



# **STANDING COMMITTEE ON PUBLIC ACCOUNTS**

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## **STANDING COMMITTEE ON PUBLIC ACCOUNTS**

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[The committee met at 08:31.]

**Chair Wotherspoon:** — Okay. Good morning, folks. We'll convene the Standing Committee on Public Accounts. My name is Trent Wotherspoon. I serve as the Chair of the Public Accounts. I'd like to introduce the members of the committee: Deputy Chair Thorsteinson, MLA [Member of the Legislative Assembly] Chan, MLA Bromm, MLA Keisig, MLA Gordon, MLA Pratchler.

I'd like to welcome and introduce our officials with the Provincial Comptroller's office, of course Provincial Comptroller Brent Hebert and assistant provincial comptroller Donica Smart. I'd like to welcome and introduce our Provincial Auditor, Tara Clemett, and her team that's with us here today.

### Health

**Chair Wotherspoon:** — And we'll move right along to our first agenda item. We have a whole bunch of Ministry of Health considerations here this morning and the different health affiliates and different health organizations, so we look forward to a morning focused on health.

I'd like to welcome ADM [assistant deputy minister] O'Neill and all of the officials that have joined us here today and all those that will join us here today, all those that are involved in the work that's going to be discussed here today.

I'll kick it over to ADM O'Neill to briefly introduce the officials that have joined him here today. And refrain from getting into the audit, the chapters right now. We'll come to the auditor and then come back your way for that part. ADM O'Neill.

**Norman O'Neill:** — Sounds good. So good morning, everybody, and thank you to the Provincial Auditor of Saskatchewan, Tara Clemett, and her team for meeting with us today.

The Ministry of Health and our health system partners sincerely appreciate the work of the Provincial Auditor and the independent oversight that it provides. We are joined today by representatives from the Ministry of Health and system partners to discuss the Provincial Auditor's reports and to address any follow-up questions.

I'm pleased to introduce the Ministry of Health representatives, who include Chad Ryan, assistant deputy minister, to my right; James Turner, assistant deputy minister; Ingrid Kirby, assistant deputy minister; Ryan Dobson, director of operations and internal audit; Olu Hassan, senior performance measurement specialist; and other senior leadership team and ministry officials who will be introduced at the microphone as we progress.

We will also be joined throughout the morning by representatives from our health system partners. eHealth Saskatchewan representatives include Davin Church, CEO [chief executive officer]; Crystal Zorn, VP [vice-president] of information security and privacy. Saskatchewan Cancer Agency representatives include Deb Bulych, president and CEO; Karen Efthimiou, VP of population health, quality, and research; David Tran, director of population health; and

Braden Giblett, CFO [chief financial officer].

3sHealth [Health Shared Services Saskatchewan] representatives include Mark Anderson, chief executive officer; Alana Shearer-Kleefeld, vice-president of employee benefits; and Boye Adetogun, director of claims services; and Luke Malach, executive director, internal audit and enterprise risk management.

This meeting is an opportunity to discuss the work that has been undertaken in response to the auditor's recommendations. Today's discussion will include updates on progress and identify areas where further work may be required. Thank you to everyone for being here this morning, prepared to discuss the issues before the committee. Today's agenda covers a range of important areas within the health system, including oversight of health services and programs, enforcement and compliance, stewardship of public resources, and health information and payment systems.

We recognize the value of the auditor's ongoing review. With this in mind we appreciate the opportunity to engage with the committee and share information on the steps being taken to strengthen programs, processes, and accountability across the health system. We share the same goal to support continuous improvement and ensure effective stewardship of public resources in delivering health systems. This work also supports our broader commitment to putting patients first and strengthening the health system for Saskatchewan residents.

We look forward to today's discussions and the opportunity to review these important reports. Thank you.

**Chair Wotherspoon:** — Okay. Thank you, ADM O'Neill and all the officials that have joined us. I'm going to turn it over now to the Provincial Auditor to focus on chapter 11 from the 2025 report that focuses on special-care homes.

**Tara Clemett:** — Thank you, Mr. Chair, Deputy Chair, committee members, and officials. With me today is Mr. Jason Wandy, and he's the deputy provincial auditor that is responsible for the portfolio of work that includes the Ministry of Health. And then behind us and assisting us today is Ms. Michelle Lindembach, and she's our liaison with this committee.

We will present the chapters for the ministry and the health care affiliates in the order that they appear on the agenda, and this will result in six separate presentations. We'll pause after each of the presentations for the committee's discussion and consideration of each presentation. There are two presentations that will result in a total of seven new audit recommendations for the committee's consideration. The remaining four presentations include status updates on outstanding recommendations previously agreed to by this committee.

I do want to thank ministry staff for the co-operation that was extended to us during the course of our work.

So chapter 11 of our 2025 report volume 2 reports the results of our audit at the Ministry of Health regarding its processes to inspect special-care homes for the period ended July 31st, 2025. We concluded the ministry had effective processes other than the

areas reflected in our six new recommendations.

Special-care homes are facilities that provide comprehensive personal and nursing care for individuals who no longer live independently due to health conditions, disabilities, or advanced age. Some special-care homes are owned and operated by the Saskatchewan Health Authority and some are contracted by the Authority to deliver care, known as affiliates. As of 2025 there were 161 special-care homes across the province, 125 of them operated by the Authority and 36 operated by health care affiliates.

Special-care homes are regulated by the Ministry of Health. The Ministry has established minimum standards for operating these homes and is responsible for inspecting them. In the fiscal year 2024-25 the ministry spent approximately \$483,000 on inspections.

In our first recommendation, on page 106, we recommend the Ministry of Health use a risk-based approach for inspecting special-care homes. The ministry began inspecting special-care homes in December 2021 and planned to inspect each home within three years. We found this timing did not align with good practice. Also the ministry did not consider risk to determine when it should inspect special-care homes. At July 2025 the ministry had inspected 130 out of the 161 special-care homes across the province since December 2021.

We found the ministry did not schedule or inspect two care homes with very high rates of potentially inappropriate use of antipsychotics, about 60 per cent or higher, until March and August of 2025. That's over three years after the ministry's inspection program began. Ministry inspections completed at these two homes identified critical risks related to chemical restraints at both homes, meaning that the homes inconsistently documented the use of chemical restraints and may have been using antipsychotic drugs to manage resident care when a diagnosis did not support the use of that medication.

Not considering risks when planning special-care home inspections does not allow the ministry to effectively prioritize inspections at the highest risk special-care homes. This can cause delays in identifying and ultimately addressing key areas of non-compliance.

In our second recommendation, on page 107, we recommend the ministry conduct unannounced inspections at special-care homes. Unlike some other jurisdictions like Ontario and Alberta, we found Saskatchewan does not utilize unannounced inspections as part of its normal inspection cycle and also has the longest duration between inspections. All other jurisdictions we reviewed conduct inspections of special-care homes at least every one to two years as well as perform unannounced inspections, compared to Saskatchewan, who performs announced inspections every three years.

Announced inspections allow special-care homes to rectify issues prior to an inspection. For example, during our on-site observations we found a special-care home updated its resident care plans after the ministry informed the home of its upcoming inspection. The care plans had not been updated as required prior to receiving an inspection notice. Announced inspections may increase the risk that practices are altered to appear compliant,

resulting in inaccurate assessments of resident care, quality, and safety.

In our third recommendation, on page 108, we recommend the Ministry of Health analyze its resources to determine whether it has sufficient capacity to carry out risk-based inspections at special-care homes. At July 2025 the ministry had six inspectors in Regina responsible for inspecting all 161 special-care homes in the province. Management indicated inspecting special-care homes takes up about 60 per cent of the inspectors' job responsibilities.

The ministry undertook 44 inspections between January and July 2025, and it expected to complete another 31 by the end of March 2026. This does support that ministry inspectors would be capable of inspecting special-care homes more frequently than every three years.

While the ministry increased its inspectors from two to six since the inspection program began in 2021, it did not analyze whether it had sufficient staff and resources to carry out timely inspections. For example, the ministry had not analyzed whether all inspectors based in Regina is reasonable, given some special-care homes are located in northern Saskatchewan, and whether assigning special-care homes to specific inspectors would make more sense.

Without sufficient resources to conduct inspections, the ministry may encounter challenges in carrying out their inspections and follow-up inspections in a timely and effective manner. The ministry will need to analyze the resources needed as part of the risk-based approach for inspecting and reinspecting special-care homes.

In our fourth recommendation, on page 113, we recommend the Ministry of Health conduct independent follow-up inspections at special-care homes to determine whether previously identified non-compliance issues are sufficiently addressed. Our analysis found the number of days it took for special-care homes to implement remediation plans for critical and high-risk non-compliance issues decreased in 2025.

The Saskatchewan Health Authority still requires up to three months to address certain critical and high-risk non-compliance issues. The ministry did not track or analyze the reasons for extensions causing delays in implementation, nor . . . it did not track and analyze the number of critical and high, or moderate and low, non-compliance issues identified during inspections.

Additionally we found the ministry did not return to verify whether special-care homes sufficiently rectified the areas of non-compliance identified during inspections. Instead it relied on self-reported information the Authority collected from the home operators to confirm proper remediation took place. We found other jurisdictions such as Ontario and Manitoba conduct follow-up inspections to confirm whether homes sufficiently address non-compliance issues. Without periodic follow-up inspections to confirm compliance, the ministry is unable to verify and ensure special-care homes have properly addressed non-compliance issues.

In our fifth recommendation, on page 116, we recommend the Ministry of Health formally analyze and report on special-care

home inspection results — so non-compliance issues — to identify common trends and potential areas for improvement. After completing special-care home inspections, inspectors prepare a report on the results of the inspection. The director of continuing care and rehabilitation of the Ministry of Health informally reviews the inspection results.

However the ministry has not established a method to monitor and analyze overall inspection results to determine the significance of findings. Without analyzing, the ministry is unable to determine trends such as common non-compliance issues.

In June 2025 ministry senior management began receiving quarterly reports on the current status of inspections. We found the reports provided an overview of the status of inspections and extensions since the inspection program began in December 2021.

[08:45]

We found the quarterly report did provide some information related to the significance of non-compliance issues, but it only included the results from the 2025-26 inspections. We found the ministry identified some common issues from inspections. For example it noted inconsistencies in resident care planning and assessment as well as medication management.

Our testing of 16 inspections identified additional common issues: care plans not consistently appropriately completed, resident pain not assessed daily and the effectiveness of pain intervention not consistently documented, fire drills occurred inconsistently and not documented, and inconsistency in documentation around individual fall prevention. Analyzing and reporting on special-care home results is crucial for implementing corrective action and making informed decisions on the inspection program.

Our sixth recommendation, on page 116, we recommend the Ministry of Health publicly report results of special-care home inspections. We expected the ministry to report at minimum the inspection dates and non-compliance issues found associated with the special-care home inspections. At October 2025 the ministry was determining what inspection results to publish and how often. Management indicated it expects to publicly report results in '26-27.

Without public access to special-care home inspection results the process lacks transparency, leading to less pressure for special-care homes to quickly implement remediation plans and allow for reoccurring non-compliance putting residents' health and safety at risk. In addition families and the public are unaware of issues identified at special-care homes.

I will now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay, thank you very much, Auditor. A new focus here with new recommendations before us. I'll turn it over to ADM O'Neill for some brief remarks. Thanks as well for the status update and detailing some of the actions that have been taken towards implementation, or in some cases, implementation. And I'll table that status update here at this time. That's PAC document 109-30: Ministry of Health, Status update,

dated October 14th, 2026.

ADM O'Neill, feel free to provide some brief remarks and then we'll see what we have for questions.

**Norman O'Neill:** — So thank you. As it is a new audit, I'll just touch on all six recommendations as briefly as I can.

Regarding the recommendation for the Ministry of Health to use a risk-based approach for inspections, the ministry has enhanced its processes and implemented a standardized risk-based approach to prioritize inspections. This approach allows the ministry to consider a number of available indicators such as length of time since last inspection, previous inspection findings, critical incidents, resident and family concerns, and quality indicators to help prioritize homes and determine inspection frequency.

Regarding the second recommendation, which is for the Ministry of Health to conduct unannounced inspections at special-care homes, the Ministry of Health has expanded the frequency of unannounced inspections. In 2027 all inspections will be unannounced which will provide a more representative view of day-to-day operations and strengthen accountability.

Regarding the third recommendation, which is for the ministry to analyze its resources and capacity for risk-based inspections, the ministry has implemented a risk-based approach to prioritize special-care homes inspections and continues to assess its overall capacity to fully implement this approach.

In 2025-26 the Ministry of Health added funding to increase the number of inspectors by two full-time positions. Since 2021 the ministry has added human resources to the special-care home inspection process. Currently there are six inspectors and a manager responsible for implementation.

In addition, there are two research officers that support the technical aspects of the inspection tool — data and tracking. This increased capacity provides additional oversight to manage the inspection process, focus on continuous improvement activities, and implement the recommendations from the Provincial Auditor's report.

Regarding the fourth recommendation for the ministry to conduct independent follow-up inspections to determine whether previously identified non-compliance issues are sufficiently addressed, this is considered partially implemented by the ministry.

Prior to the Provincial Auditor report, the ministry had conducted a small number of independent, unannounced follow-up inspections when the risk associated with the non-compliance was assessed as high. This was determined by the special-care home exceeding remediation timelines, demonstrating a lack of progress. Following the implementation of a risk-based approach and unannounced inspections, the ministry is reviewing its current criterion to trigger a follow-up inspection and is refining the inspection tool to accommodate independent follow-up inspections.

Regarding the fifth recommendation, which is to formally analyze and report on special-care home inspection results to

identify common trends and potential areas of improvement, the ministry also considers this partially implemented. Since 2021 the ministry has tracked and analyzed inspection results using the data to identify and understand areas for improvement. The ministry is formalizing its methodology for trend analysis and developing a consistent approach for sharing findings with special-care homes, the Saskatchewan Health Authority, and ministry leadership.

The ministry has also begun publicly reporting special-care home inspection results. Regarding the final recommendation, which is for the ministry to publicly report results of special-care home inspections, the ministry launched public reporting of special-care home inspection results on August 31st, 2026. Public reporting strengthens transparency and accountability, and provides residents and families with accessible information about inspection findings and remediation status.

And that concludes my remarks.

**Chair Wotherspoon:** — Okay, thanks for the remarks and thanks for detailing the actions that have been taken to date. I'll open it up now to committee members that may have questions. MLA Pratchler.

**Joan Pratchler:** — Good morning. Good to see you again. Past practice in long-term care homes was typically, I would think, the larger centres would report quarterly on their MDS [minimum data set] indicators and several other reporting, and then have to supply remediation if they were below whatever the Saskatchewan numbers would be. Does that process still continue?

**Chair Wotherspoon:** — MLA Keisig.

**Travis Keisig:** — Thank you, Mr. Chair. Just a question for the member opposite: MDS indicators?

**Joan Pratchler:** — Minimum data standards.

**Travis Keisig:** — Thank you. I despise acronyms on sheer principle, Mr. Chair. Thank you.

**Chair Wotherspoon:** — Good point of clarification for anyone watching. I think that's helpful, right. So thank you.

**A Member:** — I had to ask too.

**Chad Ryan:** — Thank you for the question. So there is the practice. The practice still is in place. And so what it is right now is the Saskatchewan Health Authority does lead this in receiving those reports. SHA — Saskatchewan Health Authority — does set the targets for that on the reporting. So essentially what it is is that when a home reports on any corrective action, they give very targeted and specific timelines of when they're going to correct that action. And then on the next quarterly it's also followed up on.

In addition to that is that although this seems like a very high administration process of reporting, there is conversations happening outside of this where the Saskatchewan Health Authority, who oversees the principles and services agreement, what they'll do is they're having conversations.

So if we see that a special-care home specifically had corrective actions to take place, there's conversations between the Saskatchewan Health Authority and the facility to talk about what's being done. In addition to that there's a bit of education and support, and so they're able to achieve that. So very, very, very logged, and very clear, and a back and forth.

**Joan Pratchler:** — Right. And so I'm just trying to clarify that there is ongoing work that happens in care homes that report quarterly. Then we have this other tranche over here which are the physical inspections of going in to see that. So it's not like they're out and not being inspected once every three years or whatever. So there is lots of ongoing work happening there. That's what it appears to me and you've confirmed that.

Have the minimum data standard indicators changed over time? If so, what are the MDS indicators now that are typically in that report that you would also go and see when you do the inspections?

**Heather Murray:** — Good morning. I'm Heather Murray, the executive director of continuing care at the Ministry of Health. At the ministry and with the SHA we still track the same key indicators. We align with CIHI [Canadian Institute for Health Information] and so we continue to track falls in the last 30 days; mood symptoms of depression; worsened behavioural symptoms; worsened, newly occurring pressure ulcers; experiencing pain; daily physical restraints; and antipsychotics without a diagnosis.

And that's been consistent, well, since I've been around. So long enough. But we haven't changed those. Those seem to be the key indicators. Some of them are contingent on others. So like I call them the three-legged stool: like antipsychotics, falls, plus restraints, they interact with each other, so we continue to monitor that. And I have data back to 2021, but I know we've been doing that a lot longer and we're slowly improving.

So the health care excellence work on antipsychotics, so we had homes in Saskatchewan that participate in that, and we had four successfully get the certification that they've met all the requirements. We had a fifth, but they were late submitting their data so they'll get it the next round.

**Joan Pratchler:** — Thank you. And we know that there are some things that typically happen over time to give a baseline of what is acceptable. In the past, antipsychotics without a diagnosis, it sounds really frightening but there are times when that just has to happen because of an emergent nature at some point in time. In the past that used to be 18 per cent is typically those emergent ones that would appear. Has that percentage changed in terms of your typical guidelines for reviewing antipsychotics, whether they're out of that range or not?

**Heather Murray:** — So we review anytime that indicator is triggered. So what happens is if you're over the percentage target, we ask the homes to explore that because there is a clinical review of each resident that . . . Because there is at times episodic need for these drugs. And so then it's looking at that over time that, okay, fine, for that quarter they were on it for various reasons, but then making sure that medication review occurs so that it's not a long-standing use.

**Joan Pratchler:** — And what is that typical standard? Is it less than 18 now or more?

**Heather Murray:** — Well we don't necessarily for episodic have it. Well the goal nationally is to get to 15 per cent or reduce your current use by 15 per cent, and so we're working towards that.

**Joan Pratchler:** — And when the mention was of conversations that happen with organizations to help, what are the generally accepted best practices in reducing antipsychotic use without a diagnosis? What are the generally accepted practices? They're on that excellence program? Or are there other ways that that's managed?

[09:00]

**Chad Ryan:** — So over the last couple of years, the antipsychotic utilization we've really dove into. So there's a bit of a process and it is multi-faceted. And so how we target it with residents is that once a resident does transition into a long-term care home it will trigger a medication review. That medication review then will be looked at to find out . . . to ensure that whatever pharmaceuticals the individual's on, or medication, have not . . . It's reviewed to ensure that it's going to be safe for that individual to take.

The next thing is, is that it is — in the multi-faceted realm of this — is that it's also the support and education within that staff in that realm. And so it's also having them understand behavioural management, looking at environmental controls, all those type of things that better can support some of those individuals on antipsychotics. What we're finding more and more within our affiliates in special-care homes is that they're taking a very non-restrictive environment by essentially allowing individuals, say on dementia wings, to open up those wings and allow individuals more accessibility across. And certain affiliates are seeing quite a good result in that.

So in looking at that, the pharmaceutical review, looking at the training for the staff specifically, we also have geriatric teams that will also come in to support certain special-care homes should an individual have more expressive behaviour within those environments. And as well as going back to then just basic staff training and staff knowledge with that.

So what we've seen is, as a result of that, is that we've seen a dramatic drop within our antipsychotic utilization. So where Saskatchewan came roughly around 33 per cent, we're sitting right now at the Saskatchewan average of 26.5 per cent for antipsychotic utilization. So we're seeing a significant decrease overall.

**Joan Pratchler:** — Thank you, and congratulations on that. Because that has been a challenge over the years, hasn't it?

Med reviews are triggered once a client moves from one care facility to another, whether that's from a hospital, back to the hospital, back to the home, that kind of thing — or that's what past practice was. Is that still the case? And are there subsequent med reconciliations or med reviews over the time that a client would be in a care home? And what would that frequency be?

**Heather Murray:** — Yes, it still continues if they are . . . When they first are admitted to a home there is a med reconciliation, particularly coming from acute care because that was an episodic treatment where things get added. But then it's time to review that it's not supposed to be necessarily long-term use of some of those medications.

So it is a multi-disciplinary review with the care home pharmacist, and then that also continues as part of our regular assessment. So it may not be quarterly, but there is an ongoing review. Particularly as care needs change, there would be a review of that medication, or if there's some sort of expressive behaviour or something going on. And particularly with antipsychotics, if it was episodic, a key thing is family needs to be aware that it's being prescribed for a short term so that it's not just the home doing things to people. It is about communicating with the relevant family members so they understand.

**Joan Pratchler:** — So it continues that when they change facilities, of whatever nature it is, and then ongoing throughout a year, it's reviewed yearly or on some type of schedule. If there was no change, it's still reviewed anyway.

**Heather Murray:** — That's correct.

**Joan Pratchler:** — Well we have small and large care homes. Could you tell me how many of the special-care homes here in Saskatchewan are accredited under Accreditation Canada?

**Heather Murray:** — They all are.

**Joan Pratchler:** — They all are.

**Heather Murray:** — Yeah.

**Joan Pratchler:** — Thank you. And the oversight is long-term care guidelines. Has that been changed to long-term care policy with ensuing funding?

**Heather Murray:** — So the special-care home guidelines are the policy, and they were updated in 2024. For third parties we did have a funding increase in 2024-25. We invested \$40 million to support them in meeting those guidelines, because we had heard concerns that it was a challenge. And so we have done that, and I've only heard positive feedback from the homes on that funding.

**Joan Pratchler:** — Thank you. How many special-care homes have you identified with very high rates of potentially inappropriate use of antipsychotics, I mean beyond what your target is?

**Heather Murray:** — I don't have an exact, like a count of the homes that would be over, but I will say provincially we do have high rates. Where we are improving — as Chad mentioned that we've dropped — there's maybe a handful of homes that are lower, but for overall it is a higher rate. And we're very similar across Canada; it's high rates across Canada. And I think that's why there's the emphasis on the work we're doing.

**Joan Pratchler:** — Yeah. And just because everybody else is doing it, doesn't mean it makes it right.

So when I look at recommendation no. 2, expanding frequency of unannounced visits, what is the frequency now of unannounced visits? Because before, it was one to three years. You have six inspectors. You do the math. Like you can do the math like I can. So what's the frequency now, and really what's your goal for a target rate on that?

**Chad Ryan:** — Yeah. We're actually really happy with where we lined up. And so this all cascades into each other. And so essentially what it is right now is that all inspections will be unannounced. And what we did is that we met with our partners to let them know back in early spring that this is the process for this. What we found with that is that all 161 will be unannounced.

Next phase, full phase will start in January for all affiliates. And so our target for inspections typically before . . . not typically, was before was about 50 inspections per year. Based on our analysis that we've conducted, we're targeting 70 per year. And the result of that is exactly what the auditor talked about, is that we are able to, say, show up into a town unannounced, go in and possibly inspect a facility. Should there be an outbreak in that facility, we actually don't inspect. We allow that facility just to follow the guidelines.

But what we can do is we can drive down the street and go to the next one. And so in that process is that that avoids a lot of that opportunity where potentially affiliates or SHA long-term care would know that we're coming.

So what we found though going through the first inspection cycle is that a lot of the remediation that came out of those was a lot of policy-based stuff. So a lot of our inspections are moving along quicker, so to speak. And so it did change that target significantly. So out of 161 total special-care homes, targeting 70 per year, we actually have a bit of a gap of 49 open spaces for inspections, which we will continue then to do follow-up remediation or pop inspections on that. So we have a bit of a targeted plan and so far it's under way.

**Joan Pratchler:** — Good. So there is that connection and that oversight with Accreditation Canada too, and when you mention policy, that's one of the huge parts of Accreditation Canada is getting your policies in order. And then that would explain a little bit why the speed of inspections is able to take the rate it is now. Thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Sorry, I just want to go back to your risk criteria for inspections. Looking at the update, I see it noted, it says family concerns is considered. Does that include non-family, like complaints from other individuals or people, or does that encapsulate all complaints?

**Heather Murray:** — Yeah, so it's anyone who, like we have a tracker of folks who may phone the ministry with concerns. So it's a family, a supporter, or others who may call in and we'll connect with them. But we are now tracking that so that we can . . . not that we didn't track it, but we are better able to see like which homes it was and to understand if there's a common theme or just there's more general concerns with that home which is part of our risk assessment.

**Hugh Gordon:** — Thank you. I want to get to your resourcing. I notice that you're currently assessing whether or not you've got the capacity to carry out these inspections. So my question around that, particularly when you look at recommendation 2, your update there where you're going to be now conducting all your inspections unannounced. Presumably one will find more problems if you are conducting these unannounced. This is not giving the care homes a heads-up, so to speak, so presumably there will be more things to find in special-care homes. Correct me if my logic is wrong on that, but I imagine it's something you have to anticipate.

So with that in mind, how confident are you that you're going to have enough staff knowing that you've got six people right now that are in charge of these inspections? What is your assessment or analysis of your resources going to look like? And how long will it take for you . . . I know you say you'll implement recommendation no. 3 in 2027, but will this new change in unannounced inspections change your assessment of your resources? That's essentially my question.

**Chad Ryan:** — Yeah, no, and thank you for the question. So as we have progressed along this since the start of the inspections going from four inspectors, adding the additional two, we also added two research and background positions that handle a lot of the administration.

So the question that you're asking right now is, you know, what's the analysis being done? So what we did is that we targeted freeing up the inspectors to not have to do that background work, where the inspectors' target focus is inspecting. The other thing is that we did add a manager position which allows for that coordinated service, and the manager actually is able to also inspect. And so we have a good complement.

Based on that, in early spring what we did is that we changed our targets. We knew where we wanted to go with unannounced inspections, and so we changed our targets to 70. Coming off the first phase we knew that we had a lot of affiliates do complete remediations, which was updating a lot of the stuff. And so exactly what you're citing is that there is a potential for more issues to come forward with unannounced inspections.

What we did with our new target is that we allow year over year that flexibility of 49 additional inspections based on this target and the capacity on which the inspectors can do. So we have equated that all into a bit of a formula on where we want to be hitting. We track it weekly to monthly to ensure that we're hitting these targets with regards to inspections.

As I said earlier, we were hampered, and we would sit at this table and explain we were hampered in previous inspections because we would show up and we would get notification there was a possible outbreak. We would then have to call an additional special-care home and indicate we're going to be coming out within a week to give them some opportunity, create that travel time. So where it is with the unannounced inspections is actually reducing quite a bit of our front-end loading work that has to be completed by where we can walk into communities and have that.

The other thing I should note too though is that there is background work through the principles and services agreement

that is with the Saskatchewan Health Authority and, say, the affiliate where there is those conversations happening, where there is that clarification, where there is that opportunity for interaction. So the ministry coming in to do the inspections is not the only single touch point on these affiliates. So it's quite a comprehensive program.

**Hugh Gordon:** — And getting back to the resources, was the number of people available to conduct these inspections the reason why the ministry hadn't inspected like the five facilities noted on page 106 sooner, or why it's taken so long to conduct those inspections at facilities?

**Chad Ryan:** — Yeah, a bit of a start-up to start on the original inspections to get our legs under us, so to speak. And so the thing is that we have fairly solid cadence in what it is. The other thing too is that inspections took longer. We had to dig in more. We had to, you know, in looking at some of the issues that are identified that are not following those guidelines we have to stop and address.

[09:15]

The inspections too have shifted not only to inspecting, but a lot of the feedback that we get from facilities is that hey, you know, the inspector came out, and I appreciate the feedback and opportunity for that conversation. It's not, no, you didn't meet; you didn't meet. It's a bit of a conversation too, and so those have shifted within a lot of the inspections and where we can walk in and actually just complete the inspection in a way more timely manner.

**Hugh Gordon:** — And just to tag onto that then, is part of your objective in these inspections to get to them sooner than every three years?

**Chad Ryan:** — Yeah, and again that target . . . So go back to that 70 target. So the 70 target doesn't make sense, because theoretically based on 161 inspections we do have that gap. And so what this does is not only offers an opportunity for more inspections. On that risk-based approach what we're doing is that if there's a certain facility that we feel, based on the risk-based approach, that requires a sooner inspection, they are prioritized within the year. So it's not a simple formula as everybody gets touched one year. It's that we're constantly analyzing what's come out of those inspections to do those follow-ups.

And then second of all, again the Saskatchewan Health Authority then goes in to provide that support.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — I just want to circle back to Accreditation Canada and their process. (a) How often is that happening in care homes, and secondly, what kind of supports does SHA provide? Because that is a big job to be accredited, and all these other things flow through which makes your inspections easier and that kind of thing.

So (a) how often is the accreditation process happening, (b) what kind of supports is SHA providing for those to happen in a timely and effective, financially effective way as well for them?

**Heather Murray:** — On the accreditation, the SHA sort of leads that with the affiliates, so I can't speak necessarily to the frequency. I believe it's three to five years. They do a cycle. So the SHA does provide supports to all homes particularly providing, you know, common policies so that they can make them their own. But they're not starting from scratch because we do want consistency across all the service lines regardless of who owns or operates. And so there is a collaboration.

**Joan Pratchler:** — Is there anything in place . . . Because it's so labour intensive, what supports are there for SHA to help support the homes that embark on that?

**Heather Murray:** — I'm not 100 per cent sure. They have central offices in the SHA that support quality improvement, but I can't speak to that.

**Joan Pratchler:** — Could someone?

**Chad Ryan:** — The SHA did add some more rural positions to supports, some more rural leadership on that side of it, to support affiliates more targeted towards . . . on that support side. But as we stated, on the accreditation side, that is supported by the Saskatchewan Health Authority and so with regards to targeting resourcing, we do not know.

**Joan Pratchler:** — Okay. And is that something that's going to be included or something to be looked at? Because it really does help elevate the quality.

**Chad Ryan:** — Yeah, and specific to this, our focus is on the inspection side of it and quality indicator and all that. So we are looking targeted on that. With regards to the accreditation side of it, again we support that and we're happy that there are organizations using that accreditation. But really when it comes down to it, it's adhering to the guidelines as well as the principles and services agreement. That's what we're looking at.

**Joan Pratchler:** — Looking back over all that work that has happened, what were the lessons learned?

**Heather Murray:** — Fortunately I've been around since we started, and so I've got to observe the team and their growth and what we've learned. And so some of what we've learned is . . . Well we had a lot to learn because this was new space for us. And we looked at our other jurisdictions and toured in Alberta and saw what they did.

So we learned as we went. We used to have to have multiple inspectors on and so we weren't very efficient. We're now, you know, sort of a lean, mean, fighting machine that we can go on our own. We've adjusted our assessment of the inspections. It still aligns with the guidelines but to reflect more what actually happens when you inspect versus theoretical, when you look at the policy and, say, they know what to look for, understanding, you know, the balance between accountability and supportiveness, because you do want to have quality improvement and have a relationship if there is an accountability.

Some other things we've learned is recently we've changed so we no longer will provide extensions. It is, here's the target; here's your concern; like you have to get it done. Because again I think the auditor pointed out we hadn't tracked why the

extensions occurred and we were finding it just kept going. And so it was like, nope, we're no longer having extensions. It's more efficient. It pushes people to make those improvements and improve resident care.

I think the public reporting was a good learning lesson for us about what we report and how it reflected. And there was lots of discussions on that about, you can't just at one point post everything is compliant without showing that there were some non-compliance, so that people know it happened but it's been rectified, so that there's some public confidence in that.

And so we continue to grow as we get better at this. The unannounced has been going very well. The only thing we do is we have to check there's no outbreak. So it's call and just say, hey, are you in outbreak? We don't say why we're calling, and then people show up. Today I know there was a surprise inspection and they were going early in the morning, at 7 or so, to watch the med pass because there had been concerns.

So we've really learned a lot about how it works and what we need to be looking for. And that's just from my level with my team. And I think Chad has some other . . .

**Chad Ryan:** — Yeah, and we have just completed as well the resident and family experience survey that we received back. And so that is sent out publicly to all residents and families. And so we had about 2,000 residents respond and about 1,400 families.

And so the results of that were very positive. We saw increases. Safety improvement from 92 per cent from previous to 94. We saw resident involvement in care decisions increase from 70 to 76 per cent, confidence in raising concerns from 76 per cent to 81 per cent, and residents report pain improvement from 82 to 86. So again going back to the recommendations from the auditor is that this is a piece of data that we use too to ensure that the inspection side is working.

Now we're not going to take all the gratitude that it was the result of the inspection for the increase in the resident and family experience. It is a collaborative effort by the Saskatchewan Health Authority and the supports they do, but also the acknowledgment has to be given to the individual affiliates. It's a very, a very strong service that they're providing in these communities and using the quality indicators very . . . addressing all those issues or remediations that come forward in a timely manner to make these results as such.

**Joan Pratchler:** — Thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Just to talk about your unannounced inspections. You said you've increased the frequency of them in preparation for them all being unannounced next year. I'm just wondering what the nature of the issues that you have encountered during these unannounced inspections, if you've noticed any trends you could identify and relate to the committee, the common themes you've found, that kind of thing.

**Chad Ryan:** — Within the unannounced, commonly what we are seeing, based on the first cycle that has come out of this, is

that we're seeing it going quicker. And so also what we did is that we did have specific engagements with the affiliates and the SHA on, we're going to be doing this.

So what we found is that everyone is essentially ready in the sense where there is nothing to hide. A lot of feedback directly from affiliates is sort of like, this is great. You know, come on out any time.

So I can't report anything specific to date where there's any concerns or any issues, but more of a positive light where there was a bit of trepidation announcing this, that we're just going to do unannounced. However it was more embraced by that component and a lot of affiliates said, sure, come out; you're welcome any time.

**Hugh Gordon:** — And then with respect to compliance and follow-up visits, I think you mentioned that you've given them a bit of a hard-date timeline, the diary date to implement these things. How is your work in these recommendations going to assist you ensuring that, you know, you're not just relying on the care home operator to self-report and say, we fixed that?

**Heather Murray:** — So the SHA is involved as well. Whether it's a third party or the SHA, they do a lot of the on-the-ground work reviewing compliance. Like they would go in and do some monitoring of like a med pass or something to make sure there's compliance.

And as I said, like right now we had some concerns about a home, and so I have two people out there right now, knowing that there was issues with medication management. And so that's why they timed it a certain way so that they can verify that, while they had reported compliance, that actually they haven't slipped back to, I will call, bad habits. And so that's what we're doing.

And so all our inspections have been unannounced since April. And so then how that links to public reporting, there's about 60 days for them to come into compliance. If they're not, that report will get posted regardless. So they'll say what's been compliant, and then there'll be a couple that will say no, meaning they're not compliant.

And that's also some incentive to continue because now it's out there publicly that you're not in compliance. And so I think that is really driving it, knowing that it is going to be publicly reported. There's not as much like, well we're busy, we can't get to it, or you know, there's lots of things going on. This becomes a priority because no one wants their dirty laundry aired.

**Hugh Gordon:** — And with respect to public reporting, I know you say in the recommendation implementation that you are public reporting. Just curious where one might find that information.

**Heather Murray:** — If you look up special-care homes, it's on the government website and then it'll say, long-term care inspections. And then I can't remember how many are currently posted. Like we've only publicly reported back to April 1 just because we've switched things and then, as they come on, they'll get added. So I think we have five more coming shortly.

But if you google special-care homes Saskatchewan, there's a

long-term care website, and at the bottom of that, that's where you can find them. And it's just a PDF [portable document format]. It'll list like when an inspection was, the date where the report came in, and then all the non-compliance and whether it's in compliance now, yes or no.

**Hugh Gordon:** — And I imagine there's some details about what they were non-compliant with.

**Heather Murray:** — Yeah, it has like what the guideline is and how it's measured.

**Hugh Gordon:** — Thank you.

[09:30]

**Chair Wotherspoon:** — Any further questions, committee members? Not seeing any, thanks for laying out the commitment towards implementation. For anyone watching at home, the auditor of course follows back up, and these get reported back to the committee. But thanks for all that have been involved in this important work.

I'd welcome a motion at this point to concur and note compliance with recommendations 1, 2, and 6.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — That's carried. And I'd welcome a motion to concur and note progress with respect to 3, 4, and 5.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — That's carried. Okay. Moving right along, I'm going to kick it back over to the Provincial Auditor and turn our attention to the next chapter.

**Jason Wandy:** — Thank you, Mr. Chair. It is illegal for retailers to sell tobacco or vapour products to minors under 19 years of age. There are also restrictions around the display and promotion of these products at retail locations. The Ministry of Health uses the Saskatchewan Health Authority's tobacco enforcement officers to enforce these legislative restrictions. Officers conduct inspections to assess almost 1,300 retail locations in Saskatchewan that sell tobacco and vapour products.

Chapter 16 of our 2025 report volume 2 describes our second follow-up audit of management's actions on the six remaining recommendations we originally made in 2021 about the ministry's processes to monitor the Authority's enforcement of tobacco and vapour products legislation. By July 2025 the ministry implemented the six remaining recommendations.

The ministry took steps to maintain a complete list of tobacco and vapour product retailers by obtaining quarterly listings from the Ministry of Finance that include retailers registered to collect taxes from the sale of tobacco and vapour products. We found the ministry adopted a risk-based approach to inspect retailers and improved its frequency of inspections to meet its new inspection requirements. We found the ministry is on target to complete routine compliance and youth test shopper inspections at retail locations at least once every two fiscal years. We also found it strengthened completion of youth test shopper reinspections, completing almost 73 per cent within the required six months following an infraction.

The ministry updated its time frames for handling complaints related to the sale and promotion of tobacco and vapour products. It updated its enforcement manual to require tobacco enforcement officers to initiate follow-up of complaints within two business days and resolve complaints within one month. We found tobacco enforcement officers consistently met these time frames, with almost 87 per cent of complaints resolved within one month.

Additionally, the ministry enhanced its quarterly reporting to both ministry and Authority senior management, including providing supplementary reports about delayed inspections, overdue infractions, and outstanding complaints.

Effective and active enforcement restricts access to tobacco and vapour products by youth which protects them from the harms associated with the use of such products.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay, thanks so much. Thanks for following up on this front. This report or this chapter came out originally in 2021, and then we considered it here at this table. We have the actions that have been taken to detail the implementation or the compliance that's in place, which is very good.

Any brief remarks, ADM O'Neill? And then we'll see where questions are at.

**Norman O'Neill:** — I'll just note that we agree with the auditor's assessment that the six recommendations have all been implemented. And we'll just be happy to take any questions from the committee.

**Chair Wotherspoon:** — All right. Committee members, any questions? MLA Gordon.

**Hugh Gordon:** — Thank you very much. How many retail locations currently sell tobacco and vapour products in the province? Do you track how many of these locations are focused on the sale of these products, as opposed to offering them alongside other products?

**James Turner:** — Good morning. James Turner, assistant deputy minister. The end of the fiscal year '25-26 number was 1,352 for total retailers in the province. And we do regularly update that number.

**Hugh Gordon:** — Thank you for that. I'm just wondering how

maintaining this complete list of retailers is assisting you in regulating the sale of products to minors?

**James Turner:** — Yeah, so as new retailers come online, they are added to that list. And using the risk-based approach that was mentioned here, those would be prioritized for an inspection for youth shoppers.

**Chair Wotherspoon:** — MLA Pratchler. Oh, sorry. Gordon, you've got a follow-up on this, right? Continue that stream, yeah.

**Hugh Gordon:** — So maintaining the list allows you to identify which locations are having some issues with respect to compliance?

**James Turner:** — Well the inspections would be the indication of compliance or non-compliance, and then that would allow us to determine whether we need to revisit those locations.

**Hugh Gordon:** — My next question is, how has the implementation of the recommendations on page 190, with respect to youth test shopper inspections, reinspections, frequency, periodic routine inspections, how has that assisted you in enforcement?

**James Turner:** — Yes, specifically with reference to page 190 and 191, I think the non-compliance has allowed us to actually refocus our efforts on those sites that are non-compliant. And so using the risk-based approach, we're not trying to get to every site. We're trying to actually target the ones that are non-compliant more frequently as part of that to get back to them to make sure they are in compliance.

**Hugh Gordon:** — A risk-based approach.

**James Turner:** — Yes.

**Hugh Gordon:** — Just an add-on to that. If you could tell the committee how many youth test shopper inspections were conducted, how many reinspections were conducted, and the frequency of inspections since you've implemented these. Or I don't know how you want to provide that to the committee, but I'll leave it to you to decide.

**James Turner:** — So for the end of the '25-26 fiscal year, total number of test shopper visits was 948. The number of non-compliant retailers was 120 with a non-compliance rate of 12.7 per cent. So the test shoppers, the target is to visit them every two years to make sure they're inspected. If they are in non-compliance, they will be targeted for a re-inspection in the timeline of one to six months.

**Hugh Gordon:** — Thank you.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — How does the ministry plan to inspect? What would be the process to inspect the yet-to-be-inspected locations, the new ones that have come on? What process? How does that look and what's the timing on that?

**James Turner:** — Yeah, so in the new risk-based approach the new retailers are prioritized for as soon as possible, for both the

retailers and the test shopper program, to be inspected.

**Joan Pratchler:** — In what time frame? They set up shop; within X amount of time, what would that be? Or do you have a sense of what that looks like?

**James Turner:** — I don't have a specific number, but it would be as soon as possible prioritized in the list for the site inspection.

**Joan Pratchler:** — Okay, thanks. Are there any notable trends with the vape and tobacco retail or with enforcement? Like are the youth just ditching vaping and eating more vegetables?

**James Turner:** — Yeah, maybe some context there in terms of like tobacco smoking rates are generally on the decline. Vaping rates are on the decline as well. However we do have some of the highest rates of vaping for youth in Canada.

**Joan Pratchler:** — Okay, thanks.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Thank you. Just wondering if . . . This touches on a couple items identified in the report. What percentage of follow-ups do tobacco enforcement officers initiate within two business days? What percentage of complaints do they resolve within one month?

**James Turner:** — Yes, so you're right. Tobacco enforcement officers do re-initiate their follow-up two business days after, resolve complaints within one month. By and large, most complaints are resolved within that time frame. It's a rare exception, and the ministry does follow up with the SHA when there is a rare exception.

**Hugh Gordon:** — Thank you. And then with respect to follow-ups, there were some cases, there may be some cases that are still outstanding in terms of follow-ups and resolution. Do you have enough staff to ensure that that is actually happening? Do you have any concerns or issues with resources in enforcement in those areas?

[09:45]

**James Turner:** — Yeah, I think we're not too concerned about the complement of resources because they are meeting the targets. At the point where we're monitoring them and they aren't meeting the targets, I think we would probably have to have a conversation about resourcing if targets do start to slip.

**Hugh Gordon:** — Thank you. Those are all my questions, Mr. Chair.

**Chair Wotherspoon:** — And just to give an update I guess to folks following at home, there's been a trade here at the Public Accounts Committee. We've had a trade for . . . MLA Bromm is being substituted by MLA Crassweller. I think there were some future considerations and a couple draft picks involved in the deal as well. Thanks, MLA Crassweller, for being here.

Just seeing if there's any further questions on this follow-up chapter and audit. Not seeing any, I'd welcome a motion to conclude consideration.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — All right. Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — Okay, that's carried. I'll turn it back over to the Provincial Auditor to make a presentation on the next chapter.

**Jason Wandy:** — Thank you, Mr. Chair. The Ministry of Health, under an agreement with the Saskatchewan Abilities Council, its service provider, loans special-needs equipment such as wheelchairs, walkers, or lifts to persons with disabilities at no cost. It refers to this arrangement as the special-needs equipment program. The total cost to operate the program in fiscal 2024-25 was almost \$11 million.

Chapter 17 of our 2025 report volume 2 reports the results of our fourth follow-up audit on management's actions on the last remaining recommendation we first made in 2016 about the ministry's processes to provide special-needs equipment to persons with disabilities. By May 2025 the ministry, in collaboration with its service provider, implemented the last remaining recommendation.

We found the ministry and its service provider implemented a process to recover special needs equipment of significant value no longer utilized; for example, equipment loaned to clients who are now deceased or who left the province. Once returned, equipment can be used to assist other persons with disabilities.

To focus its equipment recovery efforts, we found the ministry periodically provided the service provider with a list of deceased clients or clients who left the province that have loaned equipment of significant value, such as power wheelchairs. In January 2025 the service provider began using this information to attempt to recover the loaned equipment by sending letters to clients or their estates.

We found the service provider confirmed the recovery of such equipment it loaned to 110 clients. Regularly encouraging and reminding clients and health care facilities to return special-needs equipment no longer utilized will help to recover specialized equipment for other clients in need.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Thanks so much for the follow-up chapter here. And I'll kick it over briefly to ADM O'Neill for a remark if he has one. And then we'll go to the questioning.

**Norman O'Neill:** — So thank you. Regarding the recommendation to recover unused special-needs equipment, the ministry, in collaboration with its service providers, implemented the last recommendation and agrees with the Provincial Auditor's assessment.

So we'd be happy to take any questions that the committee has.

**Chair Wotherspoon:** — Right on. We'll see what we've got for questions. MLA Gordon.

**Hugh Gordon:** — Thank you. Just wondering if you could share with the committee what progress you've been able to make to recover more loaned special-needs equipment? It appears that you may still have some challenges with that.

**Chad Ryan:** — Yeah, thank you for the question. Chad Ryan, ADM of Health. So what we have done . . . challenged or implementation. In May 2025 we implemented this program. Essentially what it is is twofold, is adding stickers, a communication website, and having SaskAbilities then follow-up on equipment, anything over \$1,000. Since the implementation of that, what we have seen is that we have seen increases in the amount of equipment returned.

And a bit of a caveat: it's very hard to accurately describe as the cycle is constantly going on where you're having wheelchairs go out and wheelchairs come back. Initially when we first started this, we wanted to target special-care homes and such where there was loaned equipment. And so a lot of work had been done with some of our affiliates and partners. That and getting some of those returned.

What we've seen for return rates of improvement is that from . . . we've gone from 75 per cent in '23-24 to 76 per cent in '24-25, with wheelchair returns being the most important for us from 76 to 82 per cent. So we have seen improvement in the program. Although progressive, I feel it's one of those things where people are becoming more aware of returning the equipment, and conversations are more deliberate towards that.

**Hugh Gordon:** — Thank you.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — So the stickers are on there. Stickers don't return it; people do. So what is the cascade of processes when we know that that person has deceased or we're following up? What's the cascade of processes to physically get that item back to where it needs to go to help others?

**Chad Ryan:** — Thank you for the question. So again integrated model with this return. So it's more than a sticker. And so what happens is is that we are running individuals within our system who have deceased. And we do provide notification if they have equipment loaned out back to SaskAbilities, which then pursues them with regards to a letter.

Should it be within a rural or remote location, there are 10 SaskAbilities locations across Saskatchewan where individuals then bring those items in to those kind of hubs. And that's where the equipment is returned for that.

**Joan Pratchler:** — Thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Could you share with the committee how you identify equipment on loan that's no longer being utilized? And how many pieces were identified last year? And of those, how many successfully recovered?

**Chad Ryan:** — It's a bit of a process, up to the user themselves. So again we're targeting equipment that's over \$1,000, to . . .

[inaudible] . . . that. So when an individual does no longer require that, say in the instance where a physician recommends them not using it, or an OT [occupational therapist], is that then it is identified by that physician to then return it. So it's up to the individual and the onus on the individual to return it.

Again it's going back to what we originally stated; it's that follow-up with the individual. So if I'm loaning you the equipment, I'm going to have a conversation; so when this is done you can then return it, say, into your Yorkton SaskAbilities office. So it's that conversation specifically.

I don't have the specific tracking on that loaned equipment out. What I can tell you is that our percentages year over year are rising based on that more formal communication, the letters going out, as well as individuals being aware that once the equipment is done is that SaskAbilities does want that back.

**Hugh Gordon:** — And my last question: are clients expected to return equipment if they are moving to another province even if they still need the equipment?

**Chad Ryan:** — Yeah. When an individual does transition to another province, typically what they're allowed through a health system . . . So let's say if I move to Manitoba, I have about a six-month kind of gap or lenience where I can move into that new province, bring my equipment with me. There is an expectation that that equipment comes back, and it provides them a little bit of a gap that they can continue to use it and not have that equipment. Once they do, say, obtain that new equipment in Manitoba, then the expectation is to return it. It's very rare in these cases that we would see that, but there is a process in place in which we do want that equipment back.

**Chair Wotherspoon:** — Any further questions on this follow-up? Of course we've had implementation of the recommendation taken by the ministry and reported here today. Not seeing any, I'd welcome a motion to conclude consideration of the chapter.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — That's agreed. I'll turn it right back over to the Provincial Auditor to focus on the next chapter.

**Jason Wandy:** — Thank you, Mr. Chair. The Ministry of Health directly compensates fee-for-service physicians at established rates for medical services provided to eligible residents. It pays about \$650 million to just over 2,000 physicians each year. Physicians may submit bills for incorrect amounts because of misunderstandings, mistakes, or on occasion deliberate actions.

Chapter 14 of our 2026 report volume 1 reports the results of our fourth follow-up audit of management's actions on the one remaining recommendation we made in 2017 regarding the ministry's processes to detect inappropriate fee-for-service payments to physicians. By March 2026 the ministry implemented the last remaining recommendation. The Ministry of Health implemented a new claims IT [information technology]

system in February 2024 that helps prevent inappropriate physician billing claims. The ministry also enhanced its capacity for investigating and auditing potentially inappropriate physician billings.

During fiscal 2025-26 the ministry completed 39 physician claim audits along with another 46 audits that were in progress, a significant increase from its audit of four claims in fiscal 2023-24. Having enhanced investigation capacity, supported by an adaptable IT system, allows the ministry to detect inappropriate physician billings.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay, thanks for the follow-up report on this front as well. I'll turn it over to ADM O'Neill for a brief remark. Of course you've reported implementation on this front so whatever remark you have, and then we'll go to the questions.

**Norman O'Neill:** — So regarding the recommendation to assess options to conduct more investigations into physician billing practices, the ministry agrees that the recommendation is fully implemented. And we'd be happy to take questions from the committee.

**Chair Wotherspoon:** — Okay, committee members. Who might have questions? MLA Pratchler.

**Joan Pratchler:** — Thank you. There were a variety of reasons that there were errors or anomalies in billing. In the past five years, can you break down as to how many were just oops, fixed, or intentional? Do you have that categorized?

**Ingrid Kirby:** — Thanks for the question. I'm Ingrid Kirby, assistant deputy minister. We would not have an ability to tell which claims were submitted in error versus which were purposely submitted incorrectly.

**Joan Pratchler:** — Okay. It says on page 179, you know, they began to meet monthly to discuss IT systems, for new assessment rules, modifications to existing rules in the system. Who was the provider? Who was the IT provider for that system? Or was that done in-house?

**Ingrid Kirby:** — Again thanks for the question. The solution was implemented through eHealth Saskatchewan, but the provider is CMS, or Canadian Medical Solutions.

**Joan Pratchler:** — Thank you. And it is fully operational at this point?

**Ingrid Kirby:** — Yes.

**Joan Pratchler:** — Okay. That's all I have.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — I wonder if you could share with the committee how the new IT billing system has assisted the ministry and doctors with accuracy in submitting these claims.

**Ingrid Kirby:** — Give me one second.

**Hugh Gordon:** — Sure.

**Ingrid Kirby:** — So the new system allows physicians to attach documents. So if they're submitting a claim that requires additional information, they can attach it directly into the system. They can also include the times. So we do have some fee codes that are time based. So you know, we pay a base on 15-minute increments, and so physicians can directly enter the times into the system.

[10:00]

And then our previous system would run on a biweekly basis. This runs continuously, so physicians would get almost real-time, next-day feedback on their claim. So if there is an issue with their claim, they get it the next day. They can adjust their claim or work with a claims assessor to fix it.

**Hugh Gordon:** — Okay. Thank you.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — Would you be able to provide any numbers as to the achieved savings since implementing that new IT billing system?

**Ingrid Kirby:** — So to answer this I'll speak to the increased audit functionality that we have. So we have, as the auditor noted, increased our audit capacity through additional senior audit officers. So specifically I noted in the auditor's report we went from four audits in 2024, and in '24-25 full fiscal year we completed 40 total audits, and at that point we recovered \$179,000 through routine audits.

In 2025-26 we increased that to 88 total audits with total recovery of \$446,000. And then year to date so far, April to September, we have 20 audits completed, 35 in progress, again with 182,000 to date. So we have increased our recoveries through our routine audit functions.

**Joan Pratchler:** — And what trends are you seeing?

**Ingrid Kirby:** — So in terms of trends, it's just all over the map. We do have, you know, family physicians, roughly 50 per cent. So a lot of them tend to be family physicians that have claims audited. But other than that, it's just generally all over. There's no specific trends that we're seeing at this point.

**Joan Pratchler:** — And is that because it's still too new?

**Ingrid Kirby:** — We're two years in with it, so it is still fairly new, I would think. But just generally, you know, with the increased functionality, we'll probably see more trends over time because we do make adjustments to the assessment rules and stuff over time. So yeah, still to be determined maybe.

**Joan Pratchler:** — And do you have plans in place to start analyzing that to find out where there might be room for, you know, professional development or education on those things?

**Ingrid Kirby:** — Well the team is always assessing where there are opportunities to improve our billing processes. The team did work closely this year with the College of Physicians and

Surgeons of Saskatchewan, the Saskatchewan Medical Association. And just in September they launched a new physician billing education course. So that's been received quite positively. But again, just released last month. So we'll assess and see how that goes going forward.

**Joan Pratchler:** — Okay, thank you. That's all my questions.

**Chair Wotherspoon:** — Any further questions, committee members? Again this is a follow-up chapter. Implementation's been identified. I'd welcome a motion to conclude consideration of chapter 14.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — Okay, that's carried. And I'll turn it over to the Provincial Auditor to shift our focus to chapter 15.

**Jason Wandy:** — Thank you. While opioid medications can improve patients' quality of life by relieving pain, they are associated with a high risk of misuse and addiction or diversion leading to overdoses and deaths. Saskatchewan had a total of 331 apparent opioid drug toxicity deaths in 2025, an increase of 84 per cent from 2019.

Chapter 15 of our 2026 report volume 1 reports the results of our third follow-up audit of management's actions on the two remaining recommendations we made in 2019 about the ministry's processes to monitor the prescribing and dispensing of opioids to reduce misuse and addiction.

By March 2026 the ministry implemented the two remaining recommendations. The ministry enhanced the prescription review program by beginning to implement the recommendations from an external program evaluation completed in 2023. It established an advisory committee to enhance communication with program partners, such as the Saskatchewan College of Pharmacy Professionals and the College of Dental Surgeons of Saskatchewan, and developed program objectives, actions, and deliverables. The advisory committee plans to monitor progress on the program deliverables annually.

In February 2026 the ministry also established a comprehensive, risk-based approach to identify concerns and set mitigation strategies, like referrals of pharmacies to the Saskatchewan College of Pharmacy Professionals, for inappropriate opioid dispensing practices in Saskatchewan pharmacies. Actively monitoring prescribing and dispensing of opioids helps ensure only patients experiencing chronic pain receive opioids and risks of opioid addiction are appropriately managed.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay, thanks again for this follow-up for folks following along at home. This chapter was delivered in '19, and then follow-up here at this committee in 2022. And we've had the implementation and some of the actions reported

by the ministry, which is excellent. I'd kick it over to ADM O'Neill for some brief remarks, and then we'll go from there.

**Norman O'Neill:** — I'll just note that we agree with the auditor's assessment that our two outstanding recommendations have been implemented. And again we'd be happy to take questions from the committee.

**Chair Wotherspoon:** — Looking to committee members that may have questions. MLA Pratchler.

**Joan Pratchler:** — Thank you. On page 184 it talks a little bit about the advisory committee in the references at the bottom of the page. And it's quite a robust group that you have on that committee.

I don't see any former users. And maybe there was; it's just not mentioned here. Was that community consulted as to how they might input into recommendations?

**Chantelle Patrick:** — Hi, Chantelle Patrick, executive director, drug plan and extended benefits branch. So I do sit on the advisory committee. And so we just updated the terms of reference as part of our ongoing work in this area, and we are consistently looking at people that we could potentially add to the committee. We haven't yet, but we are in discussions about potentially adding more people to the advisory committee that could provide some value.

**Joan Pratchler:** — Would that be people that have been former users or have direct connections with the community, to provide some insight that perhaps health professionals might not bring to the table?

**Chantelle Patrick:** — Yeah, absolutely. Yes.

**Joan Pratchler:** — Thank you. On 184 it suggests that there was an external consultant to help, you know, roll this through. Who was that?

**Chantelle Patrick:** — That was Meyers Norris Penny.

**Joan Pratchler:** — What kind of objectives were set with that program?

**Chantelle Patrick:** — So the objectives under the prescription monitoring and analysis is to collect, analyze, and review prescription data related to the panel of monitored drugs. The outcomes or measures that we use: our annual review of data reports for alignment with program objectives, annual analysis of prescribing trends, and communications issued.

Under prescriber support and education: to provide timely, evidence-based prescribing information and program guidance. And how we measure this is tracking of external inquiries and response times; annual reporting on education activities, topics, and formats; completion and maintenance of service agreements with each regulatory college, with copies provided to the Ministry of Health.

And then our targeted prescriber communications: issue alerts and explain letters where monitoring indicates potential inappropriate prescribing; our measures to develop and maintain

evidence-based parameters to assess the impact of prescriber communication through specific quality improvement initiatives; annual reporting on the volume, type, and outcomes of communications; identification and reporting of impact of time to initiate prescriber communication and follow-up compared to the previous year.

We have another objective under risk-based profiles and dispensing oversight. So to maintain prescriber, patient, and pharmacy profiles to support risk-based monitoring.

Next one: reporting, evaluation, and trend analysis to provide statistics, reports, and analysis to support program oversight and policy development.

Sixth one is system improvement and jurisdictional review to conduct jurisdictional scans and system reviews to inform program and system improvements.

Next is public and stakeholder education to deliver education initiatives to prescribers and the public related to appropriate use of monitored drugs.

Next one and last one is strategic advice and governance support. So provide strategic advice and information to program partners, so the ones on the advisory group.

**Joan Pratchler:** — Okay. Thank you. So the overall is to reduce or hopefully eliminate inappropriate use of opioid prescriptions or use, I suppose. If you were to give an interim update, is it working? And what would be your evidence on that?

**Chad Ryan:** — Right. I have a couple of things on that. I think what we have to look at too is that the policy and guidelines in place does not replace clinical judgement, regulatory authority, or professional standards. So we want to make sure that physicians still have that opportunity to prescribe when required, and so we don't want to over-police something or pull away from somebody being able to do their ability.

What we have seen is that we have seen reductions since 2023 specifically in each of the areas. And so most notably in pediatric codeine, a 70 per cent decrease in follow-ups required. Pediatric, another pediatric opiate, a 43 per cent decrease in prescribing following educational letters.

The 80 per cent of practitioners who received in 2024 a portrait, which were identified, are no longer a part of those top 50. So we had them reduced through that education component. And then a 31 per cent decrease in patients prescribed in combination among the original letter group. So we're seeing a consistent decrease with opiate being prescribed in that.

[10:15]

And the whole intent behind that is really looking, identifying through the system with regards to the risk to ensure that individuals, they're not doctor shopping, they're not using multiple pharmacies, there's no required early refills, and there's no diversion of the pharmaceutical as well as then the potentially inappropriate side.

So we really want to create a robust system to guide it, but we

also want to allow the physician the opportunity to prescribe it. But we are seeing the results.

**Joan Pratchler:** — And has there been any feedback from physicians feeling that they may be a bit constrained, or are they by and large happy with what's going on?

**Chad Ryan:** — Yeah, no. Good question. Not directly. Again this is not to stand in front of the physician to reduce it. Physicians prescribe freely based on their education and regulatory bodies and professionals that they adhere to. What this is to do is to catch situations where it may be flagged in the systems. There's a very robust system with regards to prescribing opiates, internal systems of checks and balances, and this is just the adding to it.

**Joan Pratchler:** — Thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Yeah, I'm just going to circle back to the implementation of the first recommendation. It says you've a prescription review program advisory committee, saying that it has this mandate to oversee and assess whether the prescription review program is helping to reduce. I know you say you've implemented that recommendation, but I'm not certain if it's in the update as to how you've determined whether that prescription review program is actually working. Can you expand on that, please, for the committee?

**Chad Ryan:** — I think if we'd go back into the previous statement that I provided, specifically on the reduction of the opiates being prescribed as well as the physicians who have been flagged in the system, is that we're seeing significant decreases in the amount of opiates prescribed by physicians. We're seeing a decrease in the amount of letters that were being sent out by this.

And again, I'm constantly reminded that this is an education program. And so statistically, as I read out previously in this statement, that we have seen some reductions in the overall. So we feel at this time that it is working. As well as Chantelle indicated, as her sitting on that committee, is that the committee started up again, revised with terms of reference last year. So again they're seeing more and more results with regards to the work with the College of Physicians and Surgeons to reduce that prescribing or look to seek, identify those risks that are happening within the community.

**Hugh Gordon:** — Is that something the committee would also like fashion reports on and say, we can indicate we're seeing some trends, here's some numbers we can track and monitor that progress in that regard?

**Chad Ryan:** — Right now the College of Physicians and Surgeons does provide an annual report, and maybe . . .

**Chantelle Patrick:** — Yeah, and that's what the staff are there to do. So the funding that we provide for the program delivery, there's PRP [prescription review program] staff, and they provide those updates to the advisory committee when we meet.

**Hugh Gordon:** — In the report towards the end there, it refers

to 10 risks related to inappropriate prescribing, dispensing of these medications, four of which are associated with pharmacies. Can you, just for the benefit of the committee, advise us what those risks are?

**Chad Ryan:** — Yeah, thank you for the question. So I can summarize the 10 specifically, going back to that original statement that I had.

Specifically it's looking at the risks for physician shopping. So individuals may go around to different clinics at the time to try to get opiates prescribed. The utilization of multiple pharmacies, looking at different pharmacies — if I were to go to a pharmacy and get the prescription filled and then go to another pharmacy — so that is flagged within the system there. Early refills, if I'm coming back consistently beyond my 30-day meet or whatever I'm prescribed on it. Diversion of the drug, having the prescription filled and moving along. And just the potential inappropriate prescribing generally by physicians.

So all these categories then are looked at and flagged within the system, which then would result in potentially a letter being sent out to the physician or to the pharmacy which it's flagged.

**Hugh Gordon:** — Thank you.

**Chair Wotherspoon:** — MLA Keisig.

**Travis Keisig:** — Thank you, Mr. Chair. Ms. Patrick, you made a comment: PRP staff. Could you just define that acronym for myself, the committee, and Saskatchewan people.

**Chantelle Patrick:** — Prescription review program.

**Travis Keisig:** — Thank you.

**Chair Wotherspoon:** — I like these points of clarification. These are good for everyone following along. Any further questions, folks? Not seeing any. Super important work again on this front. And thanks to everyone that's been involved in improvements on this front. I'd welcome a motion to conclude consideration of chapter 15.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

### Health Care Affiliates

**Chair Wotherspoon:** — All right. Okay, we're going to shift gears here now. The health care affiliates. ADM O'Neill, are we ready to rock on those ones, that new chapter there?

**Norman O'Neill:** — We're ready.

**Chair Wotherspoon:** — Okay, let's go. I'll turn it over to the Provincial Auditor to turn our attention to chapter 3 focused on health care affiliates and a new recommendation.

**Jason Wandy:** — Thank you, Mr. Chair. Chapter 3 of our 2025

report volume 2 describes the results of the annual audit of 33 health care affiliates for fiscal 2024-25.

We found that health care affiliates prepared reliable financial statements and complied with the authorities governing their activities related to financial reporting and safeguarding public resources. Additionally they had effective rules and procedures to safeguard public resources, other than the one new recommendation described in our chapter.

We found one recommendation made to All Nations' Healing Hospital Inc. was no longer relevant as All Nations' did not undertake any capital projects exceeding \$100,000 in 2024-25 and therefore did not need to obtain minister approval.

On page 27, we recommend All Nations' Healing Hospital Inc. appropriately approve expense transactions prior to processing payments. Audit testing of 33 transactions found All Nations' processed 16 payments without appropriately documented approval of the invoice and/or electronic fund transfer. These payments amounted to almost \$43,000 in total expenses. Without consistent documentation of expense approvals, there's increased risk of All Nations' processing payments for inappropriate or fraudulent transactions.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay, thank you for the focus of the report. I'll kick it over to ADM O'Neill for some brief remarks and then we'll see what we have for questions.

**Norman O'Neill:** — I'll just touch on the first recommendation since it's new. It is for All Nations' Healing Hospital to appropriately approve expense transactions prior to processing payments. Since the issue was raised and brought to management's attention, the financial policies have been reviewed with all staff.

In addition, onboarding of all new finance employees and senior managers includes review of financial policies and procedures as they affect the organization, including contract and signing approval thresholds. Our view is that this recommendation has been fully implemented.

**Chair Wotherspoon:** — Okay, thank you for that. Looking to committee members that may have questions. MLA Pratchler.

**Joan Pratchler:** — Thank you. Have any payments been made or attempted without approval since the implementation of this recommendation?

**Norman O'Neill:** — We're not aware of any.

**Joan Pratchler:** — What is the All Nations' Health current score on the facility condition index? Do you expect to perform any capital projects beyond \$100,000 in the next five years?

**Norman O'Neill:** — I'll just note that the threshold's been raised from 100,000 to \$250,000 for the approval levels. I don't have the FCI, or facility condition index, in front of me at this time, but we wouldn't expect All Nations' to proceed without approaching us for some level of funding, given the amount that they need approval on.

**Joan Pratchler:** — Okay. Would you be able to furnish the facility index at a later time to the committee at all?

**Norman O'Neill:** — Just give me one second to check. We're just checking with officials whether or not we have that information. If we have it, we'll provide it by the end of this meeting.

**Joan Pratchler:** — Okay. Thank you.

**Norman O'Neill:** — Given that they're an affiliate, we're not 100 per cent sure that we do have it, but we'll check with the people that would know.

**Joan Pratchler:** — So would you be confident or be able to comment whether the staff would have received guidance on how to properly seek ministerial approval at that time should they need something that's beyond 250,000?

**Norman O'Neill:** — I'll note that they responded to this audit. They sent us a letter on December 3rd. They noted that the issue was raised and raised with their managers in October. The response was in December, but they raised it with their managers in October. They pointed to their policy. So they have an internal policy, and it says the following:

(9.9.4) Onboarding of all new financial employees and senior managers includes a review of the policy financial procedures as they affect the organization, including contract and signing approval thresholds.

So they're basically reinforcing with new hires, and alleviates concerns for us.

**Joan Pratchler:** — Okay. That's all my questions.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — I know that the second recommendation on page 27 says it's no longer relevant. That may be perhaps the case today, but what of the event that perhaps there is going to be a capital project that comes along for All Nations' Healing Hospital? Cost of inflation these days, you know, 100,000 might not actually be a whole lot of money in 10 years' time compared to today. I'm just wondering if the All Nations' Hospital at least has some kind of policy or formal guideline to follow in the event it does undertake a capital project in that amount.

**Norman O'Neill:** — So I suspect that the relevancy question is primarily due to the policy changing from 100 to \$250,000. That's why it's no longer relevant. Our experience anyway would be that most of our partners are going to come through the SHA looking for some contribution anyway, particularly at that threshold or higher. So we wouldn't expect to see something as a surprise, and typically it'll be foreshadowed in advance. We do capital planning on a multi-year cycle.

**Hugh Gordon:** — Thank you.

**Chair Wotherspoon:** — Okay. Any further questions, committee members? Not seeing any, I'd welcome a motion to . . . I guess we're not concluding. This is a new recommendation that we concur and note compliance with recommendation 1.

Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — Okay. That's carried.

### eHealth Saskatchewan

**Chair Wotherspoon:** — We will shift gears once again, a little changeup of officials at the table here, I know, and turn our attention to eHealth and the chapter pertaining to eHealth. And I'll kick it over to the Provincial Auditor to make presentation.

**Jason Wandy:** — Thank you, Mr. Chair. Chapter 1 of our 2025 report volume 2 reports the results of our annual integrated audit of eHealth Saskatchewan for the 2024-25 fiscal year. We found eHealth's financial statements were reliable and it complied with the authorities governing its activities related to financial reporting and safeguarding public resources. Additionally eHealth had effective rules and procedures to safeguard public resources other than the matters described in our chapter.

During 2024-25 we found eHealth finalized the remaining key aspects, including security and disaster recovery requirements of its IT service level agreement with the Saskatchewan Health Authority. Having an adequate service level agreement decreases the risk that eHealth fails to meet the Authority's IT needs.

eHealth partially implemented our recommendation on page 18, where we recommended eHealth Saskatchewan have an approved and tested disaster recovery plan for systems and data. eHealth Saskatchewan is responsible for 55 critical IT systems that are critical for the delivery of health care in Saskatchewan. As of March 2025, we found eHealth completed partial testing of its disaster recovery plans for these systems.

[10:30]

eHealth indicated that annual full disaster recovery tests may not always be feasible for all systems, as full system outages may negatively impact patient care. In response, it planned to use a risk-based approach to complete partial tests in non-production environments. However it had yet to begin summarizing all the system components it had partially tested to demonstrate coverage of all necessary components and aspects of the recovery plans for these critical systems. eHealth expected to begin tracking its partial tests by fiscal 2026-27.

As ransomware and cyberattacks steadily rise and evolve, agencies like eHealth need tested disaster recovery plans that enable speedy and easy recovery of systems and data. Pages 19 and 20 include an update regarding two recommendations about eHealth's IT network we first made in our 2019 audit of eHealth's processes for securing portable computing devices.

We assess eHealth's progress to implement these recommendations annually. We recommended eHealth Saskatchewan implement a risk-based plan for controlling network access to mitigate the impact of security breaches and utilize key network security logs and scans to effectively monitor the eHealth IT network and detect malicious activity.

At March 2025 we found eHealth partially implemented both of

these recommendations. It continued to make progress toward implementing effective network access controls and improved monitoring of the eHealth IT network. eHealth continued working toward having centralized network access controls for all health sector agencies and network access ports. Network access controls' primary function is to deny access to unauthorized devices or users while allowing authorized devices and users appropriate access.

eHealth also began using a service provider in May 2023 to help monitor and manage the security of its IT network. At March 2025 the service provider had yet to implement network monitoring tools for all expected aspects of the eHealth IT network and had not started reporting on its monitoring activities. eHealth controlling IT network access helps mitigate the risk of security breaches and the extent of breaches. Effective IT network monitoring helps timely detection of malicious activity and mitigates the risks of a successful attack on its corporate network.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay, thanks for the important follow-up on this front. I'll welcome as well CEO Church and officials from eHealth that have joined us here today. And I'll turn it over to ADM O'Neill for a brief remark, and then we'll see what we have for questions.

**Norman O'Neill:** — I'll just touch on recommendations 2 through 4 given that the others are implemented.

Starting at recommendation 2, which is for eHealth to have an approved and tested disaster recovery plan for systems and data, eHealth established a formal disaster recovery program and continues to implement multi-year disaster recovery road maps to strengthen organizational resilience. Ongoing enhancements continue to be advanced through the disaster recovery road map and broader health system IT modernization initiatives.

Regarding recommendation 3, which is to implement a risk-based plan for controlling network access to mitigate the impact of security breaches, eHealth has advanced its road map to implement centralized network access controls across the health sector.

Foundational planning and preparation have progressed with implementation beginning in 2026 and continuing through 2029. This work will strengthen the security, visibility, and management of network access across the health system. Network-level compensating controls are implemented across the environment including internet access restrictions, network segmentation and isolation, and firewall restrictions.

There are also physical, identity, and access management controls in place that further restrict unauthorized access to the environment.

Regarding recommendation 4, which is to utilize key network security logs and scans to effectively monitor the eHealth IT network, eHealth uses centralized security tools, vulnerability scanning, and 24-7 security monitoring to identify, investigate, and respond to malicious activity across key health system infrastructure and technologies. These capabilities are supported

by strengthened incident response and recovery processes that help protect critical health services and reduce the potential impact of security incidents.

Reporting is provided to eHealth leadership on a regular basis and metrics continue to be reviewed and evolved.

Those are my comments. Thank you.

**Chair Wotherspoon:** — Okay, thank you. I'll open it up now to committee members that may have questions. Any questions, folks? MLA Gordon.

**Hugh Gordon:** — Thank you very much. With respect to, I guess it's recommendation no. 2 on page 18 of the report, can you tell the committee why it took eHealth so long to implement this recommendation? It was made in 2008, or almost 20 years since that recommendation was made.

**Davin Church:** — Davin Church, CEO of eHealth Saskatchewan. Thank you for the question. Can't really speak to, you know, decisions or approaches made 20 years ago. What I can say, over the last two to three years our primary focus has been to establish appropriate governance, work through appropriate maturity models, and progress the technology used in an appropriate formal road map to achieve the implemented status of this. And so that has really been where our focus has been, is around establishing an appropriate program with the proper governance and processes around it to implement so we can be in a position to have an appropriate disaster recovery program.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — But certainly you must know internally that this has been outstanding for so long. And you must know the reasons for that, do you not?

**Davin Church:** — So as you mentioned, progress on this recommendation certainly occurred over an extended period of time, as you mentioned. And you know, in that time we had significant restructuring of the health system within there as well.

And so you know, with that, combined with the operational bans of COVID during that time, certainly I would say extended the duration of the implementation of this. Since COVID really, you know, the addition of those critical accountabilities and the focus on those really were a primary focus of our organization over the last few years.

And so we did prioritize this work across the organization and really taking a different approach around a risk-based approach and really focusing on the most critical assets supporting the health system, and really then again around the governance and the maturity models and putting appropriate road maps in place to achieve this. And so I would say the expedited focus and culmination with, you know, extended duration with COVID as well as health system restructuring certainly extended that period of time.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — I'm looking at recommendation no. 2. The

auditor recommended that eHealth would have an approved and tested disaster recovery plan for systems and data. When I look at your actions taken to implement, I see it says they have a formal program, and it continues to implement its multi-year disaster recovery road map and strengthen organizational resilience.

And so I ask the question: so the disaster recovery plan still has not been tested? If so, can you help me reconcile where partially implemented is now implemented? I'm confused.

**Davin Church:** — Thank you again for the question. So as you mentioned, testing is a core component of the disaster recovery program. So all active disaster recovery playbooks have undergone testing using approved methods such as walk-throughs, partial testing, tabletop exercises, and as well as full tests.

In the fiscal year ending March 31, 2026 we did complete four full disaster recovery tests. Twenty-four partial recovery tests were completed as well as nine tabletop exercises were completed.

**Joan Pratchler:** — Thank you. I'm looking at recommendation no. 3. The auditor recommended — just that last part — that “mitigate the impact of security breaches.” And the planned actions for implementation are a multi-year network and connectivity road map. So this still suggests that it's still insecure. How many breaches have you had in the past five years, and how many more do we want? People of Saskatchewan would like to say, zero. What date can you assure the people of Saskatchewan that their health data is going to be secure and that there's checks and balances to make sure that that happens from this organization?

[10:45]

**Davin Church:** — Thank you for the questions. I'll try and address all of them. And certainly if I miss any, please let me know. So we've had zero cyber incidents in the last five years that have resulted in any breach or data loss. And you know, to the question around, you know, guaranteeing whether or not there'll be any, or not be any, cyber events, that's certainly not something in today's technology climate that anybody could guarantee. And so our focus has really been about mitigating controls and practices and implementing those.

And so eHealth, we continue to mature our information security management system, which really determines the security controls and requirements using industry best practices. As part of our maturity efforts, eHealth undergoes an annual external third-party maturity assessment, which we've continued to see positive improvements, which also then continues to inform our annual road map planning.

So you know, our focus has really been around the access and password policies, added verification for remote and higher risk access, regular reviews of some of the more powerful user accounts that help ensure that only authorized individuals are accessing health system technology.

As mentioned in ADM O'Neill's opening comments, the use of firewalls, internet restrictions, and separation of key parts of the

network help prevent unauthorized connections and limit how a threat could spread. And we continue to modernize our network and network security through the implementation of new technologies as those come available.

The security operation centre that we have implemented monitors key health system technology around the clock, investigates potential threats, and coordinates timely action to contain risk and protect health information and essential services. Security reviews are completed before significant technology changes or new products are introduced so the risks can be identified and addressed before they are connected to the health sector environment overall.

**Joan Pratchler:** — Just a follow-up. Who was the third-party assessor?

**Davin Church:** — Our last two maturity assessments were performed by Sagefrog, who was procured through a public procurement process.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — If the system goes down, what's your mean time for recovery?

**Davin Church:** — There are recovery time and recovery point objectives established for our 60 mission-critical systems. Now they vary depending on the system, and those are updated annually through defined processes as we work with the appropriate business owners predominantly, whether that be the SHA or others, on what those are and whether or not those recovery point or recovery time objectives need to be adjusted annually.

**Hugh Gordon:** — Can you just give some examples on a few?

**Davin Church:** — With the sensitive nature of that, that's not something that we like to put in the public realm. But we can table the recovery point and recovery time objectives of all those 60 mission-critical applications with the committee, if that's acceptable.

**Hugh Gordon:** — Yeah. How much time do you think you would need to do that?

**Norman O'Neill:** — So I think we can do it within the 30-day time limit that we usually get for returns. We can meet that 30-day window that we typically have for our returns.

**Hugh Gordon:** — Yeah. Very much appreciate that.

**Chair Wotherspoon:** — If I could intervene for just one sec. Just a point of clarification here. So if it's actually provided to the committee and tabled, it will become public. Are you comfortable with the information? Just I heard your first response there and I want to respect any matter of . . . just to make sure we have an understanding. So if it is tabled, which is certainly appreciated if that's appropriate, it would become public though.

**Norman O'Neill:** — Just given the sensitive nature, what we were talking about is that we could probably provide some level of scrubbed data within the time window. And then if it's not

sufficient for the needs, we can follow up after that. But we can take it away and we can do it within the 30 days with some scrubbed information to be respectable of the security vulnerabilities that we don't want to reveal.

**Hugh Gordon:** — Fair enough. I guess the heart . . . Sorry.

**Chair Wotherspoon:** — Thank you. Yeah, thank you for that. I think that's very reasonable, and then we can assess that information as well. I think it's valuable to have as much information that's able to be viewed in the public domain available in that way.

We have the alternative as well as a committee to move in camera or something at different times. But it seems to me, with what your response is, that you feel you can respond to this question, providing information that protects the organization and any interests. And I think that we can go from there.

Just sort of flagging that we do have the ability to receive information in camera as well. It is preferred to take it publicly, but never want to put something at risk. MLA Gordon.

**Hugh Gordon:** — Yes, just the heart of the question essentially is, are we comfortable with the recovery time frames, the mean time for recovery? Is that adequate? Like the job of the committee is to do some oversight in this regard because this was touching on one of the major recommendations that's been outstanding for so long.

So if there is some way to communicate that to the committee, table it later, maybe without the specifics that you were concerned about, but in a way that assures the committee that you in fact have addressed this recommendation in a satisfactory way so that, you know, we're assured that the mean time for recovery if the system goes down is . . . You are capable and you've got the ability to mitigate any damage or any risks that are inherent there.

And I'll go on to my next couple of questions, put them together here. How much data can you accept the loss of? And if it's not recoverable, what are your business plans to go forward?

**Davin Church:** — Your question regarding how much data can be accepted to be lost, that is again defined on a system-by-system level by the business owners. So that would be the clinical service lines and so forth. And so that's what we then use our disaster recovery testing to ensure that we could meet. We certainly, you know, through our backup strategies and backup security strategies is our mitigating approaches to minimize any loss as well as that duration.

To the question on business continuity, again the business continuity plans are those of the service lines or the business owners versus eHealth. And so that would be relied upon for the service lines' business continuity plans to be enacted should there be any of those data losses or system outages.

**Hugh Gordon:** — Are you comfortable with those plans? If that data is not recoverable, are you comfortable with the service provider, the service owners' plans in that respect?

**Davin Church:** — That's not something I could speak or weigh

in on. That's really within the parameters of the Saskatchewan Health Authority to determine whether or not their business continuity plans are sufficient to continue to operate their services.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — So are the users happy with a certain amount of data getting lost? And are they comfortable with the amount that has to be recovered so that they can carry on?

[11:00]

**Davin Church:** — Linking back to the IT service agreement and the service catalogue, all of those objectives are set out within there, which is then agreed to by the SHA including the mean time to recovery. The recovery point objectives are included in there. And so they would be the ones that would be agreeing that that's sufficient as far as the business continuity as well as the recovery point objectives.

**Joan Pratchler:** — And you're confident that you can deliver that to them under those parameters that they set out?

**Davin Church:** — Yes.

**Joan Pratchler:** — Okay. So I'm looking at no. 4 recommendation where the auditor recommended that eHealth utilize key network security logs and scans to monitor the eHealth IT network and detect malicious activity. And then when I read the actions that are taken to implement that, there's a variety of them: 24-7 security monitoring; next paragraph, infrastructure is being built. Anyway all of those things sound good to hear.

Could you please tell me what the industry standard metrics are that you're employing and that you're reporting on that demonstrate your security systems are effective?

**Davin Church:** — So certainly I mentioned earlier around the ISMS [information security management system] maturity rating, which is an industry standard and independently assessed, we also have various security KPIs [key performance indicator], including our vulnerability management coverage, training in awareness which also ties to results from phishing simulation. And so we do have a number of KPIs. Those are a few examples. Those are reported to both the eHealth executive team, our board, as well as our partner governing structures that are set out through the ITSA [IT Solutions Association of Saskatchewan] governance on a regular cadence.

**Joan Pratchler:** — And are you comfortable in saying that those are effective?

**Davin Church:** — Yes.

**Joan Pratchler:** — Thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Just with respect to the outstanding recommendation no. 3. You say you're going to begin the implementation this year, or have begun. When do you expect to

have it implemented? How long will that be?

**Davin Church:** — Thank you for the question. So the timeline for this recommendation will carry through 2029, and the biggest component of that is we do have to do this work across all the SHA facilities. And so really balancing not disrupting patient care with the speed of delivery.

Notwithstanding, just to reiterate, these aren't the only controls that would be in place. There's certainly, you know, the network-level compensating work to controls that are already implemented, firewalls and the like that was mentioned earlier that are also currently in place. And this is continuing to strengthen that in conjunction with our five-year road map.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Thank you for that. You mentioned that you conducted four full tests, and I think it was 24 partial — correct me if I'm wrong — partial tests. Did you find any critical issues with those tests? If so, how many of those issues have yet to be resolved?

**Davin Church:** — So certainly the testing is designed to validate the recovery capabilities, as you mentioned, and ensure that services remain available. And so as we perform our tests, any issues that arise, we do have a tracking mechanism and those are continuously monitored. We did have one recovery failed in 2024. That system has since been replaced with a new system which has undergone its own testing, which was successful.

**Hugh Gordon:** — Thank you for that. Could you also share with the committee how frequently partial, full, and tabletop tests are planned to be conducted moving forward?

**Davin Church:** — Back to the risk-based approach. So again, it varies depending on system. Right now it's between, depending on the system, either between one and three years unless there is any type of major change to that system — substantial upgrades, those kinds of things. Then that would be revalidated at that point sooner than its current cadence.

**Hugh Gordon:** — Do you have an update on the progress that's been made to summarize all the system components that have been partially tested to show it's covered all the necessary components of the recovery plans?

**Davin Church:** — So we are just getting some additional information on your question. However I just wanted to iterate, when we speak to partial testing, we aren't saying that we're just testing a component of a single system. That is end to end, so a complete test would include everything that is required for that system to wholly operate, whether it's part of that solution used directly by the end-users or not. And so that would be everything from how people log in to if information needs to move to different systems. That would be the complete test, kind of tip to tail.

Partial tests would be that we're actually testing, say the lab information system as a whole but not the integration or the active directory component, say. That would be considered a partial test if it's just the lab system as an example.

[11:15]

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — Now what things has your organization done or what provisions have they taken to address the impact of AI [artificial intelligence] and specifically rogue AI infiltration into your systems?

**Davin Church:** — Thank you for the question. Provincially we have an AI governance committee that's been established which looks at any of the artificial intelligence tools being requested or used within the health system. Any tools used within the system, no different than any of our other corporate applications, they need to be vetted, assessed, and approved, including security assessments and risk assessments associated with them.

To your question around some of maybe what's been in the news around some rogue AI components and things like that, certainly, you know, our continued monitoring and other security controls would be a mitigating factor in that as well.

**Joan Pratchler:** — When you speak of the AI committee, is that specifically only to SHA or is it a province-wide committee?

**Davin Church:** — Yes, it's province-wide, and so has representation from all health system organizations.

**Joan Pratchler:** — Health system organization.

**Davin Church:** — Yeah.

**Joan Pratchler:** — Okay, thank you.

**Chair Wotherspoon:** — No further questions over here. Any further questions, committee members? Not seeing any, thanks for the time and the responses here today and the undertaking to get a little bit of information back to us. Not seeing any other questions, I'd welcome a motion to conclude consideration of chapter 1.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — Okay. That's carried. Thanks so much to CEO Church and your officials for joining us. And we're going to turn our attention now to the Saskatchewan Cancer Agency.

Okay, folks, before we shift gears fully to the Saskatchewan Cancer Agency — and I want to thank the officials, CEO Bulych and her team, for joining us here today — I would invite ADM O'Neill. He's identified that they have some information in response to one of the earlier chapters. Probably best for us just to receive it in this way. So go ahead, ADM O'Neill.

**Norman O'Neill:** — So it's in regards to the health care affiliates chapter. Earlier in the meeting it was asked about the facility condition index for All Nations' Healing Hospital. We last did a facility condition index assessment in 2023, and the score is 0.46,

where a range of zero to five is considered good. And our next scheduled assessment of the FCI will be in 2028.

**Chair Wotherspoon:** — Thanks for getting us that information.

### Saskatchewan Cancer Agency

**Chair Wotherspoon:** — We'll shift gears now, and again we welcome the officials here with the Saskatchewan Cancer Agency and president and CEO Bulych and her officials. But I'm going to turn it over to the Provincial Auditor to make presentation on chapter 20, and then we'll go from there.

**Jason Wandy:** — Thank you, Mr. Chair. In Saskatchewan, colorectal cancer is the second leading cause of death by cancer. Approximately 90 per cent of colorectal cancers can be prevented or successfully treated if caught early. The Saskatchewan Cancer Agency is responsible for providing services with respect to screening individuals for and prevention of cancers including colorectal cancer.

In 2024-25, the agency spent over \$2.7 million on its screening program for colorectal cancer. Chapter 20 of our 2025 report volume 2 describes our second follow-up audit of management's actions on the six remaining recommendations we originally made in 2020 regarding the agency's processes to deliver its population-based screening program for colorectal cancer.

By June 2025 the Saskatchewan Cancer Agency implemented five of the six remaining recommendations. We found the agency worked with the Ministry of Health and the Saskatchewan Health Authority to reduce the time patients wait for colonoscopies by standardizing the booking process and expanding booking services coordinated through the agency. It also worked with the Authority to determine an expected time frame for providing pathology results to health care providers related to colorectal cancer screening; that is, completing 95 per cent of pathology reports within 14 days after a colonoscopy.

Additionally the agency provided senior management and its board with annual analysis of results for key quality indicators, aligning with nationally accepted indicators for its screening program for colorectal cancer.

The agency partially implemented the recommendation on page 211 where we recommended the agency analyze if its promotional strategies help increase participation in its screening program for colorectal cancer.

Since 2017 the participation rate of individuals aged 50 or older in the agency's colorectal cancer screening program remained well below Canada's benchmark of 60 per cent. The agency tracks participation in its screening program by former health regions. We found the participation rates of northern Saskatchewan residents in the screening programs, such as residents in La Ronge or La Loche, remain the lowest in the province, below 30 per cent.

We found the agency drafted an outreach and engagement strategy for its screening program for colorectal cancer to address the province's low participation rates and expected to finalize the strategy in 2025-26. During 2024-25 the agency held 11 events, such as conference presentations or display booths at community

health fairs, to promote colorectal cancer screening.

While the agency began using a new tracking tool in April 2024 to better collect and manage promotional event information — for example, the purpose, target population, or the number of attendees — it had yet to analyze the impact of its promotional activities on participation rates, such as whether events held in La Ronge increased program participation rates.

Further promotional strategies on under-screened areas and groups to raise awareness and educate should lead to increased program participation rates. Analyzing these promotional events will help to determine whether these events achieve desired outcomes.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay, thank you very much for the focus of the chapter and the follow-up on this front. I'll turn it over to ADM O'Neill for some brief remarks, and we'll go from there.

**Norman O'Neill:** — Okay, I'll just touch on recommendation 1, since the remaining recommendations are considered fully implemented by the Provincial Auditor office. Regarding that first recommendation, which is to analyze whether promotional strategies increased participation in screening programs for colorectal cancer, the agency is evaluating community outreach alongside participation trends, recognizing that provincial participation rates alone cannot tell the whole story.

The agency combined its prevention and screening departments to bring screening, health promotion, and outreach together. Dedicated staff work with communities, partners, and health care providers to improve colon check education, awareness, and uptake. An outreach and engagement framework, as well as evaluation tools and trackers, are in place to analyze its promotional activities and community engagements.

The agency's dashboards provide screening the participation data by age and region to support this work and guide local outreach. Projects under way include understanding barriers to participation among people aged 50 through 54 and updating promotional materials.

And this concludes my comments for this chapter.

**Chair Wotherspoon:** — Okay, thank you for that. Committee members, does anyone have questions? MLA Pratchler.

**Joan Pratchler:** — Thank you. Welcome. On whatever page last year — '24-25 — \$2.7 million was spent on this program. How much was spent this last fiscal year? Do you have a sense of that? Okay.

**Deb Bulych:** — Good morning. Deb Bulych, president and CEO of the Cancer Agency. Thanks for the question. This past year, 2.9 million spent on colorectal.

**Joan Pratchler:** — And how much of that would you say was used for promotion and outreach? And if I could just add to that, especially up North.

**Deb Bulych:** — 514,000 were spent on advertising and promotion. I apologize; we don't have it stratified north-south. It's for the province.

**Joan Pratchler:** — Okay, because up north has more challenges in terms of this — yeah — disease. Do the underserved communities receive tailored promotional materials and tailored information compared to, you know, maybe the other parts of the province?

**Deb Bulych:** — Yes, and I have a good example for you.

**Joan Pratchler:** — Okay, perfect.

**Deb Bulych:** — Thank you for your patience with me. A couple examples of how we've amended promotional materials. We've attended Back to Batoche and we've done broader campaigns, and hearing from our northern partners there was some specific information needed. There was misconceptions around colorectal screening. So we have since redone our ColonCheck brochures with specific information targeting some of those misconceptions, and people in our rural and remote areas.

**Joan Pratchler:** — Are there plans to put a more concerted effort into, you know, north of P.A. [Prince Albert] and up there for helping with this?

**Deb Bulych:** — Yes. We do have a few examples, but I think the one that best illustrates what you're asking is we have a program that we're building with La Ronge and Ile-a-la-Crosse where issues have been identified specifically in those areas, and we're going to work with those partners in terms of building specific promotions to them.

But it's also about barrier reduction. Because we know certainly that promotional activities are only one part of helping increase participation rates, we have to be able to work with communities and understand what the barriers are to participating in screening. And so those projects are under way and they are definitely targeted areas that we're working with.

[11:30]

**Joan Pratchler:** — And so right now, just what's your rough sense of what some of those barriers are then?

**Deb Bulych:** — The biggest barrier is the misconception around the FIT [fecal immunochemical test] kit and how it works. And people don't want to do it. So we're targeting the education around exactly what it is, how easy it is, and working with the community up there to understand and utilize language and concepts that makes most sense to them. So the big barrier is the kit itself.

**Joan Pratchler:** — And do you have people from the community helping input into what might be, you know, ameliorations into those materials and things?

**Deb Bulych:** — Yes, absolutely. We firmly believe we do things with community, not to them. And it's engagement with them that guides our work.

**Joan Pratchler:** — Thank you for that. I notice that most of the

reporting is in three-year segments in terms of tracking participation. Is it time to move to yearly?

**Deb Bulych:** — We do have the ability to know yearly intervals. The test is done every two years. The three-year interval rate is CPAC, the Canadian Partnership Against Cancer, which we follow. So we adhere to their guidelines for reporting, which is why the three years. But we can pull out yearly rates.

**Joan Pratchler:** — So what would be the participation for our northern friends this past year? Do you have an idea of that?

**Deb Bulych:** — So the three northern regions that we're tracking, we have 2025 participation rates. Mamawetan Churchill River was 35.04 per cent, Keewatin Yatthé was 29.97 per cent, and Athabasca health authority was 32.67 per cent.

**Joan Pratchler:** — A bit better than the last three-year . . . What about provincially? Are you finding participant patient rates are going up?

**Deb Bulych:** — Yes. We're currently at 49.5 per cent. We're the highest in Canada. I think as long as I've been around, we have been the highest in Canada. But again, you know, we talked last year, that 60 per cent target. It's a target we're all still aspiring to. Happy to say though that . . . Not that we're not reaching it. That doesn't make us happy. But what makes me happy is we're still the highest in Canada, and we do continue to show improvements.

**Joan Pratchler:** — And what are the key factors in improving that? Is it promotion? What is it that's going to bring that up in your secret sauce of tools?

**Deb Bulych:** — You know, I don't know about the secret sauce so much as it's multi-faceted. I think again it would be a recipe with several ingredients. So it's the community engagement that we're doing. We've done 29 events since the last audit, where we're out promoting colon check and other screening programs as well.

Combine that with a lot of our engagement work with communities, where we're trying to reduce barriers — the misunderstandings, some practical barriers, people's understanding of the importance of screening and the fact that we can prevent cancer through screening. I think the more that we continue to not . . . I know we're talking about promotion strategies, but as long as we do that plus all of these other things, I think we'll continue to make great strides.

**Joan Pratchler:** — Thank you.

**Chair Wotherspoon:** — I just have a question here as well. Just with respect to the colonoscopy to pathology and the lab-by-lab information that's provided here, obviously that's very important. And we know there's huge pressure on the pathology labs in the province and, you know, specifically looking at the Regina Pasqua numbers there.

The target of course is 14 days from colonoscopy to pathology. In 2024 that number was over 70 days for Regina. Do you know what the current numbers would be for, I guess, 2025 and if that's trending downwards? Again we know there's huge pressures on

those labs, and we know how important that quick turnaround is.

**Deb Bulych:** — For the year '25-26 the number was 72.18 days.

**Chair Wotherspoon:** — Thanks. Thanks for that information, yeah.

**Deb Bulych:** — Sorry, I believe that's the average provincially. One second, I'll just . . . I gave you the wrong number. It's a good thing I checked. I apologize, Mr. Wotherspoon.

**Chair Wotherspoon:** — No, that's good. I was nervous.

**Deb Bulych:** — It's going . . . It's trending down. Please don't be nervous.

**Chair Wotherspoon:** — Right.

**Deb Bulych:** — Yes. It was 40.77 in 2024. It is now 33.27.

**Chair Wotherspoon:** — And that's the average of the Regina . . .

**Deb Bulych:** — Pasqua Hospital.

**Chair Wotherspoon:** — Sure. And do you know what the number was for 2025?

**Deb Bulych:** — 2025 is 33.27 average days.

**Chair Wotherspoon:** — That's good because that 70 seems to be an outlier point of concern, and that was there for '24. So they've kind of cut that in half in 2025. And the target being 14 days for any one of these labs. So thanks very much for that information. MLA Gordon.

**Hugh Gordon:** — What's the current median wait time for a colonoscopy? And do you have a breakdown by region or group for that?

**Deb Bulych:** — Sorry, I just wanted to make it clear and remind the committee that this is actually within the purview of the SHA, but we have come prepared with some numbers today.

**Chair Wotherspoon:** — For sure.

**Deb Bulych:** — So this is the 72.18 days waiting overall average for '25-26 for colonoscopy, and I do have it broken down by region. But I will say that my eyes are old; I might ask for help. If you're interested in knowing the wait times per region, I can ask for assistance with that.

**Chair Wotherspoon:** — Would you like that provided here today, or would you like that sort of tabled or submitted through the committee?

**Hugh Gordon:** — Whatever you feel comfortable with is fine by me. If you want to table it for us, that's fine as well.

**Deb Bulych:** — Thank you for your patience. So the Northwest region average wait is 96 days, the Northeast region is 59 days, Saskatoon is 63, Southeast is 60, Southwest is 58, and Regina is 48.

**Hugh Gordon:** — Thank you. If you can answer this, what percentage of follow-up colonoscopies due to abnormal screening results are booked within 60 days? And how does that compare to the Canadian Partnership Against Cancer's benchmark of 90 per cent?

**Deb Bulych:** — I think for this one I would defer to the SHA. These are their numbers.

**Hugh Gordon:** — Fair enough.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — Can we talk a little bit about lab . . . Just looking at that chart on 215; there's a variety of delays, I suppose. What do the labs need to pick up the speed and get those out quicker?

**Deb Bulych:** — The FIT kits or the results?

**Joan Pratchler:** — The results from colonoscopy to pathology by lab location. So some are almost in that time range of the 14 days, but we see those other ones that are still high. What do they need? What has to happen to make those numbers come down a little bit?

**Deb Bulych:** — I apologize. I would only be speculating, and again I would have to defer to the SHA since that's within their purview.

**Joan Pratchler:** — And would you be able to help on that one?

**Chair Wotherspoon:** — Just if the auditor wouldn't mind commenting on this.

**Joan Pratchler:** — Okay.

**Tara Clemett:** — So I will just mention that we have work that we just finished in terms of we had done work around pathology labs and timeliness of, I guess, diagnosis and done by pathologist. That report and the follow-up of that work is coming out in our next public report.

But yeah, there isn't necessarily — you are right — improvements in terms of some of the time frames. So there's a need for the SHA to now analyze why they're not meeting those targeted time frames in terms of the delivery of those results overall. So the challenges, they do indicate as such, will be pathology assistants, seem to be, so probably capacity in relation to that.

**Joan Pratchler:** — Good. Thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Where's the agency currently at in terms of expanding navigated services for colonoscopy appointments?

**Deb Bulych:** — So navigation is currently available in 10 regions, but the three regions that we're currently working with for expansion are Keewatin Yatthé; Mamawetan Churchill; and AHA, the Athabasca Health Authority. Our plan is to implement by the end of calendar year within those regions, but we're trying

to be very respectful of equity by design, and certainly working with them and not doing it to them.

So there's a great deal of engagement that is happening with those communities to understand what they would see would work best for their areas. And that's the way that we're proceeding. But our intent is to be implemented and in those communities navigating by the end of calendar year.

**Hugh Gordon:** — Thank you.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — I'd like to talk a little bit about quality indicators and where they diverge between the SHA or Cancer Agency and the national quality indicators. Can you give us an idea of what you're working on to align to standardize those?

**Deb Bulych:** — With the SHA or nationally?

**Joan Pratchler:** — Nationally.

**Deb Bulych:** — Thank you. Okay.

[11:45]

So we have a list of many metrics and quality indicators that we report on to CPAC regularly as our national reporting body. We also share that information with the SHA to keep them in that loop of partnership since we share so many responsibilities for the screening programs. And I'm not sure if that answered your question, but I could give you an example of some of the indicators if that might be helpful.

**Joan Pratchler:** — There's some on page 216. Are there any there that would diverge from what you already have? And which ones would you have different than what the national levels would be?

**Deb Bulych:** — So which ones where we're not meeting what the national target would be?

**Joan Pratchler:** — Well yes, or maybe you exceed it.

**Deb Bulych:** — Okay. I'll have a look. Sorry, that took a little long. So we are measuring, I'll give you just some examples. And your specific question of where we're exceeding, of course we're exceeding the overall participation rate. We have the highest in Canada and have for years. We're sort of, what I understand is, in the mid-range of average for some of these other ones, and I'll just give you a couple examples.

The up-to-date screening, we're meeting that target, but we're not exceeding or beating the rest of Canada. Colonoscopy waits, while we're measuring and reporting on those, we'd be right in the middle pack for Canada. Not exceeding benchmarks there. Interval cancers, of course, we're within that range. And I should say that all of these metrics are available online at any time too, if you wanted to ever view the whole report.

**Joan Pratchler:** — Where will that be then?

**Deb Bulych:** — On the CPAC website.

**Joan Pratchler:** — Okay. How frequently, and to whom other than CPAC, do you report the results on the key quality indicators?

**Deb Bulych:** — Other than CPAC, these are reported to our executive leadership team as well as our board.

**Joan Pratchler:** — Okay. Could you tell us a little bit more about the reporting tools you're using to access to metrics and decision making?

**Deb Bulych:** — The tools to access? Oh, the trackers, the dashboards.

**Joan Pratchler:** — Yeah.

**Deb Bulych:** — So we're using multiple Microsoft tools — Microsoft Lists, Power BI — where our dashboards exist. And there's quarterly updates in there for all of the metrics so that I myself can go on and look, or Karen as the vice-president responsible could go on and look. And they're available to us readily.

**Joan Pratchler:** — Thank you.

**Chair Wotherspoon:** — Not seeing any further questions here. Any other, any further questions, committee members? MLA Crassweller.

**Brad Crassweller:** — Not really per se a question, but just a thank you. I don't know of anybody in this room that hasn't been touched by cancer, and so I just want to say thank you to you and your team.

I know we're talking about colorectal, but I know that a mammography unit is currently sitting in Emerald Park, in my constituency, until the 21st and it's completely booked solid. And so I just want to say, on behalf of this committee and our government, thank you so much for the work you guys do. Really, really appreciate it, so thank you very much.

**Deb Bulych:** — Thank you. That means a lot to our team, and I will share that. Thank you.

**Brad Crassweller:** — Thank you.

**Chair Wotherspoon:** — Yeah, thank you. Thank you very much. Good comments, MLA Crassweller. And our thanks to you all and, you know, your entire team for the work and service you provide that's so critical right across this province. Thanks for your time here today as well.

That concludes I think the questions we've got here. And these aren't new recommendations. We have implementation in place, which is excellent. I'd welcome a motion to conclude consideration of chapter 20.

**James Thorsteinson:** — So move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — Okay, that's carried. We'll shift gears, and I think I saw the 3S [Health Shared Services Saskatchewan] gang hanging out in the hallway there. You tell them to come get before us at the end of the table and we'll go from there. Very brief recess.

[The committee recessed for a period of time.]

### 3sHealth

**Chair Wotherspoon:** — Okay, folks. We're going to turn our attention, shift gears here now and turn our attention to the chapter, the follow-up chapter with respect to 3sHealth. We certainly welcome CEO Anderson and the 3S team that have joined us here today. I'm going to turn it over to the Provincial Auditor to make a presentation and then we'll come your way.

**Jason Wandy:** — Thank you, Mr. Chair. Health Shared Services Saskatchewan, also known as 3sHealth, administers four disability benefit plans for certain health care employees, including health care staff working in hospitals, emergency services, and long-term care facilities. 3sHealth receives approximately 3,000 applications for disability benefit claims each year.

Chapter 8 of our 2026 report volume 1 reports the results of our second follow-up audit of management's actions on the two remaining recommendations we originally made in 2021 regarding 3sHealth's processes to manage disability claims for certain health care employees. By September 2025 3sHealth implemented the two remaining recommendations.

Since February 2025 we found 3sHealth sent completed disability benefit claim applications to adjudicators within its expected three-day time frame, resulting in timely claim decisions. 3sHealth also consistently met its target of adjudicators making claim decisions within eight days 90 per cent of the time.

Since April 2024 we found 3sHealth completed appeal reviews on disability claims within the required 30 days or documented reasons for significant delays; for example, when it encountered difficult appeals requiring peer review. By having effective processes to manage disability claims, 3sHealth minimizes delays in plan members receiving the appropriate support and treatment needed to improve their health and return to work.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay, thanks so much for the follow-up on this front. These were part of the chapter back in 2022. We've considered it here and taken time at the committee before. We've had implementation reported so we'd welcome a brief remark, ADM O'Neill, and then we'll see if there's questions.

**Norman O'Neill:** — I guess just as both recommendations are considered fully implemented, we'll be happy just to take questions.

**Chair Wotherspoon:** — Sure. Committee members, any questions? MLA Gordon.

**Hugh Gordon:** — Thank you. Wondering if you could tell the

committee what work remains to be done to ensure that disability claims are sent to the adjudicator within the desired three-day time frame 90 per cent of the time, and for decisions within the eight-day time frame.

**Mark Anderson:** — I'm Mark Anderson, CEO at 3sHealth. Thanks for having me today. So as noted, you know, we have implemented the recommendations. So just really proud of the team on the work they've done to consistently meet this target.

From January to August 2026, overall performance remained above the established service target at 92.35 per cent despite fluctuations in monthly volumes and staffing levels. And so you know, those are the two variables: of course what do the volumes look like, and then do we have staff or there's people off sick, do we have turnover, those types of things. But the team's done a great job of just keeping eyes on it daily and triaging work and making sure the most important work is done every single day.

We'll need to continue to do that, you know, daily visual management we call it, and keep eyes on it and make sure nothing gets away on us. And then continuous improvement, little things that can be done each and every day to just make it better and better would be the areas of focus. But no specific things that I would point to.

**Hugh Gordon:** — Okay, thank you.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — I just want to talk about the technology, the IT business that helps support what you do. We have AIMS [administrative information management system] on. We have AIMS off. Would you say the processing times have improved since AIMS has been finished? I don't know. And then we have ServiceNow. How is that related to . . . Help me understand those two.

**Mark Anderson:** — Sure. I'll just convene the team. So thanks for the question. So just for clarity, so ServiceNow, we call it our case management system. So it's a place to document basically customer intake. You know, I have a request for something; I have a claim. All those sorts of things go in there. And then we can triage work. We can track our turnaround times. We can track the work overall in the workflows. That's how we utilize ServiceNow.

And then the disability management system is actually called Penad. So we don't use AIMS for disability adjudication. We use a product called Penad.

**Joan Pratchler:** — And is that fairly new then for you?

**Mark Anderson:** — No, we've had Penad in place for four years. I was going to say since 2022.

**Joan Pratchler:** — And it's doing what you need it to do?

**Mark Anderson:** — Yeah. We're working with that vendor. They're an important vendor for us, so we work with them on a regular basis to discuss improvements that we can make, things that we'd like to see in their product road map. And they've been a good partner for us.

**Joan Pratchler:** — And have you ever used AIMS? Was that a utility for you?

**Mark Anderson:** — Not in disability adjudication, no.

**Joan Pratchler:** — Okay. In anywhere in this 3sHealth for . . . this area at all?

**Mark Anderson:** — No. Not for disability.

**Joan Pratchler:** — Okay, thanks.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — What percentage of appeals were processed within 30 business days last year? What was the longest time frame for a claim to be processed? And if you could explain the possible delay for that.

[12:00]

**Mark Anderson:** — Okay. Thank you for the question. So last year we processed 100 per cent of our appeals within the 30 days. So that occurred last year. So the longest was under 30 days. We don't have the specifics in front of us today.

**Hugh Gordon:** — That answers the question. Thank you.

**Chair Wotherspoon:** — Not seeing any further questions from these guys, any further questions over here? Crassweller, you got a couple burning questions here?

**Brad Crassweller:** — Just getting hungry, Mr. Chair.

**Chair Wotherspoon:** — Yeah, lunchtime, right. 3S stands between us and lunch. Listen, thanks so much CEO Anderson, your team for the time here today, the follow-up on this chapter, and the implementation of the recommendations. Not seeing any other questions, I'd welcome a motion to conclude consideration of chapter 8 here.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — Okay, that's carried. This committee will stand with a bit of a recess here, reconvene after lunch at 1:30.

[The committee recessed from 12:02 until 13:29.]

### Saskatchewan Workers' Compensation Board

**Chair Wotherspoon:** — Okay, folks, we'll reconvene the Standing Committee on Public Accounts. We're going to turn our attention to the Saskatchewan Workers' Compensation Board and the chapters that have been brought forward by the auditor. I'm going to welcome chief executive officer Phillip Germain for joining us along with senior officials here today.

CEO Germain, would you care to briefly introduce the officials that have joined you here today. You can refrain from getting into the chapters at this time. We'll go over to the auditor and then come back your way for that.

**Phillip Germain:** — Thank you, Mr. Chair and committee members. With me today is Dale Markewich, chief financial officer, and Sophie Ferré, chief legal officer.

**Chair Wotherspoon:** — Thank you very much to you all for joining and all those that are involved in the work that we'll be discussing here today. I'll turn it over to the Provincial Auditor to present on the chapter, and then we'll come back your way.

[13:30]

**Tara Clemett:** — So thank you, Mr. Chair, Deputy Chair, committee members, and officials. With me today is Mr. Jason Shaw, and he's the deputy provincial auditor that's responsible for the portfolio of work that includes the Workers' Compensation Board. And then behind him is Ms. Michelle Lindenbach, and she was involved in some of the audit work that we are discussing today, and is also our liaison with this committee.

There's no new recommendations for the committee's consideration in these two presentations. We will pause after each chapter for the committee's consideration of each chapter. We are pleased to see that WCB [Workers' Compensation Board] has fully addressed all of the recommendations in both of these chapters and the audits that we did. Before we do begin our presentations, I want to thank the CEO and his staff for the co-operation that was extended to us during our work. With that I'll turn it over to Jason.

**Jason Shaw:** — Thank you. The Saskatchewan Workers' Compensation Board operates under the authority of *The Workers' Compensation Act, 2013* and is responsible for administering workers' compensation claims, including psychological injury claims. Psychological injuries such as post-traumatic stress disorder and depression are often more complex, generally more difficult to administer as a claim, and require more judgment than some other injuries.

Chapter 29 of our 2025 report volume 2, starting on page 269, reports the results of our first follow-up of the Saskatchewan Workers' Compensation Board's processes to administer compensation claims for psychological injury. By July 2025 the Saskatchewan Workers' Compensation Board fully implemented the five outstanding audit recommendations we first made in 2022.

In section 3.1 we described how WCB developed tools to help monitor its key performance measures and take action to meet its established targets. WCB developed a dashboard for its psychological injuries unit to actively monitor key measures and to assess monthly why measures may not be met.

During 2024 WCB improved the timeliness of communicating an initial psychological injury claim decision within 14 days of receiving an application. For 26 of 30 psychological claims tested, or 87 per cent, we found WCB made its decision on claims within 14 days as expected. This was a significant increase from

only achieving this target for 43 per cent of claims in 2022.

Also WCB expects staff to contact claimants every three weeks for 80 per cent of ongoing claims. We found it achieved this for 79 per cent of claims in 2024. Following and monitoring established decision and communication time frames helps to reduce delays in injured workers receiving benefits and treatment.

In section 3.2 we noted WCB completed reasonable quality reviews for both psychological claim and appeal files. WCB conducts three separate reviews on a sample of psychological injury claim files. We tested samples of its review files and found staff appropriately completed and documented their review results. Its reviews found staff made correct claim acceptance decisions. Having effective quality review processes reduce the risk of instances of non-compliance with WCB policies. This helps reduce delays in injured workers receiving appropriate treatment as well as may decrease the risk of appeals occurring.

In section 3.3 we outline how WCB developed additional guidance for staff assessing appeals. We found staff appropriately followed this guidance. We tested nine appeals and found appeals officers appropriately communicated results to claimants as well as used templates to include key information. Consistently and clearly communicating results of appeals to claimants reduce the risk of additional appeals as claimants will be able to understand the bases for their decisions and their alignment with policy and legislation.

In section 3.4 we found WCB developed sufficient guidance for staff and what information to release to employers from a worker's psychological injury claim file during an appeal. WCB staff used guidance and on-the-job training to decide which information to include or remove when preparing file packages for employers. We tested two appeal files where an employer requested worker information and found WCB only provided appropriate information to the employer for both appeals.

Having guidance for staff on which file information WCB expects to provide to employers decreases the risk that staff may provide confidential worker information while still allowing for necessary information to be shared with an employer to assist in their decision making.

This concludes my presentation. Thank you. I'll pause for the committee's consideration.

**Chair Wotherspoon:** — Thanks so much for the presentation and the follow-up on this front. I'm going to turn it over to CEO Germain for some brief remarks.

Before I do so I'll table the document, the status update that you've provided to us. And that's PAC 110-30, Saskatchewan Workers' Compensation Board: Status update, dated October 14th, 2026. Thanks to those involved in the work that's reflected in that status update.

I'll kick it your way and then we'll see what we have for questions.

**Phillip Germain:** — Again thank you, Mr. Chair and committee members. And thank you, Provincial Auditor Clemett and deputy

provincial auditor Shaw. I'd like to begin by thanking your team for the work that they've provided in a very collaborative approach that you've taken throughout both the original audit and the follow-up audit.

The Provincial Auditor conducted an audit of the WCB's administration on psychological injury claims in '22 with five recommendations aimed at strengthening our processes. Those recommendations focused on, as Jason said, appeals, information disclosure, communication with workers, timeliness of decisions, and quality assurance activities.

WCB accepted all five recommendations and immediately developed an action plan to address each of them. We are pleased that the Provincial Auditor's follow-up audit confirmed that WCB fully implemented all five recommendations. The auditor also found that staff were following guidance, monitoring processes and quality assurance activities that were put in place as a response to the audit.

One thing that I think is important to highlight is that the follow-up audit went beyond simply confirming the existence of policies and procedures. The auditor reviewed claim and appeal files and assessed how these processes were working in practice. The auditor found that staff were applying the guidance, appropriately communicating appeal decisions, appropriately handling information disclosure requests, and conducting quality reviews of psychological injury claims and appeals. Since the original audit we've strengthened guidance and training for appeal staff, implemented enhanced training monitoring, established ongoing quality assurance processes, and improved oversight of both claims and appeals.

While today's discussion is focused on the audit, psychological injury claims continue to be an important focus of the WCB. Since the introduction of the psychological injury presumption in 2016, both reported and accepted psychological injury claims have increased. Although these claims represent a relatively small proportion of overall claims, they are often more complex and may require specialized supports and longer recovery and return-to-work times. Many of these claims involve first responders, correctional workers, health care workers, who through their nature of work may be exposed to traumatic events.

As an organization, our focus is not only on administering claims effectively but also on prevention. Through the 2023-28 fatalities and serious injury strategy WCB and WorkSafe Saskatchewan continue to support initiatives that promote psychological health and safety in Saskatchewan workplaces, including resources aimed at first responders and other workers exposed to traumatic events.

We've also continued to build on the work recognized in the audit by updating psychological injury policies, expanding access to psychological health supports, and increasing engagement with employers. We've recently established a chief mental health officer position to help provide leadership in this area, and recruitment is currently under way.

We sincerely appreciate the valuable feedback provided by the OPA [Office of the Provincial Auditor] and how we were able to translate that feedback into value-added changes for our staff and our customers. We are pleased that the Provincial Auditor

confirmed all five recommendations have been fully implemented. At the same time we also recognize that continuous improvement is important, particularly in the area of complex and evolving issues like psychological injuries. We'll continue looking for opportunities to improve the services and supports that we provide to injured workers and employers. Thank you.

**Chair Witherspoon:** — Thank you very much for the actions that have been taken on this front, for detailing them here before us. I'll now look to committee members that may have questions. MLA Gordon.

**Hugh Gordon:** — Thank you for being here today. What percentage of psychological injury claim applications received a response within 14 days last year, and what was the longest time frame for a response?

**Phillip Germain:** — Thank you for the question. So based on the independent review, approximately 87 per cent of claims were responded to within 14 days. So the sample size and the data that we have would suggest that we're up over 80 per cent.

Now some claims can be challenging in terms of trying to get people to respond, so the 14-day time frame, as much as it's a goal, sometimes it's . . . you need all parties participating to get to that goal, including the injured worker and the employer. But of the ones that were sampled, 87 per cent were within 14 days. The longest, I do not have that information in front of me. I apologize.

**Hugh Gordon:** — Is it fair to say that — I think you've touched on it — some of the delays in getting or hitting that 14-day time mark is responses you get back . . . you're waiting for a response.

**Phillip Germain:** — It is. That's a lot of it. So not specific to psychological claims, but just reporting in general, the average time for workers and employers to report an injury to us is usually over eight days. So the clock is ticking long before we even get notice that something has happened.

Sometimes the first piece of information we'll get is a medical document that indicates there's an injury. Then we reach out to the worker; then we reach out to the employer; then we'll reach back out to the health care provider and try and figure out what is going on: (a) is in fact there an injury, and (b) is the injury work related?

And then when we talk about psychological injuries, as we know, it's getting better, but there's stigma around reporting. So sometimes it's difficult for individuals. They don't want to talk about it. They want help, but they don't always want to talk about it. But for us, in order to collect the right information to make adjudicative decisions, we need information, so chasing it can be a challenge at times. It's getting better.

**Hugh Gordon:** — Thank you. How many claims for psychological injury did you receive last year, and how many did you approve? What was the total dollar amount paid out? How does that compare over the last five years?

**Phillip Germain:** — So in 2025 we had 808 claims registered with us. We approved or accepted 339 of those claims. That's typically in line if you go back over, you know, a long time now.

Acceptance rates are typically around that 40-ish, 35 to 40 per cent. And reason being that sometimes there's not an actual DSM-5 [*Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition] diagnosis. It's not an injury. Somebody, you know, has an emotional reaction, but it's not necessarily an injury. And then at times, we can't figure out how it's work related.

But overall it's really consistent, between 35 and 42 per cent acceptance rate. Last year was right in line with that. The year before we had 884 claims. So in 2024, 884 claims registered with us, psychological claims. And again, 339 accepted. So fairly in line. Last year was probably the first year we saw from year over year a bit of a levelling off, but I wouldn't say that's a trend at all. We still are expecting claim numbers to climb.

**Hugh Gordon:** — Do you have a dollar amount associated to that number of claims?

**Phillip Germain:** — Yeah. If we go back the last few years, in 2025 it was about 9.4 million related to costs associated with psychological claims. The year before it was 13.8. The year before that, 15.9. Now you have to remember that each one of those claims in that particular year will accumulate. Some of them go beyond a year. So the attachment to a claim from 2023 could accumulate costs in 2023, 2024, 2025. That will all get attached to that 2023 claim.

**Hugh Gordon:** — Thank you. Have you made any effort to survey workplaces in the province and evaluate if workers are aware of psychological injury and that it's a valid compensation claim?

[13:45]

**Phillip Germain:** — That's a good question. We haven't really had a campaign per se to promote the fact that psychological injuries are compensable. But having said that, I mean we have had information that we send out. We do education, training. We do try and create awareness, but I don't recall a specific campaign to make workers or employers specifically aware. I don't know that we've done that for any type of injury claim specifically.

We've raised awareness on specific issues, mostly on the prevention side of it. And usually once we raise an issue on the prevention side there's some awareness that it's an accepted issue within the Workers' Compensation system.

**Hugh Gordon:** — Thank you.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — How have the guidelines for use of funding helped to ensure that the money spent on workplace . . . Oops, wrong question. Sorry. That was the other one. Sorry.

What improvements has WCB seen from the implementation of recommendations of psychological injury claim decisions within 14 days and from communicating with claimants?

**Phillip Germain:** — Yeah, one of the big advantages is being able to establish more of a consistent approach to adjudicating and managing the claim. We haven't seen durations necessarily follow in terms of . . . But we're seeing what we would consider

better, more timely access to care, more focus on good rehabilitation.

And we're understanding more and more through partnerships about what effective return to work looks like. This is a learning experience, even though we've been working at it, honestly, prior to 2016, and then when the presumptive legislation came in in 2016 we certainly got a lot more focused on it.

But the research around effective return to work as it relates to psychological injuries, especially ones that are related to traumatic exposure, as all psychological issues are, it's an evolving space that we're learning more and more. We have started working with Wounded Warriors, who specialize in traumatic care support for first responders, and we're learning a lot from them and other jurisdictions that have worked with Wounded Warriors across Canada.

So I guess my main point I want to say is thanks to the support from the OPA, you know, we've engaged in other organizations that are helping us learn and improve as we move along here.

**Joan Pratchler:** — Thanks.

**Hugh Gordon:** — How have the actions taken on the recommendation on page 272 about quality reviews on claims helped to manage these types of claims and the ability for claimants to get healthy and back to work? Are you seeing any tangible benefits to the claimants and to the board?

**Phillip Germain:** — We are. The quality assurance and the more consistent quality assurance is leading to less variation in how our staff are responding to the information that they're given. As Jason had mentioned, there's a lot of difficult decision making in these types of claims. And you can imagine, you can get a wide variety of responses to the same information. The quality assurance is allowing our staff to understand how to think about that information: what is considered work related and not work related, what is actually considered an acceptable injury versus a non-acceptable injury. And you know, what we're trying to do here is match the science with our legislative obligation, and then from there get more consistent in applying that.

**Joan Pratchler:** — How has the formal guidance used by the appeals officers helped in communicating decisions?

**Phillip Germain:** — Again it's been better consistency. Similarly the appeals decisions, I would say different people had different styles. And some people would quote legislation; some people wouldn't. There was different approaches to how they would respond to the customers. We have a much more consistent approach to how we communicate that decision to the customer.

**Joan Pratchler:** — Have you solicited feedback from staff and claimants on the effectiveness of the new guidance and templates and communicating?

**Phillip Germain:** — We regularly get feedback from our staff and on our customers as it relates to psychological injuries. So we've had a couple of rounds, and this is going back a few years, where we'd meet with injured workers, with researchers, with employers, with practitioners. And we get feedback on what's

working and what's not working. They have different views of the problem or the issue or the opportunity that lays. We take all of that and we work with them to figure out what's the next best step to evolve.

All to say it's one of the reasons why we've decided to hire a chief mental health officer, to have an expert in the middle of that conversation understanding what the research is telling us, understanding what the customers are telling us, understanding what our staff are telling us, and evolve all this in the right direction.

**Joan Pratchler:** — Has training been delivered to all current appeal staff? Is it a one-time, or is it ongoing training with that group?

**Phillip Germain:** — It's both. So training has been delivered to all staff. There's standardized training that's given to everyone who's in claims. And then there's particular training that's provided to anybody who's in the psychological unit. And then that training is evolving.

**Joan Pratchler:** — Thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Can you give some details about what kind of information is released to an employer when an employee makes a psychological injury claim?

**Phillip Germain:** — That is a really good question that Sophie will be able to provide more details on, but that is something we've done a really deep dive on over the last few years to try and understand how to put our toe on the line without stepping over the line. Because employers need a certain amount of information to facilitate an effective return to work.

If the return to work isn't supported, there are lots of psycho-social impacts of not getting somebody back to work. It's even, I'll say, even supported recently with the Canadian Medical Association's recent — I think as of August 2026 — their recent paper on the importance of return to work and how physicians engage in return to work and the importance that return to work is part of the healing process. But more specifically, Sophie?

**Sophie Ferré:** — So employers are able to access file information by submitting an application to the WCB, and what they're entitled to receive is outlined in section 174. So they're entitled to the facts surrounding the injury itself and anything that may involve cost relief.

And then there's a more expansive interpretation of that in our information disclosure policy, which is on our website. And that, to Phil's point, addressees those return-to-work aspects, which gives them a little bit more. But given our interplay with *The Freedom of Information and Protection of Privacy Act*, we're limited, in what we can disclose, to what's outlined in the Act and in policy. So that's where you would find those parameters.

Where we may disclose a little bit more is if something escalates all the way to a board appeal tribunal matter. In that case you're looking at a procedural fairness issue, in which case they would get more information because then it's kind of quasi-judicial at

that point. And so they will get a bit more in those circumstances. And that really becomes anything upon which the board relied to make its decision, and so at that point they would see that.

**Hugh Gordon:** — I am just curious if, you know, you're tracking how often employers are requesting, you know, information maybe they're not entitled to, or if any information's ever been released to them they weren't entitled to. Can you talk about your processes there, please?

**Sophie Ferré:** — Sure. So their employers would submit a request through the employer portal. It then makes its way to someone who has a claims background but is specialized in file release. And so they work closely with our legal department to assess if there's anything that's out of the ordinary that they're specifically looking for. We'll have one of the lawyers or one of our privacy employees assist in analyzing whether or not it meets the criteria. So all of those requests that come in either through the portal directly from the employer or through the staff to the legal department are all counted and tracked.

And if ever there's either a complaint from a worker that we've over-shared or it's identified internally by staff, we have a privacy breach reporting form that is also submitted through a system and tracked. And so any circumstances that would meet the threshold for self-reporting to the OIPC [Office of the Information and Privacy Commissioner], we would also self-report.

**Hugh Gordon:** — Thank you.

**Chair Wotherspoon:** — Not seeing any further questions here. Any further questions, committee members? Thanks for sharing the information, taking the action to ensure implementation of these recommendations, as you've identified. I'd welcome a motion at this point to conclude consideration of chapter 29.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — Okay, that's carried. We'll move right along. I'll turn it back over to the Provincial Auditor for presentation, then we'll come your way.

**Jason Shaw:** — Thank you. For the five-year average from 2019 to 2023, Saskatchewan ranked the highest in Canada for injury-related deaths in the workplace for provinces with at least 100,000 full-time equivalent employees. The Saskatchewan Workers' Compensation Board works with the safety associations and other organizations to assess and develop programs to prevent injuries and promote safety.

Chapter 21 of our 2026 report volume 1, starting on page 229, reports the results of our first follow-up audit of the effectiveness of the Saskatchewan Workers' Compensation Board's processes to monitor safety associations' use of funding for injury prevention and workplace safety. By March 2026 the board fully implemented all four recommendations we made in 2023.

In section 3.1 we noted WCB implemented detailed guidelines on eligible expenses for safety association use of WCB funding. In March 2025 WCB implemented the safety association guidelines following its review of good practice and consultation with safety associations. We found the new guidelines set clear expectations for eligible costs, such as consistent travel allowances. The guidelines also require safety associations to use WCB funding solely to support employers in the industry covered by that safety association.

WCB indicated it expects its internal audit department to audit whether safety associations complied and used funds for eligible expenses for two associations per year, starting in 2026. By establishing clear guidelines for eligible expenses and permitted uses of funding, WCB enhanced consistency and transparency in how safety associations spend funding.

In section 3.2 we found WCB documented its review of key financial planning information and key performance results submitted by safety associations, including discussions with safety associations and resolution of any issues identified.

Management established an annual evaluation process to analyze key safety association information such as annual financial results, and reported performance measures and results against approved funding applications. We tested five safety associations and found in all cases a documented review of key information as expected.

Consistently reviewing safety association financial information and performance results enabled WCB to promptly identify any non-compliance with established guidelines and its expectations. This supports informed funding and oversight decisions and helps ensure public resources are used effectively.

In section 3.3 we found WCB informally verified that safety associations provide key information to employer members, such as financial statements and strategic plans. It expected to have its internal audit department audit key information for two safety associations starting in 2026.

Our review of five safety associations found they mostly shared required information, with all five posting annual reports, financial statements, strategic plans, and board information like board rules online. Verifying safety associations make key information available to members helps ensure members are aware of services available to them, which can help reduce injury rates.

Thank you. This concludes my presentation.

**Chair Wotherspoon:** — Okay. Thanks so much for the presentation, the follow-up on this front. I'll turn it over to CEO Germain for brief remark, and then we'll open it up for questions.

**Phillip Germain:** — Thank you, Mr. Chair, and again I'd like to thank the Provincial Auditor for your work and for your continued collaboration through both the original audit and the follow-up processes. The recommendations helped strengthen WCB's oversight framework and provided an opportunity for further improvement for accountability and transparency in the administration of the safety association funding.

When the Provincial Auditor first released its report in 2023, WCB accepted all four recommendations and committed to addressing the areas identified for improvement. Since that time, WCB has worked collaboratively with the safety associations to strengthen reporting requirements, formalize evaluation processes, enhance documentation and oversight practices, and clarify expectations regarding the use of employer-funded prevention dollars.

The Provincial Auditor's 2026 follow-up found that WCB had implemented all four recommendations and had effective processes to monitor the safety associations' use of funding for injury prevention and workplace safety.

[14:00]

Key improvements included the development and implementation of comprehensive guidelines; structured annual evaluation process to review and document safety associations' financial planning, performance results, budget variances, and follow-up actions; enhanced verification and monitoring of reporting obligations to help ensure employer members receive key financial governance and performance information; and funding agreement compliance audits conducted by an independent third party with support from WCB's internal audit, providing additional assurance that the funding is being used appropriately and in accordance with program requirements.

These enhancements support WCB's responsibility to ensure employer-funded prevention dollars are used appropriately, transparently, and for intended purpose by reducing workplace injuries and promoting workplace safety. WCB remains committed to continuous improvement and maintaining strong oversight of the safety association funding. Thank you.

**Chair Wotherspoon:** — Thank you. Thanks for detailing the actions that have been taken. I'll look to committee members that may have questions now. MLA Pratchler.

**Joan Pratchler:** — I look on page 230 in the auditor's report and see the chart at the bottom of the page. What the heck is Ontario doing right? Those numbers are so low. Have you any idea? And not that you're an expert on Ontario's . . . but that's quite striking.

**Phillip Germain:** — I'm looking for page 230 right now. Yeah, good question. So what I would say is, on the injury prevention front, Ontario had started long before most jurisdictions. They got into . . . Even though we were the first on the legislative side, on the support side of things they were well ahead. And their safety associations, or safety organizations, in the province are large. They're complex, and they are very well established — many, many decades. Yeah.

**Joan Pratchler:** — Well we've seen this question before. Why don't I try and ask it again then? How have the guidelines for use of funding helped to ensure that this money is spent on workplace safety programs? And do you have any examples of yet?

**Phillip Germain:** — Yeah, so the guidelines just help to clarify the expectations. We've always had the expectations, but the support, the recommendation around getting more specific with guidelines, we work with the safety associations to establish the guidelines. Implementation has been challenging at times in

terms of clarifying. But during an annual review, we go through all of those expectations and highlight where there might be variances or subtle interpretation differences, and then continue to clarify those. We continue to have those conversations. We continue to document those conversations.

But it's going positively, I would say. A good example of that is managing surplus dollars. We've gone back and forth. When I say surplus, it's additional funding. So you know, we have some safety associations that are sitting on millions of dollars. And what we're telling them is, with that money sitting there, we don't need to charge our customers maybe as much if you've got the funding to execute the programs. The key is making sure that they can execute their programs and they've got the funding to do so, instead of necessarily just building up a bit of a war chest, so to speak — and my choice of words, no one else's. So clarifying that and being very consistent with that communication.

And in this year, as a matter of fact, there's a couple of safety associations where they requested increases in funding, and we said no because they were sitting on what we consider surplus dollars — two-point-some million dollars of cash sitting there with no intended purpose.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — I just was wondering, you know, with respect to the guidelines, have you seen any improvements through efficiencies in this regard, like following these guidelines?

**Phillip Germain:** — With the majority of the safety associations, the quality . . . So we get quarterly reports, we get annual reports, we meet with them one-on-one a couple of times a year, and then leading into the budget cycles there are a series of one-on-one meetings. All of those meetings with the majority of the safety associations are going much better. The reporting we're getting from them, the conversations we're having, there's way better alignment, way better co-operation, way better collaboration with the safety associations. And we feel that that's a one-plus-one-equals-three scenario.

So the feedback and the way we've . . . I think based on the recommendations and the way we've implemented the recommendations, it's much better collaborative working, and we believe it's resulting in more value-added use of the dollars at the end of the day.

**Hugh Gordon:** — Can you maybe give some examples of areas that have improved?

**Phillip Germain:** — Yeah. A good example is . . . So we've got a provincial serious injury and fatality strategy. And out of the gate in developing that strategy we, right or wrong, had an expectation that the safety associations would be supporting that strategy. Initially some were; some weren't.

But based on the way the expectations roll out now and the conversations and the tools and processes that we've got, we've got much better alignment where we're working on initiatives together. How are we all in the boat rowing together to reduce these serious injuries and fatalities? That is much better today than it was two or three years ago.

**Hugh Gordon:** — What kind of feedback have you received from the safety associations on these recommendations to review their financial and performance results?

**Phillip Germain:** — Overall I would say collectively positive from the overwhelming majority, real positive feedback, and in the end appreciation. Even they have admitted they've learned something about their businesses that they didn't necessarily know or understand. So it's been a positive learning process for everyone.

As I've said, we've had a couple of pinch points, let's call it, that we've had to work through but nothing major. But overall the general feedback we've been getting from the safety associations is positive.

**Hugh Gordon:** — Are the key performance results standardized across all the safety associations, or do they vary by organization?

**Phillip Germain:** — So at the highest level we look at the injury rates for each rate code associated. That's at the highest level. But beyond that it depends on the specific issues within the industry. We're trying to get them focused on the issues that are driving injuries, the issues that are driving serious injuries, and the issues that are driving fatalities. Those can vary from industry to industry, and that's what we want them focused on.

**Hugh Gordon:** — Thank you. And you know, how co-operative have these safety associations been in sharing the performance or the financial information since the introduction of the requirements?

**Phillip Germain:** — They have always shared financial information. So we've always demanded audited financial statements. They've given us reports. The challenge would be inconsistency from the plan to the report. There wasn't always alignment. You would get a plan and at the end of the year you'd get a report. Those things didn't always line up. So there was transparency around financial reporting. The connection of really what did you spend those dollars on, what were you focused on, wasn't always clear. That has become much clearer through all these guidelines and new processes.

**Hugh Gordon:** — You mentioned external audit firm was employed by WCB to review the safety associations. What was the name of that auditing firm?

**Phillip Germain:** — Deloitte.

**Hugh Gordon:** — Okay.

**Phillip Germain:** — Deloitte has been supporting our internal auditor. So our internal auditor is leading it, but Deloitte is primarily doing the work to execute the independent evaluations of how the money at the end of the day is really being spent.

**Hugh Gordon:** — And have you received any complaints from member businesses that haven't received this financial information or otherwise from the respective safety associations?

**Phillip Germain:** — Not really. Once employers understand what we're doing, they're very, very appreciative. And in fact

some of the information we've provided them has actually caused them to ask certain questions of their safety associations resulting in changes.

It's more transparent for some of the boards. Some boards, some associations and their boards have been very transparent. Others maybe not as much as they could've or should've. I'm not sure if that's just unintentional. But the new processes, the audit for example, the independent audit reports go directly to the Chair of the board and the CEO at the same time. So they can see in real time and then, you know, there's no filtered information there.

**Hugh Gordon:** — Thank you. Those are all my questions.

**Deputy Chair Thorsteinson:** — Are there any other questions? All right, seeing none I would accept a motion to adjourn consideration of this chapter. MLA Bromm so moved. All in favour?

**Some Hon. Members:** — Agreed.

**Deputy Chair Thorsteinson:** — Carried. Do you have any final remarks?

**Phillip Germain:** — Just a sincere thank you to all of you, in particular the Provincial Auditor and her team for . . . Again we appreciate the feedback we get. We take it to heart. And sometimes as organizations we can have blind spots, and organizations like the OPA help us sometimes see what we don't see. So thank you.

**Deputy Chair Thorsteinson:** — Thank you very much. We will now move on to consideration of the Ministry of Parks, Culture and Sport, and we will take a brief recess while we bring in those officials.

[The committee recessed for a period of time.]

### Parks, Culture and Sport

**Deputy Chair Thorsteinson:** — Okay, well welcome back. We are ready to move on with the consideration of Ministry of Parks, Culture and Sport status update. Ministry officials are here. I would ask you to introduce yourself and your officials, and then we will move it to the auditor and then back to you for some statements on the update.

**Greg Gettle:** — Great. Thank you very much, Chair. My name is Greg Gettle. I'm the deputy minister of Parks, Culture and Sport. With me today is Paul Johnson, assistant deputy minister of Parks. Behind me we have Mike Roth who is the executive director of park management services. And beside me I have Christine Markel and she's our director of the landscape protection unit.

**Deputy Chair Thorsteinson:** — All right. Thank you. I will now turn it over to the auditor.

**Tara Clemett:** — Thank you, Mr. Deputy Chair, committee members, and officials. With me today is Mr. Jason Shaw, and he's the deputy provincial auditor that is responsible for the portfolio of work that does include the Ministry of Parks, Culture and Sport. Behind me is Ms. Nicole Dressler, and she is a

principal in our office who was involved in the audit that we are discussing today. And beside her is Ms. Michelle Lindenbach, our liaison with this committee.

[14:15]

There are eight new recommendations for the committee's consideration in this chapter. Before I do begin our presentation, I want to thank the deputy minister and his staff for the co-operation that was extended to us during the course of our work. I'll turn it over to Jason.

**Jason Shaw:** — Thank you. The Ministry of Parks, Culture and Sport is responsible for managing parks and natural resources in a sustainable manner. The ministry manages the protection and conservation of over 1.2 million hectares of parkland in 36 parks. Nearly 70 per cent of parkland is forested land. Protecting park ecosystems means managing unique ecosystems to sustain habitat for wildlife, plants, and people while also supporting recreation and economic opportunities.

Chapter 12 in our 2025 report volume 2 reports the results of our audit of the Ministry of Parks, Culture and Sport's processes for the period ending May 31st, 2025 to protect provincial park ecosystems. We concluded the ministry had effective processes to protect provincial park ecosystems, except in the areas of our eight recommendations.

In our first recommendation, on page 125, we recommended the ministry enter provincial park ecosystem data and management activities in its IT system timely. The ministry's IT system has ecosystem data such as types of vegetation, number, and age of trees and species at risk, which it uses to monitor ecosystem health. Staff collect park ecosystem health data in the spring and summer. The ministry did not have a formal timeline or deadline for staff to enter data, although staff indicated it should be entered in the fall or winter.

One way the ministry collects ecosystem information is through range health assessments, which check the health of grasslands. We tested one range health assessment conducted in August 2022 and found staff had not entered data in its IT system at May 2025. We also found, as of May 2025, the IT system did not include some information from 2015 such as the number of trees planted. Without timely and complete data, the ministry's future ecosystem health assessments could be inaccurate and may result in a lack of action to protect parks' ecosystems.

In our second recommendation, on page 130, we recommended the ministry prioritize creating ecosystem-based management plans, aligned with good practice, for all high-risk provincial parks. High-risk parks are those with critical habitat or low park ecosystem health index scores. The ministry had an ecosystem-based management plan template from 2011 but had not used it when completing management plans. As a result, we found plans lacked consistency in format and content and did not include some key elements of good practice.

We tested seven management plans and found none of the seven plans included topics such as fire behaviour, human use levels, and impact of human use. The ministry did not have a process to monitor the impact of visitation on park ecosystems.

One plan was more than 20 years old and three plans were created without public consultation. We also found the ministry expects these management plans to be 20-year plans. We found good practice is to update plans about every 10 years.

The absence of complete updated ecosystem-based management plans aligned with good practice for all high-risk provincial parks increased the risk of inconsistent decision making and unaddressed threats to ecosystem health.

In our third recommendation, on page 132, we recommended the ministry create detailed plans such as fuel management plans for all high-risk provincial parks. We expected the ministry to create ecosystem-based management plans for each high-risk park and then set detailed plans outlining key activities like extensive grazing to protect park ecosystems.

We expected the ministry's detailed plans to include key ecosystem management activities including expected deadlines for completion of those activities. In particular, fuel management plans outline wildfire mitigation efforts such as harvesting timber and grassland in forested parks and prescribed burns in grassland parks.

We found the ministry did not have fuel management plans for 13 of its 18 forested parks. As a result, we could not tell whether the ministry sufficiently planned actions to reduce wildfire risks in forested parks. This increases the risk of greater severity of wildfires should they occur. Not having detailed plans for all high-risk parks increases the risk of inconsistent ecosystem management activities or not completing the right activities at the right time.

In our fourth recommendation, on page 133, we recommended the ministry complete ecosystem management activities to protect provincial park ecosystems consistent with planned actions and deadlines. Key ecosystem management activities in parks include grazing, haying, prescribed burns, and forestry management activities like harvesting trees. We found the ministry used the appropriate types of activities to protect park ecosystems consistent with good practice.

In 2022 the ministry developed four targeted action plans to improve the parks ecosystem health index in some of the provincial parks below the ministry's minimum threshold. The action plans had 10 planned activities from 2022 to fall of 2024. We found the ministry had not completed 4 of these 10 planned activities in two parks. Activities included grazing, seeding native grasses, and a prescribed burn. Not completing planned ecosystem management activities timely may negatively impact ecosystem health.

In our fifth recommendation, on page 134, we recommended the ministry centrally monitor completion of planned ecosystem management activities to protect provincial park ecosystems. The ministry plans to complete ecosystem management activities in its various plans and assessments.

The ministry did not centrally track or monitor these recommended activities. We found it was also not aware of which recommendations had been started, which were in progress, and which had been completed. Without centralized tracking, the ministry risks not completing required activities

which can result in further deterioration of park ecosystem health. In addition, lack of readily available information for monitoring limits the ministry's ability to make decisions efficiently and to adjust plans as required.

In our sixth recommendation, on page 136, we recommended the ministry report to senior management and the public on key ecosystem management activities taken to protect provincial parks. The ministry had limited internal reporting on the results of its management activities. Without adequate internal reporting on ecosystem health and conservation activities in provincial parks, the ministry may not have sufficient information to make informed decisions.

The ministry reported some limited activity information to the public through its annual report. However it did not report its provincial park health index score for each park nor its target to have each health index score above a minimum set amount. Also it did not report its target to have ecosystem-based management plans completed for all 12 natural environment parks by March 31st, 2028. Without adequate public reporting on ecosystem health and conservation activities in provincial parks, the ministry may not sufficiently build conservation awareness among visitors.

In our seventh recommendation, on page 137, we recommended the ministry formalize factors it considers when determining which Indigenous communities to consult with when planning activities to protect provincial park ecosystems. The ministry must follow the Government of Saskatchewan's First Nation and Métis consultation policy framework when determining which activities impact Indigenous communities and require consultation.

When assessing ecosystem-based management plans, we found the ministry consulted with Indigenous communities for four of seven plans tested. For the four plans, the ministry did not document who it consulted with and why. For example, the ministry told us it used a radius of at least 100 kilometres surrounding parks to identify which Indigenous communities to consult. It did not have rationale for using this method.

Formalizing consultation processes with Indigenous communities who may be affected by activities to protect provincial park ecosystems can help to promote understanding, transparency, and credibility of the ministry's processes.

In our eighth recommendation, also on page 137, we recommended the ministry retain sufficient evidence of consultations with Indigenous communities related to protecting provincial park ecosystems.

For consultations it undertakes, the ministry sends letters to Indigenous communities and invites them to respond with concerns. We found the ministry did not retain evidence of the letters sent and received from Indigenous communities for three of the four ecosystem-based management plans and for one of two forest operating plans tested. We were unable to evaluate the ministry's assessment of responses for the consultation process where the ministry did not retain evidence of the letters sent and received from Indigenous communities.

Without retaining sufficient evidence of consultations with

Indigenous communities, the ministry cannot demonstrate it followed transparent processes consistent with the Government of Saskatchewan's framework.

Thank you, and that concludes my presentation of this chapter.

**Deputy Chair Thorsteinson:** — Thank you. Now I'll turn it over to Deputy Minister Gettle for some comments on the chapter.

**Greg Gettle:** — Thank you. We appreciate the opportunity to appear before the committee today to discuss the Provincial Auditor's recommendations on the management and protection of ecosystems within Saskatchewan's provincial parks.

I want to take the first few minutes of our time here today to shed some light on our work related to managing the ecological health of our provincial parks, and the auditor's report. This is incredibly important work as illustrated by our goal number 2 in our ministry's strategic framework, which is to protect our natural and cultural resources for the benefit of all current and future generations.

Saskatchewan has 36 provincial parks, which encompass approximately 1.2 million hectares of land and span all of the province's ecoregions. *The Parks Act* recognizes different park classifications, which includes natural environment, recreation, wilderness, and historic. And each with distinct purposes, but all with the commitment to protect and conserve our parklands.

The provincial park system as a whole has a dual mandate: to conserve natural and cultural resources and to provide high-quality recreation and visitor experiences. The healthy park ecosystems sustain biodiversity and resilient landscapes. It gives people opportunities to connect with nature and contribute to the health, wellness, and quality of life of Saskatchewan citizens and communities.

Ecosystem management is the coordinated science-based stewardship of land, water, species, and ecological processes to maintain ecosystem health and resilience while supporting appropriate public use.

The landscape protection unit provides the ministry's technical expertise in ecology, ecosystem management, environmental review, data, and conservation planning. They do all of this while working within the parks division and our partners to apply that expertise across the entire parks system.

Importantly the audit concluded that other than the areas identified for improvement, the ministry has effective processes to protect provincial park ecosystems. It recognized qualified and experienced staff, science-based tools, and appropriate conservation activities led by our landscape protection unit. The recommendations are therefore an opportunity to strengthen the system, supporting good work already under way, particularly planning, documentation, accountability, monitoring, and reporting.

Four years ago the ministry developed and implemented the park ecosystem health index, which we have referred to as the PEHI. The PEHI is a very unique ecosystem health measurement system that provides a consistent and comparable assessment of

ecosystem conditions across our provincial parks. I'm very proud to share this innovative work received a national award from the Canadian Parks Council in 2025. The PEHI evaluates indicators of ecological integrity and the pressures affecting them, helping the ministry understand relative condition, track change, and identify where management attention may be needed.

The auditor uses the term "high-risk parks." The ministry does not currently apply high-risk as a formal park designation. We use PEHI thresholds, environmental trends, and other ecological evidence to identify where ecosystem condition requires management attention and to prioritize the appropriate planning and management response.

Together with planning processes, such as ecosystem-based management plans, these tools support the ministry's goal no. 2. The ministry accepts the auditor's recommendations and is committed to building on this strong technical foundation. This work did not begin with the audit. Internal reviews have identified opportunities to raise awareness of resource conservation and strengthen program accountability and reporting.

In addition the ministry has recently developed a draft healthy parks strategy that will set common direction and goals across the parks division for protecting and conserving our provincial parks. The strategy provides a shared long-term framework to align conservation priorities, responsibilities, and outcomes across our park system.

[14:30]

A coordinated, three-phase implementation plan will establish the necessary foundation for addressing the audit recommendations. This includes priority planning, conservation delivery, and embedding ongoing monitoring and reporting. Early actions, including defining criteria for risk-based prioritization, updating ecosystem-based management plan standards, clarifying responsibilities and timelines, strengthening data entry expectations, identifying key data gaps, and developing centralized tracking for commitments and evidence.

Internal reporting systems will be established and validated first. And once they are producing reliable, consistent information the ministry will sequence public reporting on conservation activities, ecosystem condition, and progress against commitments. This approach will help ensure that conservation priorities are risk-based, commitments are visible and measurable, and decisions are supported by reliable evidence. It will also strengthen the ministry's ability to demonstrate not only what work has been completed but the outcomes being achieved for park ecosystems.

I would like to close by thanking the Provincial Auditor and her team. We appreciate their suggestions on ways to improve our work to protect our natural and cultural resources in our beautiful provincial park system.

Thank you, Chair. Ministry officials and I would be pleased to answer any of the committee's questions.

**Deputy Chair Thorsteinson:** — Thank you, Deputy Minister Gettle, for your comments on this chapter. At this time, before

we go to questions, I would like to table PAC 11-30, Ministry of Parks, Culture and Sport: Status update, dated October 14th, 2026. Are there any questions from the committee? MLA Pratchler.

**Joan Pratchler:** — Thank you. Welcome. Regarding some of the first few recommendations, can you explain what informed that the implementation date would be like four years out, like up to 2030? Is it because of a vast amount of information? Is it the data that needs to be gathered? Is it the inputting? And what . . . Well we'll just go with that one first. Like it takes four years. What informed that timeline?

**Christine Markel:** — Okay, well thank you for the question. And what that timeline was based on was an analysis of the eight recommendations and the systems required to complete those recommendations.

So I had identified a three-phased plan that started with establishing the necessary foundation and baseline. Phase 2 is focused on implementing the priority planning and management work while operationalizing new controls needed. And phase 3 is about embedding the system in regular governance, public reporting, and continuous improvement.

So basically what formed that three-phase plan was the need to first and foremost establish the foundation and baseline for filling in the gaps that were identified in the data requirements and entry. And then following up on that, it's about implementing the priorities and the controls necessary to monitor and ensure accountability of the system and make sure that the system is functioning as intended. And then from there it's about the embedding the reporting and the public reporting and ensuring that we have good solid evidence and a system in place for which to do that.

**Joan Pratchler:** — Sounds complex in the details.

**Christine Markel:** — It is extremely complex, yes.

**Joan Pratchler:** — How will you ensure that each park's health index will be accurate and reliable?

**Christine Markel:** — We ensure that through a team of technical experts who are conducting ongoing ecological management activities as per our baseline results for the park ecosystem health index that was derived in 2022. As they are conducting those ecological activities, they are entering that data into the system.

And we do other work across the park system where we collect data and conduct analysis with our GIS [geographic information system] and data analyst within the ministry, who makes sure all of that information is compiled and updated into our park ecosystem database.

And then we will be conducting an analysis recalculation of the park ecosystem health index in 2027-2028 and evaluate the results and the scores for all provincial parks and continue with our ecological management activities as necessary based on our park ecosystem health index scores.

**Joan Pratchler:** — And that system, it's an IT system. Is it one of your in-house systems, or did you have to, you know,

outsource for something? Can you tell me a little bit more about that please.

**Christine Markel:** — The park ecosystem health index is an in-house system that was developed by an expert within the ministry who developed the system in collaboration with external support through the University of Saskatchewan. And that system is fully in-house, and it is assessed by internal expertise.

**Joan Pratchler:** — Thank you.

**Deputy Chair Thorsteinson:** — MLA Gordon.

**Hugh Gordon:** — Thank you, Mr. Chair. So just to talk about the system, the auditor noted that the data is collected, or was being collected, by employees. It just wasn't being entered, I presume, entered into an already existing IT system. Are you saying then you've got something new you're trying to implement, a new IT system? If you could just tell us what these challenges have been in entering the data. If it's already there, then why would it take, you know, up to three-some years to fully implement recommendation no. 1?

**Christine Markel:** — Sorry, can you repeat the question?

**Hugh Gordon:** — Fair enough. So the data exists. It's being collected. It's just not being entered in a timely fashion, is what I understand from the auditor's report. So for example, recommendation no. 1 was about, you know, making sure that that was done in a timely fashion. You're giving yourself until '28-29 to implement that. If you're not changing into some new system that requires like, you know, testing and integration and functionality and all that other stuff, what's the root challenge you guys have in just putting that data into the system?

**Paul Johnson:** — Yeah, I'll respond to that question. Thank you for the question. Data collection and management is incredibly complex, as you've already indicated. Like the vastness of our parks and the amount of plans and work we have under way in any given season is very, very challenging. On a seasonal basis, Christine and her team of six technical experts are out in the field gathering the data and doing the work gathering the data. And generally the data entry then would happen in the off-season.

Now you've referenced some long-outstanding data entry pieces. And I think it's a part of a bigger answer where we have developed the PEHI system, which is now the tool to collect that data and enter it in. So we are still adjusting to having better processes and more timely processes for entering data, and it's a commitment we agreed to with the provincial audit. And it's still a fairly new system, so we are getting better at data entry on a timely basis.

**Hugh Gordon:** — Just so long as, like there must be some internal process, whether it's with the IT system, with management. Maybe it's a check sheet. I don't know what it might be that you'd be like, okay, we know employee XYZ has collected information ABC. Now has that been entered, and has it been entered into the system? Is your oversight of this process going to be sufficient to ensure that there is some accountability in that regard?

**Paul Johnson:** — The answer is yes. Our oversight of the system

will ensure that we're better at entering data on a much more timely basis. And we've already begun doing that as a result of the audit and even before the audit, once we had the PEHI tool to accept that data. And it also uses GIS platforms. I don't think we've mentioned geographical information system platforms, but we also use the GIS platform for data collection, management, mapping, and the analytical tools. So we have improved our data entry, and we will continue to do better at data entry on a timely basis.

**Chair Wotherspoon:** — Gordon. MLA Gordon, that is.

**Hugh Gordon:** — Close enough. It's not a recommendation, but it was a suggestion on the part of the Provincial Auditor to include biodiversity of species-related indicators in your park health index. Is that something you are considering doing?

**Christine Markel:** — That is not something we are currently considering doing. And so the park ecosystem health index is a unique tool in Canada and, as we have mentioned, we have won an award for this tool. We have to continue to assess park ecosystem health index based on the indicators that were chosen at the time of the baseline that was developed in 2022.

So if we add new indicators to the system, it changes the overall result of the park ecosystem health index. And it would no longer be a reliable comparison to the original 2022 baseline that was developed without including biodiversity as an indicator.

**Hugh Gordon:** — Is there some way to maybe integrate it or do it separately, just to give you an understanding of where you're at in those two respects?

**Christine Markel:** — Yes, absolutely, and we are doing that. And I've actually redefined one of my positions who was our senior ecologist, and she gathers and collects biodiversity indicators, including wildlife and plant and other biodiversity indicators across provincial parks. And we've entered into numerous partnerships with the University of Saskatchewan and the Ministry of Environment to continue to gather a full data set of biodiversity for provincial parks across the province. So that process is under way and that recommendation is being implemented in other ways.

**Hugh Gordon:** — Thank you.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — How many of the provincial parks are currently classified — I know you mentioned you don't do low, medium, high, whatever your rating would be — that would be high risk? Because those would be, you know, most concerning. And if you could tell me whether they have flora and fauna classified at risk, if those are endangered in those parks. What are the ones you're most worried about, and why?

**Paul Johnson:** — Yeah, thank you for the question. The PEHI tool that we have is fantastic for exactly that — assessing health. We haven't characterized it in terms of risk. We characterize it in terms of health with, you know, a scale of zero to five, zero being low and five being healthy. And based on that, we've created data-based, scientific-based evidence that shows us that we have five parks that are below the standard health index that

we want to focus on.

I can let you know which parks they are and I can talk specifically about the action plans, but they are very unique for each park. For instance some may have invasive species in there so we take management actions to control invasive species. Some may have excessive grasslands and high fuel load for fires, so we do prescribe burns in those parks. So each of these five, we have a very specific action plan to address the reasons why it falls below the lower level on our ecosystem health index.

**Joan Pratchler:** — And I assume those action plans would have time frames attached to them, or are they open-ended?

**Paul Johnson:** — Yes, they do have time frames. However things change. So for instance I think the auditor noted that some of the actions that were planned were not carried out. So for instance if we do have a prescribed burn as one of the responses in a provincial park to reduce invasive species or excessive grasslands, and the wind conditions aren't there, it's a wet fall, there's reasons why sometimes individual actions get shifted on a year-to-year basis. So overall there's broad time frames to complete the action plans, but there's no specific timeline for each action.

**Joan Pratchler:** — That helps me understand that. So sometimes there's other ministries or cross, you know, connections and collaboration with other ministries. What co-operations have you negotiated across ministries to manage the ecological risks in provincial parks? And does the ministry have the authority to prevent action from other ministries it considers, you know, detrimental to the health of your park?

[14:45]

**Paul Johnson:** — Thank you for the question. I had to have a discussion about negotiation because, you know, across the Government of Saskatchewan, we're one team. We have partnerships with the Ministry of Environment, with Saskatchewan Public Safety Agency on activities and actions that flow into our ecosystem mandate. And it is a collaboration. We do work very closely with the Ministry of Environment and their ecologists on things like grassland or forest management, and we work closely with the Saskatchewan Public Safety Agency on things like wildfire management. So there's a number of partnerships that span across the Government of Saskatchewan, and they're very much collaborative that we work with those agencies.

Our authorities, I think, was part of your question, and we fall under *The Parks Act*. So we have a significant amount of authority to what happens within parks land, including any activities that may be detrimental to the ecosystem health of those parks.

**Joan Pratchler:** — Well thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Just to touch on wildfires for a moment, what improvements has the ministry made to its wildfire risk reduction measures since the fires of 2025, and how did that event affect how the ministry mitigates wildfires?

**Greg Gettle:** — Yeah, great question. I'll reframe the context a little bit because it's not since 2025 that we've started to do work to do wildfire management in parks. This has been an activity that's been going on in parks for decades. Of course 2025 was significant, and we've seen other significant episodes of wildfires in other jurisdictions as well.

But we work very, very closely with the Saskatchewan Public Safety Agency on fire management. They are the provincial lead and the technical expert in this area, and they guide us on wildfire management and protection in parks. Now it is collaboration, so we definitely work with our teams in parks and with our team in the ministry on activities and actions.

And there's a lot that's going on, and it's not just . . . I think the term that the Provincial Auditor used was fuel management. That's a very specific term and a very specific tactic. There's other things that we use in provincial parks, things such as — I've mentioned it already — prescribed fires in some of our grassland parks. We do forest harvesting in some of our forested parks. There's cutlines that are put in in provincial parks in collaboration with SPSA [Saskatchewan Public Safety Agency]. So there's a number of activities that we are doing constantly, and we are constantly assessing the fire risk in our parks in conjunction with the Saskatchewan Public Safety Agency.

**Hugh Gordon:** — Did that wildfire season though change, you know, any of your plans or any of your activities?

**Paul Johnson:** — Not specifically. We stay the course. And by that I mean we continue to do fuel management plans with the SPSA. In '24-25 I think the auditor referenced that 13 of 18 forested parks had not had a forest management plan in place. Well since then we've completed five more in '25-26, and this year we completed another five. So we stay the course, and we continue to do work in parks with our team and with SPSA to assess the risk and to do work and activities to prevent wildfires from spreading in parks.

**Hugh Gordon:** — On that point as well, what work are you currently undertaking to provide fuel management plans for the 13 remaining parks in the province that don't have one?

**Paul Johnson:** — So yeah, thank you. That 13 of 18 was a point in time. That was in '24-25 that the auditor noted it. So '25-26 we did fuel management plans for an additional five parks. This year we did fuel management plans for another four parks and two recreation sites that fall under the provincial parks purview. So we continue to do fuel management plans, but I'll emphasize that not all of those parks — the forested parks — require a fuel management plan.

And I'll point specifically to Athabasca Sand Dunes Provincial Park. It's a wilderness park. It's a remote park. Fuel management plans are a specific practice that SPSA uses to protect infrastructure, humans, and other assets. And in some of our wilderness parks there's very little of that, so forest management plans aren't necessary, but maybe some of the other tactics that we use in parks like fires, prescribed fires, harvesting — those types of things — are utilized.

**Hugh Gordon:** — You mention in your update you'd be setting up a meeting with the SPSA to create these detailed fuel

management plans and the like. Has that occurred?

**Paul Johnson:** — I'll maybe ask Christine if that's occurred. I'll answer that it's an ongoing basis. We have regular discussions with SPSA on prioritization of which parks we need to assess gaps in wildfire mitigation.

**Christine Markel:** — And the answer to that question is yes, that has occurred. And my team is also participating in a provincial wildfire management working group with the SPSA and other ministries across government. And then we have ongoing meetings with the SPSA regarding fuel management throughout provincial parks.

**Hugh Gordon:** — And in the event that you haven't gotten to some of these fuel management plans, do you have interim plans available at the ready for those parks?

**Paul Johnson:** — I will answer by saying there are parks where we do not have formal fuel management plans in place. But in every single provincial park we have actions and activities that are under way to assess the risk, to understand the gaps, and to plan for responses. So that is across the system.

**Hugh Gordon:** — Thank you. What were the four natural environment parks the auditor found didn't have ecosystem-based management plans, and what has been done about those plans? I believe it's on page 129 of the report.

**Chair Witherspoon:** — The auditor would like to just say something here.

**Tara Clemett:** — Yeah, in terms of your question and to get a better sense of almost like . . . I would flip to section 5.0 where we did outline a table of all the parks and their health index. So when MLA Pratchler was asking about those parks that fall below the health index target that the ministry is striving for, the blue highlights are already outlining which ones fall below. So you have a sense of which parks.

You can see in the last column it talks about does the park have an ecosystem-based management plan, yes or no, or there's blanks. So the ones with the blanks on that first page are where they do not have. They're a natural environment park and they did not have an ecosystem management plan at the time of our audit, but may since. Thank you.

**Paul Johnson:** — Thank you to the Provincial Auditor for pointing that out on the table. That's a great answer. I mean I think the other part of the answer is that we do have plans to have all 12 natural environment parks have an ecosystem-based management plan in place by March 31st, 2028.

**Christine Markel:** — And what I would add to that is two of the four parks listed here that indicate they do not have plans currently have plans drafted, and we're just undergoing finalization processes and have public engagement and Indigenous consultation to do on those plans before they're finalized.

**Hugh Gordon:** — Does that include Pike Lake? Is that one of the two you're talking about?

**Christine Markel:** — It is not. One of the two is Duck Mountain Provincial Park, and Porcupine Hills Provincial Park.

**Hugh Gordon:** — Was Pike Lake one of the parks that the auditor described as being high risk?

**Christine Markel:** — It was one of the parks the auditor described as high risk because it has critical habitat identified within that park.

**Hugh Gordon:** — And is there a management plan in the works? Has it been done?

**Christine Markel:** — There's currently not a management plan in the works for Pike Lake Provincial Park because it is a recreational park, and we conduct ecosystem-based management plans for our natural environment parks at this time.

**Hugh Gordon:** — What are some of the reasons you could share with the committee that the staff didn't enter the results of the six completed activities in the IT systems mentioned on page 133?

**Paul Johnson:** — Thank you for the question. I think the reason why the information wasn't entered on a timely basis was first and foremost because our technical staff are very, very busy collecting and gathering the information, and at the time it references in the report that we didn't have resources that were prioritizing data entry. I can say that since then we have added a resource, a grasslands ecologist position, that will be focused on timely data entry of data gathering.

**Hugh Gordon:** — When you say lack of resources, are we talking personnel?

**Paul Johnson:** — I think it's probably as much prioritization of resources and what we ask them to do at the time. And again we have added personnel in that direct function that will support timely data entry.

**Hugh Gordon:** — Thank you.

**Chair Wotherspoon:** — MLA Pratchler.

**Joan Pratchler:** — What's the ministry doing to centrally track all the completed activities for the ecosystem management activities mentioned on 132 — including grazing, haying, prescribed burns — into the IT system?

**Greg Gettle:** — Sorry, could you repeat the question?

**Joan Pratchler:** — What is the ministry doing to centrally track all completed activities for ecosystem management activities that would be mentioned on page 132?

[15:00]

**Greg Gettle:** — Thank you for the question. Yes, absolutely and I think we mentioned it where we're certainly prioritizing the data entry components. You know, we've got a very technical team. They're very, very good at doing the technical work. And so we're certainly re-emphasizing the fact that we need to do the data entry. And then there will also be elements where management will also be regularly reviewing the reporting to

ensure that the entry is done and that the information is complete.

**Joan Pratchler:** — Thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — What are you doing to address something that the auditor found, which is that employees weren't always aware of what activities have been completed or what recommendations or what stage those recommendations were at? What are you doing to follow up on that?

**Christine Markel:** — We are going to be doing a baseline assessment to review all of the identified ecosystem-based activities, identify which ones have been completed to date, which ones are outstanding, why they're outstanding, and then re-prioritize based on our current park ecosystem health index scores to ensure that we are completing those in a systematic way that aligns with the park priorities of the day.

**Hugh Gordon:** — That's something all employees have access to? Where they can look up and see, okay, we know where we're at on this activity in this park?

**Christine Markel:** — That will be something that all employees have access to. Absolutely.

**Hugh Gordon:** — Okay, thank you. Perhaps it's an awareness thing. I don't know. I'm just curious. You may have touched on it earlier in one of your prior responses, but I'm just wondering why it'll take so long to implement the recommendation to improve reporting to senior management and to the public for park management activities. Can you speak to that briefly?

**Christine Markel:** — Part of it is the answer I just provided, where we first want to conduct a baseline assessment of all of the ecosystem management activities that have been identified. And then it's about developing a system where we have consistent reporting and accountability to fill in any of those gaps so that we can ensure, when we are reporting to senior management and the public, that our information is accurate and up to date.

**Hugh Gordon:** — Thank you. And are you still relying on this 100-kilometre radius rationale to determine whether or not to consult with First Nations?

**Christine Markel:** — I would say that is not the basis of our rationale for whom we consult with for Indigenous engagement. We typically collaborate with Government Relations and senior Indigenous advisors when conducting duty-to-consult. And then aside from that, we are following the Government of Saskatchewan consultation policy framework for how to conduct duty-to-consult.

**Hugh Gordon:** — So it's a little bit more holistic approach to whom you consult with?

**Christine Markel:** — Absolutely, yes.

**Hugh Gordon:** — Some First Nations could be hundreds of kilometres away from land that they own elsewhere. Correct?

**Christine Markel:** — Correct.

**Hugh Gordon:** — Also with respect to the last recommendation, retaining evidence of letters sent to Indigenous communities, I know you've given yourself to '27-28. I'm wondering what steps you've undertaken to date to try to centrally record, you know, any of that stuff. How are you mitigating it in the interim?

**Christine Markel:** — Yeah, the starting point is setting clear expectations with staff and identifying that everyone on the team has the appropriate training for following the Government of Saskatchewan consultation policy framework guidelines, and then that we are documenting all necessary documents within a common file system so that everyone has access to those records, and that that is being done in a consistent manner.

And then through the landscape protection unit annual plan and quarterly reporting, there's an accountability framework set up there where I will be checking with the team and identifying, for any ongoing projects, that those records have been documented up to date and that we are following process. And where we are not following process, we'll be requiring additional training and skill development in that area to ensure everyone's meeting the standard.

**Hugh Gordon:** — So if someone were to come to you and say, listen, we'd like you to show evidence that you have consulted First Nation band XYZ, you have a way today of verifying whether that's the case.

**Christine Markel:** — Yes.

**Hugh Gordon:** — Those are all my questions, Mr. Chair.

**Chair Witherspoon:** — Right. Not seeing any further questions here. MLA Keisig. He's looking for some fishing advice out of Rowan's Ravine there on Last Mountain. He's a bit of an endangered species there at the fileting shack. But I'll kick it over to MLA Keisig instead of telling jokes.

**Travis Keisig:** — Sure. Thank you, Mr. Chair. Just I'm not sure, Mr. Chair, if you'll allow this, but actually I have a question for the auditor and her team.

**Chair Witherspoon:** — Sure.

**Travis Keisig:** — I'm just curious, what data did you use to ascertain that some of these provincial parks are high risk? Like where did you get the data? How did you make that decision?

**Tara Clemett:** — Yeah. So in terms of the work we did, we would have also . . . Like we are satisfied, as we have indicated, with the process and the health index rating scale that the ministry's using. And so obviously there is parks that are falling below almost like the baseline in which they would envision, you know, I guess the parks to be considered healthy. We also, if you notice, within our audit approach we leveraged an expert to actually support the work of this audit. And so that expert would provide us advice and good practice as we went through our audit process.

**Travis Keisig:** — Could you provide the name of the expert?

**Tara Clemett:** — Sure, but I don't know if I have it on me. Or I can always . . . Yeah. Usually we use . . .

**Travis Keisig:** — Provide it to the committee.

**Tara Clemett:** — Yeah, we will. Usually it's someone from outside the province and that we do also vet through the ministry, and that they would have agreed to and considered them I guess reasonable and appropriate when we did our audit as well.

**Travis Keisig:** — Well thank you for that. Thank you, Mr. Chair.

**Chair Witherspoon:** — Thank you. Any further questions? Of course these are about eight new recommendations here today. So thanks for taking the time to detail the many actions that have been taken and others that are under way. Not seeing any further questions, I'd welcome a motion to concur with recommendations 2, 3, 5, and 6.

**James Thorsteinson:** — I'll so move.

**Chair Witherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Witherspoon:** — Okay, that's carried. And I would welcome a motion to concur and note progress with respect to recommendations 1, 4, 7, and 8.

**James Thorsteinson:** — I so move.

**Chair Witherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Witherspoon:** — That's carried. Okay. Listen, yeah, and thanks so much, DM [deputy minister] Gettle and all the officials that have joined us here today, all those involved in the work. Our provincial parks are incredible assets in this province. And we certainly value all the work and all those involved in that work in being great stewards of those parks and putting them in a good position for today but for many years moving forward. DM Gettle, any final remarks our way before we shift gears?

**Greg Gettle:** — Sure. You know, just more than anything, thank you very much for the very thoughtful questions. Thank you to the Provincial Auditor and her team for the recommendations. And I would just like to reiterate the incredible work that Christine and her team is doing. The PEHI is certainly, you know, nation leading, and that's why it was given a national parks award. And we're very proud of that in Saskatchewan. And we certainly look forward to maintaining the ecological health of our provincial parks moving forward.

**Chair Witherspoon:** — Thank you. Thank you for that, and a very well-deserved recognition. And I'm glad we have that leadership happening within the province. With that being said, a very brief recess, and we'll put SaskBuilds up before us here in a moment.

[The committee recessed for a period of time.]

[15:15]

### SaskBuilds and Procurement

**Chair Wotherspoon:** — Okay folks, we'll reconvene the Standing Committee on Public Accounts. We'll turn our attention to the Ministry of SaskBuilds and Procurement and the auditor's chapters pertaining to SaskBuilds.

I'd like to welcome DM France and all the officials that have joined him and us here today. I'll kick it over to DM France to provide a brief intro of everyone that's with him here today, all the officials that have joined him. Maybe refrain from getting into the chapters just now because I'll go over to the auditor and then come back your way after that.

**Kevin France:** — Well thank you and good afternoon, Mr. Chair and committee. Thank you for the opportunity to respond to and assist in addressing questions today. So again I'm Kevin France, deputy minister of SaskBuilds and Procurement. And joining me today is David Boehm, assistant deputy minister of information technology; Maire Coulthard, assistant deputy minister of the enterprise business modernization project; Sammi Haque, assistant deputy minister of corporate strategy and services; Brent Pritchard, executive director of risk, audit and information management; Fuad Iddrisu, executive director of cybersecurity and risk management; and Tyra Dorosh, executive director of the office of the chief information officer.

We'll be happy to address any questions that you may have following the Provincial Auditor's presentation. And with that, I'll turn it back to you, Mr. Chair. Thank you.

**Chair Wotherspoon:** — Okay, thank you for that. I'm going to kick it over to the Provincial Auditor and we'll go from there.

**Tara Clemett:** — So thank you, Mr. Chair, Deputy Chair, committee members, and officials. With me is Mr. Jason Wandy. He's the deputy provincial auditor responsible for the audits at the Ministry of SaskBuilds and Procurement, along with Ms. Michelle Lindenbach, our liaison with the committee.

Jason's going to present the chapters for the ministry in the order that they appear and this will result in two separate presentations. He'll pause after each presentation for the committee's discussion and consideration. The first presentation includes five new audit recommendations for the committee's consideration.

I would like to thank the deputy minister and his staff for the co-operation that was extended to us during the course of our work. I'll now turn it over to Jason.

**Jason Wandy:** — Thanks, Tara. Chapter 14 of our 2025 report volume 2 reports the results of our audit of the Ministry of SaskBuilds and Procurement's processes to monitor the implementation of IT business application projects for the period ended March 31st, 2025.

We concluded the ministry had effective processes other than the areas reflected in our five recommendations. For the purposes of this audit, IT business application projects included those where the ministry signed the related IT project contracts, often on behalf of clients like government ministries, or completed the project internally.

As government IT systems age, large-scale IT business application projects are often launched to improve efficiency, security, and service delivery. These complex projects carry risks such as inadequate governance or poor planning that can cause significant budget overruns, missed timelines, or unmet needs. The ministry's clients spent about \$84 million on IT capital in fiscal 2024-25 and planned to spend about 62 million in fiscal 2025-26, including for IT business application projects monitored by the ministry.

Now I'm going to walk through the five recommendations. On page 169 we recommend the Ministry of SaskBuilds and Procurement formalize sufficient reporting requirements to support effective monitoring of IT business application projects by central IT governance bodies. The ministry supports central IT governance bodies responsible for coordinating strategic decision making for IT investments and recommending which IT projects to pursue at which time. These central IT governance bodies are the information technology governance committee, or ITGC; and the Information Management Advisory Council, or IMAC.

The ministry's portfolio management office is responsible to monitor the status of IT projects and escalate concerns to IMAC and ITGC; however we found it was not clear which IT projects this includes. For example, we noted the portfolio management office did not receive status updates about the enterprise business modernization project, or EBMP, that the ministry leads, and the ministry did not explicitly exclude from its reporting and monitoring practices some other government agencies such as the Saskatchewan Health Authority and Crown Investments Corporation of Saskatchewan.

Additionally we found the ministry followed the same practices for all IT projects it monitors, regardless of size or risk profile. The ministry may need to consider adjusting some reporting requirements as some projects may require more frequent or extensive reporting than others.

The ministry also does not have a policy setting out reporting requirements for IT business application projects. In addition, neither the ministry nor the central IT governance bodies have established performance targets to help monitor effectiveness of IT project management practices. Some examples of good practice for reporting on IT projects includes reporting on planned versus actual budget variances and project timelines, scope changes, and major risks encountered along with relevant mitigation strategies.

While we found ITGC and IMAC met at least quarterly, they received insufficient reporting that did not cover all areas of good practice. These IT governance bodies did not receive written reports, such as a status overview of all current IT projects, until later in fiscal 2024-25. When they did receive written reports, we found these reports did not compare planned to actual costs and timelines with explanations for differences, highlight where scope changes and risks existed, or provide overall results compared to targets such as percentage of IT projects on budget and on time.

Without sufficient and formalized reporting requirements, the ministry may not identify and report relevant IT project risks and opportunities to support IT governance bodies or may not support

delivery of high-quality IT projects on time and within budget.

On page 172 we recommend the Ministry of SaskBuilds and Procurement follow up when it does not receive monthly progress reports from client IT business application project teams as expected. The ministry requires clients to report monthly on the status and progress of IT business application projects under way such as updates related to project cost, schedule, risks, and activity. Clients use a reporting application with specific fields for various required information which automatically feeds into the ministry IT project dashboard.

We found the ministry did not routinely follow up with its clients if they did not submit their monthly reports as expected. For two of four IT projects tested we found clients did not consistently submit expected reports to the ministry each month. These two projects had challenges. Both projects encountered delays and budget concerns, and one project changed its scope. More timely reporting may have helped inform decisions to address the challenges or to provide support for the project teams.

Without processes to follow up when reports are not received timely, the ministry may not have complete and accurate information to inform its analysis and subsequent reporting on risks and issues to the central IT governance bodies.

On page 174 we recommend the Ministry of SaskBuilds and Procurement sufficiently analyze IT business application project information reported by clients. The ministry did not have documented requirements for analyzing IT project information submitted by its clients.

Rather the ministry's portfolio management office staff used informal practices. Weekly these staff review progress reports that client project teams submit into the ministry's dashboard reporting application. Their review focused on projects reporting potential issues such as risks in meeting budget or deadlines that they could then discuss during their weekly meetings.

We found staff did not retain formal documentation of analysis or of decisions made at these weekly meetings, although the ministry began to keep some brief notes starting in February 2025. Sufficiently analyzing project progress to inform risk assessment and decision making is important given most — that is, 15 of 20 IT business application projects monitored by the ministry's portfolio management office — were expected to be over budget and/or late as of March 2025.

For four projects tested we found when clients submitted reports, information included planned and actual work completed and funds spent, status, and key decisions. However we were unable to identify what analysis the ministry completed for these reports and also found little evidence of issues identified or actions planned. We also did not see evidence the ministry analyzed project reports to identify root causes of reported issues or potential lessons learned. Without further analysis it is unclear what sometimes caused higher costs such as potentially poorly defined user requirements or insufficient vendor capacity to complete the work.

Additionally for all four projects tested we saw cases where data appeared inconsistent with other data reported or different than previous periods. For example, we found the percentage of

projects completed or budgets spent decreased rather than increased as expected or fluctuated significantly. Not sufficiently analyzing IT project data submitted by clients limits the ministry's ability to identify and centrally report on issues in IT project management. If issues go unaddressed and root causes are not identified, IT business application projects may continue to be over budget, miss deadlines, and inadequately meet user needs.

On page 176 we recommend the Ministry of SaskBuilds and Procurement continuously assess key IT business application project risks to support effective risk mitigation strategies. Client project teams are responsible to manage risks related to their IT business application projects. We found the ministry reviews risk data as it is entered by clients as part of its monitoring of the monthly IT project progress reports. However the ministry did not assess completeness of the risks reported or consider the appropriateness of clients' risk mitigation strategies.

Additionally while the ministry required clients to report key risks on a monthly basis, it did not have a formal process for clients to report urgent or emerging key risks that may arise between the monthly reports. For the four projects tested, we found three projects did not report consistently about their risks during fiscal 2024-25, and their reports lacked sufficient detail such as not including risk impacts or mitigation plans. The remaining project did not report any risks during fiscal '24-25 so follow-up may have helped to ensure there were no key risks missed in the reporting.

For EBMP we found the ministry tracks and prioritizes identified risks and issues using an IT system different from the reporting application used for other IT projects. To support timely monitoring and action, the IT system automatically alerts relevant members of the EBMP team when a new risk is added or a critical or high risk is changed. We found the ministry followed its processes to address risks for EBMP; however 44 out of over 270 critical or high-priority risks and issues were not assigned a due date or closed timely, up to about 500 days after the risk or issue was identified.

At March 2025 there were 42 critical or high-priority risks and issues outstanding for EBMP with some of them outstanding for over 700 days. Without sufficient assessment of risks, the ministry may not provide timely support to help IT business application project teams implement effective risk-mitigation strategies. The ministry may also not report timely about risks to IT governance bodies to support decisions that may prevent or manage project failures, cost overruns, or delays.

On page 178 we recommend the Ministry of SaskBuilds and Procurement formally track lessons learned from IT business application projects. The ministry did not have a policy requiring clients to provide a lessons-learned report at the end of each IT business application project. While the ministry did not have an established practice to track lessons learned for IT business application projects, the ministry or IT governance bodies sometimes requested a specific project team to prepare lessons learned during or at the end of an IT project.

Our review of lessons learned for about 10 projects found they identified areas of improvement, such as planning for resources to better support peak testing cycles, or planning for consistent,

dedicated IT project resources. We also found the EBMP team started identifying some interim lessons learned, although these were not shared centrally within the ministry. The EBMP team had considered lessons learned from Saskatchewan Health Authority's implementation of AIMS, a similar financial and administrative system project.

In addition to monitoring the completion of lessons learned from IT business application projects, the ministry may want to consider centrally obtaining and assessing lessons from other projects or agencies, such as from CIC [Crown Investments Corporation of Saskatchewan] or other jurisdictions, and sharing this knowledge within the government to avoid similar issues with other projects. Without clear requirements to complete and share lessons learned at the end of all IT business application projects, the ministry's clients may repeat mistakes that result in other project cost overruns, delays, or unmet user needs.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay, thanks very much for the chapter and the focus of the chapter and new recommendations that are before us here today. I'll turn it over to DM France for remarks and then we'll go from there.

**Kevin France:** — Perfect. Again thank you, Mr. Chair. And thank you for the introduction, and want to acknowledge the important work done by the Provincial Auditor and team.

We accept the auditor's recommendations and look forward to discussing what we've accomplished in our response to the five recommendations. The ministry has worked diligently on the auditor's recommendations in chapter 14 related to its processes to monitor the implementation of IT business application projects.

[15:30]

The first recommendation was for the Ministry of SaskBuilds and Procurement to formalize sufficient requirements for reporting to IT project governance bodies. I am pleased to report that since we received the auditor's report, the Ministry of SaskBuilds and Procurement has established a project health reporting framework. The framework outlines monthly reporting requirements, required information, and submission timelines. The framework is supported by standard tools, templates, and procedures to promote consistency. With that we believe we've completed the actions associated with the recommendation and will continue to work with the Provincial Auditor's office as part of its follow-up process.

The second recommendation was for the Ministry of SaskBuilds and Procurement to follow up when monthly IT progress reports are not received from clients. The Ministry of SaskBuilds and Procurement implemented a project reporting framework that includes reminder and escalation processes to support compliance and accountability. As well, if a client fails to report monthly, the issue will be escalated to the IT governance committee to ensure a timely resolution. The ministry has completed actions we believe should fulfill that recommendation.

The third recommendation was for the Ministry of SaskBuilds

and Procurement to sufficiently analyze IT project reports from clients. In response, the project reporting framework we implemented defines requirements for analyzing monthly project reports, including performance metrics, health indicators, and escalation thresholds. In addition, a project analysis tool has been developed and implemented to automate metrics and document results. And again we believe this recommendation has also been addressed.

The fourth recommendation for the Ministry of SaskBuilds and Procurement was to continuously assess key IT business application project risks to support effective risk mitigation strategies. The Ministry of SaskBuilds and Procurement is pleased to report that it has enhanced its project risk reporting analysis and review requirements. The ministry developed the portfolio risk report to improve the identification, monitoring, analysis, and escalation of risks, and to support oversight.

In addition, the ministry's portfolio management office meets biweekly with representatives from each project's steering committee to discuss risks, mitigation activities, and emerging issues. We believe we've completed the actions associated with this recommendation and are hopeful the Provincial Auditor agrees.

The last recommendation for the ministry was to track lessons learned from IT business application projects. The Ministry of SaskBuilds and Procurement is pleased to report we have documented a project-reporting framework requiring project teams to complete project close-out reports including lessons learned upon project completion.

These close-out reports for each project will be consolidated into an annual summary and presented to the governance committee for review. This will be to support knowledge sharing, trend analysis, and continuous improvement with annual reporting used to identify common challenges, highlight successful practices, and strengthen future governance reporting and portfolio management processes. The first annual summary report is planned for March 31st, 2027. We believe we have completed the actions associated with this recommendation as well.

With that, Mr. Chair, I'm happy to answer any questions the committee may have.

**Chair Wotherspoon:** — Thank you. Thanks for that. I'll open it up now to committee members that may have questions. And before I do that, I'll table the status update that was provided: PAC 112-30, Ministry of SaskBuilds and Procurement: Status update, dated October 14th, 2026.

Committee members, who's got questions? MLA Pratchler.

**Joan Pratchler:** — Thank you. Welcome. So when we talk about SaskBuilds and Procurement in terms of IT, SaskBuilds and Procurement has a variety of divisions. One of them happens to be ITD [information technology division] — information technology department, I assume. What are the other divisions that would be connecting with some of these big IT projects besides the IT division?

**Kevin France:** — Yeah, thanks. Thanks for the question. So

yeah, it's the information technology division, and we do have multiple divisions within the Ministry of SaskBuilds and Procurement. The main touch point would be our procurement management division. Essentially they work through the RFP [request for proposal] or the tendering process with the vendor community and with partner ministries and the Ministry of SaskBuilds and Procurement.

**Joan Pratchler:** — Thank you. So typically major projects like this have a prime contractor that oversees the execution and deliverables associated with a project. For AIMS that was \$260 million over budget and five years beyond the end date. Who was that prime contractor?

**Kevin France:** — So because AIMS actually was with SHA and eHealth, we weren't part of that IT project. SaskBuilds was not part of that IT project.

**Joan Pratchler:** — That's right. So SaskBuilds had nothing to do with AIMS?

**Kevin France:** — That's correct, yeah.

**Joan Pratchler:** — Okay. So the second project, EBMP which was \$130 million over budget and 2.5 years delayed, who was the prime contractor on that one?

**Kevin France:** — Yeah, thanks for the question. The prime was Deloitte.

**Joan Pratchler:** — Okay, and just going back to AIMS, the IT community knows who it was.

**Kevin France:** — Sorry, say that again.

**Joan Pratchler:** — The IT community knows who the prime contractor for AIMS was even that you weren't involved. Do you know who that was?

**Kevin France:** — Well I do not know because I started this position four months ago, so I wasn't part of that discussion. But from the IT community, or do you mean the ministry?

**Joan Pratchler:** — No. Like who was the prime contractor for AIMS? Somebody's got to know because that's a pretty big project in the province.

**Kevin France:** — Yeah. Again as a ministry we weren't part of the AIMS project.

**Joan Pratchler:** — So do I hear you saying you do not know who the prime contractor was for AIMS?

**Kevin France:** — We can caucus here and see if we know it behind me. But yeah, I don't.

**Joan Pratchler:** — Okay, I'll wait.

**Kevin France:** — Yeah. Again I'll just reiterate that we weren't part of it, but Deloitte was the same partner for AIMS, yeah.

**Joan Pratchler:** — Okay. So what mechanisms are in place to hold the prime contractor — in this case we can talk about EBMP

— accountable for their costs and deliverables? What kind of vendor management metrics and practices are in place to understand if they've been accountable to the ministry and to the people of Saskatchewan for this?

**Maire Coulthard:** — Hi. My name is Maire Coulthard. I'm the ADM responsible for EBMP. So the question around how we maintain governance of the vendor. So we do manage risks on the project through a tool and program that logs, classifies, and monitors our risks. So all of those risks were a part of our regular reporting. We also managed the project through a governance structure as mentioned. So our vendor is a partner with us, but government retains all decision making and control through our governance process, including our steering committee made up of deputy ministers.

**Joan Pratchler:** — So that governance process would have known that there were going to be extensions and high expenditures, and 130 million, and be two and a half years over? And my understanding is that the vendor would have given that information on a regular basis?

**Maire Coulthard:** — So the vendor and the government work in partnership, but government retains all decision making. So yes, we meet at times weekly with our deputy minister governance committee, and they are very aware of all project risks, all costs. And certainly we went through IMAC and ITGC for any changes to project costs or timelines throughout the entire government decision-making process.

**Joan Pratchler:** — And so if we look at that big picture, they knew it was 130 million over, and 2.5 years late, and they were still okay with that?

**Maire Coulthard:** — By "they" you mean the governance group?

**Joan Pratchler:** — Whoever is in charge of it.

**David Boehm:** — David Boehm, ADM of IT division. So with any IT project there is, as Maire mentioned, monitoring of that project. And as new information comes forward through a discovery process as you get into the project, oftentimes that can lead to scope that was not identified maybe at the start of the project. And it would be up to that steering committee to make decisions on that cost increase or a change in scope or a change in the timeline, assessing the project and the likelihood of ultimate success with the project.

And again it's a judgment call, but that is what the governance, the oversight committee is expected to play in the project. And sometimes difficult decisions have to be made. But if there's a reasonable probability of success with the project, again they make that call between maybe shutting it down, abandonment, or continuing on.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Sorry, just to clarify for the committee though, EBMP was not reporting to ITGC or to IMAC, correct? They were excluded. That project was excluded from those governing bodies, as well as the dashboard.

**Maire Coulthard:** — So the EBMP project had a stand-alone steering committee. So it was comprised of our deputy ministers of Finance, SaskBuilds and Procurement, Highways, Community Safety, as well as the Chair of the Public Service Commission. And they received weekly updates from our project management office and our stream leads, providing reporting on project status updates, issues, risks, budget, and other important information for government leadership.

And the steering committee also was attended by deputy ministers of all of our impacted business areas, so that included the chief information officer, chief procurement officer, Provincial Comptroller, assistant Chair of the Public Service Commission, and assistant deputy minister of custody.

So we had a significant group of senior leaders gathered in government every week to review and monitor the EBMP project.

**Joan Pratchler:** — When I look at the chart on page 166, it outlines all the variety of governance bodies there. And so when I read that the auditor said sometimes the governing bodies didn't receive reports, or they are less than fulsome data, it leads me to question what qualifications were required to be a member on that governance body and how many of them had IT governance, architecture project management and planning expertise. Could you share that with the committee as who had that kind of expertise on that EBMP committee.

[15:45]

**Maire Coulthard:** — So when it comes to the EBMP steering committee, the members attending were primarily focused on strategic, senior-level decisions. However we did have support, for example, by the chief information officer and project-level folks who have the expertise that you were describing.

**Joan Pratchler:** — So the CIO [chief information officer] was part of ITD?

**Maire Coulthard:** — Was part of the EBMP steering committee.

**Joan Pratchler:** — And the CIO of . . .

**Maire Coulthard:** — Sorry, information technology division.

**Joan Pratchler:** — Can you just clarify? So do I hear you saying that the CIO of ITD was on that steering committee throughout the whole time?

**Maire Coulthard:** — Yes.

**Joan Pratchler:** — Okay.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Just to follow up on that, EBMP presumably — we know it as GEM [government enterprise management] now, correct? — presumably one of the largest projects ever undertaken perhaps by SaskBuilds. Very important project. I appreciate the qualifications, perhaps, or the folks that sit on that steering committee, but yet I'm curious if you could tell the committee why such a major project was excluded from

reporting to the portfolio management office and the IT governing bodies.

**Kevin France:** — So just to clarify, they were not excluded from IMAC or ITGC. In fact regular updates were provided to both governing bodies.

**Hugh Gordon:** — Did ITGC and IMAC have input into that project?

**Maire Coulthard:** — Yes.

**Hugh Gordon:** — Okay, can you explain why it was excluded from the dashboard?

**David Boehm:** — So the first point would be that the EBMP project, when it started, predated the governance structure that exists within IT division for IT projects. And the other point I would make is it had its own focused governance group — again very senior officials. All of the key resources within IT division were made available as well, whether that was architecture or security or any of the other technical resources.

So it was simply a focused governance process that was just different from the later-established IMAC and ITGC processes.

**Joan Pratchler:** — So can you help me understand if the lessons learned compiled afterwards related to specific contractors or service providers that are taken into consideration for future contracts. For example, does a poor performance on project A eliminate a vendor for project B?

**David Boehm:** — So for all the projects that we do, we do have a vendor scorecard that we complete on a periodic basis to evaluate every vendor that works on government projects. And then beyond that, you know, we'd have the scorecard to determine past success, and with any new project that may involve that same vendor, reference checks would also be done.

**Joan Pratchler:** — So did any red flags get seen by anybody looking at this same vendor doing AIMS? Whether it was under the purview, it's still part of the government. Taxpayers still paid for that.

So were any red flags, you know, kind of made some alerts that if AIMS kind of went sideways, maybe we should put some guidelines and guardrails on this other one that's coming along here? I don't know. Can you help me understand and the people of the province understand that one.

**Maire Coulthard:** — So Deloitte was selected as the project vendor following a competitive request for proposal process that indicated they had the expertise and experience required to support government with our business transformation and system integrator services. I will also add that we began projects around similar timing as AIMS, and so our projects were happening in parallel in the early days.

**Joan Pratchler:** — Yeah, so AIMS was five years overrun and this one is two. They were both at the same time? There must have been some pre and some post, or are they both exactly start at the beginning, same time?

**Maire Coulthard:** — I don't have details of exactly when AIMS began, but we ran in parallel for portions of the project for sure.

**Joan Pratchler:** — Would it have that been the first part of the portions or the second part? So was AIMS already running for two years and then now EBMP started? Or I'm confused on the timing.

**Kevin France:** — Yeah, I can't speak to when AIMS started. So the AIMS project wasn't completed when our EBMP project started. So the RFP that we ran, 3sHealth or eHealth was working with Deloitte, but that project hadn't concluded by the time we started ours, if that clarifies it.

**Joan Pratchler:** — It was operating prior to . . .

**Kevin France:** — Well the system wasn't. They were working on the system with 3sHealth.

**Joan Pratchler:** — Right. So AIMS was not under the purview of SaskBuilds and Procurement.

**Kevin France:** — Correct.

**Joan Pratchler:** — EBMP was under SaskBuilds and Procurement. So then does SaskBuilds and Procurement have any responsibility to manage any of those projects then? So SaskBuilds would be managing AIMS then? Tell me more.

**David Boehm:** — So the AIMS project — and again I'm no expert there because again we have little to do with it — we certainly learned from it and changed our governance approach based on it. But that would be managed by the health system, and I assume either eHealth or 3sHealth. They look after the IT needs of that part of government. And SaskBuilds and Procurement, we have our own client list, and of course it does not include that group.

**Joan Pratchler:** — So EBMP was under the responsibility of SaskBuilds? And they have the responsibility for that project?

**David Boehm:** — The clients who were the sponsors of the project would have been our clients, yes.

**Joan Pratchler:** — Remind me. Who were the clients that sponsored that project?

**David Boehm:** — Public Service Commission, Ministry of Highways, SaskBuilds and Procurement, and Ministry of Finance.

**Joan Pratchler:** — Okay, so there's a lot of IT projects. In your opinion, is SaskBuilds properly staffed and funded to prevent these kinds of cost overruns in the future?

**David Boehm:** — So I think we are adequately resourced to address these processes, you know, notwithstanding the items identified by the auditor. There's always room for improvement of course, but we have a very robust governance system when we compare it to other jurisdictions across Canada. We have a technical level group of innovation tables that look at each project depending on the subject matter. There's four of those, or three of those innovation tables. We have the Information

Management Advisory Council which then provides that strategic level review, and then the senior leadership group IT governance committee which provides again the higher level strategic review.

So there's certainly no shortage of oversight of the projects. And then within the IT division itself we have a number of technical review board type organizations — so architecture, security, technology — again to make sure that any project that we take on aligns with existing technology standards. And by doing that type of work we make sure it's got a high probability of success. But I think, as we know, with any projects once you get into it there's a degree of discovery that has to be managed, and that's what the governance process is all about.

**Joan Pratchler:** — And I suppose the question that comes to us is, so nobody could see any of this coming? I mean there's been massive IT projects all over the country. There's always going to be something coming up, and this isn't the first government in the country that had to get a type of program like EBMP, GEM. What kind of, you know, preventative or foresight was used to say, hey, we want to make sure this doesn't go so crazy. What did your committees and groups do to kind of prevent that kind of thing?

**David Boehm:** — So if you look at the literature around information technology projects, the best way to achieve an outcome that is on budget, on time, on scope is through preplanning. And certainly we make tremendous efforts in that regard, but we also know it's no guarantee. Again there is a lot of discovery that happens through any project, and I would say again that discovery process — the governance team, the project leadership team — is there to manage that. And I believe my colleague has more to say.

**Maire Coulthard:** — Yes. For EBMP specifically, you know, we worked with our vendor to develop a high-level business case. We worked that through the governance process. That determined the initial budget estimate. We worked with our vendor again on a more detailed business case to determine the cost and timeline at the time of project initiation with a relative degree of confidence.

But as David says, additional complexity identified throughout the project and lessons learned that we took from other projects that were already under way resulted in additional timeline and budget requirements in order to ensure that we had done, you know, all of the pieces that we needed to have a successful outcome to the project in the end.

**Joan Pratchler:** — So ITD services all the ministries pretty much. Why was this project not done in-house? Why was it outsourced?

[16:00]

**David Boehm:** — So we simply don't have capacity for a project of this scope and magnitude.

**Joan Pratchler:** — Okay.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — Just want to return to the governance of EBMP again here. You've mentioned that ITGC and IMAC did have a role to play all along. However the auditor had written in her report on page 167 that IMAC and ITGC were not getting reports routinely. Would the governance of that project turned out better or been better governed had they been receiving reports routinely?

**Maire Coulthard:** — So as I mentioned, you know, EBMP was initiated prior to current IT governance reporting approach, and it was grandfathered into the IT governance process. And it's such a large project it has its own governance structure that includes the executive steering committee made up of many, if not almost all, of the same deputy ministers and assistant deputy ministers as ITGC and IMAC.

And the project monitoring for EBMP was done separately from the IT portfolio management office because it was much more robust and frequent than the portfolio management office. And we had our own project management office with a number of employees who monitor the project daily.

And so EBMP did not go through the IT governance project process for regular like updates, but it did go through for approval and for change request updates to IMAC and ITGC.

**Hugh Gordon:** — Just going to move on to costs. The auditor's report is dated 2025. What is the cost to implement GEM or EBMP to date? And how much more will it cost to fully implement?

**Maire Coulthard:** — So as reported, the total project budget is 260.6 million. We have completed the project now within the budget of 260.6 million.

**Hugh Gordon:** — 260.6.

**Maire Coulthard:** — Yes.

**Hugh Gordon:** — So there won't be any more additional costs associated to that?

**Maire Coulthard:** — None.

**Hugh Gordon:** — Okay. Well that takes me to my next question: functionality so far. Can you please explain to the committee the difficulties GEM has had just with dealing with employee payroll? Well I'll just ask that, and I'll wait for your response.

**Maire Coulthard:** — We haven't had any challenges with employee payroll upon implementation.

**Hugh Gordon:** — Okay. You go right ahead.

**Joan Pratchler:** — You do realize every two weeks MLAs can hardly pay their constituency assistants because GEM doesn't work for us? So we're every, twice a month we're reminded about the challenges of GEM. So I guess (a) that's an issue, (b) what is the cost of maintaining this program, and is anybody evaluating it now that supposedly it's over and there's parts that can't work?

**Maire Coulthard:** — I am aware of the challenges that you've

raised, but we're working closely with the Legislative Assembly who is the service provider for MLAs and constituency assistants using the GEM system. So there are not any system problems with processing payroll, but there are some processes that we continue to work through to ensure that everyone has a smooth experience with GEM.

So we are continuing to evaluate and work with both change management and processes to make sure that it is working. It does take time to stabilize the system. So while we're working to stabilize, the actual system functionality is working as expected. But we continue to work through processes and through stabilization.

We also have opportunities to continually enhance the system. Because it's a cloud-based system, we can keep getting updates and we can keep enhancing the system as we go to make sure that it meets the needs of everyone.

**Joan Pratchler:** — And so which entity is charged with making sure that EBMP operates or GEM operates properly for everyone? Is that ITD is its own . . . I don't know. Who is in charge of the maintenance?

**Kevin France:** — Yes, so it will be SaskBuilds and Procurement through the ITD division. Yeah.

**Joan Pratchler:** — Okay.

**Maire Coulthard:** — But we do have a combined sustainment governance. So we continue to have the three partner organizations who own the business areas. So the Ministry of Finance, SaskBuilds and Procurement's procurement management division, as well as ITD along with the Public Service Commission who are owners and system — you know, decision makers who support the clients that they serve in using the system.

**Joan Pratchler:** — Is there a help desk that's attached to this?

**Maire Coulthard:** — There are three actually. So each stream — HR [human resources], financials, and procurement — have their own service and support areas and help desks.

**Joan Pratchler:** — Okay. Thank you.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — The question, you know, related to that, it's been months since we've not been able to utilize GEM the way it was intended. Are you aware of any other issues affecting any other clients with respect to the application of GEM right now?

**Maire Coulthard:** — Overall the system has been incredibly successful and is working quite well, but any new system will of course have its challenges as we work through processes.

So the other area, you've asked if there's any challenges. I would say our procurement area was very new. We went from having no system to using a system. So there has been a transition process both for a brand new area of government that stood up as a service provider and using a system, and then with all of their clients, so all of our suppliers who are using our procurement

system to bid on projects.

So we've used a phased approach to implementing procurements through GEM so that we could work through the change management and the process improvement to make sure that our suppliers have access to bid on government projects. So that would be the other area we keep close attention on and have spent a lot of time to make sure that that's working towards being smooth. Yes.

**Hugh Gordon:** — Does that include your own procurement and management division's use of GEM for procurement?

**Maire Coulthard:** — Yes. So using a system was very new to them, so we did a lot of training and change management with that team and had new roles associated with GEM when it was implemented. So we're working of course with them as well as suppliers who are citizens, members of the public, in using the system.

**Hugh Gordon:** — And have there been any reported issues with clients utilizing it for finance, HR?

**Maire Coulthard:** — We haven't experienced . . . You know, we get regular tickets and opportunities to enhance training and provide clarity where we need, but we haven't had any significant issues with employees using the system for financials or human resources.

**Hugh Gordon:** — Can you share with the committee how many people were seconded from other IT projects to EBMP, if they were backfilled at all?

**Maire Coulthard:** — So at the peak of the EBMP project we had approximately 150 government employees working on the project. That included employees across all streams — financial employees, procurement employees, human resource employees, as well as change management, communication, training, documentation, and a technical team of configuration people and IT specialists.

So we gathered the group from across government. We did not take anyone from other IT projects, and all of the people who came to the project, because the project was dedicated funding, all of their home positions could be backfilled.

**Hugh Gordon:** — Have you determined how many other IT projects had to be delayed or had to stop due to those secondments?

**David Boehm:** — I don't think there were any projects that were delayed or put off, you know, with respect to the projects within IT division that we would help to resource. It is typically our ministry clients who bring those forward, and they would seek the necessary resources. And oftentimes the vendor community is involved with the delivery, and we would provide some of that technical support that I described earlier.

**Hugh Gordon:** — Are there still clients of yours that are using other legacy systems while this integration continues? And are you keeping track?

**Maire Coulthard:** — So we have fully transitioned to using

GEM for what it was intended. There are a number of integrations with many other systems in government that continue to run, and we are working towards decommissioning the legacy systems that GEM has replaced.

[16:15]

**Hugh Gordon:** — Was there ever a recommendation by the steering committee to senior government officials that GEM or EBMP wouldn't work and should be abandoned?

**Maire Coulthard:** — So those were the kinds of discussions we had with our executive steering committee on, you know, an ongoing basis based on the risks of the project. There were often conversations about the costs and benefits. The reality is that we have very aging IT infrastructure in that financial and HR space and no infrastructure in the procurement space. So this system was very necessary for government.

The governance committee regularly weighed the costs and the benefits of moving forward and then ultimately decided that this is the path that we would take, and it was important to invest and continue to complete a successful project.

**Hugh Gordon:** — I guess as a follow-up to that really quickly is, just like the auditor had identified in her report, is we've got extra money being spent but no appreciable, you know, advancement or progress on the project. In fact she noted on page 178 of her report that the estimated cost has doubled and the expected quantitative benefits will not be achieved.

So the million-dollar question here is what have we bought with EBMP?

**Maire Coulthard:** — So we do have a benefits realization strategy that's a part of our sustainment. And once our system gets stable, we do expect to realize benefits over the life of the new system. However there are many, many benefits that came with the implementation.

For example, in human resources, GEM automated many of our HR tasks that were currently completed manually. Employees now have direct access to all their personal HR information, including pay and benefits information. Their time-off requests are submitted, approved, absences, and auto-populated to time cards, so there's a number of benefits there.

Procurement has now been centralized into one integrated system. So all of our approvals for purchasing requirements, contract awards, contract signatures can all be completed in the system, including digital competitions and electronic contracts where all information is available, both to government and suppliers.

GEM introduced a new chart of accounts redesign in our financial area, a new projects module that integrates with our financial system, and a new system expenditure approval process. It has intelligent document recognition in order to expedite invoices.

From a technology perspective, we have a modern and scalable platform for all three areas of government. Compared to dozens of applications that were used before, it offers improved data

security, data privacy, data management, and a single point of entry for all employees when using all areas, including single sign-on. We have analytics with prebuilt dashboards available across HR, Finance, and supply chain to highlight key performance indicators, giving decision makers more access to information to make informed decisions.

And then we have significant security and privacy benefits. So you know, our Oracle Fusion Cloud has robust security and privacy by design, combining mandatory encryption of data at rest and in transit, strong tenant data isolation, and granular role-based access controls that enforce least privilege across all of our modules. So there's lots of great security features and access and privacy that also come with our system.

**Hugh Gordon:** — Those are all qualitative benefits, but clearly quantitative have not been met, right?

**Maire Coulthard:** — We will monitor that. So we will continue to evaluate over the course of the life of the project to determine the quantitative benefits.

**Joan Pratchler:** — So part of our committee is to help the people of Saskatchewan to understand that the government's using their taxpayers' dollars in a good way. What's SaskBuilds's responsibility in keeping the vendor accountable? How much of the overrun is attributable to vendor charges, contract amendments, software defects, scope changes, government implementation decisions? And what contractual protections, holdbacks, warranties, service credits, remedies, and penalties apply to late or deficient delivery? And has the government attempted to recover any costs? If not, why not?

**David Boehm:** — So with respect to this project and I guess any other project that the IT division or government is involved in, as I mentioned earlier there is often a degree of discovery with any project, just things that, despite significant upfront planning, just aren't known, can't be known in some cases at the beginning of the project.

And again it's important that you do have a robust governance structure in place so that that senior governance team can evaluate the project on an ongoing basis and make, in what can be some cases, very difficult decisions about go, no go type decisions. And that was very much part of the process of this project. And nobody likes to see a cost overrun, but we do have an effective system that largely works as intended. And again that was monitored throughout the development phase, the build phase of the project.

**Joan Pratchler:** — So do I hear you saying the vendor has no responsibility for any of these cost overruns? Or are the people of Saskatchewan going to be compensated in any way with the amount of overrun that occurred in this particular project?

**David Boehm:** — I think what you hear me saying is that in any project you develop as robust a plan up front as you possibly can, but there is a certain amount of discovery. And particularly in a very large and complex, you know, multi-decade undertaking such as EBMP or GEM, you're going to have that discovery as part of that process, something that the government client couldn't necessarily know up front and something that the vendor partner doing their upfront planning couldn't know in that level

of detail up front either.

And so you're going to have to again make those judgment calls along the way. Is there enough value that will be achieved even at that higher price or that longer time frame that we want to continue with this project? Or of course the alternate decision is also a possibility, where you do make a call with certain projects because, you know, the expected expenditure to achieve what you set out to achieve in the first place, the probability of achieving that is not there. And so again a difficult decision could be made in that regard. And I'm confident that the governance and oversight group that led the EBMP project was making those decisions effectively throughout the project.

**Chair Wotherspoon:** — MLA Gordon.

**Hugh Gordon:** — I appreciate your comments on the governance, but along with governance comes accountability. So you know, the EBMP deputy minister's steering committee was responsible for making those major decisions affecting the scope, affecting the schedule, affecting the budget. Will government release relevant information with respect to the decisions that were made, the dates on which they were made, which risks were escalated, and the names and positions of the officials accountable for approving those major changes?

**Maire Coulthard:** — The information you're describing, the auditor had access to. So all of our steering committee minutes, all of our risk registers, all of our budget documents, that is what the auditor reviewed to come up with these recommendations.

**Hugh Gordon:** — But that's not something you're considering sharing with the committee, that particular information? Like who the decision makers were, what decisions they made, the timeline of those decisions? It's kind of important where we're talking about a project that keeps getting delayed, a project which costs keep going up. Someone pushes the go button every time, and that's where the accountability part comes into the governance structure. So that's the nature of my question.

**Kevin France:** — Yeah, and I think we've tried to demonstrate the governance structure that was in place, the level of decision making that occurred, you know, as per the auditor's comments in terms of the effective processes as documented and the five gaps that we have rectified.

[16:30]

I think that process, that accountability has been demonstrated through . . . Yes, you know, to my CIO's comments about project discovery, there were things that were unforeseen that led to both delays in time and increasing costs. But a decision-making process around the benefit of that, the realized benefit, I think again, as we've demonstrated . . . Yes, there's still, from a training perspective and rollout, there are things that we're working with within government itself, but I think from a standpoint that the project is successful.

And you know, I think the reality is this replaced systems that at 20 years old were either a cybersecurity threat or unsupported. And the need and the magnitude of this project, I think we're satisfied that it's actually working. And there's always going to be opportunities for improvement for sure, but it's achieving the

results that we were expecting.

**Hugh Gordon:** — Just a bit of a follow-up attached to that. Has the ministry then considered using an independent cost assessment to validate actual costs for IT projects before starting IT projects and/or during execution?

**David Boehm:** — So yes, in some cases we do use third-party expertise to assist us, whether it's an IT research firm or a vendor from the IT vendor community. So yes, that is done. We also use though the procurement process itself through the RFP and the various bids that we get for a project to help determine cost and scope and time and likelihood of success.

But I can also tell you that, in my experience in government in IT procurement and project management, that there are occasions where, despite tremendous upfront investment on planning, you can still again run into enough discovery during the project that, despite all of those efforts, you can still have an outcome that is not according to the plan, I'll say, or maybe even in some cases satisfactory.

So it is no guarantee, but we do do our due diligence to narrow the range of costs and scope and time to the best of our ability.

**Hugh Gordon:** — Just associated with that as well is, you know, we presume there'll be a lessons-learned report on EBMP, and perhaps that question that involved using an independent cost assessment process could be included in that. We look forward to that. And I appreciate your comments about the unforeseen circumstances. Thank you.

**Joan Pratchler:** — And just a follow-up, which I think will be the last question. Because you know, when you renovate your kitchen you know how much it's going to cost, and then you always have like a 20 per cent extra just in case. Does that apply for IT projects? I don't really need an answer because I think I know.

And just a follow-up for some details is, before any further major rollout, will the government publish an independently verified readiness assessment covering security, data migration, payroll and payment accuracy, contingency plans, remaining costs, and credible completion dates? Will it also publish the full lessons-learned report urged by the auditor, name the officials responsible for acting on it to commit that a public reporting timetable occurs?

**David Boehm:** — So EBMP will be subject to our lessons-learned and evaluation process and that will start in the not-too-distant future. And again, that reporting process I understand lasts a number of years. So yes, we will be hearing more about the outcomes of the project through that process.

**Joan Pratchler:** — Okay. We're good.

**Chair Wotherspoon:** — Any further questions from committee members? Thanks. I know it's run a little later here today, which is just fine. I mean the scope of the considerations and some of the costs and stuff are significant, so I appreciate members taking their time as well as the officials taking the time to, you know, respond to the questions that are coming.

I see MLA Chan has a question.

**David Chan:** — It's not a question. It's just a comment. I just want to say that a lot of these projects are incredibly complex. I used to take computer science; actually I was going to become a software engineer. And so you know, designing those programs, you think you have it figured out and then you run the iteration, you run the test to debug, debug. Debugging was way more work than actually designing the system. And I imagine there was some transferability into the type of planning that goes on at that level.

You know, a university project is one thing, never mind running a government operation. So I just want to say that I can really appreciate the work that you guys are doing, and I appreciate the challenges involved with the nature of that work. That's my comment.

**Chair Wotherspoon:** — Okay, not seeing any further questions on this chapter here. We have five new recommendations before us, and I'd welcome a motion to concur and note compliance based on what's been reported to us.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — Okay, that's carried. We'll turn our attention now to chapter 19 and I'll turn it over to the Provincial Auditor to make presentation.

**Jason Wandy:** — Thank you, Mr. Chair. The Ministry of SaskBuilds and Procurement provides IT services to government ministries and other government agencies. The ministry utilizes a data centre that houses computer equipment and servers to support client systems and data.

Since 2010 the ministry outsourced the data centre to a service provider. Chapter 19 of our 2025 report volume 1 describes our third follow-up audit of management's actions on the last remaining recommendation we first made in 2019 regarding the ministry's processes to protect the confidentiality, integrity, and availability of client IT services and data.

By December 2024 the ministry implemented the last remaining recommendation. We found the ministry worked with its service provider to properly configure its data centre firewalls to restrict inappropriate access to the data centre. It implemented a process to identify higher-risk firewall rules using a digital tool called a firewall analyzer. The analyzer assessed which firewall rules are higher risk or may cause vulnerabilities. We found the ministry reviewed higher-risk rules the analyzer identified to ensure they are properly configured to restrict inappropriate access.

As a result, the ministry reduced the number of high- and critical-risk rules, from 87 that had not been remediated in December 2022, to six by February 2025. Having appropriately defined firewall rules decreased vulnerabilities and reduced the risk of unwanted access to the data centre.

I'll now pause for the committee's consideration.

**Chair Wotherspoon:** — Okay. Thanks very much for the important focus here, the follow-up that you're providing. We got some report through the status update from the ministry here. Thanks for that. DM France, do you have any quick remark on this front before we kick it open to see if there's questions?

**Kevin France:** — Yeah, and I'll make them brief, Mr. Chair. But thank you, and thanks for the discussion on chapter 19. At that time the auditor conducted a follow-up audit on a recommendation related to configuring the data centre firewalls. This report focused on the recommendation to provide adequate controls to protect the confidentiality, integrity, and availability of client IT systems and data. We accepted the auditor's recommendation and worked diligently to address it.

The Ministry of SaskBuilds and Procurement reviewed and cleaned up all high-risk and obsolete rules in our core firewalls. A firewall analyzer was purchased and deployed to monitor unauthorized firewall changes. Firewall changes are required to follow formal change management processes. All unsecure protocols have been addressed and are being monitored daily.

We have invested in improved monitoring systems that provide real-time alerts for unusual activities related to firewall rules. The cybersecurity and risk management branch has established a formal process for managing our firewall rules which includes periodic reviews and cleanup on unnecessary rules. The six remaining high and critical rules noted in the 2025 auditor's report have now been remediated.

And with that I'm happy to address any questions the committee may have.

**Chair Wotherspoon:** — Okay, thanks for that. Looking to committee members that may have questions. MLA Pratchler.

**Joan Pratchler:** — It says that it's cleaned up all the high-risk and obsolete rules on core firewalls. Am I to assume that that is, all the firewalls have been totally addressed for those challenges?

**Fuad Iddrisu:** — That would be accurate for significant firewall rules. So there are several thousands of rules in the environment, but the risky ones have all been addressed.

**Joan Pratchler:** — Okay, thank you. Who is the service provider for the data centre?

**Fuad Iddrisu:** — That would be ISM.

**Joan Pratchler:** — Okay. Thank you. Has there been consideration or any implications — and I know it's not an AI data centre — implications of AI hacks to these kind of systems? What provisions are out there, especially now that this is becoming more and more prominent?

**Fuad Iddrisu:** — As much as AI is being used to attack, we are also using AI to defend ourselves, so we're heavily investing in AI technologies.

**Joan Pratchler:** — Okay. Thank you.

**Chair Wotherspoon:** — MLA Pratchler . . . [inaudible] . . . We've got a member that would like to ask a question over here. MLA Keisig, go ahead.

**Travis Keisig:** — Sure. Thank you, Mr. Chair. Could I just ask the witness, for the record, to identify himself, his name and his title, for the Saskatchewan people watching at home? Thank you, Mr. Chair.

**Chair Wotherspoon:** — That's a negligent Chair. You know, I knew who this guy was, and I should have stated that any official that comes to the table that's not the DM or been previously introduced, just introduce yourself. That's right.

**Fuad Iddrisu:** — Sorry, my apologies. Fuad Iddrisu, executive director and chief information security officer, executive government.

**Chair Wotherspoon:** — Thank you very much. Anything else, MLA Keisig?

**Travis Keisig:** — That was it.

**Chair Wotherspoon:** — All right. Okay, we'll come back if you've got anything else too. MLA Pratchler.

**Joan Pratchler:** — So there were some auditor recommendations in 2019, 2022. Can you help me understand what the barriers to the implementation of those recommendations were?

**Fuad Iddrisu:** — Yeah, the main barriers were really related to legacy, so we had a lot of compatibility issues. We just couldn't upgrade because the ministries didn't want to upgrade. And so it was very difficult trying to push them to invest in modernizing the technology.

**Joan Pratchler:** — Is there more compliance with those kind of upgrading things now? Do the ministries understand the importance of how we have to move forward?

**Fuad Iddrisu:** — To some extent. There's still a lot of education going on.

**Joan Pratchler:** — Thanks.

**Hugh Gordon:** — Just a clarifying question. Is ISM the vendor that also helps to analyze the firewalls?

**Fuad Iddrisu:** — No, the firewall analyzing is done by my team, the security team.

**Hugh Gordon:** — In-house?

**Fuad Iddrisu:** — In-house, yeah.

**Hugh Gordon:** — Thank you. That's all I have for questions.

**Chair Wotherspoon:** — Any further questions from committee members? Any significant breaches of concern?

**Fuad Iddrisu:** — Nothing significant. We would have been in the news.

**Chair Wotherspoon:** — There's a guy that speaks the truth, eh?

[16:45]

Okay, listen. I don't see any further questions at this time. We have this outstanding recommendation. We have the action that's been taken to implement that recommendation. Thanks to those that have been involved in that work. And thanks to those that are involved in the very important work protecting our systems and our information and the integrity of all of that. Certainly it's a dynamic and challenging space and world around us on these fronts.

So thank you for that. I'd welcome a motion to conclude consideration of chapter . . . What are we looking at here, 19 at this time?

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — Okay, that's carried. Looking around. I guess before we sort of shut this thing down, any final words our way, DM France, before we go?

**Kevin France:** — Yeah, just a few and I'll keep them brief again. Just again thank you for the discussion on both chapter 14 and 19. Today's discussion reinforces our commitment to addressing the auditor's recommendations and strengthening our processes.

And again I'd like to extend my appreciation to the auditor and your team for their hard work, and to the committee for your attendance and questions here today. With that, that concludes my comments. Thank you.

**Chair Wotherspoon:** — Thank you. Thanks again to you and your team for being here and being forthright in the questions that have been put to you.

Not seeing any further questions, I think that's got all the business of the day. Deputy Chair, I'd welcome a motion of adjournment at this time.

**James Thorsteinson:** — I so move.

**Chair Wotherspoon:** — Okay, moved by Deputy Chair Thorsteinson. All agreed?

**Some Hon. Members:** — Agreed.

**Chair Wotherspoon:** — That's carried. This committee stands adjourned until the call of the Chair.

[The committee adjourned at 16:46.]