departments, like the hospital, need to receive a more sympathetic understanding of their requirements, but sometimes the priorities of supervisors and the priorities of Central Purchasing may not coincide. Therefore, one would hope that with this change the Board will be able to manoeuvre within its limits so that things are done more expeditiously, because that is very important. Sir, this is the only solution at this stage.

In recommending this change, Commissioners are following what good hospitals do. I know that the Commissioners have looked very carefully at the good British and American hospitals before they made their recommendations. Happily, the Board will have more freedom and more direct authority to make decisions. Again I am emphasizing that swift decisions have to be made.

I should also like to mention too that there are roles, because as Sir John said, the Queen Elizabeth Hospital is our hospital, I do not know if I might say the people's hospital.

Philanthropic gestures. There has been for a long time the Friends of the Queen Elizabeth Hospital which was formed by Mrs. Hyacinth Cummins, herself a nurse. Rooms have been equipped by grateful relatives such as the one by Harold Hinds and his family in memory of his aunt, and the Masonic Lodge has a room in A5 which is furnished by the English and Scottish Free Masons, and suggestions have recently been made by one of their members that it be refurbished.

I was listening to hear Sir John speak about my next point but he has not spoken and I trust that Senator Collymore will not think that I have stolen any of his thunder; but he has so much to say that I am sure he would not mind my mentioning this. I know that Senator Collymore and Sir John are associated with the Sir Arnot Cato Foundation which has been recently formed by friends of Sir Arnot to honour his 60 years of contribution to medicine and to the hospital. I understand he delivered 3 000 babies. This foundation can play a significant role in partnership with the Government and it could be a good channel for the private sector to assist the hospital. It has already received two gifts from grateful patients who received good treatment. One of them is from abroad and the other has sent \$5 000 to the Foundation for the Hospital. This Foundation aim is to improve the human resources at the Queen Elizabeth Hospital.

The appointment of a Board may not be anything new but that is not the point. I think that it is a very sensible idea; it is the only solution at the moment and it can work. My working days were spent under a board. Yes, I did not deal with 2 000 people but I had a goodly number of people to deal with when I was a manager and I worked under an excellent Chairman and strong, wise management. In this instance if you have a Board that will make good, quick decisions, good constant supervision and a good chairman, and I am confident that we shall have one, it can work.

The Minister mentioned traversing the Hospital and I think that that is something that is important for any manager because you have to know what is going on. I can say from personal experience that you are not spying or making people feel that you are not in any way confident about their ability, but at the same time any good manager must keep his foot on things and make sure that he or she knows what is going on, and in this way the management will be effective.

Mr. President, this Bill can bring about the apotheosis of a Board which will result in a skilfully and successfully run hospital. It has my strongest support and commendations to the Minister and the Government.

Thank you, Mr. President.

SENATOR B. R. COLLYMORE: Mr. President, I have had a fairly long association with the Queen Elizabeth Hospital. I believe, with the exception of Senator Rickinson, that I am the only person in the Senate who has been a member of staff there at some time.

I want to warn the Senate as I would warn Barbados that the mere establishment of a statutory board will not rid the Queen Elizabeth Hospital of any of its ills if care is not taken to involve the present staff of the Hospital in its transition from a department to a board.

The mere enactment of legislation happened already, 35 years ago. In 1965, the Queen Elizabeth Hospital Act was passed but to this day it was never implemented. The circumstances which caused that Act not to be implemented are still there. Therefore, a new approach to the transition has to be put in place.

The idea of a Board springs from a desire to rid the Hospital of many of its institutional ills, to rid it of the civil service red tape which is one of its major encumbrances and to involve the wider public in the operation and management of the institution; but why the wider public? By the end of 1997, the year before the investigation was carried out, the Hospital dealt with over 100 000 patients in its outpatients' department and 57 000 people in its Accident and Emergency Department. This has nothing at all to do with

the visitors or with the people who get other services through the Hospital technical services such as radiology, radiography, et cetera. So the population of Barbados in one way or another goes in and through that hospital.

Therefore, the idea of involving the public is clearly indicated. Now, you cannot just involve the public by putting certain people to be members of the Board. Therefore, as one Senator said, the effort of good public relations and involvement of the public in giving them information and keeping them informed has to be done if this is to be achieved.

3.30 p.m.

Now statutory boards unfortunately are notoriously known to be centres for disaster in Barbados. With the possible exception of one or two, there is always a case of boards being micro-managed. The Central Bank works for a number of reasons not least of all is the fact that only two levels of posts, Governor and Deputy Governor, in their appointment and remuneration is there any political involvement.

The Governor of the Central Bank and the board determine all other appointments, the levels of salary, *et cetera*. But the Central Bank relates perhaps to certain types of institutions internationally and locally which makes them unique. The National Insurance Department is a Civil Service Department which is one of the big financial organizations in the Government. Although the board does not have the authority of the Central Bank, I think that because of its unique position it is allowed to work without being dictated to by a Minister in the same way other boards have been dictated to.

Therefore, it is for that reason that the Haynes Commission was at pains to try to recommend a new type of board with a completely different institutional makeup and with certain authority which probably is not vested in the routine type of boards. The Commission sought to ensure that there was a clear delineation of authority between the Board and the Minister. How has that been fulfilled in the context of the Bill before us?

Sir, I think that the Bill deviates from the Commission's Report in a few instances that should not be glossed over. The first of these is the composition of the Board. Now whilst the Haynes Report has been followed generally, I think that when the organization from which members of the board will be drawn are named in the legislation it is a bit binding. I think that the Haynes Commission sought to say instead of the Barbados Association of Medical Practitioners it said, "an association of medical practitioners". It is not beyond the realms of possibility that the Barbados Association of Medical

Practitioners could be challenged by some of the doctors in the island for membership and representation of the medical profession. It is the same thing with the nurses.

Sir, the other thing that the Bill changes is where the Haynes Commission sought to include the Chamber and Commerce Industry. The Bill refers to a person nominated by the private sector agency. I am unaware that the private sector agency has any legal standing and, therefore, it might not be a good thing to make mention of it in a statute unless it has some legal standing either as a company, trade union or like an organization such as CTUSAB. Therefore, I do not think that it was well thought out as it should be to make mention of the private sector agency in legislation unless that agency itself has proper legal standing.

Sir, those are comments that do not go deep into the matter. I shall identify two other important deviations and I want to deal perhaps up front with the question of making appointments. The Haynes Commission felt that the making of appointments and the determination of salaries in statutory boards are the two areas which allow for more political manipulation than any other thing. Therefore, the Commission recommended that except for the CEO and possibly one or two other top officials of the Board all other staff should be appointed by the CEO on behalf of the Board leaving the top post for some ministerial approval.

Sir, the way the Bill is drawn at Section 10 which specifically says that the Board shall not without the prior approval of the Minister assign to any post established by the Board any salary in excess of such amount per annum as the Minister may determine and notify to the Board in writing. It goes on to say, "nor shall they appoint any person to a post established by the Board with a salary in excess of the amount determined by the Minister under paragraph (a)".

Sir, I am saying in this matter from the point of view of 40 years of experience. That very provision exists in a number of Acts which established other statutory boards. I have been at great pains to run a Ministry as a Permanent Secretary where this provision was interpreted, quite rightly, by a Minister to mean that he has a say in the appointment of every member of staff. I want to warn you that the Minister did it under both political parties in Barbados. So that you could have a hospital where the appointment of a maid is subject to approval by a Minister. I am not saying this Minister or that all Ministers will do that but I am speaking from the point of view of experience that some Ministers have done that at boards and organizations that had staff of eighteen hundred.

Now if the Minister is to determine the level of salary at which approval must come from him and appointments to those posts at that level of salary, the way this section of the Act is worded you cannot say that he is wrong. As a result,

if this is allowed to go as it is and you get a Minister of Health who feels that he is a recruitment agency who insist on this, you will have a worse situation than you now have where the Minister has no legal authority for the appointment of staff at present. It is entrusted to the Services Commission and the Minister has no authority to make any appointments.

Mr. President, if you go ahead with this as it is, that would result in further disaster in managing the hospital. Now that was varied in the drafts from time to time and the last draft clearly provides for that.
3.40 p.m.

Financial management is another area where there must be clear delineation of authority. The Hospital, we hope, will get its resources from different sources, but the greatest of all will be the subvention from Government for its operations.

SENATOR THE HON. P. C. GODDARD: Mr. President, on a point of order. The Honourable Senator has, I think unintentionally, misled the Senate on section 10. I draw this to the Honourable Senator's attention. He is inferring that the Minister would have the right to assign a post or determine anyone assigned to the Hospital down to the level of a maid. However, under section 10(a): "the Board should not without prior approval of the Minister:

1. assign to any post established by the Board any salary in excess of such amounts per annum as the Minister may determine..."

So we are talking about super salaries. The appointment of any person under subsection:

- "(b) ... to a post established by the Board to which a salary in excess of the amount determined by the Minister under paragraph (a) is assigned."

What we are talking about is people who are assigned to the super salaries.

SENATOR B. R. COLLYMORE: Mr. President, I am afraid that that interpretation was not correct in 1983 and 1984 when a Minister of Transport who became Minister of Health did exactly this and had a legal opinion to show that he could assign to any post. Therefore I am warning against it because I have been through it. I would like for you to take that seriously.

I am not imputing any form of impropriety, but it is the sort of situation that can occur. One Minister might say that he will determine the salary for posts down to the level of middle management, another Minister will say he will

determine only for the top management and a third Minister will say he will determine for all people. That is the problem which this general provision leads to.

As I said, the Hospital will get its funding primarily from subventions from the Government. We were at pains in the Haynes Commission to try to introduce the factor of endorsements, foundations to help finance the Hospital, but people who will give endowments to the Hospital will not give it willy-nilly. They have to be satisfied that the Hospital is doing what it should be doing for them to do it, and therefore the importance of accountability and transparency in operations cannot be minimised in this context of finance. Fees for services which we recognise are not even being collected, this must not happen if the Hospital is going into a new system of governance. The Hospital can also get loans.

Clause 18 of the Bill gives the Board the authority to exercise a system of virement. Virement is not allowed in the public sector and it should be carefully monitored any place where it is allowed, because in order to transfer funds voted for one purpose to be used for another purpose, I think the required use should be justified before that is allowed. It could be a dangerous principle leading to improprieties if virement is not managed all the time.

Boards in Government which have not adopted the financial rules are practising virement in Barbados. I am not sure if it is as well monitored as it should be. If we want to have a well run board – and I am glad to hear that the steering committee has already started developing various regulations and rules – in the development of those rules and regulations, the staff will have to be involved because they are the people to use them and unless you get them involved in all of these personnel regulations, all these financial regulations, the whole thing will come to nought. It is not by chance that the Haynes Commission spent quite a bit of time on governance and transition.

The greatest hindrance to any improvement in the Hospital is bad transition. It is now two and a half years since the Haynes Commission reported and all like now the staff should be well apprised of what is intended; the staff should be told in clear terms what their conditions are going to be. Merely to say that you are protecting it in law is not enough. Each one of them, not any trade union, not any CTUSAB, not any representative body can speak for them. Each one of them will have the option under the Constitution to work with the Board if the Board wants them or not to work with the Board. If the Board does not want them, then the Government as employer has a responsibility either to transfer them to a post no less in status and pay or to give them something called termination compensation. That compensation is in the form of early retirement and enhanced

pension which could be a very costly operation, and that is why transition is so important.

In a lot of those posts are people who will not be able to work many other places, but the Hospital needs their skill and experience and therefore it is important that there is an agent or agents for change out there talking with these people, giving them all the details about what their position will be and do not leave it to the Board to do it. The Board has to spend its first two years trying to get them over if it has not yet been started.

We were very concerned at transition and I believe that the Bill as drawn takes care of the basic provisions which were recommended for ensuring that there is this smooth transition or ensuring that people have no difficulty in coming over in terms of the preservation of their accrued rights.

I would like to move to two things which are not exactly in the Bill but relate somewhat to the whole question of the development of a statutory board. One has to do with the whole idea of inspection and accreditation which was recommended by the Haynes Commission and which does not have to be included in the law.
3.50 p.m.

It is important that the hospital is seen as an institution of the highest possible standards. In most of the hospitals in North America there is an independent authority which the hospital will engage to inspect its operations and the entire plant from time to time. By virtue of the accreditation of that competent authority, it ensures that the hospital is seen by other health institution, the populace at large and by comparable organisations abroad to be what it is supposed to be. I hope that at some stage an authority of professional people can visit our hospital and give the hospital its rating in secondary and tertiary care.

Mr. President, I recall that there was an article in one of the newspapers which said the Prime Minister had announced a new developmental strategy in terms of expansion of the Queen Elizabeth Hospital and he said he was hoping to involve the private sector in building under a BOT arrangement. I hope he was misquoted if he said so and I expect this to be explained. As a person who has an interest in this sort of thing, a BOT arrangement is when an agency gives the service, builds the facility, operates it for a given time and then transfers it back to its original owner. This seems not to be the sort of arrangement that should be a hospital service where the service is part of the responsibility and function of a statutory board.

I am sure that there is an explanation for it but I make mention because several people who understand these things

have said to me that you cannot have a BOT in terms of a hospital. Therefore, I expect some explanation as to how it is intended since we need to make the populace at large comfortable in terms of the development that is going to happen at the hospital.

I am anxious to see this effort to change the governance of the hospital executed. I am anxious to see it not only because I have been a member of the Haynes Commission but as a former Chief Establishment Officer involved in negotiating salary, wages and conditions of services, I know that the staff at the hospital is generally suspicious of people who try to change things around them and I hope it could be implemented without causing any disruption in the service which is provided to the people of Barbados.

It is important, therefore, that meetings are held with the hospital not necessary all together because the nurses have their specific problems, the technicians have their specific problems and the doctors have their specific problems and are a specific problem. All of them should be dealt with carefully and diplomatically in order to ensure that when the time comes for implementation we will have a new hospital even if it is in the same building.

SENATOR THE HON. G. S. H. MURRAY: Sir, I will first begin by seeking to elaborate on a few matters raised by Senator Collymore and hopefully this would allay any fears he has. One has to do with Section 10 of the Bill which deals with the limitation of power of the Board.

Sir, when salaries are paid to statutory boards financed out of the Consolidated Fund, they have to refer to the Ministry of the Civil Service and the Ministry of Finance as a matter of policy direction so that there is standardisation and balance in the system. This is designed to prevent Boards running off at a canter and doing whatever they like, so checks and balances must be built into the system to take care of these things. These matters are referred to the Minister of Finance and ultimately to the Cabinet. This is to prevent Boards and CEOs from doing their own thing and then problems are generated throughout the system.

The question of BOT is still in the realm of discussion and speculation. Sir, BOT does not only mean build, own and transfer. It can also mean build, operate and transfer. I can assure you that there is no possibility of the private sector operating any part of the health care provision system in Barbados but Sir, that is for things to come.

Sir, when I think of this debate, I think of the old English saying which says that everybody talks about the weather but nobody does anything about it. We all know that the weather in England is always a topic of discussion either by persons living there or persons who visit there but nobody does anything about it.

Sir, for a long time the Queen Elizabeth Hospital has been in that very same position. People were talking about the Queen Elizabeth Hospital but nobody was doing anything about it and for the first time something substantive is being done about the Queen Elizabeth Hospital. It is quite fitting that it has fallen to the lot of the Barbados Labour Party to institute this major change and to do something about what has for a long time been only a topic of conversation. We are now bringing form, substance and change to it.

I said it was befitting that it should befall on the Barbados Labour Party because it was the Barbados Labour Party that conceptualized the Queen Elizabeth Hospital out of the old General Hospital on Jemmotts Lane and actually started to erect the building.

I think that we have been given a chance by history to take the Queen Elizabeth Hospital into another realm and to further advance the process, not for the glorification of the party but further to enhance the quality of care that the Barbados Labour Party has been instrumental in giving to Barbadians.

We all recall well the health system where we had health centres in the 1950s. The Barbados Labour Party, in the 1950s, provided the health centres and after we went out of office nothing was added to that system until we came back in office in 1976 and created the polyclinics.

The Barbados Labour Party has always been at the forefront of the advancement and enhancement of the health system for the Barbados public and, therefore, we accept this responsibility and the challenge as we have accepted other challenges and I have no doubt that we will rise to it with the assistance of the new board and the support of the staff that will be brought on board. Sir, I think that it is widely accepted that the Queen Elizabeth Hospital (QEH) has been used as a political football by lots of Parties over the years. 4.00 p.m.

SENATOR Mrs. P. E. RICKINSON: On a point of elucidation. On a point of order then.

Mr. PRESIDENT: Please make up your mind. You can only elucidate your own speech not somebody else's.

SENATOR Mrs. P. E. RICKINSON: On a point of order, Sir.

Mr. PRESIDENT: What is your point of order?

SENATOR Mrs. P. E. RICKINSON: The point of order is that there were first health centres, followed by multi-purpose clinics, followed by polyclinics. The information that was given is misleading to the Senate.

Mr. PRESIDENT: That is not a point of order.

SENATOR THE HON. G. S. H. MURRAY: Sir, I will defer to Senator Rickinson on this one because we know her specialised focus on health, especially in nursing. It is only an illustrative point and it does not change the gravamen of my argument in anyway, so I have no problem with that.

Sir, the point is, for a long time the QEH has been used as a political football. I recall, Sir, as a young boy a story of rats at the old General Hospital which were supposed to have bitten some children's feet, and that created greater hysteria in the Barbadian society than the rats created on Government Hill.

It is also clear that the problems at the QEH, real as they are, have been exaggerated, exploited and over-emphasised by persons for narrow political ends. As a matter of fact, I go as far as to say that a lot of the intensity in the debate has been over the QEH and not as a general institution. Aspects of the hospital, the Accident and Emergency, and specifically the dialysis were used for political reasons. Insinuated into that argument was the question of race where it seemed that political opponents felt that this was an opportunity to create division in the society.

Sir, when Senator McClean quoted a calypso which says that the change remained at the hospital but there was no change in the complexion, that is part of that insinuation.

SENATOR LeR. H. McCLEAN: On a point of order. At no time have I ever insinuated anything about race in the debate. The Honourable Member must know that calysonians have something called poetic licenses. Do not imply that. I have never made any comments relating to race.

SENATOR THE HON. G. S. H. MURRAY: Mr. President, I am glad that the Honourable Senator explained it to me. The Honourable Member said that calysonians have poetic licences and he quoted a calysonian. I thought that we were supposed to bring reason and reasonable arguments to this Chamber. I did not know that we were supposed to use poetic licences in our presentation but he quoted poetic licenses to illustrate his point and the poetic license was a pun. It was that the complexion of a minister had changed but not the situation at the Queen Elizabeth Hospital, that is what it means.

Sir, all of a sudden, persons who had been adversaries of the previous Minister, suddenly have been embracing her and supported her only because there was a change of complexion, that is also for the records, Sir.

I also want to put on record, according to the facts, that politicisation of the argument of the QEH, particularly over

the dialysis machines, saw a phenomenon overnight. Some organisations sprung up only to die a week or two later. There was a group called PAIN which held candlelight marches and demonstrations and they were galvanising the support over the QEH only to die with the light of day. The politicisation of the argument was a clearly crafted, naked, political, manipulation of the situation, but that is the name of the game.

Mr. President, I am saying that because I have no hesitation in defending my colleague, the Minister, who has fought hard and long to bring some improvement to the QEH. I was very proud of the fact that he was able to read a long list of some of the improvements that have been done, not only by him, but by his worthy predecessor over the years, improvements which Senator McClean welcomed, appreciated and commended him for. There has never been any mention by the QEH about the improvements at the hospital. I am glad that good conscience prevailed today and it was acknowledged across the political divide that there have been some improvement.

I want to commend my colleague for his hard work and standing up like a man under the brutal assault that came from all angles upon him, but today he has been able to report substantial progress.

Sir, I told him long ago that ongoing improvement at the hospital should have been subjected to an extensive public relations exercise.

Asides.

SENATOR THE HON. G. S. H. MURRAY: Sir, the hospital should have been give adequate and justifiable public relations.

Mr. President, what has happened is, with all of these good things that have been happening, nobody knew about them, but they certainly knew about the whole crises, crises that were being manufactured in the newspaper, call-in programmes and 'Under the Street Light' where the QEH was concerned.

SENATOR LeR. H. McCLEAN: Mr. President, on a point of order. Is it fair that Honourable Members should refer to legitimate concerns by people as being manufactured?

Mr. PRESIDENT: I do not know if he was making any specific reference to a Senator in this Chamber. I do not think that is a point of order. Please proceed, Senator.

SENATOR THE HON. G. S. H. MURRAY: Thank you. I am glad that you said that to set the record straight.

Sir, this Board is ushering in a new era in the management of the Queen Elizabeth Hospital. We have seen examples of the situation where the QEH has been probed, diagnosed and analyzed over and over again. It is a fact that everybody seems to be able to talk about the ills of the QEH but very few people have been able to find remedies and solutions. This is a step where an attempt is being made to provide recommendations and solutions to deal with those problems that everyone is talking about for so long.
4.10 p.m.

One of the reasons why so much attention has been generated over the Q.E.H., apart from the fact that many persons were born and died there, is the fact that the Q.E.H. has a special place in the psyche of Barbados in much the same way as cricket, politics and religion; where everybody feels that he is an expert and could speak on it. He therefore has a right and a responsibility to have a say on it, which I do not deny him.

Sir, this Bill is going to go beyond speculation and talk around the street corners. Its management is going to bring a measure of much expertise to the hospital through the Board, which we have already heard read out in details. The member of the Board – and I repeat for emphasis – this Government, despite all that has been said about the composition of a statutory board as a matter of course, that it has become a dumping ground for political axes and yardfowls of various types, the Board can not be in any way described as a yardfowl Board.

I have heard Senator McClean's Party Leader criticized this Government on the question of how Boards are composed; that Barbados has a most undemocratic method in the world. I would like to remind Senator McClean of the fact that in 1976 I remember very well where this Party offered the DLP a programme to nominate a member to a Board. The Leader of the Opposition then said no, that it was a trick, that Tom Adams was too smart. Rather than accepting the change to the political structure to break this political yardfowlism which is supposed to be rampant across all Boards, the DLP backed away from the challenge, but now we have another chance to take it beyond that. I am glad to see that we have been bold enough to look beyond politics and look beyond members who shall possess the expertise, the acumen, the professionalism and experience that will allow for a proper discharge of their function. They will also be individuals who have outstanding achievements in their field of endeavour and commitment of public duties or public service.

Therefore, Sir, this Board is a worthy Board and comes highly qualified and highly commended and therefore, stands an excellent chance, all things being equal, and given a fair chance to function, to achieve the kinds of objectives that are exposed and which the society requires of it.

Sir, we know that a Board can only be effective as its members allow it to be, no matter how qualified they are, and to carry out the functions that are laid to them by law. Therefore, given the manner in which this Board has been laid out in Law, I have no doubt that the Barbadian society possesses ample persons who have the experience, the competence, the integrity, the professionalism, the commitment to community service; persons who would want a chance to serve their country at the highest level.

I am sure that we would want to be able to attract persons who can fill these criteria here without any difficulty and, therefore, enhance the image of the institution by injecting into the public psyche the confidence in their abilities to rise to the challenges that are being presented to them. Not only that, Sir, but once the perception of the image and the intention of the Board are realized that, in itself, will help to eradicate much of the misinformation, misperception and negative images that will have dogged the fate of the hospital for far too many years.

Sir, I emphasize this because I said the BLP has been bold enough to take this step. It has been said for the record that the Bill has been in existence since 1966 and for whatever reasons, successive administrations have not found it fit to put this Board in place and into operation. This BLP is doing it. It is grasping it in its challenges and is wrestling with it, without fear and in so doing we are aware that a great deal has to be done at the hospital apart from the structural inhibitions and strangulations that might have retarded the work in providing the services in a ready manner, as it is supposed to. The hospital had also suffered some problems which are not the fault of the staff, the system, nor the public, but was the fault of political mismanagement where, rather than seeking to enhance the financial resources of the hospital and give it the money that it needed to do its job, money was diverted to the ill-fated St. Joseph Hospital which then resulted in some drastic cuts in the budgets of the Q.E.H. over the years. I have some figures here, Sir, where;

1991 it was allocated \$65.1 million.

1991-1992 it fell to \$64.4 million.

1992-1993 it fell to \$59.4 million.

1993-1994 it rose to \$63.1 million.

1994-1995 it rose to \$63.3 million.

1995-1996 it rose to \$70.9 million, when the BLP was in full control of the Government.

1996-1997 it rose to \$71.8 million.

1997-1998 it rose to \$74.4 million.

1998-1999 it rose to \$81.2 million.

1999-2000 it rose to \$100.7 million.

2000-2001 it rose to \$102.1 million.

Sir, we have not starved the Q.E.H. for resources. We have also gone beyond that and tried to improve the management structure. We have brought over a Permanent Secretary, whose duties are to deal with the administration of the Q.E.H. and to take on such task that would, otherwise, have to go to the Ministry of Health, as was the custom manner which slowed down the whole process in providing goods and services at the hospital. We also appointed a Human Resources Manager and for the first time the hospital has a Human Resources Manager. Prior to that there was only a Hospital Director, an Assistant Director and a Personnel Officer. Even before the advent of the Haynes Commission of Inquiry into the Queen Elizabeth Hospital Report, we had begun to make some substantial changes in trying to bring about improvement in the management structure of the hospital. While we are awaiting the work, we knew that this work had to come, but we also felt that we could not wait on this alone, we had to begin the process. But, of course, we might not have put an elaborate system which might have had to be drastically changed, coming out of the recommendation of the Commission of Inquiry Report.

Therefore, we can feel comfortable in our own minds that we, as a Government, have been making steps and we are not using this Board as any grandstanding gesture. If we had done nothing, if we had perpetuated the neglect or the deprivation of resources at the hospital, then to put together this Board as an ends-all and be-all, the Government could then be accused of grandstanding. I am trying to show that there is a consistent history between 1995 and 2000 that we have improved the financial resources, we have improved the administrative systems, we have taken steps to create a better atmosphere and a better environment at the hospital and therefore, the coming of this Board is to accelerate and enhance the operation, to take the process outside of the constrictions, inhibitions and control of the retardation of the customs and traditions of the old system and give to them the facility that they can rise to the challenges that still, so far, await them. Sir, we do not have to apologize, nor do we have to defend, therefore, I can unhesitatingly defend my colleague that I do support his attempts, because he is being supported by a Government which intends to provide the institution with the resources that it needs.

4.20 p.m.

This Board has an excellent chance of being a dynamic, flexible and efficient servicing institution. Above all, because of the powers which have been given to it for the hiring and assignment of staff, it will have a chance to change the work ethics that have prevailed at the Queen Elizabeth Hospital for a long time in order to improve it and to bring about an improvement in the culture because every institution has its own culture. By bringing in a different

management system and different systems, they will have the flexibility of refashioning the Queen Elizabeth Hospital and do not have to be bound by the systems that had preceded the advent of the Board.

They will, therefore, have a chance to create a new culture which will be more open to providing top quality service where people can take pride in the fact that they are serving their countrymen by providing good health service to them every single day, and have pride in providing that service in a very professional manner which is not beyond the institution.

Many people would want us to believe that it is almost impossible for any of the current staff of the Queen Elizabeth Hospital to be able to provide the level of service that will be required under this new dispensation, in this new era, under this new vision. I am convinced that many of them, if not most of them, have the capacity to provide a level of service that will be befitting an institution which for a long time has been a pride of place, one of the most respected and envied institution in Barbados and abroad that would once again rise to its glory days.

By inviting this new culture and embracing the new vision of the QEH, we will need those very same persons at all levels of the institution to do that. I am sure that the staff will meet the challenges that will befall them. All of us knows that the staff need proper training, orientation, leadership and management. Therefore, in all fairness, the Board needs to be given a fair chance to perform in order to succeed. I think it is important to realize that we have never had a Board of this type before at the QEH. Senator Collymore quite rightly said that the autonomy and the latitude that is being given to this Board in many instances far exceed that of many other Boards in Barbados and we have never quite had an 'animal' of this type before.

Therefore, I think that it is only fair that the Board be given a chance to perform and to succeed. Nobody can safely predict exactly what would be the outcome because this is a testing period. We are entering into a new era, we are going across to a new frontier and we are going virtually into uncharted territory. Therefore, I think that given the right resources, the right atmosphere and a chance to settle in, this Board will no doubt be something that will make all Barbadians proud and will restore the QEH to its heyday over a period of time.

At the same time, while I am optimistic and very sanguine about the chances of a Board of this type which will outlast any one individual and even be enhanced in the years to come, it should not be expected that the changes could come overnight because the Board, as has been said by other persons, – I am not saying anything original – will not be able to do it by itself overnight.

The Board has to be given a chance to settle in, to find its feet and to be able to influence those who would be selected to work with it. It also has to be given a chance to put systems in place that can inure to the benefit of the institution and to all concerned. I think that we have come to a proud juncture in history not only in relation to the QEH and the public service of Barbados in general but also in the history of Barbados. To me it is not coincidental and it is not even accidental that this improvement at the QEH is coming at a time when we are seeing so many fundamental improvements in other areas of Barbados. I am saying that this, therefore, indicates a Government that has a holistic vision for the improvement of the society where we are not only enhancing the road network, the sewerage system, the educational system, housing and things of that nature, but we are also enhancing the health system as well.

This is consistent and compatible with an overall vision for the development of Barbados so we are not minimizing the importance of health. While it might have taken some time for us to get to this juncture at the same time one must understand that we are playing like a juggler who has five or six balls where he has to be coordinating, catching and tossing at the same time. So this is a matter of coordinating a number of events and developmental programmes simultaneously, some of which will come to the fore faster than others. At the end of the day we have sought through this bold step to refashion the way the QEH operates because we are serious and intent on improving the overall health care system of Barbados.

Therefore, we are refusing to throw our hands in the air as though the improvements at the QEH have been beyond us. I am sure that the public of Barbados over a period of time will realize the results and the benefits of this bold measure.

I give this Bill my wholehearted support, Sir.

SENATOR Mrs. V. E. NEWTON: Mr. President, I rise to add a few comments to what was said already by the other senators who have spoken, and I wish also to congratulate those who were involved in preparing the report which led to the drafting of this legislation. All in all, I think this is an excellent piece of draftsmanship. I would like to commend the work of Dr. Richard Haynes in particular who I gather was not only involved in the preparation of this legislation but in the other piece of legislation which was never proclaimed. It just show the tenacity of this individual.

The first point which I would like to address is that which deals with the functions of the Board in section 6(1)(f) which says:

“to provide suitable equipment, apparatus, appliances and furnishing as the Hospital may require and to maintain such equipment, apparatus, appliances, and

furnishings and the premises of the Hospital in fit and proper condition”.

I consider that to be an important provision in view of the fact that as we all know one of the major problems with the QEH since its construction in the 1960s was that very little maintenance ever took place. I would also endorse Senator Collymore's suggestion that every few years, maybe not annually, or so an international accreditation team could look at the QEH and its operations and report to the Government or to the Board to ensure that all steps are taken to see that the institution meets international standards. I think that is an excellent suggestion and I would endorse it.
4.30 p.m.

The second point I would like to make is in relation to section 9(2) which deals with the employees that the Board shall appoint. I am looking in particular at the appointment of a Director of Human Resources. I hope that that person is given some staff. A small unit could be set up, so that that person would have the expertise at hand to deal with the question of attitude to service which time and again we are told is a major problem at the Queen Elizabeth Hospital. It is not that everyone has a problem in dealing with the public, but we hear enough stories to be convinced that the problem is one that ought to be addressed, and I would hope that the Director of Human Resources has the necessary resources to have seminars and an ongoing training programmes for staff at the Hospital.

The next point I would like to make Sir, is in relation to section 6(1) of the Schedule which again deals with the Committee and gives the Board powers to establish a Medical Staff Committee *et cetera*. I would think that in light of the fact that it is quite clear to some of us that positive developments at the QEH over the years have not necessarily been brought to the view of the public, a public relations officer could be one of the positions that the Board considers establishing or even a Committee which would make sure that the public is kept abreast of developments at the Hospital, both those which are negative and those which are positive, and to give the public correct information when there is any evidence that they are being misled on any matters.

My other concern has to do with the award of contracts. I know that generally when a Board of this nature is being established, as Senator Murray said, the Board for the QEH will have fairly wide-ranging powers which are good in the circumstances where major contracts are dealt with by the Board and small ones probably by the Chief Executive Officer.

I would wish to say that in light of all the evidence that came out of a certain enquiry that was recently conducted or concluded – I am not sure if it was concluded – that the question of the award of contracts ought to be given special

attention in relation to the Board at the QEH, so that we will prevent any of the alleged infelicities that took place at another similar institution in recent years.

On the question of cost for services, while we are all very hopeful and some of us fairly certain that the Board, judging from the qualifications that are suggested for the members to be appointed, will be a diligent one and well qualified for the job which it has to do, I would wish to say that I hope the Government realises that setting up a Board like this is going to mean that services at the QEH will probably cost more to operate.

For instance, now certain services are provided centrally, as far as I am made to understand, like printing, advertisements, legal advice *et cetera*. Now that a Board is going to be established these will have to be paid for by the Board, so I hope that Government will find it possible to provide the Board with the operating expenses which it will need so that it can do its job properly and get things moving at the Hospital.

With those few comments, Mr. President, I wish again to congratulate all those involved. I forgot in my initial comments to mention the introduction of the Minister of Health today to the Bill which was delivered with ease. He is on top of his subject and I wish to congratulate him for the job he has done today.

SENATOR J. E. D. WILLIAMS: Mr. President, I too, like Senator Newton would like to congratulate the Leader of Government Business for the eloquent way in which he presented the Bill and the fact that he took the opportunity to share with this Honourable Senate and Barbadians in general the good things that have been happening at the QEH. One cannot gainsay the suggestion that public relations is extremely important. It is not just what you do but people must understand what it is that you are doing. In that way, oftentimes you avoid lots of the criticisms which are often not founded on fact, because if people would just search, they would understand things that are happening, but may I say to Senator Goddard, one has to continue struggling on with the job at hand and doing the job fearlessly.

I just want to say to Senator Newton that it does not necessarily mean that because you create a Board and you have extra costs associated with that Board that it would necessarily mean you have to increase your level of expenditure to support that Board, because oftentimes if you get it right and your level of efficiency is what you expect, then you find that the benefit of all of that is reduced costs in different areas.

My point is borne out in the fact that Senator Murray in his presentation indicated that in 1994 the level of

expenditure to the Hospital was in the region of \$60.1 million and, as you know, Mr. President, there is always the belief that all you have to do is to fling more money at a problem and that will result in improvements and increased efficiency. What you find is that having moved it from \$60.1 million as he indicated to \$102.1 million there are still areas of inefficiency, there are still things that need to be done and improvements to be made, and it therefore says to you that money oftentimes is not the solution.

I want to say for the benefit of someone like Senator McClean that there is a big difference between efficiency and effectiveness. You can be operating a system, a process, at its maximum and you would be operating at the maximum efficiency, but to be fully effective often you have to have a change, you have to go to a completely different system and a completely different process.

It is not surprising of course to hear Senator Goddard alluding to all the things that are still being done, improvements to the Hospital in one area or another. What we are saying is that if the goal is to move the Hospital from a provider kind of orientation service to one that is patient oriented, then you have to look at a completely different system altogether to get there, if not, what you are going to be doing is continuing with the same system with some inherent problems that will never be addressed unless you get out of that box and move to something completely different. That is what this Bill is all about.

I will tell you that I take no comfort in Senator Collymore saying that there is legislation slightly different that was on the Statute Book since the 1960s. It tells us about the lack of political will to do the things that are necessary, and one thing that I am always proud about is the fact that the Barbados Labour Party will never resile and not do the things that it should do as an administration no matter how difficult it is.
4.40 p.m.

It took nothing to keep it on the statute books from 1963 but it took courage to get to where we are. We are not only saying that it is necessary to bring legislation that will address the problem but we also sought to get a Commission that will guide what falls between these pages.

This Bill speaks specifically to what is contained in the Report and Government should not apologise for that because the Commission was set up to come up with recommendations and solutions in terms of the way forward. There is nothing wrong with saying that good work has been done by those distinguished individuals and, therefore, the legislation is drafted on that good work.

I too, like other Members would like to wholeheartedly congratulate Dr. Haynes and the other Members of the Commission for excellent work done. It is not often that you see work of that quality. I took the opportunity to read the document from cover to cover and I urge all Honourable Members on both Sides and the public at large to get a copy of it and read it. It speaks to a lot of the issues that we face.

Mr. President, we are obliged to Senator Sir John Stanley for his presentation this afternoon. If there is one thing I took from his presentation, it was the point that health care and any improvement to the hospital are things that transcend politics. All of us from time to time will need to use the services of our hospital and we all want to get it right. All Barbadians would like to be able to say that they are happy in the knowledge that the institution of the hospital is run at its very best.

When we come into this Honourable Chamber we must not play fast and loose with health care or simply say things because it is only politically expedient to say so. I think we have to be honest with ourselves. Mr. President, it is a fact that both administrations over the years.....

SENATOR Sir JOHN STANLEY GODDARD: Mr. President, on a point of order. I believe I said that it must transcend constant political bickering. You cannot separate politics from something as important as this but it is the constant political bickering that should be kept out of the arena.

SENATOR J. E. D. WILLIAMS: Thank you, Sir John because you have made the point better than I can. As you said, it is partisan political bickering and indeed that is what I was referring to. I am obliged to you.

Mr. President, all political parties over the years have recognised the importance of good health care in Barbados. There is no doubt about it that the development of this country is inextricably interwoven with the level of health care that we have. The level of health of a nation speaks to the level of its development. Both political parties when they had the opportunity have, in their own way, sought to develop areas of the Queen Elizabeth Hospital and allocated monies to the hospital that saw it providing the best service possible.

Sir, I speak specifically for this administration because successive Barbados Labour Party recognised the importance of health care. Senator Murray alluded to the fact that the Barbados Labour Party saw the need to build the hospital in the first place. It is not surprising that we have come to the realisation that the hospital needs now to be extended. The level of complexities, the issue of services we are dealing with today are far different from when the hospital was constructed. Therefore, what is fundamentally needed is a completely different system that can support the complexity

of the kind of hospital that we have that moves from providing basic care to one that is a teaching hospital that has tremendous respect in the Caribbean and elsewhere. Ask yourself why is it that when people in the Caribbean get ill they seek first to get to Barbados. We continue to cry down the hospital but what we need to do is to make sure we have a system devised to facilitate the kind of administration that can sensibly deal with the scale of complexity in terms of operations that we have at the hospital.

Sir, the kind of governance we need depends on what we want to provide. The hospital continues to deal with a different kind of changing society. Over recent years we have been seeing a more aging society and the hospital now has to cater for this aging society. Families abandon old people at the hospital and that is part of the problem that exists at the hospital. Over the years diabetes, for example, has quadrupled.

Mr. President, the kind of demands that are placed on the hospital are far different in the year 2001 to 30 years ago and we basically need a seed change at the hospital.

Senator Collymore referred to Boards as "centres of disaster" and some persons would simply say that a Board is a Board but I do not look at Boards which do not operate as efficiently as they should. I look at Boards that are trail blazers like the Barbados National Bank and the Insurance Corporation and someone alluded earlier to the Central Bank of Barbados. Why can we not from today's decision see us in future speaking in the same terms about a Queen Elizabeth Hospital that is run as efficiently as it possibly could? This would gladden the hearts of every single Barbadian. In other words, taxpayers continue to say, I want to have value for money. Taxpayers want to believe that the money that is put into the hospital is used to its maximum and that the hospital is operating at its maximum level of efficiency.
4.50 p.m.

Mr. President, it is not a surprise that the way you go about trying to do it, is to ensure that you have the very best people to form the nucleus of a Board. What is wrong with the clause that you must have the experience and qualification? What it basically does is eliminate people like Senator McClean because they might only get a part of it, but you have to get all of it. I am saying that we need the very best people for the Board. We heard that we should have the word or, have one but may be not the next, 'A' or 'B', 'A and B' or 'D'. What we are doing is that we are making sure, out of this process, that the very best people are put on that Board because we expect results.

The reason, for example, for the kind of report that we can get from the Advisory Commission of the Inquiry – his kind of Report was a result of people who were part of that Commission. It is not surprising that you would find a Commission headed by Dr. Haynes ending up with this quality kind of output. I support the approach of ensuring that we look for people who have the right skills, attitudes,

qualifications and appropriate commitment to the job at hand and nobody should make any apologies for that.

Sir, I would be very surprised ...

Mr. PRESIDENT: Senator McClean, the debate has so far been conducted at a fairly high level and it can do without the kind of distractions which are now disturbing the Honourable Senator on his feet.

SENATOR J. E. D. WILLIAMS: Thank you. Mr. President, good governance, particularly when it relates to the hospital, has to be seen and centered around ensuring that the patient is seen as the reason for the existence of the hospital in the first place. I want to stress the point that we are talking about ensuring that we have a patient-oriented hospital.

Mr. President, for a company to exist today it has to make sure that it does provide a service and hope that the customer says, "that is what I want". You have to go out and do your market research as a company and then determine what it is that the customer wants and seek to give the customer what he wants at an affordable price and best possible quality. Sir, you even have to go beyond the customer's expectation: that is what business is all about. Sir, that is what we are about with this Bill.

We did not come in here with ideas strung together in terms of what we believe is most appropriate for the hospital. We sought to do it by making sure that whenever we are finished, the patient is at the center of what we do. We say that the involvement of the community is equally important, hence, the approach taken by the Commission and the composition of the Board that we have.

We all recognise that doctors and nurses will play a pivotal and essential role in the success of our efforts. The fact that we have a member from the Association of Medical Practitioners and the Barbados Registered Nurses Association means we are making sure that all those people that are critical, important and can add value to the process are included.

Asides.

SENATOR J. E. D. WILLIAMS: Mr. President, I believe that the success of this also depends in large measure on the role of the union. The union's role in this is important. When I did my research on this matter, I recognised, for example, that in the case of the National Union of Public Workers which represents approximately 98 per cent to whom we refer outside of doctors, they too recognised that the way forward and the approach taken by Government is,

indeed, the right one. I would humbly suggest to the Minister, and I know that it is the Minister's intention to ensure, that the union forms a tremendous part.

I cannot tell CTUSAB whom to nominate, I would be stepping outside my bounds to do so. However, I would hope that good consideration would be given to a union that represents 98 per cent of the workers. Some significant consideration, to my mind, ought to be given to that particular union. Sir, not to do so, to my mind, could create a certain difficulty. I know that one has to respect the larger institution like CTUSAB. I am also saying that one has to be pragmatic and realistic. Therefore, in the case where an institution represents 98 per cent of a body, it ought not to be ignored. I do not believe that it would be ignored.

Mr. President, as a person who has more than a passing knowledge of human resources, to speak to some of the issues that impact staff, I was particularly happy to see in the legislation where provision is being made to ensure that persons could be employed on contract. One of the things that we have to ensure out of this whole process, is that people stay with the institution. Nothing should be done to cause people to want to leave and go back into the civil service or for that matter leave the civil service totally. I think we have to ensure that whenever everything is said and done, whenever we negotiate with the unions, *et cetera*, in terms of the transition, we have to ensure that our key people in the health services remain with the institution. I am glad to see that there is a Director of Human Resources and one has to look at where a person is placed within a structure; that individual is part of the senior management team.
5.00 p.m.

Some of us who have spoken, like Senator McClean, might not understand structures. They are important and where you are within the structure determines how effective you can be or how ineffective you might be too. The fact of the matter is that person, being part of the senior management team, is able to ensure that issues that impact on staff are ventilated at that level and then dealt with at the highest level.

I am satisfied that we are not going to have any particular head as Director of Human Resources, but a person with a well-staffed department who is able to deal with – not the personnel to which Senator McClean referred to, because we have long passed a personnel department – we now have Human Resources Department which is a fundamental difference.

Do you know what the fundamental difference is, Mr. President? The focus is on the development of the individual. It is not one of simply signing a letter or dealing with sick leave, *et cetera*, it looks at where the organization is going and to make sure that those human resources that you have and will need are being taken care of and provision is made

for aspects of training, skills, appraisals, *et cetera*. In this document, I see that the Director has responsibility for these things.

I am extremely optimistic that what we are attempting to do today is once and for all going to put the hospital on the kind of footing that it should have been placed on since the 1960's, when the legislation was drafted and left on statute books.

I feel passionately about this Bill and I am satisfied that in time to come, it is all going to come back to the decision that we are taking here this afternoon. I am obliged to you, Sir.

SUSPENSION OF SITTING

SENATOR THE HON. P. C. GODDARD: Mr. President, I beg that this Sitting be suspended for fifteen minutes and that we return at 5.20 p.m.

The question that the Senate do now suspend for fifteen minutes was put to the Senate and agreed to and Mr. PRESIDENT adjourned the Senate accordingly.

RESUMPTION

Mr. PRESIDENT: The sitting is resumed. Senator Mascoll.

SENATOR C. A. MASCOLL: Mr. President, I enter this debate to speak to some of the issues and not from a purely partisan position.

Indeed, I wish to suggest that there is a very strong correlation line of comparison between the major services at the Q.E.H. and that of tourism.

It seems rather far-fetch when left like that, but at the QEJ the major problems that I have gathered from all persons who have complained is one dealing with bed occupancy and the average length of stay of the patients. Beyond all of the other things, my visit there on several occasions, since my sister is a dialysis patient now for the last 15 years and since the clever Minister of Health would have had his picture taken with her and published on the back page of the *Nation* newspaper sometimes back. But I visit there and, therefore, a lot of the comments that one would hear is not so much to deal with the lack of quality of the doctors. In fact, that is not it, we have well trained and qualified doctors, but it is to do with the day-to-day management of the QEJ.

I liken the QEJ to tourism because in tourism you are providing a service for an individual who is voluntarily coming into the hotel and the person comes for a specified

period of time and also occupy a bed. That individual makes decisions to move freely from the hotel and to absorb whatever there is of the hotel's experience.

In the case of the patients at the QEJ coming in, hopefully not voluntarily, one is going to occupy a bed for a given length of time and one is expected to receive the kind of service that a tourist would receive in a hotel. One has to be fed, one has to have adequate facilities for other types of recreation, one expects efficiency. So that you are there and even though you are not "paying" in the same way which the visitor would pay at the hotel, you still expect that quality service, because in some cases it can be either life or death. And even when it is not, it still has to be delivered.

Now, I made that comparison to say this, and I mean this very, very much. Do not underestimate the complexity of the institution known as the QEJ. It is a highly complex institution and one is talking about delivering a service, yes to the final patient, but it comprises so many different things over which one has to seek to have control.

I have heard mentioned about the quality of Boards like the Insurance Corporation of Barbados (ICB), Barbados National Bank (BNB) and Central Bank of Barbados (CBB) but what they are doing pales in comparison to the job that has to be done at the QEJ.

The ICB is a matter of managing resources here and there and certain history and systems have been put in place to control and manage that institution.

At the Central Bank of Barbados, history has been made. It is not a major requirement.

At the QEJ, I must confess, is the highest form of complexity that one can get in any public sector organization in Barbados. In terms of size and staffing, there is no other operation in Barbados which employs as many people. There is no other institution in Barbados which employs as many persons with the diversity of skills that you have at the QEJ. There is no other institution in Barbados which provides service 24 hours a day, 365 days a year. There is no other institution – a prison ought not to be an institution, when you go there you should not be so taken care of.

I am saying that the QEJ is as complexed as one can get and I am particularly concern about the future of the QEJ. I am very certain in my mind that an appointment of a Board is not going to solve the problems at the QEJ. But, if the Board really understands its job, which is to change the management structure and the day-to-day operations of the hospital, that is where one can get effective change. But it is not just the appointment of the Board, it is now changing the management structure of the Queen Elizabeth Hospital and understanding the difficulties.

5.10 p.m.

Now, some things have to be mentioned here. First of all, the terms of reference of the Haynes Report suggested that we are looking at a 10-year plan, in the first instance from April 1999 to 2009. I suppose a 10-year plan could still be put in operation but that is not the real thing. It must be instructive to the Government that this thing is so complex that you cannot put a lifelong plan in place for it, that there has to be ongoing revision of what you are doing at the QEH and it cannot just be a case that you establish a Board and just leave it there to operate *ad infinitum*. So even that in itself explains part of the complexity of the problem at the QEH.

It has been stated in song that the complexion of the QEH has not changed. That is a remarkable line from a social commentator. I think there is every evidence to show that we cannot boast of increased efficiency and effectiveness at the QEH notwithstanding the increase in the Budget from \$60 million to \$102 million over the last six years or so. We must also respect the circumstances that obtained prior to 1995. We must understand the environment that prevailed. We must understand the cut in salaries and the impact on cost. We must also understand that between 1990 and 1994 there was no increase in salary at all over that four to five-year period.

So in seeking to demonstrate whether or not the QEH has been better managed it would be appropriate to look merely at the increased budget over the last six years to demonstrate that. Some have already stated their position in public. We have had recent comments about the environment within which doctors have to work and it is known. So let us accept that something has to be done. Let us accept that there has been a thorough study done to advise the QEH on its future direction and let us also understand that it is going to require persistent management over the next couple of years.

I am suggesting though that the Board, when appointed, should be allowed to operate for at least a year just to get to know and to understand the QEH environment. I note that there is a mandate for the Board to provide, three months before the beginning of the financial year, the intentions for the following year and the objectives that they would wish to reach over that given fiscal year.

I am saying that no matter how bright one may think one is, no matter what academic background one brings to an environment and no matter how much experience one brings to it, the QEH is going to be a learning experience for any Board member because there is no other institution of its kind where a person could have sat on. I am saying, therefore, that while I appreciate the mandate about the plans for the following year, I am also requesting that the Board members be given at least a year just to understand the environment of the Queen Elizabeth Hospital. That is the

only way in which they can truly put together any effective plans for the future. They would have to use the work which is in the Haynes Commission Report, but even that Report is just a framework within which you have to operate and it has to be translated into something operational where you will have to try to analyze and then come up with a possible strategy, but then the on-the-job requirement would be completely different.

In an environment where you have from the highest level of academic achievement to the lowest level, you are going to get this kind of complexity in terms of the operational performance of the organization, because while we may believe that all people are born equal and should be treated equally, that is not going to happen.

Therefore, if you break certain kinds of rules to permit a given class of workers to do certain things, then others in the institution would recognize that and will react to it badly, so you are going to have that kind of looking at, looking across and looking up to see what it is that others are being allowed to get away with in the institution. This explains in large measure part of the tension between the doctors and the nurses where you are talking about a different kind of treatment and skill on the one hand and another kind of concern and skill on the other.

There seems to be, from what I have heard, a little tension between how effectively we could deliver the service to the patients and in what manner should we do so, who should be allowed to rule and at what stage should they be allowed to rule. That in itself seems to be a bone of contention at the QEH.

I mentioned in my opening that there is similarity between the QEH and a hotel in the provision of service. I talked about occupancy and length of stay. What I would wish to see from the QEH would be more information regarding those things that are day-to-day, and not just the plans to put a Board in place, in order to see how effectively we can deal with the question of the length of stay of a patient and what we should do, because when you discuss with those who are in the know, you are told that there are many patients at the QEH who overstayed, not their welcome, because they may feel more comfortable being provided for in that environment than at home.

Judgement, therefore, has to be made as to if you could keep this person or should you keep this person for an extended period of time or could this service be delivered in a home environment. Those kinds of decisions then make the relationship of the QEH and the rest of the community delivering a similar service very critical because you cannot solve the problems at the QEH by merely looking at the issues at the QEH. That cannot happen. We must remember that the patients come from somewhere else. They are not

born within the QEH, they are not the workers of the QEH but they come to the QEH. The issue of solving problems within the QEH only by way of a diagnosis of the QEH is to my mind not going to cut it in the longer term because you need to appreciate that the patients come from within a society or community where problems emerge and occur and have to be dealt with in order to reduce the inflow of patients at the QEH itself.

5.40 p.m.

Yes, I laud the Commission and the Enquiry but I wish to suggest that this problem of delivering health care is an extremely complex problem that can be compared with no other problem in Barbados. I mean it, with all respect, I do not envy any Minister of Health and I do not think I wish to emulate any Minister of Health, neither do I wish to sit in the seat of any Minister of Health because I do not care who he or she may be, that task is exceedingly difficult.

What therefore the future is about, when all is said and done, the test at the QEH will be how efficiently we can deliver the services but that efficiency is going to be measured in dollars and cents. You had better believe that! You cannot escape that reality. The only effective way in which you can do so is to be able to assess whether or not you are succeeding in delivering the service at less cost over time. I do not mean less nominal cost, I am talking about real costs. I am not just saying that if you increase from \$105 million to \$106 million that that constitutes an increase because it does not in real terms. To be able to show over time whether the QEH is being more effective, it has to demonstrate that whatever it is doing, it is providing more value for money. That is not going to be an easy task.

Again, as we are seeing not only in Barbados but in the region and throughout the world, decisions are being made to cope with competitiveness, to talk about proficiency and improving efficiency, but like the politicians, the decision makers in these business enterprises always seem to run from the more crucial question as to how are you going to reduce and attend to the question of cost, because implied in that is what are we going to do with the workers. That, then, becomes a political question.

You do not have to downsize and reduce staff in organisations in order to be more effective. What you have to do is to ensure that you get greater mileage from what you are paying the worker, and that seems not to be well understood even in the private sector. It is not simply a question of removing staff but it is a question now of getting the staff to deliver more and more effectively. You can well understand that if you were to question a politician on how are you really going to effect change at the QEH, the first thing they are going to do is to dodge the issue of the workers because that is not politically correct. Unless you do that you are going to run into trouble because it is not simply a question of getting rid of people, it is more the question of

ensuring that you are getting what you want out of the persons that you employ. It is a major problem across not only in the public sector but now in the private sector as we speak.

There is more politics in the private sector in the region than there is even in the public sector. You have situations where institutions merge and when questioned about how they intend to become more efficient they tell you that as a matter of natural attrition you could cut staff by eight to ten per cent per year. They can tell that to the journalists who were listening to them but they cannot tell that to me. The QEH must not feel that it has to play that game. It is about delivering services effectively.

This is a very extensive piece of work here loaded with recommendations and you can speak to recommendations for almost seventeen pages. Again, there is no way that you can fully introduce all of the recommendations in the Commission. There are a whole load of recommendations here but you need even with this study to be able to assess the priority areas and which areas you can best approach in the short term, because there is no way in which you are going to be able to execute them. Once you set up a Commission of Enquiry you are going to have all kinds of proposals coming your way. How you then decide to introduce the proposals would be a matter of politics.

In politics, however, you must be quick to point out that at the end of the day you are spending the taxpayers' money. No matter how many good directors you put on the Board, the Directors must be informed up front that this is not money from the private sector, this is the taxpayers' money and the taxpayers are looking to the Directors to deliver the service to them. While you can have what I am seeing here, autonomy in policy, that is for the Board, and though the Minister may make broad policy initiatives you have to be careful there because at the QEH even though you are analysing and investigating the problems there, you cannot solve those problems there without a holistic approach in the delivery of health care. That holistic approach has to be fully outlined by the political directorate and then the Board at the QEH must be told that this is where we are going in terms of an overall strategy and policy for health care delivery in Barbados. You then have to fit within that.

With all the good intentions of the Board, more than likely the Board may meet for once or twice a month, and particularly if the recommendation in the Haynes Report is not to give them one dime, because it has been stated in this Report that a Director should not get one cent, and I do not agree with that. I am saying that if you expect people to work as hard as this Board has to work over the next three to five years, then their time must be valued. It does not have to be valued at the market rate but you must respect that they have

to drive there; you must respect that they have to read reports, and certainly you must respect that they may be deserving of a reasonable remuneration.

I cannot say the same for this August Chamber having been in it for a couple of years, that the compensation is at all matched by the work effort, if you want to be a reasonable Senator. So I am hoping that the criteria used to determine the monthly stipends of this August Chamber would not be applied to those Directors at the QEH because they would still not be in a position to make an outstanding contribution to the hospital.

That is not self-serving. That is a very serious point I am making. A Director of a simple Board can get as much as \$500 per month and you match that with the effort you make in terms of making contributions to policy decision making and directives at this level in Barbados in the second most important Chamber or as some may say the first, but in reality we know that it is the second most important. Juxtapose that with what they give you to get here on mornings.

So from the point of view of policy.
5.50 p.m.

The Queen Elizabeth Hospital Board, whilst comprising of those wonderful individuals, is not to be made to believe that it is in charge of the health care delivery in Barbados because the temptation is there for the failure to connect the Queen Elizabeth Hospital with the rest of the society. I mean that in a very strong way because there is no way that you can deliver health service and correct all the ills at the Queen Elizabeth Hospital without doing it holistically.

I sat throughout the entire day to hear from the other Side that there should not be any political bickerings, who made the major contribution and that kind of thing. When you check the reality under a previous administration between 1960 and 1976, you had the creation of departments of Obstetrics, Gynecology, Anaesthesiology, Physiotherapy, Radiation and Radiotherapy and all these things being developed under a previous administration so you cannot locate this debate truly within the context of politics.

You cannot escape politics in anything you do in this life. When it comes to appreciating the contributions made in terms of developing the Queen Elizabeth Hospital which was once seen as the major hospital in the region outside of Puerto Rico, you cannot play down the contributions made by previous administrations.

We were being told by the other Side that they did everything. They started the building and it was finished in 1960 and then they developed all the departments but that is

not true. We are talking beyond the Queen Elizabeth Hospital, about the development of a public health system to truly address some of the major problems in Barbados. This has to be done beyond this Report. It has to be done by embracing the other major components of health care delivery.

Mr. President, I wish to conclude by again likening the delivery of health care services at the Queen Elizabeth Hospital to the delivery of service to tourists coming to a hotel. It may seem far-fetch but it is not far-fetch. I would also like to liken your ability to analyse the institutions using almost similar gauges. The question of bed occupancy and length of stay are the two critical factors in determining tourism output in Barbados or any other destination. If fact, the length of stay is usually the measure used to determine gross domestic product in the tourism sector. Therefore, if you are serious about analysing where we are going in the delivery of services at the Queen Elizabeth Hospital, then the first thing to be addressed is the whole question of length of stay.

The table that addresses this matter in the Report is on page seven. It shows that over time there has been in some cases some decreases in admission, in some cases some decreases in the length of stay of patients across the various departments but certainly there is no real evidence that the delivery of the service has been reduced dramatically over time inspite of the fact that we have serious advances in medicine over the last 20 or 25 years.

If you look at the evidence across every department there is no evidence that a reflection of the advances in technology and medicine is reflected in the length of stay and that has to be the critical gauge on which this whole experiment will be assessed in the future.

There is no other gauge that will be significant because, as I said at the start, you cannot fault the quality of service delivered by our doctors. You can question some treatment from maybe the doctor and the nurses because that is human but the question of being able to analyse what they truly deliver can only be assessed by those who remain within the doors of the Queen Elizabeth Hospital. If you can get every patient that comes to the Queen Elizabeth Hospital to leave every day, there will be no need for a Queen Elizabeth Hospital but if you have to stay in the hospital, that is where the whole question of determining the quality of the service will be based.

Therefore, with that in mind we have to truly assess over time the overall performance of the Queen Elizabeth Hospital regardless of the administration.

Sir, it is good to know that some attempt is being made to put the Board in place but do not expect the Board is

going to be able to deliver overnight. The changes have to be far more fundamental and far-reaching in terms of the day-to-day operations of the Queen Elizabeth Hospital.

Mr. President, I thank you.

SENATOR Mrs. P. E. RICKINSON: Mr. President, I rise to make my contribution to the Queen Elizabeth Hospital Act, 2001. I would like to say that I was privileged to be one of the Commissioners involved with the Haynes Report and also to listen to the persons who appeared before the Commission.

I would like to clarify a point made by Senator McClean about training of the Hospital Director. I would like to say that the training of a Hospital Director is a very highly specialised field. I am not sure of what has been happening lately but personally I know that one of the former Hospital Directors, James Williams was trained at Harvard University. We both did our Masters in Public Health there and they then went on and had hands-on training at the various hospitals. The training is very intense and anyone who has a Masters in Public Health would be capable of being a Hospital Director with experience. It is not to be taken lightly and it should not be assumed that they are nurses and they just do one or two courses of training because even if they are nurses and they study the proper course, they can do the job. In fact, nurses do the job better than most people for the simple reason that they have to have a broad and sound foundation in education and health. In the Constitution of the Hospital Board, I would like to make another comment that someone from the University of the West Indies should be a member of the Board and a voting member in their own right. Also in section 5 (i) is a non-voting member and an *ex officio* member.

6.00 p.m.

I would like to bring to your attention that inadvertently the Barbados Community College has been left out as a member of this Board and I will tell you why they should be a member of the Board. The Barbados Community College trains the majority of people employed by the Queen Elizabeth Hospital, not the University of the West Indies. The University of the West Indies trains a few doctors but the Barbados Community College train the nurses, lab technicians, pharmacists, medical record workers and the people who work in physiotherapy.

In the Report on pages 158 and 159 it refers to writing a memorandum of understanding between the Barbados Community College and the Queen Elizabeth Hospital. When we keep saying that the QEH is a teaching hospital, people believe that it is just a teaching hospital for doctors, and that is why a lot of people see the QEH as a doctors' oriented hospital because all the other professions seem to be ignored when in fact they should take prominence. I think that we should reconsider and make the Barbados

Community College, who trains the majority of people working in the Queen Elizabeth Hospital, a member of that Board.

In section 5, it is my personal opinion that the Bill does not give the members sufficient power of discretion to exercise the power of a corporate body. Sir, this can be seen in the likes of section 10 which was dealt with by Senator Collymore. There is a loophole for the Minister to appoint persons to the Board and this limits the power of the Board. No one would like to see the Board hiding behind the Minister.

During the investigation into the hospital it was revealed that politicians sent persons to be appointed and that these persons are ungovernable. Nothing can be done with these persons because they say that so and so sent them there and this person is not to do this or that. It is okay having a Board but you do not want this culture to continue. Sir, a stop has to be put to such a situation immediately and these persons have to understand that it does not matter who sent them there, but there are rules and regulations which must be adhered to.

Unfortunately, in Barbados people do not seem to understand that whenever you have a job there are always rules and regulations. Once you learn to play by those rules everything will be all right. Sir, you can bend them a little but if you learn to play by the rules then you will be promoted accordingly.

Mr. President, a few Senators made the point that the Queen Elizabeth Hospital is not an entity and it does not stand by itself and the Leader of Government Business also made the point that it is inextricably linked to the health care system.

Sir, people bring their old relatives and leave them in the hospital and as a result it becomes a burden on the health care system. Some people do not have anyone to take care of their elderly relatives and it break their hearts to have to leave them at the QEH and not go back for them. Some of them have to work and cannot afford to pay someone to look after their relatives at home. I think that we have to develop a system like giving non-governmental subventions to develop day care centres so that the elderly can be taken care of during the day.

The Leader of Government Business mentioned the immunization campaigns. I do not believe in campaigns in the year 2001. Barbados should have reached the stage where nearly every baby is born in the Queen Elizabeth Hospital, and they should have the public health nurses going into the hospital and getting the names and addresses of the parents and be assigned to districts to immunize those babies. Sir, we should not have to be running around every couple of years doing campaigns and opening the polyclinics until 7.00 p.m.

in order to immunize children. We need proper referral systems and we need to reorganise the polyclinic system in order for the Queen Elizabeth Hospital to function the way that it should function, otherwise we will continue to have problems in the health care system. We can assign an area to a nurse just as it is done with public health inspectors and they should know who are babies and who need immunization. As a result of this system you will have 100 per cent immunization of children in Barbados.

Mr. President, the Elroy Phillips Centre is the only centre in Barbados for AIDS patients. These patients are referred by the management team of the Queen Elizabeth Hospital to the Elroy Phillips Centre. One of the things that the Board has to do is to establish a proper referral system so that persons with AIDS would not be taking up beds in the QEHL, because you will know that they should be referred to the Elroy Phillips Centre or to another home so that they can be visited.

There is also a problem with persons suffering from diabetes who though they may have wounds, are occupying beds. They should not remain in hospital but be discharged and given the necessary insulin so that it can be administered at home. It is cheaper to pay a nurse to go from house to house to change a dressing or clean a wound or to give a patient insulin, than to let that person stay in the hospital bed keeping it. The hospital is an acute hospital but it is functioning as everything else, except an acute hospital. In other words, we are here talking about setting up a Board for the hospital. It is not going to work unless you have these referral systems. It is the same thing with the Geriatric Hospital and also the Psychiatric Hospital; you have to have proper referral systems so that they do not hold up beds.

6.10 p.m.

In the Year 2001, persons who have had serious operations only stayed in hospital for about two or three days and then they are being sent home. When they go home, the community nurses then pick up the care at home. My brother had a serious operation and wanted to stay for more than two days, but was told no, he had to go home. He did not want to go home with all those various tubes attached to him, but the hospital insisted that he had to go. He was discharged and the community nurses went and looked after him at his home. That is the direction in which the QEHL will have to go.

I am trying to point that out because the Board is going to find very frustrating... the Board, as Senator Mascoll and all of us know can only meet once or twice a week. What can they do if there are no referral systems? This is unfortunate, because I would have thought that in between the Haynes' Report of the Commission of Inquiry into the Queen Elizabeth Hospital and now, some of these systems would have been worked on. Consultants should have been brought

in to work with the local people in developing these systems so that by the time this Bill comes to Parliament and it is passed, we would have certain systems in place for it to have more or less a relatively smooth running.

Barbadians now are of the impression that because there is a Hospital Bill and a Board, everything is going to be alright. Of course, everything is not going to be all right, but it is going to take a very long time to develop all of these systems.

Sir, I would like to spend a few words on nursing. As a nurse I feel that I have a contribution to make and I am going to make it.

Nursing is a core service that makes the hospital function, whether one likes it or not. If one cannot get nursing right, then one cannot get the QEHL right. Why? Because the nurses are the core people at the hospital who interface with the public. Nurses who are in charge of wards are there 24 hours a day, running the hospital, some even after 4:00 p.m. and are not paid for it. If a doctor is needed, it is the nurse who has to call him. When the doctor is finished with the patient, he goes to his lounge to sleep, therefore, if we do not get the nursing culture right to respond to the policy of the Minister, then one is in trouble.

How do we go about getting this nursing culture corrected? Let us say it is not the policy of the Board to get nursing right. Then there are certain things that must be done in order to get nursing to respond. And I am going to be referring to a paper which I had presented called "Nursing: Changes and Challenges" and was prepared for the Faculty of Humanities, the University of the West Indies for a conference on Social History of Medicine and Public Health Policy.

It is a very important document and I am willing to make it a document of the House and if the House so desires, I have brought a copy. I will refer to some of the areas that will have to be changed in order for the Board to implement some of the changes that are necessary in the QEHL.

One way is the revamping of the Nurses and Midwives Act. And why do I say that? It is true that the Board is there to hire and fire persons. However, adjacent to that is an Act called the Nurses and Midwives Act, which is also responsible for the discipline of nurses. It is a very powerful Body and can remove the nurse's name from the Nursing Register for about two years. That needs to be revamped in order to assist the hospital.

In revamping this area it will need to be given a secretariat, an executive officer, there needs to be a continuous education and also specialities. The membership

then needs to be restructured, but I am not going into that, that is not relevant to this.

The Chief Nursing Officer, by virtue of the position, should not be Chairman of that Board because of a conflict of interest. You have to bring to the public's attention the removal and reinstatement of the nurses to the Register. One also has to find out if some nurses have been removed from the Register elsewhere and have come to Barbados to work. The Council can be written to find out if, in fact, persons have been removed from the Register. There needs to be continuous education and also specialties.

I have spoken about revamping, but I would also like to call upon the nursing profession, itself, to assist with these areas.

Another area in which we need to help the hospital Board is to try to bridge the gap between Administration and Clinical Nursing within the hospital.

Mr. President, promotion in the hospital is by years of service, or if you want to go into teaching. Clinical nursing is not considered a pathway to higher positions of the nursing profession.

Senator Goddard spoke about the hierarchal system and this is the same thing, but what we have to do is to flatten out this system through a systematic restructuring of the nursing hierarchy to make it a bit more horizontal. How does one do that? By creating specialties in nursing. At the present the nurses work in specialties, but are not recognized nor paid for it, therefore, what one has to do is a job reclassification exercise which would have to be included. One has to have persons who can manage the nursing function as opposed to managing the nurses.

In other words, they look at individuals and give them all kinds of problems. They are not looking at the job the person is doing and how that person is doing it and therefore, that attitude which managers have needs to be changed.

You have to have a double track system for clinical and administrative nursing. You have to allocate a budget to each ward. Mr. President, this is nothing new, this is being done in England. What happens on a ward is that there are nurses on wards who are managing them, but they are not trained as managers; they have come up the ranks and might have done a course as a Ward Sister, but in today's health care system they have to be able to manage the ward. Why? Mr. President, because there are some days that a ward might have 8 consultants at different times or even together and the managers of the wards are afraid to tell them that all of them cannot come at the same time, unless there is an emergency. These persons must learn to manage the wards and what all the doctors, physiotherapist who are in and out of the ward are doing and to bring some kind of order to the ward.

6.20 p.m.

We need people who are trained at ward level to be proper managers because they need to be able to classify their patients and to practise discharge planning and other things which I will not go into today.

Another area that was touched on by Senator Mascoll is that we need to harmonize the relationship between the nursing and the medical profession. Traditionally, what has been happening is that with the development in education, doctors were responsible for the training of nurses and directing them in what to do. Some of it still happens today. Nurses need to get themselves from under the coat-tails of the doctors and act as professionals within their own right.

What we have to do is to reverse the traditional doctor/nurse relationship and provide special training for nurses that offer them comfort zones. The reason why they are subservient is because they are not comfortable. We need to train them to be comfortable in those situations. They need to find common solutions for standard patient care by nurses and doctors. It is a team, it is not a one-way process, and you must cultivate a medical and nursing culture which respects each other's profession. It would provide dialogue, not monologue as exists at the moment, between the doctors and the nurses in meeting the patients' common needs.

Another area is continuing training and education and courses. Another area is answering ethical questions in today's world about HIV/AIDS, suicide and the terminally ill. Nurses need training in these areas to deal with these sensitive persons. Another area is counselling for on the job stress for nurses and other people. Some of the nurses work under very stressful conditions and they need a 24-hour crisis intervention for nurses that include families and others and relaxation for therapy as well.

Another area is utilizing modern technology and telecommunications. Now, the modern structural changes in health care place a demanding responsibility on nurses, so they must have new knowledge and skills. We have been told that the hospital is an information place, therefore, it has to be computerized properly including the wards, and the nurses must be able to use those computers to get information. You get people telling you that they had to go to one area before they are admitted to give information, and then if they go to another area they have to give the same information again and by the time they get up to the ward they have to give the same information all over again. Why? This is so because there is no connection between the various areas in the hospital. The hospital is not computerized so they cannot go on the computer and access the information. Therefore, the patient's relatives have to be giving the same information to virtually every department they go to. Computerization of the hospital would save time and frustration. The nurses need to know how to use the modern technology and telecommunications.

Now, I will also look at some considerations for the future. What is really needed, as Senator Goddard said, is management and I am going to deal with management now. I am going to call it the re-engineering of the distribution of the supply of nurses as well as the branding of the skill mix. Now, there are different mixes. The Haynes Report has recommended Health Aids. They are not integrated into the system yet. Actually the nurses did not want them. They felt threatened by them because they thought they were coming to take over their jobs and they are giving them a hard time. If you go into the ward, you would see them running around trying to be nice and doing whatever they can do. There is a lot of work to be done at the QEH and they all have to be integrated into the system. Therefore, we really need to look at the various jobs of the different people and have them integrated into the system.

James Champy, the author of 'Re-engineering Management' said this:

"Everything we have learnt about re-engineering drives toward one solid conclusion: The rules of governance (and self governance) for effective business enterprises today are being determined by their culture, not their organizational structure."

So what am I recommending? The change management for nursing development is dedicated to a re-engineering approach. It will look at four broad issues.

- (i) The issues of purpose: which would include performance standards and the re-definition of class and responsibility and we need to look at performance standards very clearly of the nurses.
- (ii) The issues of culture: to create a seamless culture in a new environment and the willingness of them to work together in a way that fosters mutual benefit.

Mr. PRESIDENT: You have one minute left, Senator.

SENATOR Mrs. P. E. RICKINSON: Thank you Mr. President, I will sum up now.

- (iii) Issues of delivery and performance: for example, what it takes to be an adequate nurse practitioner or a manager in today's health care system, with measurement and competency testing and in the general performance measurements of the whole enterprise.
- (iv) Issues of people: how to work with the doctor, the nurse and the patient.

What I am saying is that this Bill here is one step towards making a change but as everyone has said, it is not going to bring about change by itself. There are many other areas that have to be worked on in order for us to realize some form of change in the QEH.

SENATOR Miss C. Y. FORDE: Mr. President, in the interest of not repeating a lot of what was said earlier, I would just like to add a few comments to the discussion. I am aware that many other Honourable Members have touched on the important aspects of the Bill which was so well expressed and I would not want in any way to repeat them.

Mr. President, we are all aware that Barbadians have for a long time enjoyed a high quality of life. Indeed, the way things are going in this country where we are now having better roads to travel on and the educational system is ensuring that the necessary training is taking place for Barbadians to have access to a higher knowledge of skills, taking cognisance of the fact that this country has been a service oriented country for many years, there are a number of initiatives being implemented that would help us to go further as a country.

Indeed, I think that at this stage in our lives we can say that we are at this time the envy of other persons in the Caribbean and rightly so. I would want therefore, for whatever is being done to redound to the benefit of all Barbadians and indeed to those who visit our shores whether they be our relatives and friends or the tourists. So I want in that respect to commend the Commissioners and all others who would have worked towards putting the recommendations together for the new Hospital Bill.

We know, Mr. President, that some Barbadians love to criticize. It seems to be an easy task, if at all you could call it a task, to do it from the call-in programmes, to write an anonymous letter in the newspapers, to use the telephone or to see people on the street and talk, but many of us do not like to delve into the information that is available to elicit the facts in order to repeat them so that people could be better informed as to what is happening. I have seen what happens in so many areas where people hear a little rumour and they just take it up and run away with it without having the actual basic information that they can speak with any authority. I, too, have recognized some noticeable improvements at the hospital. I visit the hospital often because I have friends and others who are there. It is always good when one is ill to have others come and pay a little visit to help to cheer them up. Indeed, Mr. President, I can say that in my three-day stint at the hospital in December just passed that the experience was an interesting one since I had never been hospitalized before but the kind of treatment that I received as a Barbadian was of a high standard. I would want in this forum

to say sincere thanks to the doctors and the hospital staff in that respect for the kind of good treatment that was meted out to me and others in the hospital.
6.30 p.m.

Mr. President, I always refer to the northern entrance of the hospital. While I believe that the journey of a thousand miles starts with the first step, I have seen some first steps as a result of this Government taking note of criticisms and recommendations not only from the commissioners but indeed from the general public. As one comes in from the northern entrance, the bathrooms have been renovated to my satisfaction because I have been privileged to use them. People call in on the radio programmes and say that the bathrooms are in a horrible state but they did not go in to see the lovely white tiles and new face basins and toilets that have been put in place more than three months ago. That is one area that made me feel very happy because a man did call in one day and say that the old man did not have anywhere to go and ended up soiling his clothing. I have been there and I have seen that is untrue. Therefore, I feel that rather than sit back and talk and speculate that we should get up and check ourselves.

The other area, Mr. President, has to do with that same entrance where by the elevators there was a lot of discarded equipment and files containing x-rays. Well, that place has been cleaned up and more can be done. As I said, I agree that the journey of the thousand miles starts with the first step and, therefore, I have seen some efforts. The Honourable Senator Goddard has already identified earlier today a number of other areas where improvements have taken place. It will not totally change the landscape in one go but indeed, Mr. President, with measures that will continue to be implemented I am sure that within another four or five years the hospital should be recognized at that level that it would have been in the early days of its development.

My other concern, Mr. President, and I trust that the new board will take cognizance of it at an early moment, has to do with the noise level in that area. It is a very unfortunate experience to hear the kind of fussy horns that are blown in that area. Regarding the loud music when the vehicles and other forms of traffic are passing in that area, I would want to take this opportunity to recommend to management at the Ministry of Public Works to examine how there can be a re-direction of the traffic in that area so that the patients will at least have a more comfortable night than what is in existence right now. A lot of Barbadians have lost that respect for paying attention to minimizing noise and looking after others and that golden rule which has worked well for us is no longer being practiced by many of our people. If I had to be in the hospital for any prolonged period, I would want the peace and quiet that one would expect from eight to two in the morning. That is not happening now and the noise level is very high throughout the entire day.

Sir, the other comment that I would want to raise and hope that the new board would also pay some attention to will be dialogue with the public. Mr. President, I remember when the hospital was opened from 4:30 p.m. until 6:00 p.m. or 6:30 p.m. in the past. Nowadays one gets the opportunity to go during their luncheon hour one to two and then four to seven in the evening. We welcome that because it gives all of us who have a lean moment in the day time to nip over and pay our respects to our friends and love ones who are at the hospital. Unfortunately, it was not properly marketed and, therefore, relatives and friends are not quite sure if they can go to the hospital and feed the poor blind man who is in the bed next door to the relative or friend whom they go to visit because they are not sure of the reaction that will take place from the staff at the hospital. I saw it within the last few months being there for almost a two-months period in visiting the hospital. I think that the general hospital has so much to offer. We have a lot of retirees. We have people who would want to volunteer their services to the hospital as they do to the Defence Force, Fire Department and other departments.

A lot of people are afraid and ask themselves, should I do it and if I do it, what about the reaction which will come from members of staff? It is sometimes, Mr. President, a very hostile feeling that one gets and I think that in the interest of utilizing the various skills of our people, the returning retirees and other relatives and friends who visits, they can tide their time in counseling to help feed the patients and bring a level of comfort to them that we know those very busy and competent nurses cannot do as effectively because of their duties that they have to undergo.

Sir, I want also to commend the hospital for setting up that Bereavement Services Department. It is extremely important because Barbadians seem to feel that as soon as you have a relative who loses a limb or has any prolonged period of illness and cannot help himself or herself or death in the family that you just go to the funeral or go visit the person and that is just the end of it. I recognize that the hospital has been issuing cards indicating the services that are offered for those who lose relatives as a result of death and I think that is a very good step forward.

Sir, I also recognize that the Cancer Support Services within some of those wards help to bring a measure of satisfaction to relatives and friends for the kind of dedicated work that takes place including some of the patients who are stronger than those who are really bedridden. That is another area that I would like to commend the hospital management and hope that it will extend even further as that new board is put in place.

Mr. President, I also want to make mention of Ward C4. It is a ward that many Barbadians are not aware of its role. They will know of its existence but not the important role that it plays. While I agree that the Psychiatric Hospital has its role to play as well, I know that Ward C4 has been

doing an excellent job in assisting individuals who may be alcoholics or who are suffering some bout of depression or who are stressed. I have been there with a couple of individuals and I thought that Dr. Cyrlene Brice and her staff do an excellent job but under very trying circumstances. I would want to put this call out as well for the new Board to pay extra attention to that and in particular, Mr. President, I want to place emphasis on the males. The ward usually has many females but a lot of our males do have bad experiences. They go through the depression and alcoholism and so on but they are not coming forward for the necessary treatment. They do not want to go to the Psychiatric Hospital because of the stigma that is attached to the hospital.

Sir, I would like more resources to be offered to that particular ward and for more benefactors to come forward to give of their resources to help with its further development.

I am confident, Mr. President, that this Bill today which deals with the formulation of that board will go a long way to help with the first few steps that will be taken to help to change the whole outlook and structure of the Queen Elizabeth Hospital.
6.40 p.m.

Indeed, I want to express thanks to Dr. Haynes and his team for the courage, the skill and the interest they have put into making recommendations to the Government; to the public who came out and shared the various concerns so that they can have a base for whatever formulation took place after in putting the document together; and to all those in the Ministry of Health and in the Attorney General's Office for the drafting of the Bill which helps me to understand better what is being offered.

I trust that in formulating this Board that many of the areas that have been cited will be tackled at some time to help bring about a change in the whole approach to what is currently happening at the hospital. We heard earlier of the abuse by medical staff, the abuse by ancillary staff, the breakdown of equipment, equipment lying around outside the hospital for years and never being installed, and the workers displaying poor attitudes towards their work. I trust that whatever is being done here will redound to the benefit of the continued growth and development of the hospital that it can again win the confidence of Barbadians, since we are aware that it is the major health institution and when anything goes wrong, whether we go to a private hospital or clinic, at the end of the day we go to the Queen Elizabeth Hospital. This step will help for me and for many other Barbadians to bring back a level of confidence in the ability and capacity of those within the institution to put back Barbados on an even keel that we can feel comfortable and safe when we have to be admitted, knowing that we have

good care givers who will continue to look after our health and the health of the nation.

With those comments, Mr. President, I wish to lend my support to the Queen Elizabeth Hospital Bill, 2001. Thank you.

SENATOR G. E. N. BROME: Mr. President, I do not belong to the medical profession but I am aware of what is going on in Barbados today. During the last five years across Barbados lots of pressure has been put on the Government or attempts made to pressurize the Government into making hasty decisions.

I am happy that the steps taken were appropriate and we did not rush into anything only to be criticised. The appointment of the Board is the right move and now you can extract the information and the relevant and necessary facts from the Board. I am happy that it has come about now. It could have come before but I would believe there were probably administrative problems or situations which might have prevented it.

I know it is extremely difficult to handle all the medical situations that confront us. In Barbados today, with the drug situation and the gang problems, all of these things will have and are having a serious impact on the delivery of medical service in Barbados. I believe some sort of corrective measures should be in place to help reduce the high demand for such services.

The culture that presently exists at the Queen Elizabeth Hospital is responsible for the deterioration and destruction of certain standards over the years. I would hope that if something can be done through education to improve and help enhance the way people think, it would, I believe, help to promote tourism because I believe that if people come from elsewhere and have to enter our hospitals, they should get care to the standard of that of America or England. We have the facilities. We have the personnel but I believe that they have to get their act together and in some cases stop playing politics with health.

I think that the politics that have been played over the years in an effort to embarrass or bring down the Ministers of Health have been unfair and a lot has been leveled against the Minister. I am happy that they have to report to the Board and then to the Minister.

I look forward to full cooperation from all Members of Parliament, the Senate and the rest of Barbados with the personnel at the Queen Elizabeth Hospital to enhance health delivery in Barbados. Thank you.

SENATOR T. E. BARKER: Mr. President, in rising to support this important piece of legislation I do so knowing

that the provision of health care is a fundamental obligation of any Government. It is as much a right as the right to food and shelter. It is a basic right and we in this country are very proud of the Queen Elizabeth Hospital despite its shortcomings. We can spend a whole day talking about its shortcomings but at the end of the day, the people of Barbados know that they have a quality institution and their protestations, in my view, are to make sure that we the politicians do everything in our power to ensure that the standards for which the QEH is known are maintained.

This Bill must be seen in light of this Government responding to the legitimate demands of the people, noting that the hospital now is a much larger institution and doing a lot more things. Things that we thought could only be done in the big countries are now almost routine at our hospital, things like bypass and delicate operations and neuro-surgery. People are seeing QEH as almost the referral centre for the Eastern Caribbean. In my view, that is to Barbados' benefit and to the doctors' benefit because they will have more operations to increase their skill level, not to mention their remunerations.

The hospital must be carefully managed. Over 2000 Barbadians work at the hospital. The management of the hospital is not an easy operation. Look at the diversity of skills at the hospital, from neuro-surgeons to orderlies, nurses, engineers, scientists, all combining to make the institution what it is. The management of this variety of skills is complex. It is for this reason the Government has sought to bring the management of the QEH out of the general public service and put a Board in place which will have the mandate as we see in the provision of the legislation to manage the affairs of the hospital without having to seek recourse to the general public service. They are then in a position to make decisions and purchases in a more timely manner and they are also given the mandate, with the Minister of Finance's approval to seek funding and raise loans.

6.50 p.m.

In my view, this Board has all the tools necessary for it to do a good job. What must be stressed is that the quality of the people chosen for this Board must be such that they can put into effect, in a very efficient manner, policy directives and the broad objectives of providing quality health care to the people of Barbados.

Sir, when the Government sought to form a Committee to look into the affairs of the hospital in 1998, it chose the best. I am sure that Senator Collymore and Senator Rickinson will agree that they chose the best persons. They chose persons with integrity, competence, experience and commitment to this country and they have come up with a good report. This was because we chose people not because of their political complexion but because we recognise that the hospital must be above politics.

Sir, the solutions to the problems at the Queen Elizabeth Hospital are not found in any one political party. We have a whole community with people who have the range of skills and experience that will enable them to make the correct recommendations for the improvement of the affairs of this important institution.

Sir, we have chosen well and the Committee has come up with good recommendations and given the history that the Minister will again choose well after this Bill gets assent from this Chamber and the Governor-General, the aims and objectives will be put in place. I am sure that we will see the improvements at the hospital that all of us would wish to see.

Sir, I have every confidence that the hospital, in a short time, will continue its upward path because we do not know what is going to befall us. I want to know if something happens to me that there is a good institution where my needs can be looked after in a very efficient manner and I have no difficulty in joining the rest of this Chamber in supporting this legislation.

Sir, the legislation is important, it is timely and we look forward to the results of our deliberations. We look forward to the day when the Queen Elizabeth Hospital will not be an item on the political platform. This Government will ensure that steps are taken to carry it along that path.

Sir, I have no difficulty in recommending that this Honourable Chamber give their assent to this important piece of legislation.

SENATOR THE HON. P. C. GODDARD: Mr. President, in rising to conclude the debate on this Bill I would like to thank Honourable Senators for the quality and value of their contributions. It has demonstrated a genuine desire to improve the health services of this country and particularly to improve the Queen Elizabeth Hospital.

A few issues arose out of the debate and I would like to draw your attention to some of these things.

The objective of the Ministry of Health in introducing this Bill and the charge to the Board will be to develop the Queen Elizabeth Hospital to the highest standards possible and to give quality service to the society.

I am not going to measure the Queen Elizabeth Hospital's performance against the United States of America or Great Britain. Certainly, I will not measure it against Great Britain whose doctors are advising patients to go abroad if they need to have urgent treatment.

I think we have to understand that we should meet world class technical standards and to develop our own unique Barbadian sense of service, hospitality and customer care in this institution, something that could not be effected in any large country because of the nature of their society.

We have a unique opportunity to create a distinctive, superior quality of personal service in this institution. This is what our goal should be and we should work towards setting standards for other people to follow.

Mr. President, Honourable Members will remember that I class this Bill on the operations of the Queen Elizabeth Hospital in the context of a total health care programme but it is very clear that the Queen Elizabeth Hospital is but part and parcel of a whole health care strategy. While the Honourable Members of the Opposition were not clear about that strategy, I am very clear about it.

Senator Forde spoke about Ward C4, the psychiatric ward of the Queen Elizabeth Hospital. As it happens, I have a draft report on the revamping of the mental health care programme of Barbados which speaks to the operations of Ward C4, the importance of that ward, the fact that it needs to be strengthened, that it should be expanded over time and that strong linkages are built between that and the Psychiatric Hospital. Mr. President, you will see from those little snippets of information that there is a larger conceptual overarching programme that will drive our health care facilities into another level of excellence and performance. 7.00 p.m.

Mr. President, there is also the issue of section 10, and one that raised the concern of ministerial interference to the level of a maid. This section says two things. The Minister must approve the salary in writing. Sir, the salary is fixed by the Board but the Minister must approve it. By approving it means that the Minister must take it to Cabinet for approval. The Board cannot establish a post and pay a salary in excess of the amount determined by the Minister. In other words, the Minister approves salary levels. He does not deal with personnel and who should get which job. Mr. President, that is a legal interpretation of this Bill. The function of who should get which job is a matter for the Board and that is very clear.

Mr. President, Sir Stanley raised the issue of the time of reporting to Cabinet and Parliament and the laying of the report. I do believe that we should have finite times in that regard. Having got through the process of developing an audited statement, that process should flow fairly rapidly. However, I can also recognise the difficulty of doing a draft report on the operations. I think that for the first few years there may have to be some latitude in the development of the written report, which should be similar to what the CMOs Report on the Ministry of Health is like – outlining the operations, risks and threats, opportunities and the ways in which the Board had reformatted the operations of the institution.

I am very clear that there is an urgency about bringing these reports to Parliament but there may have to be a little latitude in the early years, then we could revisit the time line sequence. I would certainly make a recommendation in that regard.

Mr. President, once again, I do thank all Honourable Members for their very valuable and meaningful contributions which I have taken to heart very much and I know which will be much appreciated by the Board. There was some tendency by some Honourable Members in the Senate to want to micro-manage the Board's activity somewhat, but I think that may be a proclivity that some of us have.

Mr. President, I beg that this Bill be read a second time.

The question was put to the Senate and agreed to.

COMMITTEE

On the motion of SENATOR THE HON. P. C. GODDARD, Mr. PRESIDENT left the Chair and the Senate went into Committee on the Bill, SENATOR Dame PATRICIA SYMMONDS in the Chair.

Mr. CHAIRMAN: The Senate is in Committee.

Clauses 1 to 5 inclusive were called and passed.

Clauses 6 to 10 were called and passed.

Clauses 11 – 15 were called and passed.

Clauses 16 – 20 were called and passed.

Clauses 21 – 25 were called and passed.

SENATOR Mrs. P. E. RICKINSON: Madam Chairman, I would like to amend Section 1 (c) by deleting "the Barbados" to read "one person nominated by an association of medical practitioners in Barbados." Section (d), I would like to delete "the Barbados" to read "one person nominated by an association of registered nurses in Barbados."

SENATOR THE HON. Dame PATRICIA SYMMONDS: There is a proposed amendment. Honourable Senators is there anybody seconding these proposals? If there is no seconder, I am afraid the amendment cannot go through. Thank you.

On the motion of SENATOR THE HON. P. C. GODDARD, Mr. CHAIRMAN reported to HIS HONOUR the PRESIDENT the passing of one Bill in Committee and Mr. PRESIDENT resumed the Chair and reported accordingly.

On the separate motions of SENATOR THE HON. P. C. GODDARD the Bill was read a third time and passed and cited as the Queen Elizabeth Hospital Act, 2001.

ADJOURNMENT

SENATOR THE HON. P. C. GOODARD: Mr. President, I beg to move that the Senate do now adjourn *sine die*.

The question that the Honourable Senate do now adjourn sine die was put to the Senate and agreed to and Mr. PRESIDENT adjourned the Senate accordingly.
7.05 p.m.

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