Health Services Authority ("HSA")
Minutes of Meeting of Directors
30 April 2026 at 1:15pm
The Ann Rose Conference Room, The Alexander Hotel Cayman Brac, Cayman Islands

In Attendance:

Directors Appointed by Cabinet
Chairman, Mr. Timothy Ridley
Deputy Chairman, Dr. O. Neely Panton ("ONP")
Director, Mrs. S. Michelle Coleman ("MC")
Director, Mr. Buck Grizzel ("BG")
Director, Ms. Petrina Moore ("PM")
Director, Mr. Peter Spratt ("PS")

Ex-Officio non-voting Directors
Deputy Chief Officer – Ministry of Health, Environment and Sustainability Representative, Mrs. Exie Tomlinson-Panton
Representative of Ministry of Finance, Accountant General, Mr. Matthew Tibbetts
Medical Director and Ex-Officio non-voting Director, Dr. Delroy Jefferson ("MD")
Chief Executive Officer and Ex-Officio non-voting Director, Ms. Lizzette Yearwood ("CEO")

By Invitation:
Deputy Chief Executive Officer, Dr. Vinton Douglas
HSA Legal Counsel (In-house), Mr. Garcia Kelly ("LC")
Board Secretary, Mrs. Veerila Elliott

Guests:
Director of Sister Islands – HSA, Dr Srirangan Velusamy

CALL TO ORDER
The Chairman confirmed a quorum was present and declared the meeting duly constitutional at 1:15pm.
OPENING REMARKS
The Chairman expressed his appreciation to the Faith Hospital ("FH") team for the courtesies and pleasantries extended during the tour. Dr. Velusamy was asked to convey thanks from the Board to all staff for their hospitality during the morning tour. It was observed that the FH team is doing an excellent job in service to the people of Cayman Brac and the wider Cayman Islands. The Chairman also informed the Board that he has sought an update on when the Cabinet will appoint a replacement to fill the position which was previously held by Director Omari Corbin who recently resigned.
APPROVAL OF MINUTES OF MEETING OF 26 MARCH 2026
The Board unanimously approved the Minutes of the Meeting held on 26 March 2026. This was moved by Director MC and seconded by Director PS.
DECLARATIONS – CONFLICTS OF INTEREST
No conflicts were declared.

MATTERS ARISING

The Action items arising from the Board meeting dated 26th March, 2026 were reviewed and updates provided on their status and next steps. Outline of the items are attached at Appendix A.

There was lively discussion surrounding the action items. Of note was the suggestion by Director PS regarding the Authority's position with respect to Cerner. A suggestion was made to have a meeting once a month with the stakeholders to discuss and present requests to Cerner.

With regard to the Emergency Room ("EMR") demos it was indicated that an integrated financial platform so that matters related to billing and invoicing can be streamlined.

The MD thanked Director PS for his involvement with Cerner negotiations and the involvement of the clinical team in the assessment of the EMR demos.

EXECUTIVE SUMMARY

The CEO provided a review of the Authority's Breakeven positions for the first three (3) months of 2026.

The following matters were reviewed regarding the Authority's financial position:

- Cash Holdings;
- Revenue;
- Expenses;
- Capex;
- Audit; and
- Efficiency Initiatives.

The CEO outlined that Cayman Islands National Insurance Company ("CINICO") is the biggest insurer of patients seen at the Authority in response to a question from the Board regarding the Authority's revenue base.

The Key Performance Indicators (KPIs) were listed as:

- Current ratio;
- Cash on hand;
- Year on Year ("YOY") encounter;
- YTD Performance (breakeven);
- Net Revenue YOY;
- YOY Operating Expense; and
- Staff Costs.

KPI related to Revenue Performance were reviewed as follows:

- Total encounters;
- Average revenue per encounter;
- Average revenue per employee; and
- Denials received in March 2026.

Receivables were also reviewed regarding sums owed by:

- CINICO;
- Commercial Insurance;
- Client;
- Government; and
- Self-Pay.

The age of these receivables is from 0-30 days to 365+ days. Particular concern was raised regarding figures over 180 days in light of the impact on recoverability.

The following points were made regarding expense performance dealing with the period ending March 2026:

- There were no notable fluctuations YOY except for supplies and materials and utilities /operating costs;
- This is generally expected due to natural growth fluctuation and other impacts in the global supply chain; &
- Comparisons with budget are skewed based on the forced reductions during the budgeting exercise.

The Board was also provided with an update on the Audit report. The following points were of note:

- The implementation and optimization of Oracle Fusion continue;
- Office of the Auditor General ("OAG") concluded that time is a limiting factor for the completion of their field work arising from the manual nature of the inventory-related areas;
- The OAG is of the view that this will not allow them to conclude the audit before the statutory deadline.
- The decision was made not to delay the audit, but to take a qualification on inventory and spend the upcoming months finishing the implementation project in order to be ready for the next audit.

To address the inventory-related matters, the Authority has identified a vendor that will be able to assist in improving its processes.

The Board provided preliminary views on the strategies to be employed in reducing costs and these matters will be discussed further. From the ensuing discussions, clarity was obtained regarding how the proposed Oracle system optimization will assist with recovery of charges for services rendered.

MATTERS FOR DISCUSSION

New Bed Management

A Bed Management Committee was established to:

- Monitor bed occupancy in real time;
- Anticipate and address pressure points (mitigation);
- Co-ordinate discharges, admissions and transfers;
- Escalate capacity concerns promptly to clinical and executive leadership; and
- Ensure safe and timely placement of patients in the most appropriate care setting.

The following steps are also being taken to implement processes:

- Accident and Emergency ("A&E") Physician lead, in consultation with the specialist and the shift coordinator will transfer the patient to Health City Cayman Islands ("HCCI") and Doctors Hospital when The Authority cannot accommodate further admissions;
- The A&E physician lead will direct Emergency Management Services ("EMS") to divert patients to other facilities when the Authority is at capacity.

In response to a Board enquiry, it was outlined that whilst the Authority was accommodating long stays it is also trying to find the most effective means of managing the impact on the availability of beds.

The following points were noted:

- There is a need for more elderly beds;
- The Authority will seek to divert ambulances if it has to;
- In the spirit of collaboration, private facilities will need to accept the risks as much as they seek to enjoy the rewards.

Review of Clinical Services

The Authority has undertaken a review of its clinical services as a proactive step to ensure it is best positioned to serve the public now and in the future. This approach should help the Authority to:

- Ensure it remains focused on delivering high-acuity, essential services;
- Identify areas where collaborative models with private-sector partners can improve access, efficiency and system performance;
- Support national interest continuity of care, system and financial sustainability and improved patient experience and
- Maintain equitable access for all residents.

The following matters were put forward as key considerations for controlled liberalization of healthcare:

- How to improve access to healthcare by expanding the private sector without undermining the public health system or creating unsustainable fiscal pressure;
- Risks for Cayman Islands;
- International evidence;
- Lessons from comparable systems;
- Policy options; and
- Strategic recommendation.

The CEO and MD consider that a full opening might not be advisable based on evidence of financial sustainability. The MD alerted the Board to studies done on the opening of access to healthcare. Reference was made to the fact that, whilst there was success in Singapore, there were challenges for Bermuda (a jurisdiction more comparable to the Cayman Islands).

The MD further pointed out that there is evidence that for some jurisdictions a complete opening has caused significant increase in healthcare costs.

A White Paper formulated by the Authority was, circulated to the Board for onward transmission to the Minister. It was noted that CINICO is currently running a phased approach to opening access to healthcare starting with CINICO staff.

This will be monitored to ensure that there is no significant downside for the Authority as a private provider.

The Board was presented with the criteria for services needed to be provided by the Authority:

- National interest and continuity of care;
- Support for other essential clinical services;
- Financial viability and sustainability;
- Waiting time and patient experience;
- Availability of private sector alternatives; and
- Distinction between core and non-core services.

The World Health Organization model is being followed when looking at service categorization. The Authority's core services to be protected and strengthened were presented to the Board, these include:

- Trauma and joint replacement;
- Ophthalmology;
- Maternity and Neonatal Intensive Care Unit ("NICU");
- Dialysis and Nephrology;
- Complex general surgery;
- Pharmacy;
- Paediatrics;
- Inpatient therapy services;
- Emergency services; and
- Mental health.

The CEO sought support from the Board on the proposed approach. The Board suggested that the proposed core services be marketed as Pillars of Healthcare or Pillars of Excellence. The Board also highlighted that the Authority has an opportunity to offer FH in Cayman Brac as an option for earlier services than at the Anthony S. Eden Hospital. The Authority could consider partnering with hotels, airlines and car rental services to get a package deal.

The Authority proposes service alignment and private sector collaboration in the following areas:

- Dental hygiene;
- Interventional cardiology and Electrophysiology;
- Sports medicine;
- Radiation oncology;
- Nutrition services;
- Dermatology;
- Pain management;
- Outpatient therapy services;
- Rheumatology; and
- Interventional vascular services.

The suggestion being that these could be opened up to the private sector without major impact on the interests of the Authority.

The Authority's focus remains on examining strategic outcomes and preserving its role in healthcare in the Cayman Islands. To this end, the Authority proposes to:

- Focus resources on essential services;
- Enable complementary partnerships in non-core areas;
- Improve access efficiency and system performance;
- Develop its core clinical areas in centres of excellence;
- Maintain service exclusivity where necessary for sustainability and equitable access for all residents;
- Control of healthcare costs workforce stability and Caymanian professional opportunities; and
- Provision of indispensable services during crises pandemics and disasters.

The Board opined that the proposed approach would allow the Authority to manage any significant downside whilst preserving its core competencies and share of the market. The Board sought clarity on whether steps will be taken to ensure that waiting times are properly communicated to patients. The management stated that this will be addressed.

The Board was also updated on the proposed EMS separation from the Authority. The following options were discussed:

- Maintain the status quo;
- Full transition of EMS to a National Emergency Response Service; and
- Shared governance.

The Board expressed the view that this will alleviate the pressure on the Authority. There is, however, concern about logistics in an emergency situation where people either lack capacity or aren't able to communicate. There is a risk of chaos if the logistics are not managed properly with proper training of all stakeholders.

2030 Strategic Plan

The Authority's 6 strategic priorities were reviewed, namely:

- Person Centred care;
- Thriving staff and Teams;
- Clinical Excellence;
- Financial Sustainability;
- Timely Equitable access; and
- Infrastructure operations and Technology.

The CEO outlined that the focus of the current Strategic Plan is on the next two years 2026-2027. The framework of the strategic plan was explained as follows:

- Each priority is described with three objectives;
- The objectives are underpinned by initiatives to achieve the objectives;
- Each initiative is accorded KPIs and a budget; and
- Initiatives are broken out by phases to include quick wins for 2026-2027.

The Board queried how the Authority would be able to track achievement or progress toward the objectives. Since, without knowing this, the Authority sets itself up for failure. This concern will be addressed through the stipulation of timelines and prioritization of the objectives which will be repeated across all 6 Strategic Priorities.

The Board specifically enquired into the FH CT Scanner machine and was advised that this is being pushed forward and earmarked for implementation in 2027.

Next Steps

It was noted that the Strategic Plan and its overall direction supported by the detailed initiative registry should be approved by the Directors, noting that detailed budget refinement and implementation resourcing will need to continue through the next phase.

To ensure ongoing oversight there would be quarterly reporting to the Board on progress, KPIs, risks and budget status.

A resolution was proposed to approve the Strategic Plan and its overall direction supported by the detailed initiative registry with the caveat that detailed budget refinement and implementation resourcing will need to continue through to the next phase.

Director PM moved the motion to approve the resolution accepting the Strategic Plan and seconded by Director MC. Specific mention was made of the CT Scanner machine at the Faith Hospital as the main driver for the approval of the Strategic Plan as presented by the CEO. The Board noted that the acquisition of this key piece of equipment strongly influences its support for the Strategic Plan.

The Board unanimously adopted the resolution as proposed and seconded.

Physician Privileges Requests

A presentation was made by MD & LC to address the issue of physician privileges. The current decision to abolish sub-committees requires a new process to address the approval of applications for physician privileges.

A resolution was proposed to approve the amendment of the ByLaws to provide:

Current Version 3.1.2 (page 18)	Proposed Amendment
The Medical Director, the CSC, and the Board will assess these factors to ensure that any patient receiving treatment from the practitioner within the HSA can expect safe and effective medical care.	The Medical Director and the CSC will review the application for the privilege and make recommendations to the Board. The Board will review the recommendations and make its decision after assessing factors mentioned above to ensure that any patient receiving treatment from the practitioner within the HSA can expect safe and effective medical care.

Deputy Chairman ONP moved the motion to amend the bylaws as outlined above and seconded by Director BG.

The amendment of the reference from Clinical Subcommittee to Clinical Services Committee ("CSC") was moved by Director PS and seconded by Director PM.

Deputy Chairman ONP suggested the need for community service as an element of the grant of privilege to physicians who seek to gain access to the facilities of the Authority. Clarification was sought on the logistics of how the privileges system works in practice.

The Board wishes to consider, at a deeper level, the practicality and beneficial nature of the current privileges structure to the Authority. This is to ensure that the Authority is benefiting from the arrangement.

Privilege requests will be deferred to the next CSC meeting. And raised at the next Board Meeting.

Marketing and Communication Services

With the changing dynamics in the healthcare landscape comes a demand for stronger marketing efforts especially in light of planned CINICO network expansion requiring enhanced marketing and communication strategies.

These strategies include:

- Tailored messaging via multiple modalities to attract and maintain our growing and diverse patients;
- Enhanced exposure to the Authority's clinicians and services;
- Crisis messaging and fast response to operational needs;
- Support with succession planning and staff regulatory requirements;
- Departmental support; and
- Internal staff communication.

The Board enquired whether enough is being done to keep Faith Hospital (FH) on the front page. The Board is of the view that more should be done to position the FH as a key pillar of inter-island medical tourism.

The following points were raised as improvement opportunities:

- Consider placing signs for the Authority at the airport in the area to go to Cayman Brac.
- Promote also the Caymanian excellence within our departments;
- Ensure that our systems work well so even as we promote FH we don't have long waiting lines;
- Market HSA services as Pillars of Excellence (rather than CORE SERVICES).
- Centre of Excellence needs to be properly communicated to the public in a way that is clear; &
- Consider implementation of a strategy to combat negative press on persons with criminal charges.

ANY OTHER BUSINESS

3T Cayman

The Board was updated on the current steps being taken to recover the debt owed by 3T Cayman Limited.

Personnel Matters (Law enforcement matter)

The Board was also provided with an update on the recent arrests of a physician by the Customs and Border Control and a staff member by the Police.

KPMG Governance Report

June 3rd 2026 is the date announced for the release of the KPMG Governance report commissioned by the Honorable Minister for Health, Environment & Sustainability.

CLOSE OF MEETING

The Chairman declared the meeting closed at 5:05pm.

Timothy Ridley, Chairman

Date: 4 MAY 2026
DD / MMM / YYYY

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APPENDIX A

ACTION ITEMS

ITEM	UPDATE	STATUS
Ministry Meeting RE: Public Health Transition	Meeting held	Ongoing
CIG receivables (covid 19)	Sent to ministry	Complete
Board Manual Framework	Next meeting	WIP
Staff costs: clinical vs non clinical	Circulated	Complete
30-day Update Revenue Cycle Improvements to Billings and Accounts receivable	Next meeting	WIP
Debits and Credits write off next meeting	Next meeting	WIP
E&Y presentation	Circulated	Complete
Emergency Room ("EMR") demos	CIO to Update Director PS	