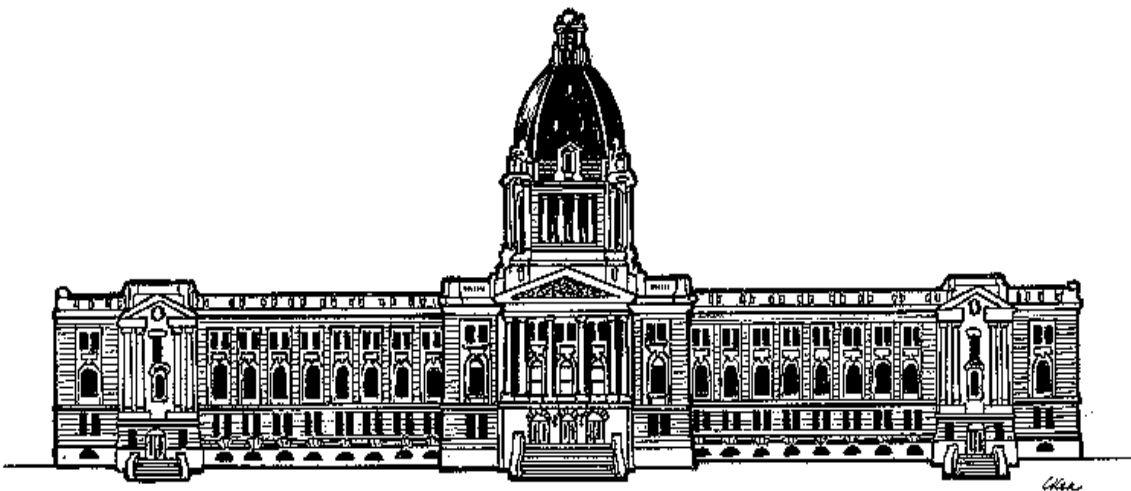




STANDING COMMITTEE ON PUBLIC ACCOUNTS

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**STANDING COMMITTEE ON PUBLIC ACCOUNTS
2004**

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Mr. Kevin Yates
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The committee met at 09:00.

The Chair: — Well good morning, everyone. I'll call this meeting of the Public Accounts Committee to order. We again welcome Mr. Fred Wendel, the Provincial Auditor, and other fine people from his office. We again welcome Mr. Paton and Mr. Bayda from the comptroller's office, and we have a number of witnesses that will be appearing before us today.

On the agenda for this day we are doing Education and Learning, Labour, and Health. So a diverse and interesting day. I would like to welcome Mr. Neil Yeates, the deputy minister of Learning. And we will ask you, Mr. Yeates, to introduce the people that you have with you. Following that we will get a report from the auditor's office on the material we'll be reviewing today. We'll give you an opportunity then to respond, and tell you how you're doing with these issues. And then we'll open the floor to questions from the committee members.

So, Mr. Yeates, if you'd introduce the colleagues that are with you today.

Public Hearing: Education/Learning

Mr. Yeates: — Thank you very much, Chair. On my right is Margaret Lipp, assistant deputy minister. And then going behind, on the far right here is Brady Salloom, the executive director of student financial assistance branch. Next to Brady is Wayne McElree, assistant deputy minister. Next to Wayne is Nelson Wagner, who is the executive director of our facilities branch, the capital program. And next to Nelson is Kevin Hoyt, who is our director of corporate services.

The Chair: — Thank you very much. And, Mr. Wendel, is it Ms. Ferguson that's presenting for your office today? Okay, Judy Ferguson, if you'd please present your findings.

Ms. Ferguson: — Thank you, Mr. Chair. Members and government officials, I'm pleased this morning to present three chapters related to the Department of Learning, which is comprised of actually formerly the departments of Education and Post-Secondary Education and Skills Training.

The chapters under review today cover our work on the department for the year ended March 31, 2003 and the 19 agencies and funds for which the department is responsible, for up to the fiscal years ending June 30, 2003. Page 111 of chapter 13 of our 2003 volume 3 report lists these agencies.

Overall in these chapters we conclude that the 2003 financial statements of the various agencies and funds are reliable. Each of these agencies and the department complied with the law and had adequate rules and procedures to safeguard public assets, with some exceptions that I will highlight to you this morning.

We are pleased to report that the department has implemented the recommendations made in part A of our 2002 Fall Report related to the learning resources distribution centre and the correction . . . I mean the Correspondence School Revolving Fund.

In chapter 4 of our 2003 volume 3, we report that the

department needs better processes to ensure it pays provincial training allowances to eligible persons in the correct amount. In 2002-03 the department provided 19.9 million of allowances to certain low-income adults.

We recommend on page 117:

. . . that the Department set out the rate of incorrect payments for the Provincial Training Allowance program that it will accept, and use processes that prevent and detect incorrect payments to meet the pre-established rate.

In addition in this chapter we provide legislators with an update of previously reported recommendations related to better performance reporting. Our office made these recommendations in 1998. While we have noted some progress in these areas as indicated in the chapter, more work remains.

In addition in these chapters, they include our work on two significant areas for which the department is responsible, the kindergarten to grade 12 curriculum and capital construction projects at educational institutions.

In 2001 we reported on how the department keeps the kindergarten to grade 12 curriculum up to date. An up-to-date curriculum helps ensure what students study in school is relevant. It takes resources to maintain a curriculum — resources such as teacher time, equipment, and material.

In our audit we found that the department did not have sufficient evidence that the department considered the resources needed to maintain the curriculum. In chapter 11A of our 2002 report, we report that the department had started to show that it had considered resources. We continue to monitor this area and we will report on progress in our 2004 Report Volume 3.

While it is important to have an up-to-date curriculum, it is also key that teachers can and do teach the curriculum. To help determine this, the department formally evaluates the use of curriculum at schools and recommends change. At June, 2002 the department had made over 100 such recommendations. Implementing these recommendations is key to ensure teachers can and do teach the curriculum.

In chapter 11B of our 2002 report, we reported on whether the department adequately followed up its recommendations to know if the necessary changes are made. As described on page 291, we found the department has processes to follow up recommendations at a general level. However, it needs to establish processes to monitor and report progress, not just generally, but at the level of specific recommendations. Because of this some recommendations may not receive sufficient attention.

In chapter 13 of our 2004 Report Volume 1, we've set out the results of our work on the department's capital construction activity. The law provides the department with mechanisms to help ensure the necessary infrastructure is in place for the provincial education system. School divisions spend over \$120 million each year and the universities over \$23 million each year on maintaining and operating their facilities. The department must oversee whether schools, universities, and

others within the learning sector complete capital projects on time, within budget, and as planned.

We looked at how the department ensures the various educational institutions meet requirements for completing approved capital projects. We found the department had adequate processes, except it needs better processes to accept and monitor the risk of each project, and it needs better processes to monitor the status of school division projects during the construction.

In summary, in these three reports we present four recommendations for your consideration. They're located in first, chapter 11B of our 2000 Fall Report, page 291, it's on curriculum; chapter 4 of our 2003 Report Volume 3, page 117 on the provincial training allowances; chapter 13 of our 2004 Report Volume 1, pages 186 and 189 on the capital construction.

That concludes my presentation and we'd be pleased to respond to your questions. Thank you.

The Chair: — Thank you, Ms. Ferguson, for that report. Mr. Yeates, would you care to respond before we go to questions.

Mr. Yeates: — Certainly, thank you. Thank you, Chair. Essentially we support the recommendations that had been made by the Provincial Auditor and think we can report some progress on these items. And we're happy to talk about any of them in a little more detail. So I'd maybe just make a few general comments about this.

On curriculum, essentially we feel that we have a good process for curriculum renewal in the province. We call it an evergreen process because it's happening every year; we take on some part of the curriculum and renew it. We have an excellent relationship with the school divisions, in both contributing to the development of the curriculum . . . We tend to second teachers from around the province every year to work on curriculum. So we have an extensive review and then an implementation process.

The issue the auditor's office has raised essentially relates to the documentation in and around the review and implementation of detailed recommendations. We believe we do this. I think the auditor's correct, that it's not been documented to the level it should be to make sure it's all being tracked effectively. But essentially the way we do the work, we believe we are essentially taking into account all of those recommendations. But we will and we are documenting that more thoroughly and that will be dealt with.

On the provincial training allowance, we are just this month implementing a new integrated income support system. It's been a system a long time in the making. It's bringing together five different income support programs into a single system. This is a huge step forward for us in the coordination between these different income support programs. It's going to give us electronic linkages to a number of other departments including the federal government, and this is going to make verification issues much easier.

We've had previous discussions some years ago at this

committee about the cost benefit of doing some of this verification work. And our issue always was that some of it was very labour intensive, and relative to what we felt we would recover from it, that it wasn't feasible for us to do it.

Moving much more to an electronic basis now will significantly extend our ability to do the kind of verification that is needed, and a lot of this will be done on a pre-verification basis before funds are actually issued. So we think this is going to make a huge difference both to the provincial training allowance and for our student financial assistance programs.

We've also established a maximum error rate for the provincial training allowance of 5 per cent. We'll . . . can speak to that in more detail, and we'll certainly have more work to do with respect to the provincial training allowance program.

On performance reporting, we have extended our work to develop a broad sector plan. That's what was published with the budget this year. Members may remember that the old Department of Post-Secondary Education and Skills Training had begun their strategic planning process with a sector plan. When the two departments were amalgamated — K to 12 (kindergarten to grade 12) and Post-Secondary — it took some time to develop a full learning sector base plan. But that's what's happened over the past year or so and that plan was released with the budget this year. And next year we'll be reporting on that sector base plan. It does include a preliminary set of performance measures. We'll keep working on that.

I think you will also see significant improvement in planning and performance reporting from our sector partners. The regional colleges, just as an example, have come a long way in the past year. They've developed a set of performance measures and we can share some of that information with you if you wish.

On capital, again we concur with the recommendations that the Provincial Auditor has made and basically we're working now to put these in place. You will probably have noted that the oversight process we use in our sector does vary depending on the capacity of the institutions we are working with. At one end we have the universities, who are large institutions. They have much more capacity to manage and oversee capital projects and accordingly our relationship with them is more, more arm's length. We go all the way down to the other end with our school divisions. Many of them, as we know, are quite small. They don't have much capacity or infrastructure and therefore we provide more support.

So these recommendations on capital are particularly focused on the school division projects, again assessing risks and documenting progress and so on. Again a lot of this is done on a more intuitive basis and we will get this so that it is done in a more documented way. But certainly we agree with the nature of those recommendations.

The Chair: — All right. Thank you, Mr. Yeates, for that response. We'll now open up the meeting to questions. Mr. McMorris.

Mr. McMorris: — Thank you very much, and welcome to your officials again. I just have a few questions to start with

around the training allowance and some overpayments.

You explained that . . . I'm not real familiar with the whole process and how there could be overpayments. I see that roughly about \$3.2 million could have been overpaid. And what has the government done to correct so that doesn't happen again and also recover costs of overpayments? So if you'd kind of give me a broad overview of that whole process and program, and then perhaps I'll have more questions from that.

Mr. Yeates: — I'll just start off and then turn it over to Brady. I mean essentially these issues occur because if we later get information about people's — say marital status, number of dependents, and so on that was not accurately reported to us — we then would have determined an eligibility, and the front-end that might be different once we get verified data. So those are the kind of issues we get into. But Brady can explain in more detail.

Mr. Salloum: — Yes. When students apply for the provincial training allowance, they give us an estimate of what their income is going to be and what their spouse's income is going to be. And oftentimes — and what their daycare costs are going to be — and oftentimes those realities change from time to time.

And so a student may believe that their daycare costs are going to be 3, \$400 a month. They may be more than that or less than that. And so we adjust accordingly as we go when we get additional information. So what we put in place is every three months we go back and poll the student to say okay, give us confirmation of your daycare costs, tell us if anything has changed in your family makeup, if you're still in a relationship or if there's a spouse that's moved in, or if your children are with you or not with you.

All of those things are sort of the issues that are going on in people's lives. And from time to time we have to adjust the amount of money that we're providing to them.

When an overpayment is created, we try and deduct it from subsequent payments. And if it's at the end of the schooling period, then we will say that that money has to be repaid. And where we start from then is we go to the income tax set-off program and try and get money back from income tax, any income tax that these students would be getting. And we also then send them letters. And eventually those accounts will be collected through the normal government process and collection agencies as well.

The Chair: — Okay, I'll just interject for everyone's benefit. We're dealing with the 2003 Report Volume 3, chapter 4. Just so everyone is aware of where we're at here.

Mr. McMorris: — In past years then, how has that worked as far as recovery? I see this . . . in the report of 2003, we're at 3.2 million. There probably was overpayments in 2002 and 2001. How have we done in recovering back payments, you know back . . . Are we at 80 per cent, 90 per cent? How does that shake out?

Mr. Salloum: — I don't have the percentage in front of me right now, but the new computer system that we have in place

will . . . is really designed to track those overpayments, and age those overpayments, and send out letters to students on those overpayments. So really that is the mechanism that we're using to really push for the recovery of these.

But we also last year did the income tax set-off. And I believe on the income tax set-off, on the PTA (provincial training allowance), it was about \$200,000 that we recovered from just the income tax set-off on that amount.

So starting on July 5, when we have our new system up and running, we will then start with the process of being able to, in a systematic way, track the recovery of this money.

Mr. McMorris: — I guess when we try and collect overpayment it's, you know, kind of trying to get the horse back in the corral after it's been out but . . . so what on the front end are we doing to try and prevent that overpayment?

I'm not sure of the process again, but you were saying people's lives change, and I certainly realize that, whether they're in daycare or marital status and all of those things. Is there an opportunity for a student to play the system a little bit and receive more of a payment fee than what they're eligible for, what they should be eligible for? And I realize you check every three months, but what type of process right off the bat is in place to ensure that the information that that student may be giving is accurate?

Mr. Salloum: — What we will be doing is ensuring that the size of families are consistent with Health and with the PTA program, so that if a person indicates that they have three children that we will be doing a check with the Department of Health to ensure that the families match up.

We'll be checking social insurance numbers to ensure that they're valid Canadian citizens.

We'll be checking with . . . I'm using both the Student Loan Program and this program because we're kind of doing both things at the same time. We'll be checking vehicles to ensure that a student has reported accurately on the vehicles and reported the value of the vehicles accurately.

We poll them every three months to ensure that their daycare receipts are attached now, and so that those things can be verified as well.

We work with the schools to ensure that people are attending appropriately. We check with the schools to ensure that students are progressing through their schooling in a marked way, that they're not sort of enduring at the schooling longer than they should be.

Those are some of the things that we've tried to put in place and that we're putting in place more and more as we move into our new computer system.

Mr. Yeates: — If I could maybe just add one point to that, just to reinforce part of what Brady is saying here, the new system will allow us to do a lot of these checks before we issue benefits. And that is going to be key in terms of avoiding overpayments, and I think that was part of the tenor of your

question. So being able to do a lot of this electronically now allows us to do that verification and . . . before we actually make a payment, you know.

Mr. McMorris: — It's always interesting to know. I mean when you get into the electronics and being able to track it better, what is the net gain I guess, you know? Because that certainly costs. And I mean it's . . . What do you do? But you've got to track it better, and you're being able to. But there's a cost to track it better. And what is the net gain, what is the offset of the expenses put into policing it better and, not enforcing, but tracking it better compared to the overpayment that we see in 2003?

Mr. Salloum: — It's a very good question, and we'll have to determine that as we go, really. So many of the processes that we're putting in place are best practices that we've developed both with us and with other provinces. And they are expectations of how we should run our program.

So I think that really where we've . . . you know, if there's been a problem in these areas in the past, it's been that we've been trying to get the money to the client in a very fast way. Oftentimes students come to us, and the last thing they think of is how they're going to get money for their schooling costs. So they apply late. And there's an expectation that they should get money very quickly. And we've tried to accommodate that for our clients.

But within that there's this other balance of trying to ensure that the money that's going to that person is the right amount and it's in a timely way. So that's basically what we're trying to do with this.

Mr. McMorris: — I guess one final question on this training allowance. Again I'm not real familiar with it, but who would it be targeted to? Is it targeted to people that have trouble accessing cash to go to school any other way, I mean whether it's . . . Or who is accessing this program?

Mr. Salloum: — Well the program is basically for students in basic education, in adult basic education.

Mr. McMorris: — Right, okay.

Mr. Salloum: — Oftentimes they're people that have come from Community Resources and Employment, through Social Services, or what was called Social Services. About 70 per cent of the people come to us from SAP (Saskatchewan Assistance Plan), and they're in basic to high school completion.

And oftentimes these people don't have money from other sources. They often are very low-income. And so this is the only way that they can access schooling to give them sort of a step up and then go on with post-secondary schooling or go into the job market.

Mr. McMorris: — Yes. You know, it's a tough issue for those people. You know, you were mentioning about recapturing some of the money through income tax. But you also have to realize the people that are accessing this program, you know, they're finally getting a job and are making some money and then are finding it probably very, very tough to see the light at

the end of the tunnel because . . . And not that I'm saying that you shouldn't be trying to get some repayment, have them repay through the many processes that you are, but it is also very tough for those students that have taken the initiative and upgraded their education and then also find the costs of education and having to repay it is very difficult.

Mr. Salloum: — Yes. We've also though tried to, wherever possible, only take the income tax refund. So child benefits and those kinds of things that are directed directly to their children, we've said no, we won't take that.

Mr. McMorris: — I've got some more questions regarding curriculum and . . .

The Chair: — Mr. McMorris, just a couple of questions on this training allowance before we move on. Just for my benefit, when was the current program initiated — the current training allowance program?

Mr. Salloum: — I believe it was '98.

The Chair: — '98.

Mr. Salloum: — Yes, I believe.

The Chair: — Okay. And how many clients would you have had per year? Is it a growing number, is it a constant number, is it a declining number?

Mr. Salloum: — The number of clients . . . it ranges between 4 to 5,000 per year. Yes.

The Chair: — And when did you become aware that there was an overpayment problem? Was it when the auditor discovered that or were you aware of that prior to the auditor's report?

Mr. Salloum: — We were aware of it prior to the auditor's report.

The Chair: — And of the 4 to 5,000, how many — maybe I missed this, maybe you mentioned — but what percentage of those clients would receive overpayments?

Mr. Salloum: — I didn't indicate a percentage, but in total there's about \$3.2 million in overpayments and we would have been close to authorizing \$100 million in the PTA program.

The Chair: — Do you have any idea how many people this would affect? I guess that's what I'm trying to find out.

Mr. Salloum: — I don't know that answer off the top of my head.

The Chair: — You don't even have a ballpark figure?

Mr. Salloum: — I don't, I'm sorry.

The Chair: — So then, does that mean you're not . . . you have not yet accomplished the auditor's recommendation that you have an error rate in place so that you . . . I mean if you don't know the numbers, then you really haven't got an error rate.

Mr. Salloum: — No, the error rate is on the total dollars, 5 per cent of the total dollars.

The Chair: — You would think if you were working on that you'd also know how many people were involved. I mean how can you determine one without the other? You have to know who it is that's received an overpayment before you can determine what that rate is, I would think. Am I wrong? Can you somehow get a percentage, a dollar number without knowing how many cases you're dealing with? I don't understand how you can do that unless you know how many people have received overpayment in, say, a year's time of program.

Mr. Yeates: — Yes. I would add, Chair, yes, sure you can. I mean you're looking at a dollar value of a program. And I think it's very common in income security and income support programs, you would look at the total amount of money you're spending and typically you would try and establish some kind of benchmark or standard within which you try to perform. So it is typically done that way — that you would look at a percentage of dollar values, how you would approach it.

You're quite right that at the end it's going to get translated down into individual cases. But typically you would start from a macro perspective on it in terms of the total value of this program, and given the nature of the program what, you know, what you feel is achievable. You'd look at, you know, experiences in other jurisdictions and so on.

But any income security program where you're dependent on the accuracy of the information people give you, number one, and knowing that, depending again on the nature of the program, if you're dealing with groups of clientele where their circumstances may change consistently, then you know you're going to get into, you know, situations where you've paid benefits on certain assumptions and those assumptions over time will change and you're going to have to adjust your benefits.

The Chair: — So, Mr. Yeates, how do you know then that there's an overpayment without attaching that overpayment to an individual, to a client?

Mr. Yeates: — Well basically you're trying to match the . . . at a macro level what's seen to be reasonable in terms of best practice for your overall program and then applying that to each individual case. So in the end, these two are going to meet, meet in the middle.

I mean basically the program is attempting to apply its programs and policies as accurately, as accurately as possible. So we have set the target; each year we'll be able to assess to what extent have we met that target or not. And as always, we'll be looking for ways how can we improve the administration of the program. I mean ideally there would be no overpayments. You know, in a world of perfect information and no change, it would be zero.

So even at 5 per cent, we'll always be looking for ways to improve the administration of the program, and that's having the right policies in place and being able to apply them at each case.

The Chair: — So then this is a budgetary process where you say we're going to put, for ease of calculation, \$100 million into this program and at the end of the year, it's been 105 and so you say we have an overpayment of \$5 million.

Mr. Yeates: — No.

The Chair: — If you don't know about the individual cases, then how do you know whether in fact there is an overpayment?

Perhaps because of changing circumstances, which, you know, we all recognize could occur, perhaps unless you have the number of cases where the overpayment is involved, you know, you're not actually aware that, you know, maybe the changing circumstances are all legitimate.

Mr. Yeates: — Yes. I think we're talking about two different things. What I'm talking about is setting a standard at the beginning of the year.

The Chair: — Right.

Mr. Yeates: — And then you work your way through the year and you'll see where you end up. So you've got, if you like, your budgeted and then you'll have your actual.

The Chair: — So then what I'm talking about is the auditor's recommendation that there should be an error rate in place.

Mr. Yeates: — Yes.

The Chair: — And if you're going to have an error rate, I think you need to know the numbers of clients you're dealing with where there's been an overpayment. And that's what I'm asking you. Have you determined that; and if not, why not?

Mr. Salloum: — I actually think that the . . . I'm just trying to remember, but I believe there's about 3,200 cases where there's an overpayment.

The Chair: — Out of 5,000?

Mr. Salloum: — No, there's 5,000 each year.

The Chair: — Yes, this is over the entire period of the program since 1998.

Mr. Salloum: — Yes.

The Chair: — That's the number I was looking for. Thank you very much. Mr. McMorris.

Mr. McMorris: — My questions are regarding curriculum now and some issues around curriculum. I was interested to hear that in the auditor's report and your response about evaluating and what was being taught in the school — and I know certainly over the last number of years, curriculum is getting broader and broader and broader — and making sure that teachers are teaching the curriculum and appropriate parts of the curriculum and your, the words checking up is not the words used, but making sure that the curriculum is being taught and then further evaluating on down.

Can you explain that process of what exactly the department is doing to follow up and ensure that the curriculum is being taught or teachers are following the curriculum?

Mr. Yeates: — Yes, I'll have Margaret Lipp speak to that, Member.

Ms. Lipp: — We have done a number of curriculum evaluations, as you've mentioned, in the province over the last 10 years. We began this process as soon as we began implementing core curriculum, which was our new curriculum that we developed after 1984.

We started producing our first curriculum documents in 1989 and so we have been on a continuous cycle of both producing them for the first time and then once they are produced, we renew them.

And part of that renewal process, which is what we call evergreening, we do a province-wide evaluation at about year five when teachers have been expected to implement the curriculum as it was designed. In order to see how well they're doing, we go out with a province-wide evaluation. We ask questions about whether they're using the curriculum, whether they're accomplishing the curriculum all the way through, whether they have the sufficient resources in place to be able to teach the curriculum as it was written, whether they're able to evaluate their students' progress on the new curriculum. Those are the sorts of things that we review when we do the province-wide evaluation.

And then the evaluation report comes back to the department and it gives us the data on how well the curriculum is actually being implemented. So if we're doing grades 1 to 5 English language arts, it will tell us where the problems are, where the difficulties that the teachers are facing might be.

But do they lack resources? Is the curriculum too long? Can they not get through it? Are they not feeling that they have appropriate in-service? Whatever their issues are, that's reported back to us, and then we take that information into the curriculum renewal process. And then when we go back to English language arts, we take that information into account and we make modifications in the curriculum based on those pieces of information that we got from the evaluation.

We also do other things at the same time. But I would cite, for instance, the social studies evaluation; one of the things that we found was that the curriculum was too long. It was too complex. It required too long to do it, and teachers as a general rule were not getting through. There were five units and they were not making it through the five units. And most of them were stopping at the fourth one. That's all the time they had. So what that gave us was information that the curriculum was too long, too complex. It needed to be streamlined. We needed to take some of the pieces out just get to what is more core. We needed to provide more optional things for teachers to be able to do. If they had time, they could do . . . they could choose among a number of options.

So that's what we rewrote when we redesigned the curriculum. We put that new information in; we shortened it up, tightened it up, made it more manageable in the allotted time that teachers

would have to teach social studies.

It also influences what we do then in the next round of curriculum implementation in-service. So when we renew the curriculum, change it according to the recommendations, then we go out and in-service teachers again. Here's the new version, and these are the differences from the old version, and this is the way we would expect you to be able to handle issues that might have come up about how they're evaluating their students or what kind of progress their students are making on the curriculum. So then the implementation in-service changes when the curriculum changes.

And so what we try to do is take all of the recommendations from the province-wide evaluation into account when we renew the curriculum. And sometimes . . . And one of the things that was mentioned in the auditor's report is that as a general rule, we're doing very well on that. There are some specific things that we're not addressing, and the response to that would be that those specific things can sometimes only be addressed the next time the curriculum is renewed. It can't be addressed in the interim because we're not working on that particular curriculum, so the next opportunity to address the specifics would come when we renew social studies again.

Mr. McMorris: — So what would the time frame be? I mean you go out and talk to the teachers and see what the problems are, come back and revise. What is the time frame? What is the window there?

Ms. Lipp: — The average window and the time frame we're aiming for goes in the following way. It's about a seven-year cycle. But we write the curriculum, it takes us . . . right from the beginning to write it, it takes us three years and to get it implemented.

The first time we wrote new core curriculum, we gave school divisions a three-year window. They could start to implement it any time over three years. So that gave us until the end of the time frame then that they were supposed to be implementing it, we were now at six years from the time that we began. And then we give everyone one full year, so even the last schools that came on, they still have one year of working with the curriculum. Then we go to the evaluation and then we renew the following year. So we would renew typically in year eight, from the time that we first started to write the curriculum.

Now, bearing in mind that it takes us three years to get it written, really schools are into their fourth year. They've had four years to pick it up and start working with it. And the last school divisions will have had it at least for one year. Then we do a province-wide evaluation to see how they're doing. And then we take the results of that evaluation and feed it back in, and we schedule that curriculum, social studies, to be renewed then. It takes us one year to renew it and then we go back out and it's a one-year implementation. So in a typical cycle from beginning to renewal, and you're back out with a new curriculum, it's an eight-year cycle.

Mr. McMorris: — And it's a . . . I mean I'm sure it's a huge task. But it's interesting that a curriculum would be out and being worked with by some schools and some teachers for three, four years, I guess by the numbers. And after the first

year, you know, they may be having trouble with it, and they would probably be making their own revisions. And by, you know, year four, they're certainly not teaching what came out in year one because they've already had two and three and going on to four years of experience.

Ms. Lipp: — Potentially that's true.

Mr. McMorris: — Yes, so I mean, I would think that a lot of the revisions would probably have been done in the classroom as opposed to through the department.

Ms. Lipp: — Yes, and that . . . Typically that's what we would expect teachers to be doing. They are entrusted with the responsibility to modify the curriculum within its parameters, but to modify it to meet the needs of the students in their classrooms.

And they should be choosing their resources, making selections about where they want to put their emphasis. If there's something particular in a community where the teacher recognizes that there's additional support in the community or something that they want to make selections among their options, they would do that to reflect the community's interests and values. That kind of adaptation within the curriculum is the teacher's responsibility.

Mr. McMorris: — I have a question more specific in the curriculum regarding treaties and our Canadian treaties. I was looking on the Web site and going through what was being taught, what is in the curriculum as far as our treaties.

Could a person say that you would . . . every student that's going through our school system today will learn about the treaties, because frankly I didn't learn . . . Well I learned quite a bit but I don't think I learned a whole lot about the treaties. I don't remember taking a lot about the treaties. And you know over the last four or five years, learning more about them and the significant part that they have on all of our lives, I guess my question first of all is what is being taught in our school system in every school in our province regarding our treaties in Canada?

Ms. Lipp: — Treaties are covered in the provincial social studies curriculum. They're covered at many different age levels so that it's not a, you know, one-shot opportunity to learn about treaties. It shows up prominently in the grade 4 and 5 social studies wherein we're learning about Saskatchewan. And of course then the influence that . . . But as students mature they start with learning about their families when they're very young. They learn about their communities, then they learn about the province . . . their city, then their province. Then we move on to the country, then international relationships, and then global . . . global learnings.

At many different places along that route students have opportunities to learn about the treaties. As I say, in grade 4 and 5 in particular but then it comes again when we move to a study of Canada because of the treaty influences that are not just in Saskatchewan, understanding of relationships with First Nations people in Canada.

Then when we move to the international level, again we look at

how our indigenous people were dealt with by all countries of the world, and what kinds of networks and supports that we would do, things like studying United Nations and the influence of you know Canada's being cited for its treatment of Aboriginal peoples. All of those sorts of things give us repeated opportunities to study the treaties.

We also have a very specific part of our curriculum that addresses Aboriginal content and perspectives. That's included in every piece of curriculum that we write in the province. And so, in other subjects beside social studies, we also have opportunities to study the treaties and the effects of the treaties; the implications on interpersonal relationships, for instance. We cover it in our common essential learnings where we look at personal and social values and skills. So that's infused into all curriculum and that's about interpersonal relationships and how to work together in communities.

The other thing that we have put into the curriculum that I think really helps us to focus on the treaties is the resources that we've developed in common with the Office of the Treaty Commissioner. And we have an excellent, excellent resource based on Saskatchewan's treaties that Judge Arnot has produced, in conjunction with the Department of Learning. And we've made those binders on the treaties of Saskatchewan available to all teachers in the province. That is a resource that we've put in their hands.

We have also a number of things within . . . I might go back to social studies curriculum and just say that by the time they come to the secondary level when they start to count credits, our social studies, history, and native studies branch out into three different separate disciplines. So that if anyone wishes to focus intensively on Aboriginal perspectives of history and social studies, and be able to deal with that through an Aboriginal lens, they can take the provincial curriculum on native studies which is available at the grade 10, 11, and 12 level.

We do have a branch within the department, the Aboriginal education unit, that is responsible for developing the curriculum that is handled in native studies. And they also are currently working on Indian languages, First Nations. We have a whole curriculum thrust to move to some bilingual programming in Cree and English, but these are not specifically to the treaty, but help us to keep an Aboriginal interest and thread through our curriculum very seriously.

Mr. McMorris: — Yes, that's interesting. So what you're saying is that there's certainly a fair amount about the treaties and all the way through our education system. I was interested to hear you say at one point where it branches off and it's an option then for teachers to go down one avenue and certainly a lot more information on, you know, the whole history of Saskatchewan and our relationship with our Aboriginal people.

I guess it would be tough to say, you know, for me to ever sit here and say, well I think there should be more or whatever on . . . I've got two young boys that have just been going through the school system and certainly know as much or more about the treaties than I do probably presently.

And so I guess I would just say that I don't know if we can do

enough in that area. You know, the treaty land commissioner has been great, and I'm sure you're using his resources as much as possible. And what does he — and maybe this is not a fair question to you — but how does he feel we're fitting or sizing up as far as is there enough education on our treaties and our Aboriginal people in our school system? Or would he would like to — and I know that this is not really fair for you, but I know you deal with him on a fairly regular basis — would he rather see more in our school system. Does he think we're doing an adequate job?

Ms. Lipp: — I think it would be fair to comment that the commissioner has been very pleased with co-operation that he has received from the department — very pleased to have people working on his team and also very pleased with the implementation in-service that we provided to teachers along with the resource. So we actually went out and provided . . . We took the resource, didn't just give it to teachers, but we explained how to use it and we supported them in learning the contents of that resource so that they could apply it in their classrooms.

I think we'd say the commissioner is pleased with us. Of course there is a desire to do more, and it was based on that desire to do more that the commissioner actually produced the resources.

Mr. Yeates: — If I might add, having met with Judge Arnot a few weeks ago, my sense as well is that he is very pleased with the work that's being done in the school system, and that the issues are likely much greater now with those of us who went through the school system when that really wasn't a part of the curriculum. So maybe our current adults, which include all of us, where we probably got little exposure to that, but in K to 12 (kindergarten to grade 12) now the curriculum is quite strong.

Mr. McMorris: — Just one final question, and it probably has something to do with curriculum. I know the drop-out rate in our school system and keeping kids in school . . . And I really think it's quite often the kids, the 12- and the 13- and the 14-year-olds, that we, I mean we have to keep them from grade 1, K to 12, I realize that.

But do you find that because of the changes of the curriculum, I mean we have certainly made a lot of changes, and for some schools that have a very high proportion of Aboriginals attending, and in some cases a high drop-out rate in those same schools, that the changes in the curriculum are helping address that whole issue?

I've been to different conferences where, you know, some experts will be saying that the high drop-out rate is because we're not teaching them anything that kind of relates to their life, their past life, their history, where they came from. And it certainly is a . . . at times and years ago, it was teaching the European type of education and not just dealing with the different cultures that we have in our school system.

Do you think that's addressing that problem of dropping out, of the dropouts, by changing our curriculum? Do you think that that has had some impact?

Ms. Lipp: — I think we are addressing that issue. At least we're attempting to address it. Besides the idea of changing the

curriculum itself, we are trying to — as we defined actually in the auditor's report — we're trying to ensure that the curriculum is relevant to these children and their present lives rather than be a curriculum that responds to some other time.

And in order to do that we are bringing in outsiders who are helping us to define what the context is for young people today. And we're trying to use that then to make those modifications in the curriculum when we renew it.

And one of the things that we've tried to now address is the idea of making the . . . reinforcing the curriculum by experiential learning. So we have built into curriculum now opportunities for young people to take what they're learning in school and apply it somewhere. And so we've created a whole set of courses around what we call the practical and applied arts, which is a new emphasis on practical learning.

And we're putting that into place so that we will help young people to bridge from what you're learning in school to what skill is this actually in your portfolio of skills that you will be able to take forward to an employer. We're giving them practice time. We're putting into all areas of the curriculum opportunities, particularly at the secondary level, for young people to go out and experience their learning. So we have work experience opportunities now built into every curriculum — opportunities for young people to go out and practise what they've learned in a workplace in their community rather than some other potential community.

We're making linkages into community which then allows Aboriginal students, for instance, to match up with elders in their community who can monitor and supervise them as they go to work and practise their skills. It's making a much more direct link between what they've learned and what use that is to them in their lives.

We are also building a new emphasis into our curriculum on things like apprenticeship. So we are going into partnership at the secondary level with employers in the community and we're trying to move it to a point where young people would use their after-school work and their summer holiday work to reinforce skills that they've learned and they should go to try to find a job in their community. We're trying to tie the economic dimensions of what you're learning more tightly to the young person's learning experiences.

Mr. McMorris: — You know, I would agree with all that, that you know, it's the direction I really think we should be going, but I would be interested to know from the department's perspective how that works in small communities. You know, I mean we kind of look at it and I could see all that, envision all that working in the Regina or Saskatoon, Moose Jaw, but how does it work you know in Radisson, or wherever, whatever small community?

So there's a size of school issue and the size of community around that school which generally reflects the size of school but also the size of the division. Now we've certainly talked in the Legislative Assembly enough about the new amalgamation and the process you're going . . . will be going through in the province in the next couple of years. But the size of division, does that have an impact on how functional and how practical

those ideas are, as well as the size of school?

Mr. Yeates: — If I can maybe start on that. I think we feel that larger school divisions actually will help in having more infrastructure and critical mass to bring to a lot of this work. It's difficult in the very small divisions to be able to afford some of the, you know, staff assistance you'd want to have to go out and do some of this leg work with employers and into the communities. And we'll obviously see how this evolves, but I think we feel that the larger divisions will be able to bring more to the table just because they'll have better economies of scale here.

Because I think you're right; I think there are challenges in the really small communities about how you do this. On the other hand, maybe in some of those smaller communities the connections are tighter too. You know in Regina as well, it's a big city to try and make some of those linkages so it could work both ways.

The Chair: — Mr. Hart.

Mr. Hart: — Thank you, Mr. Chair. I was certainly interested in your comments dealing with the amount of . . . the treaties and the amount of study and knowledge that is passed on to our students, and particularly in the latter years of high school — grade 10, 11, and 12 — where I think you said there's an option for Native studies within the social studies course.

First of all, have you got any statistics at all as to how many of our students graduating high school would take the Native studies option in social studies just over the last two, three years? Do we see an increasing number of students? Is it a large percentage? What percentage of our graduates would have at least taken that option in their last three years and so on?

Ms. Lipp: — We have made provisions for students to take any one of the three choices — social studies, history, or Native studies — at each grade level. But if they start into the Native studies stream, they don't have to remain in it. So they could do Native studies 10, social studies 11, and history 12 because all three courses are built on the same backbone of concepts. And so it doesn't matter which perspective you take it through, you will be learning basically the same conceptual ideas.

As far as numbers, we believe that 20 per cent of our students do select one Native studies option during their high school programming. So that's a number that we can verify through our student records. But it does indicate that there is a growing interest. Those courses have been available for some time, but we do notice now an increase. And I think it has had a lot to do with the implementation of the treaties resource package and the in-servicing of teachers — many schools now that were not previously making that option available.

And, I mean, that's one of the issues of the small rural schools again. They oftentimes can only make one of those three choices available. They have a teacher for one. And therefore the student in a particular school may not have that option. But we do have a distance learning option. We do have an on-line version of the Native studies courses. We also have a televised . . . instructional television version so that a student who particularly wishes to take that, a Native studies course, could

do so by an alternate means rather than having to be in with a group if there is only one option available in that particular secondary school.

Mr. Hart: — Well I think you did touch on my next question, and that is the smaller schools and their capacity to only offer one of the options. And I would suspect that they would probably . . . a lot of schools would offer the social studies option, I'm guessing.

And then so that would lead me to a follow-up question. In those schools that are only able to offer the one option, is there . . . I think you mentioned there is an element of treaties and the history of the treaties and their impact and what they mean to all people living in this country, and particularly in this province. Could you just perhaps describe how much of an element there would be in that particular situation?

I guess what I'm trying to get an understanding of, the students graduating from schools who aren't able to offer the options or students who choose not to take the Native studies option or those sorts of things, what level of understanding of treaties would they have when they leave grade 12?

Ms. Lipp: — As I mentioned before, all three courses at the grade 10, 11, and 12 level are all built on the same conceptual backbone. So students are learning the same concepts but they will be learning them through an Aboriginal lens; they would be learning them through social studies, the interaction between and among peoples; or they would be learning the same concepts historically, chronologically.

The focus of the grade 11 program, for instance, is on global interactions, global — I forget what we call it — relations, global relations. So they would be looking at things like the formation of the United Nations, seeing how the United Nations operates with its subcommittees. And they would be doing perhaps comparisons of how people build relationships in many different countries of the world with their First Nations or their Aboriginal people.

In a social studies version of the same thing, I mean in a historical version, you'd be looking at what were the treaties, how did different governments sign agreements, what was colonization all about in various countries of the world, and be able to compare how did Canada treat its Aboriginal people through treaties.

When you come to the grade 12 level course, it's about Canada. It's the compulsory course, everyone must take it — again, in its three versions. But if you're studying Canada, you could appreciate how the study would be looking at it: the development of Canada historically, the development of Canada and its partners in a global situation, in social studies, and then what was important about treaties in the development of Canada from an Aboriginal perspective, or how did Canada behave over its history with regards to its Aboriginal people.

So there would be within each of the courses, there will still be a focus on learning about Canada's treatment of its Aboriginal peoples within . . . It doesn't matter which course you come from, there will be a focus on relationships to Aboriginal people in the course on Canada.

Mr. Hart: — Well I'm certainly pleased to hear that because I think it's hugely important that for this province that everyone understands what the treaties mean, that it impacts on both First Nations and non-First Nations people.

I represent a constituency where we have seven First Nations communities. And you know, I know when I was in high school — that was many, many years ago — we certainly learnt nothing, you know, about the impact of and the importance and how the treaties affected the non-First Nations community.

And I think some of my colleagues are commenting about when I was back in high school. It was just shortly after Noah's ark but . . .

Ms. Lipp: — I think I was probably there at the same time.

A Member: — The alphabet was new on the curriculum.

Mr. Hart: — Yes. But since, you know my being in public life, I've come to realize how important it is that all citizens of this province understand what the treaties are about, how they've impacted on all citizens of the province. And I think it's hugely important that our high school graduates leave our K to 12 system with that understanding. In fact I would hope that if the question was asked of our graduates, do the treaties . . . do they impact on your life, that they would understand the question and be able to respond. And in fact do you do any type of . . . have you got a sense of that, I guess how successful the curriculum is in that area? Are you doing any evaluation at all?

Ms. Lipp: — We are scheduled to do some evaluation — province-wide evaluation — again of the secondary level of . . . so these three options that people have to choose from. But that is an upcoming evaluation. We will get that kind of information in our evaluation process.

The Chair: — Okay. Mr. Borgerson.

Mr. Borgerson: — Yes, thanks.

The Chair: — Is this still on core curriculum?

Mr. Borgerson: — Yes, no it is. I've, of course because of my background, am quite familiar with a lot of the curriculum implementation that has occurred in the area of Aboriginal content right across the curriculum, and the good work that's been done there from social studies to language arts to arts education. And I'm pleased to see that you're now working in the area of indigenous languages as well. My question . . . it might be interesting for your comment on the role of Métis and First Nations educators in the implementation and renewal of curriculum.

Ms. Lipp: — Yes, we have involved elders in the curriculum renewal process. We have a reference group for every curriculum that we renew — a project team and a reference group to which we invite university professors in the discipline that we're renewing. But we also bring representatives, more recently now, from the chambers of commerce to ensure that employers feel that they have the right things in the curriculum. And we've involved elders, we've involved community representatives in areas where we're renewing something that

has a multicultural flavour. We've tapped the community to get those kinds of people to help us with the renewal process.

I'm sure you're aware that the school divisions are making a concerted effort to hire Aboriginal teachers. We have very strong teacher education programs for Aboriginal persons — NORTEP (Northern Teacher Education Program) and SUNTEP (Saskatchewan Urban Native Teacher Education Program) and ITEP (Indian Teacher Education Program) and various other TEP (teacher education program) programs that . . . And we also sponsor YTEP, which is the Yukon Teacher Education Program which follows our model.

And so we believe that we are training now a cohort of Aboriginal teachers in Saskatchewan, and those teachers we are inviting into the curriculum development process. We're hiring Aboriginal curriculum writers. We are hiring Aboriginal people ourselves to do resource evaluation. We have teams of elders that are helping us with the development of the language curriculum.

We've made a very, very serious effort to bring Aboriginal people in to help us to shape a curriculum that will be responsive to their needs and their values.

Mr. Borgerson: — And probably more a comment than a question. You indicated 20 per cent of high school students would at one time or another take . . . well take one of the three Native studies courses — credit courses. You probably wouldn't have the statistic, but I'd be very curious to see nowadays how many university students take Native studies courses because I'm aware that the numbers are great and growing. But that would be an interesting statistic to have.

Ms. Lipp: — In the teacher education program at the U of R (University of Regina), which is the one I'm most familiar with, we do have an intercultural course that is required by all teachers now and that gives them opportunity to focus on various cultures but predominately on the Aboriginal environment in Saskatchewan. And it has just become something that teachers are required to participate in, but those are post-secondary students; I guess teachers in training.

I don't know in terms of the rest of the . . . I don't know if anyone else is here that could speak to that but . . .

Mr. Borgerson: — Thank you.

The Chair: — Mr. Hagel.

Mr. Hagel: — Thanks, Mr. Chair. I've appreciated the questions related to curriculum as they impact on our province's understandings of treaties and important matters that have to do ultimately with the assurance that our Aboriginal peoples are an active part of the future of our province. And I think we all understand intuitively that the future well-being of our Aboriginal peoples is intimately connected to the future well-being of our province. And that provides us a lot of opportunity, I think ultimately competitively, within the nation and internationally.

And in that same context, I'm looking at the core curriculum because this has to do not only with a common understanding of

peoples who are the makeup of our province understanding each other and working together, but also the ability to be able to do that. And I know one of the challenges then in terms of access to the core curriculum offerings in northern Saskatchewan, some of our Aboriginal communities, is the availability of courses in the maths and the sciences.

And I would just wonder if you are able to comment on the progress we're able to make, because I think the issue in some ways has to do with the capacity of teachers to instruct. And so that the students can have those offerings which open up a wider array of secondary programs that provide the opportunity to be a part of the mainstream of employment, and professions, and being leaders in the future of our province.

So can you just comment where we are in terms of improving the access in our northern communities to . . . for students to the maths and the sciences?

Ms. Lipp: — It has been an issue that affects not only Aboriginal students in the province but certainly people everywhere — rural Saskatchewan and northern Saskatchewan. We've had a difficult time recruiting and retaining teachers of the maths and sciences; it's a province-wide problem.

But we have instituted a bursaries and support program to help teachers to gain those additional credentials: this year \$600,000 in bursary supports that are targeted to a partnership between a school division and a teacher who wishes to specialize in math and science. So this teacher would have a job, and be in an area of need, and be willing to go and take extra credentials and training.

So we've implemented a number of programs actually in the province to work with that bursary.

So the University of Saskatchewan has put into place a training program for mathematics teachers, and they will take teachers who already have a teaching degree and some interest in mathematics, and they will give them an accelerated program, a one-year program for which they would then be eligible for bursary support that will upgrade them to the point that they then can become teachers of mathematics, and their school division agrees in partnership to hire them to teach mathematics. The U of R has a similar science cohort that will bring teachers who have their teaching credentials but have been specializing in some other area up to a level where they can be teachers of mathematics. So we have those types of — sorry, science — those types of programs in place.

We're also doing that in conjunction with our practical and applied arts teachers, and we're trying to move to the idea of practical applications of mathematics and practical applications of science in our practical and applied arts curriculum. So we have focused on things that are particularly of interest to northern communities, for instance. We have forestry. We have mines and energy. We have actual curriculum for them to study, and then while they're studying, we give them a work experience opportunity as part of that study, which then builds a partnership with local business or industry.

And then these young people . . . they are encouraged to stay in school because they're getting more practical mathematics and

science, and it leads to a job in the community, and thus enhances the community's ability to sustain itself because it has people who can apply mathematics and science, and will stay in that community.

So we're working on it from many, many fronts to make sure that we have something to offer. And as I say we have a very, very strong capacity now to offer maths and science in the North through our distance education programs.

We are developing capacity in three different ways, but mostly the on-line capacity. And there is a lot of need then for practical application of that, so the course can come from a teacher somewhere else, but the practical application takes place in the community, working in partnership with whatever business or industry there is in the area. And that's partly also the response to what's happening in the smaller communities and how do we really get young people out into the communities.

We're doing a lot of community asset mapping now because there are many employers in small communities or there are many workers in small communities who can actually assist a young person to solidify math and science skills, in particular, but all of the practical applications of learning what they want to do.

And from the level of senior citizens volunteering, they can mentor a young person in some application of volunteer basis of the skills that they're learning. And we're particularly targeting math and science reinforcements.

Mr. Hagel: — Mr. Chair, I just noticed it's time and I guess I would just like to acknowledge . . . I'm pleased to hear about the growth, in terms of access to on-line learning in some of these important disciplines as well. If there was more time I think I would want to pursue that a little bit further, but I know there are other areas we want to deal with here as well so I'll stop there. Thanks, Mr. Chair.

The Chair: — You're taking a rest, Mr. Hagel, and then you want to come back, is that correct?

Mr. Hagel: — No, no, no, I know . . . I'm just conscious of the time and our agenda and I think there are other areas, and so we'll leave it there.

The Chair: — All right, fine.

Mr. Hagel: — I appreciate the reference to that as well.

The Chair: — Okay, thank you Mr. Hagel. Just before we go on, leave curriculum, just a couple of questions. I noticed that the auditor on page 274 of the 2002 report and page 275 is concerned about the follow-up to core curriculum maintenance and there's a comment that I'd just like the officials to respond to. On the top of page 275 it says:

The Department has begun to improve how it documents its use of information about resources. The Department has included additional information and analysis about resources in the workplan of one departmental unit out of three that help to maintain the curriculum.

Is that kind of a . . . are there three departments or is this a ratio? Just what does that mean and has this improved?

Ms. Lipp: — Yes, there are three units within the curriculum area of the department that are responsible for different parts of the curriculum. One is the French education unit. So it develops all . . . As we develop curriculum, they develop curriculum in sync in French. And so that's one unit.

And the other two units are both responsible for curriculum development, different parts of the curriculum.

At the time that this report was done, where one unit of the three had started to show improvements in the way it was documenting, we've now . . . The other two departments or two units have each had a turn to do some curriculum development and renewal since 2001, and now all three of those units have implemented the same processes for documenting. So we have definitely moved that piece of the agenda forward. We have implemented those in the other two units.

The Chair: — So there's the French education unit and what are the other two units?

Ms. Lipp: — One is called languages, culture, and community and that's the unit responsible for the social studies and also for all the heritage languages and the Aboriginal languages as well. So that's one unit.

And the other one is still called the curriculum and instruction unit and it's responsible for all the humanities, the arts education, health, physical education, English language arts. So it's just a division of labour.

And because the 2001 response, there was only one of the three units that was actually working on a project, that's the one that started to make the improvements.

The Chair: — And which unit was that?

Ms. Lipp: — That was the curriculum and instruction unit.

The Chair: — All right. Okay. And a couple of general questions. When you're evaluating curriculum, you talked about, you know, getting a . . . you know, changes are made to the core curriculum, then an evaluation is done. It almost sounds like on a school-by-school basis.

Can you tell me just briefly how detailed the evaluation is? Like, do you go X number of classrooms per year or do you go into every division, do you go into every school?

Ms. Lipp: — No. If we would be evaluating the provincial curriculum in, we would say the secondary, for instance, the new one we will start into — secondary level social studies — it's a requirement. And then we would, when we do a provincial evaluation, we ask every teacher who teaches social studies to participate in the evaluation.

The Chair: — So do they fill out a questionnaire or do they have a visit from one of your officials or how do you do . . . Just how do you do it?

Ms. Lipp: — It's a province-wide rollout that is done by our evaluation and assessment unit, accountability unit. And they do actually go out and survey all the teachers that are involved in teaching it.

And so everyone responds and the school divisions just sign their teachers up. They get the survey and they're asked to fill it in and that's the information then that we use.

The Chair: — Okay. And the other question then on how you evaluate curriculum. How do you evaluate Saskatchewan's curriculum against the curriculum in other provinces as to its effectiveness — whether we're, you know, we're adequate, whether we're in sync, whether we're leading?

Again, I'm not asking for a long answer here, but just so I have some idea of how we evaluate our curriculum compared to other provinces.

Ms. Lipp: — I think one of the most important ways that we do that is through a partnership that's called the Western and Northern Canadian Protocol, and that is for collaboration in basic education. And that's a partnership that involves Manitoba west and all three northern territories of Canada.

So that partnership builds curriculum together. So we know that we are in sync. We have common curriculum frameworks in all of our compulsory subjects. And so we build it together, we renew it together, and Saskatchewan's just part of that larger, larger piece.

We participate in, we share the results of our curriculum evaluations, our curriculum renewal projects with the other provinces in Canada. There's another consortium of the Atlantic provinces. And we compare routinely.

The Chair: — Okay.

Ms. Lipp: — There's also a pan-Canadian directors of curriculum. They work together to make sure that part of the internal trade agreement is about mobility of teachers.

The Chair: — Right.

Ms. Lipp: — And it's also about mobility of children. And so if we, if we have a common expectation for children in Saskatchewan compared to children elsewhere we're doing a pretty good job of synthesizing it across the country.

The Chair: — Thank you. I know we could exhaust a lot of time, and I appreciate that was an excellent summary of what you do and I appreciate that.

I expect there'll be questions, particularly on the capital expenditures side.

But before we get to that just on . . . in regards to the 2003 Report Volume 3, on page 113, I'm just looking at the estimates versus the actual. And teachers' pensions and benefits jumped out at me where the estimate was \$105.4 million and the actual was \$75 million. And I seem to recall the auditor suggesting that perhaps the methodology of the Treasury Board was not right.

Can you just explain how the numbers could be so different?

Mr. Yeates: — Well we probably have to research that a little further for you, Chair. We're paying out the actual. I mean obviously the actuals are the actuals in terms of what gets paid out every year. And there is a fair amount of fluctuation in those numbers. And I really can't give you a definitive answer today on that, but we would be happy to research that a little further and get back to you on it. It's a very good question.

The Chair: — I'd appreciate it because it's . . . astounding variance. So I'd appreciate an explanation of that.

Are there further questions? Mr. McMorris.

Mr. McMorris: — I guess one further question to the pension costs and the way the department calculates them. I know the auditor has had some concern on it. It meets Treasury Board recommendations, but there are some issues as far as unfunded pension liability and what the cost is to the province.

Do you have any idea . . . First of all, does the department have any plans on changing the way they account for the pension costs and liabilities, would be the first question. And question number two, do you have a ballpark figure of what the liabilities to this province are currently?

Mr. Yeates: — In response to those two questions, no we don't have any plans to change the approach on pensions. That would be a matter for the Treasury Board that sets the policies government-wide, and we follow that policy. I believe the auditor has noted in this report the liability amount, I think it's around 2.5 billion. Yes.

Mr. McMorris: — Okay, yes, that does it for me as far as that. I guess it's up to the Treasury Board then, and once they recommend then you'll follow those recommendations.

The Chair: — Any questions on the area of capital spending in the 2004 Report Volume 1? Mr. McMorris.

Mr. McMorris: — There's two recommendations. And the first one:

. . . that the Department obtain from school divisions comparisons of planned and actual costs and timing by . . . stage for each approved project.

What is the process right now in that area as far as capital costs? It didn't seem to be as big of an issue with post-secondary, but certainly for school divisions. Can you tell me what has the procedure been before, and the need to change?

Mr. Yeates: — Yes, I'll ask Nelson Wagner to explain the process that we use. You're right, it is an issue with the school divisions — not the other facilities. Nelson.

Mr. Wagner: — Yes, thank you. The school divisions, of course there are a large number of them. It comprises probably half of our work in our branch to provide support to them. And as Mr. Yeates mentioned earlier, the amount of support we give even to each school division varies. It depends on their capability and capacity to do that.

We currently go through quite a rigorous process with them, which may or may not be documented, and that's part of the discussion here. But we've had some very experienced people in that area, some with 30 years in that particular area, and they've worked very closely with the school divisions to come out with first their requests. We only respond to requests from school divisions; we don't generate the request. So it has to be approved as part of a board motion — public board motion — moving forward with the both financing and the request for approval.

Once we get the actual request, we'll sit down with the school division and try to validate and review that request; try and understand the scope, work with them to develop it; and if it's approved, we'll work through with them on the selection of architects for example, if they have no knowledge of that, or engineers as the case may be. And then we work through the process with them, right through to tender and award and that type of thing.

I think what the gap is being noted here is that we don't document a lot of this consultation and advice. We don't as rigorously provide consistent advice perhaps, and that's the problem of not documenting — you don't know for sure that you're giving the same advice every time. So I think we need to do better at that, and so we acknowledge and accept that recommendation.

Mr. McMorris: — Yes, I could see the concern that you mentioned on the outset of your remarks, that we have people that are very experienced with this and, you know, have been doing it for 30 years, but if it's not the person doing it for 30 years, what is the procedure. And you know, I mean if there is no documentation, then what process do they follow. I can see the pitfalls in that, not . . .

Mr. Wagner: — Well there is documentation, just the extent of it is not as sound as we would like it to be.

Mr. McMorris: — I think that's all I have for capital costs. I did have one other . . .

The Chair: — If I could, just a couple of questions on capital. Just how many capital projects are on request from school divisions currently?

Mr. Wagner: — Well this fiscal year, it's in the order of . . . Oh, actual requests? I don't know if we've counted all those; it's in the hundreds, like about 200 approximately.

The Chair: — Is that a growing number or is that rather constant over the years?

Mr. Wagner: — It tends to vary. Depends on the needs of the school divisions and their capacity even to fund what they need to do. But in terms of approvals, it's relatively consistent from, you know, 120 to 150 range that we actually approve.

The Chair: — Every year.

Mr. Wagner: — Every year.

The Chair: — And of those 120, on average how many would

be completed on budget? Would any be under budget, dare I even think that? And how many would be over budget?

Mr. Wagner: — I don't know if we've done that calculation, and maybe that's part of that, is we don't track it that well. But I know as I see projects come in, we have a very rigorous process for documenting change. They'll come back to us saying, oh, it's under budget now; here's the tender award. And we've gone through a process with them, with ourselves, to say okay, is this a valid tender? Is the tender evaluated properly? Are there alternates they've considered to bring the cost down if it went over? All those types of things, we go over with them.

But it's not always one or the other. I've seen a number of them come in now well under, and I attribute that to a new process we've just enabled last fall to announce projects sooner in the process and allow people to get the work done and tendered earlier. So we are seeing some positive results there, but there are always going to be unforeseens in projects, and we have to be able to deal with those as well.

I'll give you an example where a roof replacement might be, oh, we're just going to replace the roof, not the system itself, but just the . . . it could be the built-up roof or whatever. When they take it apart they find out that the structure is actually faulty and there's some work to do. So there are . . . it's not a very cut and dried, if you will, every time we get the same response. So not too many people have great knowledge in terms of their buildings and what's actually there, and so that's part of the problem. And so it can't be necessarily reflective of our process, but it's reflective of the realities we're facing out there as well.

In terms of numbers, I see as many go under as I do see go over, and in each case we question and try to understand. But again, there's so many variables in each case that we can't definitively say what the greatest role or the greatest amounts of change would be.

The Chair: — So what are you doing to follow up on the auditor's recommendation that there be better monitoring of these projects?

Mr. Wagner: — What we're going to do is develop something over this current fiscal year for implementation next year that would allow us to have on each project file the types of expectations we're going to lay out with our partners in terms of their design processes and things like that. So we're consistently telling them what our expectations are from the departmental perspective, including things like energy performance, all those types of things. So we need to be more I guess structured and rigorous in doing that and not depend on informal ways of doing it.

Secondly, we'll try and follow up with them, or talk to our partners on this process, and try to evolve with them and learn how they might perceive what we're doing as well, and try to understand their perspective as well. So we're not trying to do this in isolation. We always work with our partners in that regard, and we might for example talk to the SSBA (Saskatchewan School Based Administrators) to gain their perspective on it so they understand where we're coming from and give us advice and support in that area as well.

The Chair: — Given your example of the roof and once it was torn off, further repairs were deemed to be needed. Normally you know a competent board would investigate, they would determine I think . . . I mean, you can find these things, you may not know them, but you can find them out before you undertake a project.

If a board is prudent and completes a project under budget, is that savings credited back to that individual board so that they have additional revenues for future projects? And on the other hand, if a board isn't as prudent and overspends, is that deducted from further projects that they might want to do or you know further projects delayed in that division so that there is an incentive at the division level to be as prudent with the funding of capital projects as possible?

Mr. Wagner: — Yes, I would agree with that. We need to, on both ends, teach them or help them learn about the processes they need to engage. In your example of the roof, for example, if they didn't engage a structural engineer — I think that was the point you're making . . .

The Chair: — Right.

Mr. Wagner: — . . . but there are some times — roofs may not be the right example — where you actually tear apart the wall and find stuff that you did not expect to see.

Certainly if a project comes in under budget we do share the cost between school divisions, so we share that saving. Conversely if it comes in higher, we may or may not support it, depending on the approach they took in doing it — whether they had a proper process, whether they didn't listen to us or whatever. We do sometimes penalize them that way. But by and large if they've followed, you know, the methodology and done their homework, we do share in that risk and also that cost.

The Chair: — Okay. Mr. Hart.

Mr. Hart: — Thank you, Mr. Chair. I have just a couple of questions dealing with the Education Infrastructure Financing Corporation and that system of providing funds to both post-secondary institutions and school divisions. And I note that in '02-03 there was \$7.1 million provided under that vehicle to school divisions.

Could you briefly explain the processes that are involved in school divisions accessing funds under that program and does it differ from the old . . . how does it differ from the old capital grants that we have?

Mr. Yeates: — I can maybe start off and then Nelson, Nelson add in. Essentially I think, as you probably know, this was a time-limited approach that the province used for financing learning capital. So that corporation was set up and this was done by way of loans.

So we have entered into agreements through the corporation and the various divisions and institutions, then a grant is provided to pay the principal and interest back. So it is based on legal agreements and that's how we have proceeded. It is being wound up now, as you know, so we will be this year working to wind down those agreements as those loans are being paid out.

Mr. Hart: — What length of term, how many years did school divisions have to repay these loans?

Mr. Yeates: — Yes, I think the amortization varied on the nature of the asset that was being replaced. It was based on a, I think, a pretty standard amortization schedule.

Mr. Hart: — So a range of term.

Mr. Wagner: — It ranged from 5 to 30 years depending on the outcome. In the universities, for example, some of their funding was only five-year terms whereas if they were new structure or significant addition to a building it may have been 30 or 20, depending on the application.

Mr. Hart: — So then under this structure the school division or the post-secondary education institutions, they actually had a debt for the total amount of the monies that they received from the corporation, but you had said that there was a legal document saying that they were guaranteed grants to offset the interest and principal portions. Did I hear that correctly?

Mr. Wagner: — Well actually we paid, and still are paying until this winds down, the principal and interest payments on behalf on the institution. So they don't pay it directly. We pay it directly from our department corporation to EIFC (Education Infrastructure Financing Corporation).

Mr. Hart: — But as long as the, until that loan is paid, that will show up as a debt to the, whether it's a school division or a university or SIAST (Saskatchewan Institute of Applied Science and Technology) or that sort of thing.

Mr. Wagner: — Yes, that's correct.

Mr. Hart: — The debt will be on their books, not on the department's books then.

Mr. Wagner: — Well I think there's a separate listing in the budget figures for EIFC. I think it was listed as a separate corporation and the debt was there, I think. I'm, you know, I'm not the accounting expert.

Mr. Hart: — Okay. No, that's fine. It's an added debt, something that shows up on the balance sheet of the . . . whether it's, as I said, these educational institutions. No, that's fine. Thanks.

The Chair: — Are there any other questions or are we ready to move to the recommendations? Mr. McMorris.

Mr. McMorris: — Can I just . . . a couple more questions. I don't know whether they'd fall under curriculum, but it's regarding School^{PLUS}. Now I don't know if I can, if I'm able to ask these questions here.

I asked a couple questions during estimates. I didn't have very much time then. I've talked to a few in the division since regarding the School^{PLUS} program. It was interesting to see the Premier probably about a month ago do a photo op at one of the high schools. I don't know which one it was, Riffel or . . . doing a photo op.

And I just happened to meet with the school division shortly after that and they were kind of frustrated in the fact that they have been doing School^{PLUS} for many years. I mean, they have been involving the community, they've been doing what School^{PLUS} is. And they found it a little frustrating in that there's certainly money going to School^{PLUS} and it's really not doing much more than what they have been doing. I think they have to hire another person now to manage the School^{PLUS}, to oversee the School^{PLUS} in many divisions.

Is that correct that they would have to hire in order to receive some funding, that they would have to have a person to coordinate the School^{PLUS} program in their division?

Mr. Yeates: — I couldn't answer that specifically. We've been providing funding for School^{PLUS} and related activities, and I think you're right that schools have been doing lots of things in this area. However it's significantly expanded with the province-wide school initiative. It tended to vary a lot from school to school and from division to division. So this has become, you know, a much stronger province-wide approach. There's much more support for it in terms of the kind of supports in the planning processes and so on. So, you know, divisions have often hired a coordinator to help coordinate all of this work and make sure it gets implemented in all of the schools across, across divisions.

So it's yes, we would say divisions have done a lot, or have done historically a lot of good work. We're really trying to build on that and make it stronger and make sure it applies to all schools. And we've provided a fair amount of funding support to help them with that.

Mr. McMorris: — So the divisions that have hired a coordinator, that would be funded through, how? How would that coordinator be funded?

Mr. Yeates: — Yes, I couldn't give you the detail on that. You know, it might be . . . but if you want we can certainly get you more information in terms of the funding details and School^{PLUS} and how that's rolled out. Be happy to do that.

Mr. McMorris: — I guess the other concern, and I would just be interested in your comment to this concern, is that not that they're against the whole concept of School^{PLUS}, but it's bringing in people from other agencies — whether it's city police and social service, justice, and all of that — and suggesting in case, in some cases what should be done in the school system. And some of the boards of education are saying, just wait a minute here — now who is the one looking after education in this area? Is it the board, us as a school board, or these new committees, be it a School^{PLUS} committee — and maybe that's not the right wording — with a coordinator now coming into the schools saying, this is what we should really be doing in the school system?

It almost seems to be setting up a second level of administration almost, and there are some concerns with it. You know, I mean I would certainly agree with the whole concept of School^{PLUS}. There's no argument there from me. But there is some concern from divisions for sure that it's setting up a parallel committee that is going to dictate to schools what they should and shouldn't be . . . not necessarily shouldn't, but what they should

be doing in their school.

Mr. Yeates: — Well we've heard some of those sensitivities as well. It's certainly not the intent, you know, to set up parallel structures that are, if you like, quote, "interfere" with the operation of the schools. But I'll give you an example where these issues really cut both ways. And one of the initiatives under School^{PLUS} deals with the education of youth in the young offender system. And having come from that department a number of months ago, there's two key thrusts to this piece of work.

One is trying to improve the integration of youth leaving custody facilities back into a local school division. And that's really trying to improve the case practice for those kids. We know if those kids do not get integrated back into school, it's likely going to be, it's going to be trouble. You know, they're going to get back involved in things they shouldn't be involved in. So I think most divisions would agree there's a fair bit of room to improve case practice there. There have been a lot of problems in trying to integrate kids back in. So there's an area where there would be a discussion between local facilities and local school divisions about how to improve how they work together.

Now it cuts the other way because the Department of Learning and local school divisions are also entering into partnerships to assist in the quality of the education program that's delivered in the closed custody facilities. So they're bringing their expertise into the young offender facilities, providing much more support to the teachers in those institutions, and dealing with improving the use of the curriculum and the teaching practice and so on. So I use that because I think it is a positive example of where this cuts both ways.

You know, some of the practice needs to change within young offender facilities. And some of the practice likely could be improved, but in the relationship, say, between the young offenders program and their interactions with school divisions.

Mr. McMorris: — Can I just . . . one question I want to go back. I didn't quite understand, and I would just like a follow-up on the capital costs for school divisions and that the program that was set up, I think you said \$7.1 million that would go to school divisions that wanted to improve their facilities. And then the Department of Learning is paying those loans back on behalf of the school divisions. The school divisions show the debt, but don't have any repayment because the Department of Learning is doing all the repayment. So the department of, the corporation that the 7.1 million . . . I forget the name of the . . .

Mr. Yeates: — Education Infrastructure Financing Corporation.

Mr. McMorris: — Right, that one. It would hold the debt of 7.1, so the Department of Learning wouldn't show any liability at all for repayment?

Mr. Yeates: — You may want to ask the comptroller to speak to this because this is an accounting issue. And I understand this would be a note in the financial statements of some of these institutions, but Terry is probably in the best position to speak

to this.

Mr. Paton: — I'll try and provide maybe a brief explanation of the way this works. My understanding is that the Education Infrastructure did in fact loan money to the various educational institutions, who in turn were required to set up the liability to EIFC. Subsequent to that, the Department of Learning would provide grants to those institutions and the institutions would in turn repay the money to EIFC.

Now to simplify the process, there were not payments made from Learning to the institutions and then back to the EIFC. I believe Learning made the payments directly to EIFC on behalf of the institutions.

Mr. McMorris: — So I guess, why wouldn't there be . . . Isn't there ongoing liability to the Department of Learning? Is there anywhere that it shows ongoing liability to the Department of Learning?

Mr. Paton: — No. There's no ongoing liability to the Department of Learning. There would have been an ongoing liability to EIFC.

What would happen in the various institutions is they would effectively receive a grant annually from Learning and use that to eliminate the debt that they owed to EIFC.

Mr. McMorris: — Yes. I understand that. I understand that the department is giving a grant to the division. But the divisions have entered into a contract with, is it IFC, the infrastructure grant. They've entered into an agreement. So the divisions ultimately have the liability.

But there's an agreement obviously between the Department of Learning and the division that the department is going to be paying it. So wouldn't the liability really be with the department and not with the school division?

Mr. Paton: — I haven't seen the actual agreements, but my understanding is that there was a commitment made by the government — in this case, the Department of Learning — to provide ongoing grant funding that would in turn be used to eliminate that debt.

The Chair: — Just wondering perhaps if Ms. Ferguson could clarify how the auditor views the accounting here.

Ms. Ferguson: — I think what you'll find is actually we talked about it in the Department of Finance chapter, chapter 10 of the 2003 Report Volume 3. And it is an area of disagreement in accounting between our office and the Provincial Comptroller's office that it was reflected in the audit of the General Revenue Fund.

We would agree with what you're saying in that, in essence, the substance of the transaction is that the money yes, it did go from the Department of Learning or EIFC to the organizations. But in fact, because of the way that it is structured, in fact Learning does have an obligation to EIFC to repay the amounts.

So in essence, Education Infrastructure Financing Corporation borrowed money from the General Revenue Fund to finance

capital projects at various educational institutions and that money would be repaid from Department of Learning through the General Revenue Fund. So in essence it had it due to and due from the General Revenue Fund.

And yes, we would agree that Learning did, in fact, have that obligation. That's reported on page 116 of the Department of Learning's chapter and it happens due to the application of the accounting treatment for this particular transaction.

So in essence what we're saying is that on the very top of the page that Department of Learning understates its post-secondary capital cost by 30.9 million and understates its K to 12 education costs for school capital by 7.1 million.

Also, as the deputy minister had indicated, the accounting for this transaction has recently changed with this most recent set of financial statements for the General Revenue Fund.

The Chair: — All right. I think we've shed a little light here, especially for all you accountants. Are we ready to go to the recommendations?

All right, the first recommendation that we will deal with is back in the 2002 Fall Report volume on page 291. Recommendation no. 1 reads, I'll wait for you to find it:

We recommend that the Department establish processes to monitor action taken and report progress achieved in relation to specific curriculum evaluation recommendations.

Is there a motion? Mr. Yates.

Mr. Yates: — I move concurrence and note progress.

The Chair: — There is a motion to concur and note progress. Is there any discussion on the motion? Seeing none, I'm prepared to call the question. All in favour? Any opposed? It's carried unanimously.

The next recommendation is in the 2003 Report Volume 3 on page 117. It is also recommendation no. 1 and it reads:

We recommend that the Department set out the rate of incorrect payments for the Provincial Training Allowance program that it will accept, and use procedures that prevent and detect incorrect payments to meet the pre-established rate.

Again I would be prepared to accept a motion. Mr. Hagel.

Mr. Hagel: — Mr. Chair, I move that we concur and note progress.

The Chair: — Again there's a motion to concur and note progress. Is there any discussion on the motion? Seeing none, we'll call the question. Those in favour? Any opposed? That's carried.

And finally we go to chapter 13 of the 2004 Report, pages 186 and 189 I believe they are. 186 is recommendation no. 1 which reads:

We recommend that the Department obtain from school divisions comparisons of planned and actual costs and timing by key stage for each approved project.

Again is there a motion? Mr. Yates.

Mr. Yates: — I'll move we concur and note progress, Mr. Chair.

The Chair: — Again a motion to concur and note progress. Is there any discussion on the motion? Seeing none, I'll call the question. Those in favour? Any opposed? And seeing none, it's carried unanimously.

And the second recommendation on page 189 reads:

We recommend that the Department document its assessment of the processes that its partners use to identify and mitigate significant risks or set its own processes to identify and mitigate significant risks on approved capital projects.

Is there a motion? Mr. Hagel.

Mr. Hagel: — Mr. Chair, I move the committee concurs and notes progress.

The Chair: — Again a motion to concur and note progress. Any discussion on the motion? Seeing none, the call for the question. All in favour? Any opposed? None. That's also carried.

And that brings us to the conclusion of the review of Education and Learning. I would like to thank Mr. Yates and his officials for appearing before us and answering a number of questions in a number of areas. And we've eaten up a little bit of our coffee time here, but we'll cheat five minutes both ways and give ourselves a 10-minute break instead of a 15-minute break, which brings us back at five minutes past 11.

We will recess to the call of the Chair.

The committee recessed for a period of time.

Public Hearing: Labour

The Chair: — We will call the meeting back to order. Thank you for your promptness. We are now moving on to the second item on our agenda, which is the review of Labour, chapter 7 from the 2003 Report Volume 1 and chapter 8 from the 2003 Report Volume 3.

We have with us from the Department of Labour officials . . . the official, Bill Craik, the deputy minister. I will ask the deputy minister to introduce colleagues who are with him. Then we'll just get a brief summary from Mr. Jersak, I believe, of the Provincial Auditor's office regarding these two chapters. You will have then time to respond. And then we will open up the meeting to questions from the members of the committee.

So, Mr. Craik, if you would introduce your colleagues.

Mr. Craik: — Thank you, Mr. Chair. I have with me to my left

Margaret Halifax, who's the director of the Office of the Worker's Advocate. And to my right I have Glennis Bihun, the manager of occupational health and safety partnerships. And hopefully we'll be able to answer all the questions you have.

The Chair: — All right, very good. Mr. Jersak.

Mr. Jersak: — Thank you. Mr. Chair, members, I will provide a brief overview of the two chapters that we're looking at today regarding the Department of Labour.

In chapter 7 of our 2003 Report Volume 1, we describe the results of our follow-up of the recommendations we made in our 2002 Spring Report regarding the department's use of workplace occupational health committee minutes.

The department is responsible for helping to make workplaces safe. One of the programs the department uses to accomplish this is through workplace occupational health committees that self-monitor health and safety in their workplaces. These committees promote worker and employer involvement in ensuring workplaces are safe. Their department uses committee minutes to enforce the role of committees in controlling workplace hazards.

In our 2002 audit of this area, we found that the department adequately used committee minutes, except that it needed to make improvements in three areas. In our follow-up of these recommendations, we found that the department had made changes that adequately addressed our recommendations.

In chapter 8 of our 2003 Report Volume 3, we report the results of our annual audit of the Department of Labour for the year ended March 31, 2003. We found that the department had adequate rules and procedures to safeguard public resources and it complied with authorities governing its activities relating to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing.

In the remainder of this chapter we described the results of our audit of the department's processes to assist injured workers with their claims for compensation from the Workers' Compensation Board. The department's mandate includes assisting injured workers who seek help with their claims for compensation from the WCB (Workers' Compensation Board). Providing effective assistance to these workers is important because it can help ensure that workers receive financial compensation and medical assistance that they need.

When we started this audit, injured workers had to wait up to 25 months for this assistance. Lengthy waits were a long-standing problem. During our audit the department began changing its processes and had reduced the waiting period to 19 months when we finished our audit.

We made two recommendations to improve the department's processes to assist workers seeking help with their claims for compensation from the WCB. We think the department should set clear performance expectations focused on outcomes and then align resources to meet these performance expectations. Outcomes should include the timeliness and the quality of assistance that the department will provide. We also think the department should also improve its processes for monitoring the

achievement of its performance expectations, including the review of written reports that show the extent of progress being made in achieving these expectations. In summary, we found that the department had made significant changes to its processes for assisting workers during 2002 and 2003 and that it planned further changes.

This fall we plan to assess whether the department has implemented processes that address the recommendations we made. We'd be happy to answer any questions that you have.

The Chair: — Okay thank you, Mr. Jersak. Mr. Craik, would you care to respond?

Mr. Craik: — I have no specific response. If you have any questions, we're quite prepared to answer any specific questions you have.

The Chair: — All right, very good. We'll open the floor to questions. Mr. Hart.

Mr. Hart: — Yes, we'll start with the Volume 1 and the occupational health committees. With the high injury rate that Saskatchewan is experiencing, I think the auditor has suggested that there has been improvements in the use of the occupational health committee minutes and the department's use of these minutes to make sure that safe workplaces are happening around the province. But the evidence still isn't there with the high injury rate and I wonder what further efforts is the department taking to reduce the injury rate.

I know we have the WorkSafe program in conjunction with WCB and so on. But in regards to the occupational health committees, have you got any new initiatives that would help with the high injury rate that we're currently experiencing in this province?

Mr. Craik: — I believe we do. I'll ask Glennis to answer that question for you.

Ms. Bihun: — Thank you. You'll recall that the government launched an action plan in September 2003 that includes five integrated strategy. One of those strategies is centred around taking responsibility which includes the workplace responsibility system, workplace parties working together in a co-operative manner to identify and control hazards in the workplace. That is one of the key roles of occupational health committees.

We have incorporated into how we've targeted the inspections that that is an area that, during inspections of the larger employers with more injuries occurring, that the effectiveness and the involvement of the committee in the workplace will be a focus in each of those inspections — is one example.

Mr. Hart: — You mentioned inspections and if I recall correctly in our discussion during estimates of your department, I understand that there has been some additional staff put in place in that area of inspection. I think, was it three or four new people in that area? My memory isn't quite what it should be. And I was just wondering if you could comment in that area and the responsibilities of these new people. If you could just kind of just briefly cover that area?

Ms. Bihun: — Certainly. With the action plan came six new occupational health officer positions. There were an additional two positions that came with this year's budget for a total of eight new positions.

Mr. Hart: — Now as far as inspection and the enforcements of infractions and so on, like as far . . . The occupation and health committees and their minutes, do the minutes of these committees . . . they're made available to the occupational health inspectors and they act on possible infractions that the committees may identify, is that a scenario that does happen? I just really don't understand how they interact and perhaps maybe you could explain how they are all related and the effectiveness of their relationship.

Ms. Bihun: — Sure. The department utilizes the occupational health committee minutes for a number of things. The first thing we utilize them for is to ensure that committees that have been established are meeting as the legislation requires them to meet.

With the recommendations of the provincial auditors, we implemented a new policy and procedure where, when committees for a period of time are not identifying and discussing concerns, it was noted that that could be indicative of committees not conducting workplace inspections. So we are able to do additional follow up with committees to encourage them and educate them the value and the purpose of workplace inspections.

Each occupational health committee minute is reviewed for administrative types of things that committees may be requesting. For example, perhaps they need more minute forms. Perhaps they would like to borrow a piece of technical equipment to conduct some testing. Or perhaps they would like the advice from an occupational health officer. The administrative staff as part of the procedures are required to deal with the administrative and document that they've dealt with the administrative requests.

Each committee minute goes to the occupational health officer assigned to that geographical region and they're very valuable tools for the occupational health officer to review these minutes. Because it's certainly not possible for officers to visit every single workplace requiring a committee of . . . there's over 4,000 now. And so it's one way that they can stay in touch with how occupational health and safety is being dealt with in the different workplaces. So that is something . . . Part of the role of the officer is that they review all committee minutes.

Mr. Hart: — Good. I thank you and maybe I should just back up a bit as far as the occupational health committees. Their structure, they're made up obviously of workers in the workplace. Is there also an employer representative on this committee? Could you just describe an average committee and their structure, how they're structured?

Ms. Bihun: — Certainly. Occupational health committees are required in all workplaces with 10 or more workers. They can have from two to twelve members. They must have at least as many worker representatives as management representatives, and there would be an employer-appointed employer Co-Chairperson, along with a worker-appointed worker Co-Chairperson.

They are required to meet at least once every three months, so generally that would mean most committees tend to meet about four times a year. There are a number of committees in higher-risk industries that meet more than that, but once every three months is the minimum requirement.

Mr. Hart: — Thank you. I understand the structure better after that description.

You mentioned that through the minutes, a committee may require . . . feel there's a problem with the quality of air in the workplace and so on, and perhaps would feel that it should be tested. They would make that request to the department through their minutes, or if they feel it's more immediate they would communicate with the department — say, we think that we feel we've got a problem with the quality of air in our workplace. I'm assuming they wouldn't have to wait on for the four monthly . . . four meetings throughout the year to make that kind of a request. They could request it at any time, some assistance in having quality of air tested — is that . . . am I assuming correctly?

Ms. Bihun: — Absolutely. In fact the majority, probably 95 per cent of our technical requests for assistance like air quality testing would be, would be received via a call-in or that type of thing. The majority of the things that are noted on occupational health committee minutes are administrative in nature.

Mr. Hart: — Okay. So if a request . . . if the department receives a request from a committee that has concerns about the quality of air, could you just briefly outline what action is then taken by your department?

Ms. Bihun: — Okay. The department does not take action on all concerns that committees note in their minutes because that in essence is with the employer being responsible to ensure the health and safety committees or a employer and worker co-operative mechanism in the workplace to resolve these things. Part of the role is to discuss the concerns that are raised by workers are identified in the workplace.

So what an officer will do when they're looking at the minutes is if they notice that there's a concern that's been ongoing for a period of time, that would be something they may deem to follow up on. And certainly as well, if there's a specific issue where they request the assistance of the department, those things are specifically followed up on.

So when the administrative staff are recording the minutes, if there's a technical request, they ensure it is provided to the appropriate resource. So keeping with our air quality example, it would be provided to our hygiene area. And it's ensured that if a hygienist isn't available that the manager's aware of it, and there are timelines in which the policy indicates that the follow-up needs to take place in. So a phone call would be made to receive more information and then the appropriate action and steps would be taken with the details.

Mr. Hart: — Good, thank you. I think we've covered that area or that chapter. The next chapter that we're dealing with today here deals with the Office of the Worker's Advocate.

And as the auditor has mentioned in his report, there was some

fairly lengthy wait times, although he has indicated that the wait times have certainly decreased. And I understand through our discussion in estimates that it's decreased; the wait time is somewhat less now.

Could you just perhaps give us an update as to where we're at as far as the concern that the auditor has expressed over the length of time injured workers had to wait for assistance.

Mr. Craik: — I'd ask Margaret Halifax to give you those answers because there's a lot of detail that you may want to have give and take on.

Ms. Halifax: — Yes, thank you. When the Provincial Auditor had conducted the audit last summer and fall — I believe it was in September — our wait time was 19 months reduced from a high of 25 to 27 months a year prior to that.

Currently — I pulled off the numbers as of the June 22 — our wait now is two and a half months. The oldest file in our office was received on April 14 of this year. And our outstanding file count now is 43 files.

Mr. Hart: — So I guess . . . And we may have discussed this briefly but I know our time was limited in estimates and now we have perhaps a little bit more time. I guess the question is can you explain how you were able to get that wait time down so quickly from nineteen months to two and a half months. Well I'll just leave it there and wait for your explanation.

Ms. Halifax: — Yes, thank you. We implemented a number of processes. The first thing we did on April 1, 2003, we divided the files into two categories of files. We call them brief service files. Those were files that had not been to any level of appeal. The second category is what we called backlog files. And these were the files that had been in the system up to a period of two years.

And the brief pre-service process we developed, I assigned the intake officer to administer those files, and we provided information and advice to the worker so that they could take their file to the first level of appeal rather than putting it into the backlog waiting for the service of an advocate. So that was the first process that we implemented, and I believe that that one caused the backlog to reduce as quickly as it did.

A second process was we contacted all of the workers that had been waiting in the backlog. We would pull a number of files at a time. We would contact them by letter and later by phone if they did not respond to our letters. As a result of that, out of the 650 files that were waiting for service, we closed 270 of those files — individuals we could not track them down or they no longer required our service.

The third thing that we implemented on April 1 was every advocate was assigned a minimum of five files at the beginning of every month. Prior to April 1 the advocates would take files as they felt they could administer them. So we set a minimum amount. And those three processes I believe are what resulted in the reduction.

Mr. Hart: — Just for information's sake, how many advocates have you got?

Ms. Halifax: — We have six advocates that deal with the appeals at the second level of appeal, and the intake officer deals with the files at the first level.

Mr. Hart: — So prior to April 1 of last year, the advocates would take a new file as they completed dealing with . . . completed a file and there was no quota I guess, a minimum quota as to the number of cases that they should be dealing with on a monthly basis. And so now each advocate needs to deal with a minimum of five new files per month. Is that what you've just said?

Ms. Halifax: — Yes, that's correct. While we were going through this I made sure that their total file load did not exceed 50, 55 files on an ongoing basis.

Mr. Hart: — So have you noticed any increase in concerns expressed by injured workers that perhaps their file isn't receiving enough attention, you know. And like I certainly . . . The complaints that I have from injured workers is that it's taking too long and that sort of thing, but you know you certainly are dealing with that.

But now I guess as the process speeds up, are you receiving any number of complaints that say . . . from injured workers that are saying hey, you dealt with my case too quickly and disposed of it and I don't think I had a fair hearing from your advocates.

Ms. Halifax: — We've not received any complaints from the workers, no.

Mr. Hart: — You're dealing with them all in a timely fashion and in a proper fashion is what you're saying then.

Ms. Halifax: — I believe so. The intake officer when she gets the call from a worker who requires assistance she will make the call. Perhaps the worker cannot take the appeal on his own. There may be a language barrier or the individual . . . It may be such a complicated file that we do not feel the individual could do it on his own. That individual then . . . The file will be assigned to an advocate. We would not expect those types of claimants to take the appeal on their own. So they will be helped right at the first level as well.

Mr. Hart: — The auditor talks about developing capacity to assist workers and ensuring that the staff has the knowledge and skills necessary to assist workers. I guess in order to understand what the auditor is talking about in this area, could you give us an indication as to the level of training that the advocates have, how long they've been in their positions on average and any previous experience? We don't need to go through each one individually but just some sort of a sense of their capacity to perform in their position.

Ms. Halifax: — Yes I've got some advocates that have worked for the workers' compensation system before. In fact I have workers' compensation experience myself. I have two advocates that are lawyers. Most of the advocates, they've been with our office in between five to ten years. So we will take a look at those individuals that have exceptional analytical skills, research skills, the capacity to read and interpret legislation, and of course the communication skills and the writing skills in order to prepare submissions and present submissions to the

board.

Mr. Hart: — You mentioned earlier that it's some . . . Some of the reason for delay in handling certain files could be a language problem between the advocate and the injured worker. And with more people from other areas of the world that are working in Saskatchewan . . . I can think of say, the poultry processing plant in Wynyard which used to be in my constituency, they had people from . . . I was very surprised when I toured the plant and saw the people working there, people from various parts of the world working there.

How are you set up to deal with people whose first language certainly isn't English or French and may be Sudanese and that sort of thing? How do you deal with . . . What capacity have you got to deal with an injured worker that may come from Sudan, for instance and has very limited knowledge of English and difficulty explaining his situation? How do you access the expertise needed to . . . the capacity to deal with that individual?

Ms. Halifax: — Thank you. We have had some cases where the workers have been from other countries. Quite often they will bring their own interpreter with them. If that individual does not have their own interpreter then we would do everything we could to find somebody that could act as an interpreter when we are talking to them.

Mr. Hart: — The auditor mentions that the department should set clear expectations for performance outcomes. Maybe I could ask the auditor to explain that statement and then we could perhaps get a response from the department.

Mr. Jersak: — Sure. What we were looking for was for the department to set out quite clearly what it was that it expected to achieve in terms of helping injured workers with their claims. Not just the activities or the procedures that they would use in providing that assistance, but what the actual outcomes of that assistance would be. So that was the main thing that we wanted to see change there.

Mr. Hart: — What you were saying is the department should not only look at the number of files that went to appeal, but the outcome of those appeals? Is that what you . . .

Mr. Jersak: — Yes.

Mr. Hart: — Okay.

Mr. Jersak: — Yes. You know sort of . . . It could be the length of time that people would have to wait. In other words, how speedy a service they provide and the quality of service, how satisfied the workers are with the service that they are provided.

Mr. Hart: — And so what has the department, how has the department responded to that statement?

Ms. Halifax: — Okay, thank you. Okay, first of all I'd like to make it clear that these are appeals that workers have brought against the Workers' Compensation Board, and our mandate is to assist those workers and represent those workers in the appeal process. The standards that we are looking at setting will be . . . they will be turnaround times for specific processes that

we can measure on a quantitative basis where we can look at numbers and we can look at the time it takes to do certain things.

In the case of appeals with the board, it depends on the complexity of the case. We could receive an appeal or a file from a worker and have the file prepared for appeal within a month. Another file could come in that same day and it might take us six months to research and gather up all of the information. So we will be looking at the quality of the work. We will be looking at the outcomes, the percentage of our success, although that sometimes is not an accurate measure of our service.

Mr. Hart: — The WCB recently put in place a fair practices officer, and how does that person interact with the Worker's Advocate? It seems to me that, you know, just by the very name of the position, fair practices officer, that there would be a relationship between the Worker's Advocate and that person. Could you explain how you see that position working with your advocates?

Ms. Halifax: — Yes, thank you. First of all we have had a number of meetings with the fair practices officer. We will refer files or issues on a file to the fair practices officer. If we are dealing with an appeal of a worker, and we find that there have been some systemic concerns, or we have systemic concerns, or concerns with the administration of the file — not the appealable issue, but other concerns on the file — we will refer those matters to the fair practices officer. The fair practices officer has made a point of not becoming involved on a file if we are taking an appeal forward, although if it is operational concerns, then of course he would deal with those.

Mr. Hart: — So then are you saying then injured workers could, rather than going to the Worker's Advocate office and asking for assistance, could go to the fair practices officer with the WCB? Is there some duplication of services between these two offices?

Ms. Halifax: — I wouldn't call it a duplication, no. We will take issues to the appeals bodies. The fair practices officer will not advocate on behalf of a worker. So that's where the difference lies. If he feels that there is something that has, the administration is not being completed successfully by the Workers' Compensation representative, then he would take that issue up with operations. But he would not become involved in any issues under appeal.

Mr. Hart: — I understand that there are a number of individuals who act on behalf of injured workers that are outside of the department. In fact I think my understanding is that there are some individuals that act as consultants to injured workers and are doing somewhat the same work as your advocates.

Do you see . . . The number of those people that are in that field, are the numbers growing? What type of relationship do you have generally with those private individuals that are working on behalf of injured workers? What's your relationship with these private individuals?

Ms. Halifax: — We don't have that much contact with the

private advocates. I have received some phone calls from individuals requesting a little bit of information. What we do is if a worker has retained the services of a private advocate, we will not become involved. That would just . . . it would probably confuse matters too much if there were two parties trying to administer the same file.

I don't get the sense that there is an increase in the number of private advocates that are taking on cases. And I'm hoping that with the reduction in our turnaround times and if we can provide expedient service to workers, then they will come to our office.

Mr. Hart: — So you don't really have a problem with these private advocates out there helping injured workers? You, as you said, there's a minimum amount of contact between your advocates and the private people. You don't feel that they're taking your business as such and so on?

Ms. Halifax: — No, no we don't.

Mr. Hart: — Well I guess perhaps because of the lengthy delays though that's probably why we saw an increase, more of these people stepping forward and advocating on behalf of injured workers. But you indicated now we're down to an average of two and a half months. What would be the longest file that you have now? Just a ballpark as far as from the time the worker came to your office for help — and how long a wait time would we have on the longest one?

Ms. Halifax: — I'm going to hazard a guess. I would say that there are several files in our office that have been open in our office for perhaps three years — three, four years.

Mr. Hart: — I would presume that they are quite complex in nature and that's why they're there that long.

Ms. Halifax: — Complex. The complexity of the issues . . . In some cases we will take a file to appeal and we will be successful at the appeal, and when the administration of that decision occurs then there are more issues to appeal. So it can sometimes feed upon itself.

Mr. Hart: — Mr. Chair, that would conclude the questions I have at this time.

The Chair: — Mr. Hagel.

Mr. Hagel: — Thank you, Mr. Chair. Does every province have a worker's advocate office?

Ms. Halifax: — Yes. The Quebec board, their worker's advocate's office — well they don't call it a worker's advocate's office — they deal with the appeals more on an internal basis. We do have a national organization and all provinces are represented except Quebec.

Mr. Hagel: — And what would be . . . When you go across the nation, what would be the national standard for waiting time for access to, for a worker's advocate to begin working on a file?

Ms. Halifax: — Excluding the province of Ontario, I would say that it would be anywhere from about two weeks up to a

maximum of eight to ten weeks.

Mr. Hagel: — And why are you excluding Ontario?

Ms. Halifax: — Because they were in a backlog situation and still are in a backlog situation, not quite as long as ours was but they've been working off that backlog for a couple of years now.

Mr. Hagel: — Okay. Target time for waiting lists. What's the target that you've set to reduce your waiting time till . . .

Ms. Halifax: — I would like it if the workers would have no longer than three to four weeks wait in our office. I'm anticipating that by the end of this summer, we will have, we will be down to a four-week period and at that point then we will see what process would be best to follow.

Mr. Hagel: — Now while a worker's waiting, an injured worker's waiting access to the Worker's Advocate to begin the appeal process, what would be typically their source of income?

Ms. Halifax: — I know quite a few of them have had to go on to social assistance. When our backlog was quite long, I know that some individuals had to dig into their savings as well, perhaps borrow money from family members.

Mr. Hagel: — Now how long ago did you implement the policy of not assisting on the first appeal?

Ms. Halifax: — There had been a process that had been developed back in November 2002. What it was, it involved the advocates, the workers' advocates to a certain extent. We would assist the workers; we would give them the information to take the file to the first level of appeal on their own. But if they had any further questions or if they needed any assistance, they would contact a worker's advocate.

As of April 1 of '03, we revised that process somewhat so that the intake officer would handle the administration of those files, unless of course it was a problem file that should go straight to an advocate.

Mr. Hagel: — Okay. And in effect then for those individuals, the waiting, the waiting time to be dealt with by a Worker's Advocate office personnel, would in effect be zero?

Ms. Halifax: — That's correct. As soon as we got the phone call, we would give, we could give them information.

Mr. Hagel: — Right. In terms of outcome then — and assuming that the desirable outcome here is a fair judgment that accurately reflects the realities of the injury and the entitlement to compensation — do you have any reason to believe that by handling their appeal themselves, the injured workers handling their first appeal themselves, that the outcomes are any less effective or not substantially less effective or quite a bit less effective?

Because certainly the office is all about service and its support for injured workers and trying to ensure that people find justice without the expenses actually of a lawyer or a private advocate, so that in this quasi-judicial system you can get to a rapid and

fair conclusion. Do you have any sense as to whether that impacted on the effectiveness of the conclusions?

Ms. Halifax: — I have not seen a reduction in the success rate at the appeals committee level. The appeals committee with the board is comprised of a number of very experienced case managers. When they review the issue under appeal they will do an entire file review. So if the worker's submission perhaps isn't as comprehensive as ours would be, the appeals officer that hears that case or reviews that case reviews everything so there would be nothing missed.

Mr. Hagel: — Okay. And is there a consequent extension in the period of time that the board itself will do the reviews? If we're speeding up the point of time that the injured worker is getting to the review itself, is the board able to handle the fact that these are occurring with greater volume I guess ultimately?

Ms. Halifax: — Unfortunately the waiting time at the first level of appeal now is approximately six months, so their waiting time has increased. At the board level, the last numbers I got, their waiting time is about two to three months, so they've reduced their waiting time. So it's the first level of appeal that does have the backlog.

Mr. Hagel: — Okay. And although I recognize this is not your office then but it has to do with the outcomes that your office exists to facilitate, are you in some way working with the Workers' Compensation Board to facilitate in some way a reduction in the waiting time that the injured worker would have on that first level of appeal then?

Ms. Halifax: — What we will do, when the worker makes initial contact with our office, we will take a look at the file. We have access to the electronic file, the WCB file. If we feel that the case manager who has made the original decision may have missed something that we place weight on, we will begin discussion with the case manager and see if we can, if that case manager would review their decision, considering the new information or placing more weight on other information. And in a number of cases, they will amend their decision and in that way there is no necessity then for an appeal.

As well, we have provided some suggestions, information, or options to the new appeals committee manager when he's . . . now that he'll be working on reducing their backlog. We're trying to give them as much help as we can or as much information as we can to help that.

Mr. Hagel: — Does the resolution usually come down to the fact that there is a little bit more additional information that just wasn't in place when the original decision was made that clarifies the appropriateness of a change in decision? Is that usually the cause?

Ms. Halifax: — In quite a number of cases. As well, we find that some of the medical information that the doctors provide, if it's stated clearer or more clearly than that sometimes will cause a decision to be overturned.

Mr. Hagel: — Well I commend you on reducing the waiting time. I think we can all appreciate that for the injured, injuries don't — to state the obvious — don't get planned. And so they

— to state the obvious — they very rarely come with anything other than an inconvenient time and under inconvenient circumstances. And so I just contemplate that for any citizen to, without notice, all of a sudden find yourself without income for six months has got to be an absolutely devastating, I think, experience in terms of the management of your financial affairs. And I don't know that many citizens would be in a position to be able to deal very easily with loss of income for six months on no notice, let alone for two years.

So this is I think absolutely critical stuff in terms of quality of life for our citizens. I appreciate it. Thanks, Mr. Chair.

The Chair: — Just a couple of added questions. How much cost was incurred by your office to reduce the waiting times from 25 months to two and a half months? Have you been able to calculate what that cost you or was there a cost incurred?

Ms. Halifax: — We didn't calculate an additional cost. Our budget has remained fairly consistent the last number of years. The resourcing, the human resourcing that we've got has remained consistent. We did not increase the staff. And I do not believe we had any budget overruns when we were reducing this.

The Chair: — So you were able to reduce the waiting time by a huge amount without additional strain on your budget or was there reallocation of resources within your office? Then were you doing something . . . Obviously you were doing some things that you weren't doing before to shorten that list. Then did you not do some other things that you would ordinarily do to accomplish this feat?

Ms. Halifax: — I believe it was with the change in the process at the first level of appeal. Rather than the advocates taking the file and preparing the submissions and doing the research for the appeals at that level, we gave the workers the information to take the appeal on their own. As well, I allocated all of that work to the intake officer as opposed to involving the advocates. So there was a slight realignment of job responsibilities with the existing staff complement that I had.

The Chair: — Do you foresee future reduction in costs by having the waiting list shorter? I mean if you're going to, say, get down to your target of just a few weeks, will that make a change in work allocation within your office and will that reduce some of your expenditures?

Ms. Halifax: — We've taken a look at some other options. We want to make sure that we keep our wait times within that three- to four-week period once we achieve that. And I want to make sure that the advocates are working on those issues that require their skill level. I do not anticipate any increase in costs, any increase in staffing. I believe that we can manage with the resources that we do have now.

The Chair: — I share some of the same concerns as Mr. Hagel. I was just wondering if . . . Suppose you could reach a target of close to the national average, excluding Ontario which — what did you say, two and a half, three weeks, something in that regard — would you then have resources that if there are some cases that you know are being delayed as far as first appeal are concerned, could you then begin to help Workers' Comp

shorten that period or is that regressive and kind of going back to the way it was? And would that create a problem with your first priority, which is to take these cases after the first appeal?

Ms. Halifax: — I'm not sure I understand.

The Chair: — Well okay, I was just saying that suppose if the average is six months now for first appeal, then obviously there are some that are far longer and these people may not be receiving income. I mean there may be some that are 12 months or two years, I don't know. You know, would it be possible, would you have the resources where some of these first appeals were dragging that you would be able to assist in those cases to help shorten that list as well? That's what I'm saying.

Ms. Halifax: — Oh, I see. Okay. Well when either we prepare the appeal for the worker at the first level of appeal, or if they have prepared their own appeal, once that appeal is with the Workers' Compensation Board, it's out of our hands, it's out of our control. So we cannot, we would not be able to assist with the reduction in the Workers' Compensation Board's backlog.

The Chair: — That would be duplication. Right, okay.

And then just backtracking to the occupational health and safety and the keeping of these minutes, it was very informative. I just wondered though, I didn't hear whether your department analyzes the results of these minutes. Like, do you determine trends? Do you determine problem areas by taking a composite of the whole and seeing what kind of messages these are telling us, and what things we might be doing to reduce injuries in the workplace and to also improve the, you know, the health standards in the workplace?

Ms. Bihun: — Thank you. Our targeting right now is primarily focused around where injuries are occurring. Those tend to be the trends that we're looking at.

As we become more experienced and sophisticated with how we're utilizing the data and doing our targeting, it would be our intention that with the targeted employers, one of the integrated strategies being working with the workplace responsibility system, that an occupational health officer would have information on where the injuries most commonly occur — the type of work that's being done, what the nature of the injury is. They could couple that with the information they gather from reviewing the occupational health committee minutes before they go into a specific employer.

So those types of things will initially be done more on a workplace-by-workplace basis, as opposed to being used for trends because we have the injury data available.

The Chair: — So that's a goal, but you're not there?

Ms. Bihun: — We shifted how we target for this fiscal year so we are in the process of implementing this approach.

The Chair: — Okay, very good. Are there any other questions? Seeing none, we have two recommendations out of chapter 8 of the 2003 Report Volume 3, and they are on pages . . . just page 204. Is there a motion? Mr. Borgerson.

Mr. Borgerson: — I move that we concur and note progress, please.

The Chair: — With recommendation . . . I should've read it, I'm sorry. The first recommendation states:

We recommend:

1. The Department should improve its processes to assist workers with their claims for compensation. The improvement should include:

(first point) setting clear performance expectations; and

(second point) aligning resources to meet established performance expectations.

You're moving?

Mr. Borgerson: — And now I will move to concur and note progress.

The Chair: — All right. A motion to concur and note progress. Is there any discussion on the motion? Seeing none, I call the question. All in favour? That's carried unanimously.

The second recommendation right below the first states:

2. The Department should improve its processes to monitor the achievement of its performance expectations for the worker's advocate program. The improvements should include the regular review of written analysis of performance.

Is there a motion? Mr. Borgerson.

Mr. Borgerson: — Yes, again I'll move that we concur and note progress.

The Chair: — A motion to concur and note progress. Is there any discussion on the motion? Seeing no hands, I call for the question. All in favour? That as well is carried unanimously.

And that brings us to the conclusion of our agenda item on Labour. I would like to thank the officials for appearing before the Public Accounts Committee and answering all of the questions. I'd like to thank the auditor for their input. And we will now recess for one hour for lunch and resume our deliberations at 1 p.m. this afternoon. Thank you very much.

The committee recessed for a period of time.

Public Hearing: Health

The Chair: — Good afternoon. We will reconvene our Public Accounts Committee meeting. We are pleased to now move on to the last item of our agenda for a two-day session that we've had, and that's going to cover Health.

We are looking at chapter 5 of the auditor's 2002 Fall Report Volume 2. We are looking at chapter 2 of the 2003 Report Volume 1, chapter 2 of the 2003 Report Volume 3, and chapter 14 of the 2004 Report Volume 1.

I've had some discussions with Mr. Wendel, the Provincial Auditor, and he says that these areas of discussion sort of fall into two different groups. And so what we intend to do is to hear a presentation from the auditor first on chapter 5 on . . . not on the next item on your agenda, chapter 2, but going to the next chapter 2 of the 2003 volume 3 report — I'm sure I'm confusing you — dealing with part A, B, and C of chapter 2 of the 2003 Report Volume 3, and chapter 14 of the 2004 Report. And then we're going to go back and cover the other areas.

I would like to welcome Glenda Yeates, the deputy minister of Health, and her officials to our meeting. I understand it's a special day for Ms. Yeates — her last day on the job. She told me it was 23 years, which must mean she started when she was in high school. We wish you well in your future. I understand you're going to Ottawa.

I would like you to introduce the officials that you brought with you and then we'll get a summary of the auditor's report on the first section that we're going to deal with, and that will be brought to us by Mike Heffernan. And then we will have your response if you have one, and then we'll open up the session to questions from the committee members. So if you'd like to introduce your colleagues, please.

Ms. Yeates: — Thank you, Mr. Chair, and thank you, members of the committee. With me today are Max Hendricks, who is our executive director of finance and administration in the Department of Health. On my right is Rod Wiley, who is the executive director of regional policy. And behind me two of our associate . . . our ADMs (assistant deputy minister/associate deputy minister), Lawrence Krahn, assistant deputy minister responsible for provincial programs, and Michael Shaw, associate deputy minister responsible for regional health authority programming.

The Chair: — Okay, thank you very much. And we'll call in the auditor's office, and I believe Mike Heffernan has a report, please.

Mr. Heffernan: — Thank you, Mr. Chair. In chapter . . . in 2002 Fall Report, chapter 2, we report on a couple of follow-up audits that we've done on previous audits. We also do similar work in our 2004 Report; we do a couple of follow-ups as well. These dealt with former audits that we'd done on the accountability information that boards of directors need in regions, on capital construction, accountability with the department and regional health authorities, and on the need for capital asset plans in regional health authorities.

We found in all four follow-ups that improvements are being made by the health authorities and by the department but that more needs to be done.

I want to comment just briefly on chapter 2003, or report 2003 volume 1. On page 48 we talk about the Uranium City Hospital and we have a number of recommendations around that hospital. I want to bring to your attention that the Uranium City Hospital was closed in June 2003, and as a result, Mr. Chair, the committee doesn't have to deal with our recommendations on the hospital.

In our report 2003 volume 3, chapter 2A starts on page 33. We

make four new recommendations and repeat a number of recommendations that this committee has concurred in previously on the Department of Health. Our recommendations deal with several areas: the need for the department to continue to strengthen its supervisory controls over health authorities and other health agencies, the need for better control over capital assets, policies needed for the department's internal financial reporting, the need to ensure pharmacists follow the department's rules for exception drug status payments, capital costs . . . asset costs overstated by the department, and pay lists needed from regional health authorities. And I should note that the health authorities plan this year to provide the pay information to the Assembly in their March 2004 annual reports.

And chapter 2B starts on page 49. This chapter sets out six indicators that relate to financial condition and the sustainability of the health system. A sound understanding of the health system's finances is important for an informed debate about the financial issues facing the health system. Those issues pertain to the affordability of health programs and services and the maintenance of the Saskatchewan's health care infrastructure buildings and equipment.

In chapter 2C, starting on page 61, we report on our work and audits in the health regions. Our chapter makes several recommendations for health regions in four areas: first, setting direction and monitoring performance by the boards of directors; second, safeguarding public resources; third, complying with the law; and fourth, ensuring accountability to the Assembly and the public.

In our 2004 Report Volume 1 — starts on page 193 — we report our plan to work on the Métis Addictions Council of Saskatchewan, which provides addiction services for the Department of Health. A recent review of MACSI's (Métis Addictions Council of Saskatchewan Inc.), or the Métis addiction council's operations by the department indicated a lack of control by the board to protect public money and to ensure money was spent only for purposes intended by the department. Cabinet has requested our office to perform a special investigation for the period April 1, 1998 to February 18, 2004. We've accepted the assignment.

We also plan during this assignment to — and for the same period — to examine whether the department used sound oversight practices to ensure the council properly protected public money and spent it prudently and for intended purposes. And in addition we'll examine if the department took prompt and appropriate action to remedy any significant problems.

We plan to report our findings and conclusions in our next report. That concludes my remarks.

The Chair: — Thank you very much. Ms. Yeates.

Ms. Yeates: — Thank you. Well I would just like to comment that we very much want to thank the Provincial Auditor's office for the work that they've done with us in the reports that are here before you. Certainly we feel that the work that they do with us helps us do our job better in terms of working with regional health authorities in particular.

I think we are quite pleased with the progress that we've made in the last number of years in terms of changing The Regional Health Services Act and strengthening the accountability relationships we have with regional health authorities. We would definitely view ourselves as in progress at putting in place the kind of strengthened accountabilities we would like to see, but we think we've made significant gains there with the new provisions in the Act and working with regional health authorities to get the kind of data that allows us and them to manage better.

My understanding is that there are 28 new recommendations before you as a Public Accounts Committee. We are supportive of all of those recommendations with the exception of two. So generally speaking we are very much on the same page as the Provincial Auditor's office, and certainly support the recommendations they've put before you.

The two relate to the treatment of capital funding, and this is not a new issue. And as I understand it, we are following current government policy for how capital is treated in an accounting way. My understanding is also that this is something that is under debate and interpretation in accounting circles, and once there is further clarification that will be something the Department of Finance concludes for government as a whole. And then we would be obviously following government policy for how capital is treated both on the regional health authority side and on the department side.

But with the exception of that one broader, government-wide issue we certainly appreciate the comments of the Provincial Auditor's office and either have completed or are working towards the outcomes that they are indicating.

The Chair: — All right. Thank you very much. I am not going to crack the whip that we have to address this in any particular order. But I would ask my colleagues, when they are raising questions, if you'd just steer us to the, you know, the chapter and verse that you're dealing with I think that would help us all to quickly get on the same page — literally.

And as I mentioned, this first portion that we will discuss includes chapter 5 of the old 2002 report. It includes chapter 2 of the 2003 volume 3 — not volume 1, volume 3 — report, A, B, and C, but not D; and chapter 14 of the 2004 Report.

So I'd open up the committee meeting to questions from the members. Mr. McMorris.

Mr. McMorris: — Thank you, Mr. Chair. I'm going out of the auditor's report 2003 volume 1, so we can follow along at home.

A Member: — We're not doing that . . .

Mr. McMorris: — Yes, we are. We're doing part of it, I guess, eh? Not the Uranium City portion, but it does talk about injuries in the workplace and shoulder and back injuries.

The Chair: — That was the one chapter that we're doing later.

Mr. McMorris: — Oh, we're doing that later.

The Chair: — We're doing chapter 2 of the 2003 Report Volume 3 in this package, but not chapter 2 of the — I know it's confusing — 2003 Report Volume 1.

Mr. McMorris: — Okay. I'll just . . .

The Chair: — That is for a . . . Sorry to confuse you, and I know it is confusing, but I'll just go over that again. In this first section we're looking at chapter 5 of the old 2002 report. We are looking at chapter 2 of the 2003 Report Volume 3 — not volume 1, volume 3 — parts A, B, and C, but not D. And then we are also looking at chapter 14 of the 2004 Report. So we're jumping around a little bit and I know it's confusing. That's why we're trying to make it clear which areas we're grouping in this section.

So I've probably thrown you for a loop now; you're all ready to go on the other section. But we would again open the floor to questions. Mr. Hart.

Mr. Hart: — Yes, we are dealing with a whole range of information here and it's . . . I must admit it's a bit to comprehend it all. But we'll try and work our way through it as best we can.

I see on page 112 of the 2002 Fall Report there is mention of an 18-step capital process. And as this section of the auditor's report talks about capital construction accountability, what . . . this 18-step capital process, what is it and briefly explain its purpose, I guess. Maybe we can get started there.

Ms. Yeates: — We have indeed strengthened our capital process with regions and it is as you mentioned, a new 18-step process. I will ask Rod Wiley, who is the, who has newly taken over responsibility for this area and for strengthening this area to talk about the specifics of that process.

Mr. Wiley: — Thank you. We have introduced an 18-step process, and 18 steps sounds onerous, I guess, but there's really three or four main areas and then several sub-steps within that.

The first main area that the steps address is what we call a consultation phase. And that's where we work with the regional health authority to look at the needs assessments for their regions, how well their facilities fit into their needs, and take a long-term strategic view to how facilities will fit into their long-term needs. So it involves us developing a strategic set of guidelines for the regions and then them responding with some long-term strategic planning.

Using that, we narrow down the priority projects in the system and we use that as, in effect, a queuing mechanism to decide where the highest priority projects are. And that actually covers the first five of 18 steps.

Once we actually have a ranking of projects and we begin to move into a funding area, we begin detailed work on projects. And when projects are originally provided initial approval to move forward, we begin by sitting down with the regions and going over the roles and responsibilities that each, both the department and the region, will play in the project. We look to complement each other and not be redundant in our efforts.

And we'll actually look on a region-by-region basis at the competencies of the individuals that are available for a region. So a larger region that does a number of capital projects will play a stronger role in project management and leadership. Those regions that are not often involved in capital activity, primarily the smaller ones, the department will play more of an assist role. So we'll actually walk through and talk about those roles and how each of us supports a good project.

Then we really begin to get into the heart and soul of doing the work on the project, and we begin with a detailed functional plan. And what that does is it looks again very specifically at the needs of a project and really begins to develop, I'd say in the mind's eye, exactly what a project will look like before actually beginning tendering and construction. So a lot of time is spent with the local service providers, reviewing best practices around how facilities are constructed and managed for best use of human resources — often quite a lengthy exercise. We will frequently take a full year to do a really detailed functional plan. That's a key approval point where we look to make sure that what's being constructed really fits the needs of the community and fits the financial realities that we're under.

From the functional plan then we move into the detailed design phase. We do final approval around scope and cost and enter into funding agreements with the regions that advance them for specific parts of the project. We work through at that point, quite closely with the regions, all of the schematics and design development. And we have expertise within the department that works on a number of health projects, so frequently we're able to provide assistance around best practice.

We review construction documents with the regions and again, depending on their strengths and skills, we will be there to provide support where they're not necessarily familiar with those documents. And we also work with the regions to do approval of tenders.

From there then we attend all of the construction meetings with the regions and depending on, again, the competencies of the regions, our role will vary. Where they're able to manage without a lot of hands-on assistance, we attend but more on a support role. Where some regions don't do a lot of capital projects, we may be more in a leadership role in dealing with suppliers.

And then at the end of a project, we'll do a post-occupancy evaluation and learn lessons from those projects that will hopefully help us to do a better project going forward. So those are quickly the 18 steps that we work through when we do a capital project.

Mr. Hart: — Thank you. It sounds like it's quite a lengthy and involved process, and that would apply to, also to any long-term care facilities. That same process would apply whether it's a new hospital or a long-term care facility, I presume?

Mr. Wiley: — That's correct.

Mr. Hart: — Now as far as the assessment of need of new construction or perhaps an addition to a facility, it's the department that makes that determination? How does that process . . . and particularly I guess I would probably target my

questions more to the long-term care facilities.

Mr. Wiley: — A project management team is established that's led by the region. The department participates and we provide expert assistance as we work through.

So in the case of a long-term care, what we would do is we have expert resources within the department. We have statistical information that we can provide to the regions and then working with the local folks, the . . . Right from the beginning the project teams involve people that will deliver the services; they involve the management and we look together at the statistical information.

Most regions are in a position where they can readily do those assessments, and so our support is more peripheral. But those regions, again, that wouldn't be in the business of doing that often, we provide more support.

Mr. Hart: — You mentioned there's a statistical process. I presume that's to evaluate future needs, and it would be one of the things . . . or the condition of current facilities and so on.

I guess particularly I'm concerned about the process as it would apply to a constituency such as mine where we have a number of small towns. We don't have any large centres and some of our communities are, you know, fairly close to Regina and other ones are perhaps a little further away, where part of my constituency is part of Regina Health Region and part of it is Sunrise and so on.

What I'm hearing — and it's to do with capital but it's also, it's the statistical analysis I guess — where people are concerned about perhaps the loss of some of the facilities that they have in their communities because of presumed underutilization. And I guess this question perhaps pertains more to the assessment of individuals for long-term care and the use of facilities, like particularly in that portion of my constituency that lie within the Regina Health Region where there are some suspicions, I suppose is maybe the best word to use, that some of the facilities in the outlying communities aren't utilized as much as they could be.

There is a demand as we all know for long-term care and yet it seems that sometimes statistics will tell a person that a certain facility, maybe bed utilization isn't quite what it should be. And I guess . . . How does the department monitor the activities of a region to make sure that these facilities are being used to their optimum use?

Ms. Yeates: — I could perhaps respond to that since it does go beyond the capital processes as you mentioned.

There are two kinds of assessment of need that I think your question touched on and that's at the individual level and then at the population level. So maybe I'll speak first to the population level as it relates most to the capital planning.

When we look at, with regions, the long-term need for facilities in terms of capital construction, we are typically looking at the demographic base, the movement of populations. There's been some work done by the former HSURC (Health Services Utilization and Research Commission) in terms of giving

projections in terms of how demographics will be in the areas in the future.

And that gives us some assessment of where we might need beds in the future. And that's whenever we're building something new or replacing, very often we're in the situation of — since we are heavily bedded now, but some of the facilities are older and need replacement — of looking when we, if we make the decision that this needs replacing, the question of how many beds do we need in the future; is it more, is it less. You know, the population may have changed significantly and we need to look at what's right now, not just rebuild the existing configuration.

And sometimes that means we should build it down the road and sometimes it means we should have a different model of care in that community and that sort of thing. So I think on the population level we use . . . work with regions about demographics in particular and projecting those.

In many of our health regions, for example, have now peaked in terms of the 85-plus population. Unlike most of the rest of the country, where we hear a lot of pressure on long-term care, Saskatchewan has actually an older population than I think every province but PEI (Prince Edward Island), if I'm remembering correctly. And therefore we have a number of regions where the older population is actually declining now. So we have to think very carefully about building because obviously these are important public assets and they have a long life once we've established them.

On an individual level, the assessment of individual need is something that we've addressed by using some standardized assessment tools to try to understand that someone . . . can we get a sense of whether someone with a certain need is getting into the care level that they require no matter where they might live in the province.

It's not perfect in the sense that if different people do use a tool differently, it's likely the case that there was some variation. But we do . . . These are tools that have been validated across . . . They're not just Saskatchewan-based tools. They're tools that are used in other provinces as well.

So there is an attempt to make sure that the needs of individuals are assessed fairly no matter where they live, and that then they are offered a long-term care placement if that's the appropriate reading, in a sense, as a result of the assessment tool.

I think policies may vary in terms of location. You know, families are often given some choices if those are available. If it's an urgent admission, there will be a sense of where a bed might be available. For example, if someone fell and broke their hip today and, in a month's time needed a bed, it might be the case that a region could say as of July 15, this is the bed we have available. But over time there may be an ability to move someone to a different point in the region, if that was closer to family and that sort of thing.

So family, in terms of the particular location and the use — you mentioned are we utilizing the rural facilities as well — often family preference comes into play there because there will be . . . It can't always be accommodated but, where possible, I

think regions very much try to work with families and find solutions; that given the available facilities, the available beds, and the needs of families and patients — how to match those. And I suspect there's no absolutely uniform way in which that's done. I suspect, you know, depending on rural, urban, that probably varies.

Mr. Hart: — You just mentioned . . . We've been talking about assessment and one of the problems that have been brought to my attention is that health regions don't recognize the assessment of another region or at least some regions don't recognize other regions' assessments. And as an example, Regina Health Region doesn't recognize Saskatoon's assessment when it comes to long-term care. And that can be very . . . Well first of all, just to the average person, you know, it doesn't seem to make much sense.

You know these are . . . People are citizens of the province, not citizens of a health region, and why wouldn't we have a standardized system of assessment across the province. I wonder if you could comment on that and you know why don't we have a standardized system of assessment as far as long-term care across the province?

Ms. Yeates: — Obviously I've not really come prepared. I've not got material with me. I focused on the Public Accounts recommendations really today.

Mr. Hart: — Okay. Well get back to the capital but seeing that I just . . . you know just your comment would be appreciated.

Ms. Yeates: — No, I've taken note of your point and I . . . even though it is my last day, I will make sure that you . . .

Mr. Hart: — We've heard that before from other people.

A Member: — And they came back.

Ms. Yeates: — Oh yes, I shouldn't have said anything, right. I would be happy to meet you know, whenever.

Mr. Hart: — But you've noted that and it'll be passed on to the appropriate . . . thank you. Now as far as we've in this . . . Recently there was some conversions and closures and that sort of thing and in fact one of the communities in my constituency was affected by the process.

Now I guess probably what I should do is seeing that I represent a certain area and there's a town in my constituency that is affected, I should maybe zero in on the process of consolidation of facilities, moving a health centre to a long-term care centre and that sort of thing.

Now if it's . . . The community is my hometown Cupar and they were in discussion with the health authority prior to any budget announcements and that sort of thing and it was . . . I guess it would be fair to say that it was at the health region's initiative that these discussions took place. The community has been in . . . received a letter from the health authority quite some time ago and as far as I'm aware, I don't know if many more discussions have taken place recently, at least I'm not aware of them.

But in that letter it was indicated to the community that if additional space was required to accomplish this consolidation that the community would be required to share in the cost because it's deemed to be, well, a new addition. Now the community certainly didn't feel that it was . . . they weren't asking for it, although they have no objections. They think it's a good idea to see the consolidation of services at one location; they don't think it's such a good idea that they're prepared to pay for it.

And I'm just wondering where department policy is in a situation like this where the initiative is on the health regions, or the initiative was the health region's initiative to consolidate but the community's bottom line is they don't want to see any significant reduction of services, and they don't want to see any closures of beds. So you know to accomplish that there probably there will be a need for additional services. So if that's the final decision, I guess the question is why would the community have to participate when it wasn't their idea to initiate this whole thing to begin with? And what is the department's policies in a situation like that?

Ms. Yeates: — Again I have to say, I've come prepared more on the public accounts recommendations. So I take it we're venturing a bit further afield. So we'll do our best to answer the questions if that's the committee's wish that . . .

The Chair: — Well we don't have a lot of time, so probably a short, a very short response and perhaps even follow-up if you don't have the information, certainly would be understood.

Ms. Yeates: — Yes. In general we have a cost-sharing formula for approved projects, but there's a lot of competition for the capital dollars we have. So sometimes there are individual projects that regions would work with communities on that they will finance in different ways, knowing that it might not rise to the top of a provincial list. So the answer would be, if it was one of our top-priority projects such as the Swift Current Regional Hospital or the Moosomin facility, those are cost-shared provincially.

But sometimes regionally, regions see the ability to move on something if there were another funding stream. Sometimes they use their own reserves; sometimes they approach municipalities for those.

So we certainly, if we agree that the project is a good project and would agree to let it go ahead if they have a different funding stream, they have some flexibility on those funding streams. If it's a provincially . . . you know if it rises to the top of the priority list, we have set provincial shares.

Mr. Hart: — So the regions have some flexibility in how they could finance a small addition to a facility; we're talking you know I'm thinking maybe \$200,000 or something.

Ms. Yeates: — Yes. They approach foundations. They approach municipalities. There would be any number of ways that they might deal with that.

Mr. Hart: — Sure. Sure. Okay. No, that's fine.

The Chair: — Thank you. Just on this subject of the capital

construction accountability, the auditor noted that the department had one employee with expertise in this area to monitor about \$24 million of capital construction. It says that the department is . . . we're trying to recruit other experts. Has your department been able to recruit other experts?

Ms. Yeates: — Yes, we have reorganized. We certainly were in . . . we were understaffed in the area, and we recognized that. We have reorganized. We have a new director of the area now and expanded the numbers. We still have some recruitment challenges, certainly. But we have more people we've hired into those positions now.

The Chair: — So how many would you have now and how many more would you think you would require?

Ms. Yeates: — I'll maybe let Rod speak to that.

Mr. Wiley: — I will. Currently we have, in that area we have four approved positions that report to me. So I'm not technical in the sense that I think the auditor referred to. I'm not an industry person, but I bring some knowledge of construction. The director in the area has 25 to 30 years of very senior experience. We have one other individual who has 8 or 10 years of varied experience. And currently there's two vacancies that we're just about to advertise for.

The Chair: — So yourself and this other person on top of the four, is that what you're saying?

Mr. Wiley: — No, that would be . . .

The Chair: — That includes the two of you?

Mr. Wiley: — Myself would be on top of the four, so there's five including myself.

The Chair: — You would be on top of the four. Okay. And just again on this 18-step process, is the time frame to accomplish the 18 steps sort of uniform, like does it take sort of five years to get there? Does it vary from project to project? Could 18 steps be covered in six months in one case and six years in another case?

Mr. Wiley: — It certainly can because part of that relates back again to communities raising funds to provide a local contribution. Where our view would be I think that past projects have taken too long to move through the process, I think we used to call it in fact a nine-step process. We've doubled the number of steps but we're trying to halve the timeline to do them in so . . .

The Chair: — Increase the pace.

Mr. Wiley: — As we work through the projects that have had previous approval to plan and try to complete those, we're looking toward a much shorter cycle around any future projects. And I think the Cypress project might be a good example. It was one of the first ones we've moved forward under this new cycle. And I think by the time the building does its opening it will be something in the order of four years from initial approval. And given the size and complexity of the project and the amount of time at the front end to plan properly, that's

probably quite a good pace.

The Chair: — You're talking about the Swift Current Hospital?

Mr. Wiley: — Yes I am.

The Chair: — What step would that be at right now?

Mr. Wiley: — Functional approval has been planned, has been provided, and they're moving into the detailed design phase which is . . . would likely move them sometime late into the fall to the tender process.

The Chair: — So what step would they be at though of the . . .

Mr. Wiley: — That they would be today at basically moving into step 12 of the 18-step process.

The Chair: — Twelve. Okay, now there's a project in Outlook to build a new health care facility. What step would that be? I'm just trying to get a grasp here . . .

Mr. Wiley: — Get a sense, sure. The Outlook project is . . . They're busily working away at the functional program right now, and again which is a fairly lengthy step, but they're making very good progress on it. That would be step eight of this process.

The Chair: — Eight. And what about Moosomin?

Mr. Wiley: — Moosomin is very close to completing the functional plan process, so they will move . . . And again, the number of steps really aren't indicative to the timeline. To move from the functional plan, when that work is done, into the detail design involves three more steps, but it really happens very quickly. So Moosomin will be completing the functional plan process here very quickly and then through the course of the summer, they'll be into detail design as well.

The Chair: — So is that step eight then as well?

Mr. Wiley: — Functional plan completion is step eight.

The Chair: — Okay.

Mr. Wiley: — And that's really the longest step in the process.

The Chair: — Step eight is?

Mr. Wiley: — Yes.

The Chair: — Okay. And then I know the community of Rosetown wants a long-term health care facility attached to their hospital. Would that even be in the steps yet? Nothing's been approved. Is that like step one or two or three, or is it not even on the radar screen?

Mr. Wiley: — When a region includes it in their long-term strategies, it fits in, in the sense that it's part of the longer term direction. And so that this process involves a strategic piece. So literally all projects that would be considered potentially to be a good investment for the province would be in some of those

early or initial strategic planning steps. It's when a project moves from a detail . . . or more of a conceptual into, clearly this is a project that we're going to move forward and try and finish in short order, it will shift gears.

For a number of projects we've actually . . . Again, the introduction of the 18-step process that followed out of the work of the Provincial Auditor actually has left us with a number of projects that were in the old process, where essentially there used to be several approvals. In a sense there would be approval to plan, and then a project would work to a planning stage and then they'd still have to queue. What we're trying to do now is shift that so when there's approval given, that's approval to move forward and complete it.

The Chair: — So to get on this list is the first . . . does the first approval or the first . . . I say getting to step one, is that made by your department or is that made by the regional health authority?

Mr. Wiley: — What we try and do is provide a framework for the kind of projects that are important for the province, but then it's up to the regions to develop their need assessment and identify how all their capital requirements would fit within that. So they do the initial prioritization.

The Chair: — And that's step one.

Mr. Wiley: — That's actually the first steps, one through five.

The Chair: — One through five.

Mr. Wiley: — Because they do a strategic plan and then they, within that they prioritize their projects and then they work on, you know, providing more detail around the higher priorities.

The Chair: — So is the long-term health care facility in Rosetown in the first five steps, or has it not got that far yet?

Mr. Wiley: — I actually don't know off the top of my head. I'm sorry.

The Chair: — But if it is in the first five steps, it's been initiated at the local regional level.

Mr. Wiley: — I believe that it's actually part of the previous planning cycle, but I'm . . . should not speculate. I'm not sure.

The Chair: — And then just still in the 2002 report, but in part E on page 116, there's discussion of action on recommendations about board information being . . . information being shared with the board so the boards could be more accountable. And it talks about at the bottom, all health districts have been asked if they acted on the recommendations to obtain better information for making financial decisions. And at the time that the auditor's report came out, 60 per cent of the total health district spending responded to this request and provided examples. At what percentage are you at right now?

Ms. Yeates: — I don't know that we have a firm percentage. We have been working with, through the accountability documents, working with our board Chairs to strengthen, certainly what we require of them. So we've issued with this

next . . . this last budget accountability documents that have a number of benchmarks and indicators.

For the first time this year we've put forward what we call dashboard indicators, because one of the challenges we realized boards had in being good governors was there were over 100 things they were to be responsible for in monitoring. And as a board, it's very difficult to get comprehensive information on that many responsibilities.

So we've now constructed what we call a dashboard with this accountability document to say here are the 14 indicators we are particularly focusing on as provincial priorities and these are things that you, as a board, ought to be getting information on every board meeting, for example, or every time there is quarterly information. depending on how frequently the information comes forward.

The Chair: — So would you say it's significantly higher than 60 per cent now?

Ms. Yeates: — We think they're making very good progress and we viewed this in a sense as a three-year project in terms of implementing this change.

The Chair: — With the ultimate being 100 per cent.

Ms. Yeates: — Yes. So we think they're increased, although I don't have a percentage for you.

The Chair: — Are there any other questions on the 2002 Fall Report? Okay, we can probably set that book aside then. There's no . . . I don't believe there's any recommendations in that book either, so we'll move on. Are there further questions? Mr. Hart.

Mr. Hart: — Yes. We'll move on to . . . We'll try to keep some semblance of order so we know where we're at here. We'll move on to chapter 2 of the 2003 Volume 3 Report, chapter 2A. This chapter deals with a few things here and it has . . . I believe there's some . . . it talks about accountability of health . . . regional health authorities to the department and those sorts of things.

I wonder, with the recent changes that were announced and . . . okay. First of all, the fiscal year ends for the regional health authorities are the same as all government departments I assume?

Ms. Yeates: — Yes.

Mr. Hart: — But then the regional health authorities would have to . . . They'd be somewhat similar to cities and boards of education where, until they know the amount of funds that they will be receiving from the Department of Health, they can't finalize their budgets. Would that be a fair assessment of their process . . .

Ms. Yeates: — Yes.

Mr. Hart: — . . . budgetary process and so on. So with the changes that were announced in this year's budget and more recently by the Minister of Health here in the month of May, I

can imagine that that would have caused the department some . . . or the regional health authorities some problems in finalizing their budgets where they really didn't know what amount of dollars they were to receive. And perhaps, I guess, the public announcement of changes and conversions weren't made public until May and so on. And so therefore, I could see that there be a fair bit of difficulty in finalizing their budgets.

Have all the regional health authorities now finalized their budgets, because there was also a provision that they were to come up with some additional funds, \$15 million in savings and that sort of thing. What stage are we at as far as finalization of budgets of the health authorities?

Mr. Shaw: — Thank you for the question. The regional health authorities over the past . . . there's 12 of them. I think we have . . . Over the past two weeks, six or seven authorities have finalized their budgets and made them public, and had produced information around their decision and have communicated implementation plans. I think today another couple of regions are finalizing and the last two — and I'm just recalling from memory — the last two will be finalized by mid-next week. So we'll be finished virtually by the end of, by the end of the first week in July.

Mr. Hart: — I understand there's a document entitled "Roles and Expectations" of the Minister of Health in the Saskatchewan regional health authorities. If there is such a document, could you perhaps just explain what this document . . . How recent a document is it? I would presume it's a public document, is it?

Ms. Yeates: — Yes. When we created regional health authorities out of the former health districts, the number change was only a small part of the change essentially, and one of the bigger changes was the move to a different relationship between government and regional health authorities.

So one of the things that we did, we worked initially after the creation of regional health authorities in 2002 I guess that would be, if I get my — I'm dealing with many years on many fronts here today — was we worked with them on roles and responsibilities: what is the minister's role and what is the region's role, so that we could try to clarify through an iterative process about who does what. So that document was through several iterations back and forth between ourselves and the boards, and was finalized at some point after that. And yes, it is a public document.

Its purpose was to try and avoid . . . We clearly see the need for a strong central planning. We have 1 million people. We want have an efficient system that works throughout the province. There needs to be some provincial direction.

But we also recognize that there is a lot of variation in the province, and we need to have local solutions, local information as well. And we're trying to find a way to tap into the strengths of the provincial level as well as the local level, and trying to be clear about what each can expect of the other in terms of roles and responsibilities.

So that's the purpose of the document. And yes, it is a public one.

Mr. Hart: — So you could provide us with a copy of that?

Ms. Yeates: — Yes.

Mr. Hart: — If you could, I would greatly appreciate that. The auditor makes a recommendation in this chapter that the department develop a capital asset plan to ensure that it can carry out a strategic plan. I guess I would appreciate comments on where the department is at with regards to this recommendation.

Ms. Yeates: — Well we certainly support the recommendation and agree with it. We talked a few moments ago about the fact that we have expanded our capacity and have plans to further finalize the staffing of the positions to allow us to create the capital asset plan. So it is a work in progress for us. And we certainly are striving to move towards it in terms of capital assets. It's a huge task and we agree with it, and it's just a matter of undertaking.

Mr. Hart: — Okay, so this . . . you mentioned this is a work in progress, and do we have an expected completion time as far as this plan?

Mr. Wiley: — I will speak to that. We've over the last two years been working on trying to improve it. And although we have had earlier drafts of it, it's not been a document that we've been happy or ready enough to move forward with. We've put a lot of time in on it over the last six months, and we're expecting that by the fall we'll have a document that we can use that will really help to guide us into the future. So our timeline would be into the fall to complete it.

Mr. Hart: — I guess probably I should have asked this question to begin with when we . . . prior to the first two questions. Basically, when we talk about . . . when I first read, you know, the term capital assets plan, it seemed to me the first thought that came to mind was a simple . . . a listing of buildings and equipment and that sort of thing. Is that . . . I'm assuming it's more than that. Could you just expand on what a capital asset plan is?

Mr. Wiley: — It is more than that; also that's part of it. A capital asset plan, I believe, in order to be useful to everyone in the system that's planning needs to also speak from a broad perspective to a whole range of strategy questions. The ones that you talked about earlier, our local contribution versus government contribution, for example, but also beginning to move into programmatic areas.

So what would the long-term strategy for supportive care beds be for the province, and how did the changing demographic impact on existing facilities and the need for new facilities? What's the strategy for acute care delivery, and then within that, what's the role for tertiary hospitals? How well are we . . . Do our future needs match our existing facilities, regional hospitals, community hospitals? So it moves it down into that level of discussion.

How do you look at our needs around institutional mental health care, and how do we contrast that to acute care or emergency services? So it begins to provide a framework at that level of discussion for what the infrastructure for the province

should look like.

Mr. Hart: — Would planning for some of the health issues that we've seen in the last year and a half or two years in Canada — taking the SARS (severe acute respiratory syndrome) and those sorts of things, and we have health issues, avian flu, and of course West Nile and that sort of thing — would that be part of this? It seems to me to be more like a master plan rather than a capital assets plan. Or is this part of the capital assets plan, focusing on the capital assets to provide the services for the master plan in dealing with some of these unforeseen emergencies that come forward?

Mr. Wiley: — It is the latter. The master plan, I think, is the Action Plan for Saskatchewan Health Care. And then the capital strategy takes that as a starting point and looks for how we look at infrastructure to deal with supporting that master strategy or the action plan — how does capital fit into that; how does it make good use of human resources — all of those types of things. But it's really the supplemental plan that supports the master plan.

Mr. Hart: — Okay, good. The next recommendation in this same chapter deals with exceptional drug status payments. And it says that the department . . . Or the auditor tasked the Department of Health to ensure that pharmacists follow the process for exceptional drug status payments.

Could you just briefly explain the processes that exist? And what . . . Perhaps I should pose the next part of my question to the auditor. Where are the shortcomings in this area?

Ms. Yeates: — Well I thank you for the question. And yes, we have taken a number of steps to try to improve the compliance of pharmacists with the exception drug status policy. That was a change that we made in 1999 to allow pharmacists, in addition to physicians, to request exception drug status under the drug plan for their patients.

We felt that was a progressive policy in terms of allowing better patient access. It allows another provider to make that, to make that request.

And we have been working with the pharmacist to improve the compliance. We've revised the form for example, the exemption drug status form, to try to make it easier for them to document the required information. We've had educational sessions at the district level, so that we've worked with the pharmacists there. We've distributed bulletins to all of the individual pharmacists reminding them of their obligations to document. We see some indications that those are having a positive impact on their documentation. And we're continuing to monitor the compliance with pharmacists and to remind them of their obligations, particularly to document the diagnosis. That seems to be the issue on their requests.

So we've followed up and think we are making progress.

Mr. Hart: — The last recommendation 4 in chapter 2A, the auditor's recommending that the department provide the Assembly with lists of persons, employees, and suppliers who have received money from each regional health authority and the amounts the people have received. What is the status of that

recommendation?

Ms. Yeates: — We have required that of RHAs (regional health authority) for this coming set of annual reports, so we put out annual report guidelines to them. We've included this in the guidelines for the upcoming ones, so the annual reports that are coming in now that will be tabled this summer will have this provision met.

Mr. Hart: — Thank you.

The Chair: — Just a couple of additional questions. Again the year-end for the health authorities is . . .

Ms. Yeates: — Is the same as ours, March 31.

The Chair: — Is March 31. Maybe I'd ask the Provincial Auditor, would there be an advantage to having the health districts have a year-end say four months later? I worry because there's always concern about budget confidentiality. And you know health districts I find are really kept in the dark almost into their, you know, a month or two into their budget year because they don't know what the provincial budget's going to say until usually about the last day or certainly last week in March. And that affects their fiscal year the following week.

Has your office considered recommending that the health authorities' year-end be different than the provincial year-end just so there would be . . . they would know maybe they have four years . . . or four months, say, to — or three months or some period of time — to work on their upcoming yearly plan to fit within the provincial budget?

Mr. Heffernan: — I think they actually have a pretty good idea of the numbers some time in advance, certainly the total that they'll be receiving. I think what takes a little longer for the plans to finally come out is debates around sometimes some pretty small amounts but, sort of, critical programs that for example a region wants to produce.

So I mean that's why we didn't, we actually didn't report that the plans weren't approved because essentially in substance there is agreement I think between the department and the RHA; it said March 31 on the plan.

There is some tinkering that goes on after that until they finally sign it, but we didn't think it was substantives.

The Chair: — Okay. Your report talks about timeliness and about the old district health boards providing timely information to the department. You don't think that they would be hampered by the timing of the budget versus the timing of their own year-end in getting that quality of information back to the department?

Mr. Heffernan: — Well most of the reports we're talking about is their performance reports, financial statements, and reports on their meeting their targets, and that sort of thing.

Like I said, I think they have a very good idea of what their budget is at March . . . at the year-end. So I don't think that hinders the timeliness. It's more just a matter of, I think, they've just been working through how to do this. They're still

fairly young, the regional health authorities, and I think they're just now starting to be able to produce this information.

The Chair: — All right. As far as the capital project agreements, I sense from the auditor's report that they felt that perhaps the boards felt a bit excluded. You know all those things were happening, decisions were being made, and they didn't have full information because they weren't receiving timely reports. Did I misunderstand that report? Have I got that right or have I got that wrong?

Ms. Yeates: — On the capital?

The Chair: — It's capital assets, capital asset agreements. I thought I had marked that down here. It could be on the bottom of page 40:

The agreements should require the health agencies to provide timely reports to the Department . . .

Mr. Heffernan: — I don't think they're really stressing the timeliness so much as the content in the bullets.

The Chair: — Okay.

Mr. Heffernan: — I think it's just a motherhood. statement. You need timely reports on these key things, and then it's the key things that are missing more so than the reports aren't timely.

The Chair: — Is it that the boards, the health authorities aren't getting the information that they require. Is that . . .

Mr. Heffernan: — No, I think the department's not getting the information they need from . . .

The Chair: — From the regional . . . So what steps are being taken then to make sure that the department does have the information they require?

Mr. Wiley: — I will respond to that. Thank you for the question.

Again the 18-step process that we've talked about here goes a very long way and hopefully fully addresses the concerns that the auditor had raised. Prior to implementing this, the department had a lesser involvement with regions on capital projects. Today we are much more involved. We attend literally all the project meetings. We get all the project minutes.

Again a very important step, I think, in improving and responding to the auditor's concerns is that we spend a lot of time before the project starts looking at the capabilities of the team from the region, as well as our own, and deciding exactly what role we play as a department and what role they play as a region.

So all of that pre-planning work plus the routine reporting that now goes on in our higher level of participation in the process very considerably improves the information flow and I think addresses, I believe quite completely, the risk questions that the auditors have raised.

The Chair: — Okay. And then turning to page 44, the auditor notes that the regional health authorities' payee lists are not given to the Legislative Assembly. Has this been corrected and is that list now available to the Legislative Assembly?

Ms. Yeates: — Yes. This is the list that we did require of them in these upcoming annual reports. So they are coming in now. We're just getting the drafts now, and they are attached.

The Chair: — So at what point will they become available to the Legislative Assembly?

Ms. Yeates: — In July.

The Chair: — In when?

Ms. Yeates: — I think the tabling date is July 29.

The Chair: — Okay. All right.

Ms. Yeates: — So they will be available as part of those.

The Chair: — Then on page 53 — and I'm jumping ahead a little bit, we're now in another section; there's no recommendations in this part of chapter 2 — but I was rather surprised to see that on page 53 there's a graph that shows health spending as a percentage of the government's total spending.

And we've been led to believe — at least I think I'm reading this right — that the provincial government's been spending more and more and more and more and more on health care. And you know there are indications that health care inflation rates are much higher than the general inflation rates, so I was going to ask the Provincial Auditor if he could explain why in the last two years or three years, since 2001, that the government's total spending on health care as a percentage has dropped rather substantially from 34.4 per cent down to 32.1 per cent.

Mr. Heffernan: — Health spending has been increasing but the government total spending has been increasing even faster over those years.

The Chair: — In other words then, government spending . . . the inflation in government spending is greater than the spending in health care?

Mr. Heffernan: — Over those two years, yes.

Mr. Wendel: — If I could just make a comment, Mr. Chair. This is based upon the overall government picture summary financial statements as opposed to the ones that you're usually focused on, which is the General Revenue Fund. So if you take total overall government spending, because of its large spending on agriculture during these particular years, it appears that health spending, the percentage spending, is going down, but it's because we have very large agricultural expenditures during those years. Does that help to explain that?

The Chair: — You know, I understand what . . .

Mr. Wendel: — I think agriculture spending in 2001 — Terry

can correct me — is about \$1.3 billion in the summary statements. And usually it runs around 300 million or \$400 million. It's usually not . . . We had that drought and very, very large cash outlays that the government had to make. So when you take and add that additional spending, it raises the base. So when you do a percentage, the percentage of health spending then drops.

The Chair: — Now does spending for agriculture and for health care is always . . . You know there's shared funding between the federal and provincial government and it goes into total spending at the provincial level. Does that count both federal and provincial dollars into both agriculture and into health care?

Mr. Wendel: — That's correct, yes. Because we gross out the money we receive in for the health system, and we also gross out the money we receive for the agriculture system.

The Chair: — Okay. So would you know then whether or not the federal share of the agriculture portion was greater than the federal share of the health care? I'm just trying to figure out whether the provincial government is actually spending significantly more on health care?

Mr. Wendel: — I would say they're spending more in absolute dollars. There's no question they're spending more money on health care. What this is talking about is as a percentage of total spending of the overall government, the percentage is decreased because we had large agricultural spending during those particular years.

I'm not sure what the graph will show for the next year. It may go back up because we didn't have the same draw on the crop insurance program that we had in those years.

The Chair: — Because the actual . . . the budget estimates actually show spending . . . the provincial portion of spending for agriculture to have dropped in the last couple of years. So that again makes me wonder why, you know, increased spending in agriculture would have . . . would make it look like or would cause us to spend a smaller portion of every tax dollar on health care.

Mr. Wendel: — When you take and you add an extra billion dollars to your spending than you usually had, you will then have that kind of an impact on percentages.

The Chair: — But most of that are federal dollars.

Mr. Wendel: — Regardless, yes. We would show them as Saskatchewan spending.

The Chair: — Right. Right. All right. Are there any other questions on 2003 Report Volume 3? Mr. McMorris.

Mr. McMorris: — I have one broad question on 2C. There's 15 recommendations in this area and they're mostly centred around, again, accountability. And I was just wondering, with the 12 health districts, is there not one template that goes over top of them all as far as . . . You know, I look in here and there's three districts that have to have better accountability of their bank accounts and one talking about minutes. And it just

seems like . . . I mean, it's really quite a wide and varied amount of recommendations.

And is there not one more or less template that fits over top of each health district, this is how it should be run? Or is it really upon the health district to set up the processes they want and that's why the auditor now is finding irregularities in many of the health districts?

Ms. Yeates: — With the movement to regions, the template that you speak of is precisely where we are going, which is that we are being much more specific and you might say directive about what kind of reporting, what standardized reporting we require.

So I think regions, as they were fairly new organizations, they weren't all in compliance with some of those directives and we see some of the results of that here. I think most of those have been either completely addressed now or are in the midst of that. But I think this was largely a transition problem.

The department would not typically issue directives at the very . . . on some of the local issues like reconciling your bank account, you know. We may have to go to that level. But obviously, there are some things that we think are just good financial management and we would issue a broader good financial management directive. I think experience will tell us how far down we have to get specific with them. But I think our sense is this was largely a transitional issue and we are being consistent on the major requirements for regions.

Mr. McMorris: — Just one . . . and it really doesn't have anything to do with chapter C or 2C or any in particular chapter. But what . . . You know, of all the recommendations and we've talked about capital costs and the 18-point plan around that and what do you foresee the cost to Department of Health, actual dollars, to implement and follow through with all the recommendations?

I mean, we often hear that, you know, we've got a very large health budget. But how much is actually going to put the bandages on and how much is going to everything else? And I'm just asking a very broad question: of the everything else, how much do you think, for example, some of the changes this year, the recommendations, would that cost the Department of Health? And it's a very . . .

Ms. Yeates: — I'm sorry, just so that I understand the question. The recommendations made by the auditor?

Mr. McMorris: — Yes, for example. And some of the changes that we've talked about today that Department of Health is looking at you know, taking an inventory of their assets and just the number of different things that we've talked about this afternoon in the hour that we've had here. I'm just trying to get a grasp on how much that costs Department of Health. And that's a very wide question I realize.

Ms. Yeates: — I would have difficulty answering it I think in the sense that in some cases you do it once. You set up a template and then you don't have to go back to it for example. So sometimes it's just a matter of prioritization. We have an existing staff complement and we try to deal with the issues you

know — what issues will we tackle in '04. The auditor is a great help to us in saying, these we think are priorities so we will focus our energies there because we generally agree.

So I you know, in a sense, we use our existing staff complement to prioritize the work in terms of working towards a revised accountability relationship with regions. They also I think, in some cases, we need . . . There's a time element as well as a resourcing element, so getting the MIS (management information systems) data in place and getting good statistical reporting, some of the things that are cited in these recommendations, is absolutely critical. But we also know that that's not something you can snap your fingers and work at overnight.

We've got the chart of accounts in place now. The reporting is starting to come in regularly. We find some glitches; we go back and work at the data. So in some ways, the reason I guess I mentioned that we think of this as a multi-year process because it's not so much money that's always the shortage, it's the expertise, it's the data. It's just simply the time for regions to put in place the systems to deal with it.

But our sense is that many of these recommendations are transitional start-up and we would expect to see them — regions — in a much more compliant position. But I'm sorry, I don't think I could actually speculate on a resourcing requirement.

Mr. McMorris: — Yes, I didn't really think you'd have a number there saying it would cost us X amount of dollars, but . . .

A Member: — Rhetorical.

Mr. McMorris: — Yes it is, definitely is. I just . . . you know we often hear that there's just not enough money for health care and then I also hear when I'm you know in whatever community in Saskatchewan, well I'm sure it all goes to administration. And you know we seem to . . . It's easy to make bigger, bigger, bigger on top and I'm just . . . You know I realize a lot of this has to be done because I mean there's waste if it isn't done, but there's also you know it seems to just be getting larger and larger.

Ms. Yeates: — Well I could perhaps speak to that. On the efficiency question or the . . . There is always a balance between how much you would spend on administration and accounting and those kinds of things. Clearly, it's large sums of public dollars so we think we have a real responsibility to make sure that they are tracked and spent appropriately.

The health sector, any data we have comparatively would say that the Canadian system is quite lean administratively — certainly compared to the US (United States) system, but even some others. The investments in IT (information technology), I think are key, long-term to streamlining some of the efficiencies. So some of the European countries who might be a bit further ahead than we are in terms of IT investments, their administration then benefits from some of that and we're trying to make those same investments obviously.

Any of the comparative data we have within Canada, the CIHI

(Canadian Institute of Health Information) — fine organization I hear it is — the CIHI data that compares its . . . they don't . . . Not all provinces have regions, some of them have hospitals. But they do an administrative comparison and our numbers in Saskatchewan look very low. They are in fact if not the lowest, certainly one of the lowest in the country. So to the extent we have benchmarks, we look to be far below the Canadian average. I'm not saying they're perfect comparisons because, in some cases . . . but they are good indicators, I think.

So our sense is, if anything, as we work towards accountability for the public, we probably have to invest a bit more on the management accountability side rather than less. I guess we would . . . If you're saying where are we on a spectrum from too much administration and counting things that maybe don't really matter to too little, I don't know that this list from the auditor would say that there are major problems. These seem to be fairly minor ones that can be fixed quite easily. But I would say the data we have probably indicates we're on the . . . if we're anywhere, we're on that too little side.

The Chair: — If I could just interject again. I think Mr. McMorris has raised a very appropriate topic and one that I found particularly frustrating. Is there a standardized way to determine what administration is?

You know, as the industry come . . . Industry maybe isn't the right word. But I was particularly frustrated a few years ago when I visited one of the old health districts and I asked them what percentage of their budget was earmarked for administration. They gave me a ridiculous number, like 2 per cent. It was particularly low. And I think this . . . I mean, I had a look of shock. I said that just cannot be.

I'm looking at people . . . You know, I'm sitting across the table from people who are making, you know, near a hundred thousand, over a \$100,000. I know what their budgets are. I just know that that's not possible. And I said well, you know, I mean, think about your salaries. And one of the administrators said, oh my salary is in acute care and another one said my salary is in home care. Well I can't remember what it was.

And I mean there's . . . Administration is necessary; I'm not knocking administration. I know that front-line care workers have to do inventories of what supplies they have. That's administration. But obviously any way that we can streamline out-of-control spending in health care should be focused more on the administration side than on the . . . what Mr. McMorris raised, that you know, we've got to make sure we have specialists that treat people when they're sick, and can handle emergencies, and we shorten waiting lists.

So do we have a standardized way to determine what administration . . . As you said, you think we're doing very well in Saskatchewan. What is the standard? Is it 20 per cent? I mean that wouldn't surprise me. Is it 30 or 40 per cent? And where do we fit on this chart?

Ms. Yeates: — Well I'll see if we can have the number here and then I'll maybe speak as well to the overall comment about standardization, which I agree is absolutely essential for this to be a meaningful dialogue at all. Because you can charge administrative expenses . . . And in the past when we didn't

have MIS, regions, I think with good faith, would . . . When does the home care manager become part of . . . Do you charge that to the home care budget or do you charge it to central administration? The IT budget, you know, if you have a system . . . a huge portion in a tertiary facility is the admission, discharge system. Do you charge that to acute care or is that administration? So we have with the introduction of the MIS . . .

The Chair: — Which stands for . . .

Ms. Yeates: — Management information systems. And this standardized chart of accounts to say all health regions should be counting things the same way, so that we could actually give them as managers, as well as us as overseers, an understanding — are you really spending less on home care in one region per capita than another? Or are you just charging the vehicle to a different pot of money?

So to be meaningful, we've created now these funding pools with . . . And the important thing is not about creating the pools, but it is actually about saying when you code these things, you know, the bandages for such and such go . . . get charged against funding pool X. And the CEO's (chief executive officer) salary gets charged against funding pool Y.

And so we — the standardized chart of accounts is a tremendous amount of work, if we think about all of the detail we're talking about — but that we would then start to get statistical and financial information that is standardized by a pool. I wouldn't say we're perfectly there yet; we've put out the guidelines. When you see the variations, sometimes you see a big variation and you say, okay, we don't believe there's this much variation; in actual fact we think someone has somehow interpreted these in different ways. So we send them back out saying, you know, let's see if we can get a consistent way of counting that.

So we are right now working towards that standardization, and part of that has been saying here's what we'll call . . . I don't know that . . . administration tends to be a bit of a loaded word. And sadly so because, I guess in my view, we not only need the front line physicians and nurses which we absolutely need, but actually the people who organize the shifts.

And what we've learned, what we're learning is that can have as much impact on how you actually get patients through a system as the other. So we need them all. We need them in good proportion. But we've said charge your computer expenses this way, you know, charge these expenses that way, so that we can have a standardization. So that's what we're working towards.

The number that we have — I'm thinking that the national CIHI number for hospitals was in the 8 per cent range, and we were in the 4.4 per cent range. CIHI does do the standardization. They don't use necessarily our definition. They take all of those codes and they themselves standardize them across the whole country.

Because again for it to be meaningful . . . and their data I think is standardized for hospitals, which is why it's not completely comparable because we have regions. So to the extent we have

a national organization standardizing for admin expenses, that's the range they have, I think 8.8 or something and 4 — I haven't got the exact figures, but it's in the 8 versus the 4 range. But a lot depends on how you allocate the costs. And we are working in the province to have a standardized amount that we can compare.

The Chair: — That's encouraging. I'm conscious of time. I have some more questions, but I'll forego. Are there any more questions on this area or on chapter 14 of the 2004 Report before we get to dealing with the recommendations? Mr. Hart.

Mr. Hart: — I just have a few questions dealing with chapter 14. I noted that the auditor in this report has indicated that the government has requested a special audit on the Métis Addictions Council. There was some \$2.3 million in last year's budget that was given to the Métis Addictions Council.

And I'm just wondering, not just particularly . . . because I'm sure there's other groups very similar to the Métis Addictions Council of Saskatchewan that the department funds for various purposes, addiction purposes and that sort of thing. How rigorous does the department follow . . . What type of follow-up procedures do you have in monitoring the use of the funds that are given to these various agencies, and what type of reporting mechanisms do you have?

You know, we have a situation here where the government has requested a special audit on a particular group. Could you just provide some information in that whole general area?

Ms. Yeates: — I'll maybe begin and then Max, who is our director of finance, will maybe follow up.

We do fund a number of these community-based organizations from the department, although many of them are also funded from regional health authorities. So there's not, there's not a huge number I guess that the department funds. They are significant and this is certainly one of them.

Typically we would have an arrangement, a contractual arrangement for services in exchange for the funding. So once we get a funding amount in the budget, we would draw up a contract and then have service levels in that contract. And then we would require reporting, periodic reporting — sometimes it's semi-annually, sometimes it's quarterly — both of services rendered and some of the financial information. We would require an annual audited statement, for example.

So I don't know, Max, if there'd be anything to add from that.

Mr. Hendricks: — On any organization over \$100,000 that we fund, any CBO (community-based organization), we do require an audited financial statement at the end of the year. So with MACSI (Métis Addictions Council of Saskatchewan Inc.) we had that financial statement as well like we do with every CBO, so . . .

Mr. Hart: — So I guess, was there some problems with MACSI's last report that warranted this special intention by the auditor? And I guess subsequent, next year's report we will be getting the results of that special audit.

Ms. Yeates: — Yes. We had done the service volumes, for example, matching to the dollars and some other concerns that had been raised with us. We had been in discussions with MACSI and were not satisfied with the situation. So we actually did a departmental, we did a review of the organization and following that review that pointed out to us that there were indeed issues.

And it was at that point that we actually engaged initially the auditor's office to see if they would be willing to do this kind of report and what their advice was, given the situation. And then we worked with cabinet to . . . We recommended and cabinet directed that there be a special report done by the Provincial Auditor. So that's the way in which this proceeded from our point of view.

Mr. Hart: — Thank you. On page 199 of chapter 14, there's a section entitled, department to continue oversight, and it talks about, last paragraph:

The Department has not yet set standards for internal financial reports to boards.

I wonder if the auditor could explain that statement and this section, what's entailed in this section.

Mr. Heffernan: — Right. This is a follow-up, actually the second follow-up we've done on this audit that we did a few years ago. And one of the things the department did a number of years ago was did a study to give some direction to boards of health districts at that time as to what kind of financial information they would need. And we think that was a good idea. And we're still encouraging the department to actually provide that kind of guidance. Some of the regional health authorities are pretty small and could actually use that kind of advice.

Mr. Hart: — Okay. So that goes back to some of Mr. McMorris's questions earlier about the templates and that sort of thing? Okay.

Ms. Yeates: — Yes. And we've been working to improve those and think that there are a number of steps that are in place now to improve those with the regional health authorities.

Mr. Hart: — Good.

The Chair: — Colleagues, we've done well in staying on schedule. I think it's time to move the recommendations, if you agree. If I've counted right, and I know that Clerk Woods will correct me if I make a mistake, but I think there are four recommendations in part A of chapter 2 of the 2003 Report. And I'm just trying to find the page that the first one is on. Page 40. And the first recommendation reads:

We recommend that the Department of Health develop a capital assets plan to help ensure that it can carry out its strategic plan.

Is there a motion in regard to this recommendation? Mr. Hagel.

Mr. Hagel: — Mr. Chair, I move the committee concurs and notes progress.

The Chair: — A motion to concur and note progress. Is there any discussion on the motion? Seeing none, I call the question. All in favour? Any opposed? That's carried unanimously.

The second recommendation is on page 43, and reads:

We recommend that the Department of Health ensure pharmacists follow its processes for "exception drug status" payments.

Is there a motion? Mr. Hagel.

Mr. Hagel: — Again, Mr. Chairman, I move the committee concurs and notes progress.

The Chair: — A motion to concur and note progress. Any discussion on the motion? Seeing none, all in favour? Any opposed? That's carried unanimously.

Page 44, recommendation no. 3:

We recommend that the Department of Health follow appropriate accounting policies for capital expenditures.

Is there a motion? Mr. Yates.

Mr. Yates: — Mr. Chair, I would move that we follow the accounting procedures as laid out by the Provincial Comptroller.

The Chair: — Okay, this is a motion to follow the procedures as laid out by the Provincial Comptroller.

Mr. Yates: — Comptroller's office.

The Chair: — Comptroller's office? Is there discussion on the motion? Mr. Yates.

Mr. Yates: — Yes. As I understand this issue, and it's been before the committee before in previous years, this is a difference of opinion in accounting procedures which . . . there is an opinion coming down the road, it's been referred to the body that oversees accounting in the nation, and we will have at some point in the future get a recommendation back from them.

But at this point we are dealing with not anything that's hidden, not anything that's unseen, but simply a difference of an opinion and how it should be put into practice. And we're awaiting an opinion. And rather than continuing this coming forward year after year, once the opinion comes, if it says it should be changed it will be changed. But until then I think we should move forward and put it to rest for now.

The Chair: — Mr. Hart.

Mr. Hart: — I wonder if we could have the comptroller comment on some of the statements that Mr. Yates has made and perhaps explain the issue here. It's certainly . . . I'm not familiar with the issues that we're dealing with here.

Mr. Paton: — Yes, Mr. Chair. I think that fairly reflects the position. This is an issue that has been outstanding for a number of other entities as well. It primarily relates to the timing of the

recording of the expense by a department. In this case the auditor believes the department is recording the expense before they should be recording it. The way the department is doing it, I believe, is consistent with how they've done it over a number of years — once a project is approved they record the expenditure for the capital project.

Mr. Yates is right. The Institute of Chartered Accountants is reviewing this issue. It relates to the timing of transfers on how governments recognize expenses. It doesn't really relate to the receipt of goods and services, and I know that if you read some of the terminology in the auditor's report it refers to receipt of goods and services. This is where there is a transfer between, in this case, two related entities.

And the question is: is there any eligibility criteria that have to be met before that transfer should be recorded? In this case the Department of Health believes there are no criteria that need to be met. The auditor believes there is, and hopefully over the next year or so there'll be some guidance from the Institute of Chartered Accountants that'll provide clear direction, and if that's the case that we have to change the accounting for this, it'll probably have broader implications to other departments as well. And I believe we're going to be looking at this issue with the auditor's office over the next year.

The Chair: — In fairness to the auditor, we should give him a minute to explain why he doesn't think that this process is appropriate since it's his office made the recommendation.

Mr. Heffernan: — Well as we describe in the chapter, really accounting generally looks backwards. It records transactions that have occurred. You know, there's been . . . there's no transaction that has occurred here. There is a future commitment by the department to pay money in the future for future construction. None of that has happened yet; there is just simply an agreement to do future work. And so we don't think there should be any recognition of expenses until such time as the construction is actually . . .

The Chair: — All right. Any further discussion on the recommendation, motion on the recommendation? Seeing none, call for the question. All in favour? Opposed? It's carried four to one, I believe.

Recommendation no. 4 on page 45:

We recommend that the Department of Health give the Legislative Assembly the list of persons (e.g., employees, suppliers) who received money from each RHA and the amounts the persons received.

Is there a motion? Mr. Borgerson.

Mr. Borgerson: — Yes. I'll move that we concur and note progress, please.

The Chair: — All right. A motion to concur and note progress. Is there a discussion? All in favour? Any opposed? Carried unanimously.

Then we move to part C and part C, I believe there's a whole whack of recommendations, 15 of them. And we will start on

page 64.

Recommendation no. 1:

We recommend that:

the boards of directors of all regional health authorities (RHAs) define the RHAs' objectives and the measures and targets needed to monitor progress in achieving the objectives; and

the RHAs' internal reports to the boards of directors compare actual performance to planned performance.

Is there a motion? Mr. Hagel.

Mr. Hagel: — Mr. Chair, I move the committee concur and report and note progress.

The Chair: — A motion to concur and note progress. Is there discussion on the motion? Seeing none, all in favour? Opposed? Carried unanimously.

And no. 2 on the same page:

We recommend that the board of directors of the Keewatin Yatthé (have I pronounced that correctly — Yatthé?) Regional Health Authority receive complete and accurate financial information.

Is there a motion? Mr. Borgerson.

Mr. Borgerson: — I move we concur and note progress.

The Chair: — A motion to concur and note progress. Any discussion? Seeing none, all in favour? Any opposed? Carried unanimously.

No. 3 on page 65:

We recommend that the Regina Qu'Appelle Regional Health Authority establish financial management policies.

Is there a motion? Mr. Hagel.

Mr. Hagel: — Concur and note progress.

The Chair: — Concur and note progress. Any discussion on the motion? Seeing none, all in favour? Any opposed? It's carried unanimously.

Page 66, recommendation no. 4:

We recommend that the Keewatin Yatthé, Heartland, and Mamawetan Churchill River Regional Health Authorities improve the control over their bank accounts.

Sounds like a good recommendation. Is there a motion? Mr. Borgerson.

Mr. Borgerson: — I'll move that we concur and note progress.

The Chair: — A motion to concur and note progress.

Discussion on the motion? All in favour? Any opposed? Carried unanimously.

Recommendation no. 5, same page:

We recommend that the Regina Qu'Appelle and Keewatin Yatthé Regional Health Authorities ensure their accounting records for equipment are accurate and complete.

Is there a motion? A motion by Mr. Hagel to . . .

Mr. Hagel: — Concur and note progress.

The Chair: — Motion to concur and note progress. Any discussion on the motion? Seeing none, all in favour? Any opposed? That's carried unanimously.

Page 67, no. 6:

We recommend . . . the Keewatin Yatthé Regional Health Authority strengthen its processes over payments to (its) employees.

Is there a motion? Mr. Borgerson.

Mr. Borgerson: — I think I'll move and note progress, please.

The Chair: — A motion to, move to concur . . .

Mr. Borgerson: — I defer. Concur and note progress.

The Chair: — All right. Is there discussion on the motion? Seeing none, all in favour? Any opposed? None opposed.

Recommendation no. 7 on page 68:

We recommend that the board of the directors of the Sunrise Regional Health Authority approve written processes for developing information systems.

Is there a motion? Mr. Hart.

Mr. Hart: — I'll move that we concur and note progress, Mr. Chair.

The Chair: — We are in stereo here. Motion to concur and note progress. I'm sure there's some discussion over on this side on that motion. You want to outvote him, here's your chance. All in favour? It's carried unanimously.

The recommendation no. 8:

We recommend that the Prairie North, Heartland, Cypress, Sunrise, Kelsey Trail, Saskatoon, and Mamawetan Churchill River Regional Health Authorities prepare information technology disaster recovery plans.

Is there a motion? Mr. Hagel.

Mr. Hagel: — I know everyone's plunging to get in, but being the one recognized, I'll move that the committee concur and note progress.

The Chair: — A motion to concur and note progress. Is there discussion? Seeing none, all in favour? Any opposed? Carried unanimously.

Recommendation no. 9 on page 69:

We recommend that the board of directors of the Keewatin Yatthé Regional Health Authority promptly approve the Board's minutes.

Mr. Hart.

Mr. Hart: — I'll move that we concur and note progress.

The Chair: — You're sure?

Mr. Hart: — I'm certain.

The Chair: — All right. Is there discussion on the motion? Seeing none, all in favour? And none opposed. Carried.

Recommendation no. 10:

We recommend that the Heartland Regional Health Authority receive approval from the Minister of Health before making facility renovations.

Is there a motion? Mr. Yates.

Mr. Yates: — I'll move we concur and note progress.

The Chair: — A motion to concur and note progress. Is there discussion on the motion? Seeing none, all in favour? Any opposed? Carried unanimously.

Recommendation no. 11. Am I on the right one? Okay, I guess I did turn the page.

We recommend that the Heartland and Sun Country Regional Health Authorities comply with *The Housing and Special Care Homes Regulations* when holding trust monies for safekeeping.

Is there a motion? Mr. Hart.

Mr. Hart: — I'll move that we concur and note progress.

The Chair: — Okay. A motion to concur and note progress. Any discussion? All in favour? None opposed? That's carried.

Recommendation no. 12:

We recommend that the Sun Country Regional Health Authority ensure that private health care organizations comply with its service agreements.

Is there a motion? Mr. Hagel.

Mr. Hagel: — Concur and note progress.

The Chair: — A motion to concur and note progress. Is there discussion? Seeing no hands, all in favour? Any opposed?

Carried unanimously.

Recommendation no. 13:

We recommend that the Keewatin Yatthé Regional Health Authority give its financial statements to the Legislative Assembly in accordance with *The Tabling of Documents Act, 1991*.

Is there a motion? Mr. Hart.

Mr. Hart: — I'll move that we concur and note progress.

The Chair: — Motion to concur and note progress. Any discussion? All in favour? None opposed? That's carried.

Over the page to 72, recommendation no. 14:

We recommend that all the Regional Health Authorities' annual reports include:

their objectives, performance measures, and actual results compared to plans; and

the risks to achieving the RHAs' objectives, and how the RHA will manage the risks.

Is there a motion? Mr. Borgerson.

Mr. Borgerson: — I'll take this risk and I'll move and . . .

The Chair: — Where are you moving to, so that we can concur and note progress. A motion to concur and note progress, I believe. Is there discussion on the motion? All in favour? Any opposed? That's carried.

And finally recommendation no. 15:

We recommend that the Sunrise, Sun Country, and Five Hills Regional Health Authorities:

properly account for construction revenue from the General Revenue Fund; and

amend and reissue their 2003 financial statements accordingly.

Is there a motion? Mr. Yates.

Mr. Yates: — Mr. Chair, I would move that we accept the accounting position of the Provincial Comptroller's office.

The Chair: — Oh we've got that one again.

Mr. Yates: — Same issue on the right side.

The Chair: — Is there discussion on the motion? The auditor and the comptroller's office agree that this is the same issue that we dealt with previously? All right then if no discussion is required, we'll do the vote and see if it turns out the same. All those in favour? Opposed? The vote is carried, four to one.

That concludes . . . Order. That concludes the first portion of

health care subjects for discussion. We will now move to the second portion and we will have a presentation from the auditor's office. And Jane Knox is making that presentation on chapter 2 of the 2003 Report Volume 1 and on part D of chapter 2, 2003 Report Volume 3. Ms. Knox.

Ms. Knox: — Good afternoon, Mr. Chairperson, members of the Assembly, officials, and colleagues. One of the roles of our office is to identify risks the government faces and assess whether the risks are well managed to safeguard public money. The risks in the health sector increase as the proportion of public money spent in the health system increases.

In Volume 3 of our 2003 Report, we outline forces influencing . . . And I have started with the wrong one, sir. I'm sorry.

In 2003 Report Volume 1, chapter 2 — sorry, there we are — we report about injuries to health care workers. Mr. Chairperson, in 2003, 4,375 health sector workers were injured at work. In addition to causing pain, these injuries also create further demands for health services, disable qualified staff, and increase costs for replacement workers and WCB premiums and surcharges.

The Department of Health has targeted resources toward known solutions for more than five years, but high injury rates continue. The government's occupational health and safety regulations make employers responsible to provide a safe workplace, and in the health care system, it is the government that is the ultimate employer. This audit was about practices that could make our health facilities safer.

Our objective was to assess whether the Regina Qu'Appelle and Saskatoon Health regions adequately used best practices in 2002 to reduce the prevalence of injuries. We focused on back and shoulder injuries to care staff, aides, and nurses, for example.

Best practices can reduce work-related back and shoulder injuries and we use those that are identified in international standards and Saskatchewan legislation. The best practices were accepted by the Department of Health and the two regions. These practices require effort in three major areas: work environment, education, and commitment. And, Mr. Chairperson, in the interests of time, I will not repeat the detail of the practices this afternoon.

This audit concluded that during 2002 neither the Regina Qu'Appelle Region, nor the Saskatoon Health Region adequately used best practices to reduce the prevalence of back and shoulder injuries to care staff.

Our findings show that in 2002 both regions were working on these problems, but several areas required attention, particularly with respect to the environment and commitment.

In the area of the environment there was equipment in place but it did not demonstrate best practices, particularly in the Regina Qu'Appelle Region where staff still needed basic equipment as of March 2003. We understand the region is working on this.

Staffing patterns were also a concern, including overtime after long shifts.

In the area of commitment we found that occupational health and safety committees were active in both regions, but they did not address injuries during the 2002 calendar year in spite of some units having very high injury rates.

Communicating safety was not a priority in these regions and perhaps most importantly, the regions did not monitor trends in injuries and the related causes in a way that would show them where the problems were and why. During 2002, health boards did not receive adequate information about injuries.

Mr. Chairperson, monitoring injuries is a key best practice. It allows analysis of the nature of the problem. Our hospitals and long-term care centres are large and provide many types of care under varied conditions. Injuries need to be tracked by unit. The average number of injuries for all units for the whole region really does not tell the story.

In Saskatchewan's two largest regions continuing and focused efforts are required to improve safety. We made three recommendations that are set out on page 34 of the report before you. We recommended that the boards of the Regina Qu'Appelle and Saskatoon Health Region commit to workplace safety as a priority.

For example, we expect boards will take three actions: they will set targets and allocate resources to achieve those targets; receive reports about injuries and take actions to reduce them; and hold senior managers accountable, as is done in the legislation in this province.

We recommended that the regions analyze staffing patterns to determine what makes a difference at the unit level, as there are some units with injury rates as low as 2 and 3 per cent, and some units with injury rates as high as 30 per cent. It may be overtime; it may be the number of staff or the staff mix that is associated with high injury rates. But we hope that the regions will document and share the lessons that they learn from their analysis.

We also recommend that occupational health and safety committees put more focus on injuries. They need to monitor trends and analyze causes, especially in the units with the most serious injury problems. After monitoring progress, we expect the occupational health and safety committees to provide written notice to senior management if the causes of the injuries are not addressed in the units.

At this time, Mr. Chairperson, we'd like to thank the staff in the Saskatoon Health Region and the Regina Qu'Appelle Region for their co-operation. It takes administrative time to do this kind of audit and we appreciate their assistance. I thank you for the opportunity to present these recommendations.

The Chair: — All right, thank you, Ms. Knox. Now there is another component. Do you have a subsequent report to follow? Okay, we'll deal with this area first then. We're looking at chapter 2 of the 2003 Report Volume 1. We'll ask Ms. Yeates if the department would like to respond?

Ms. Yeates: — Thank you, Mr. Chair. Yes, we appreciate the work that has been done in this area. Certainly I think everyone in the health sector across the country recognizes the challenge

that worker injury rates pose. And I know we've had conversations with these two regions and all of the regions, and they are committed to supporting these recommendations and to taking steps as they are already doing to deal with them.

We have equipment money that is available for regions and some of these are equipment issues, as Jane Knox referenced. There is a real effort now to deal with overtime issues, because again we believe there is some correlation there. And certainly one of the dashboard indicators that I've mentioned, that we are focusing boards on in terms of focusing boards' attention, is about overtime, sick leave, and WCB lost time. So that again we've tried to focus boards' attention on this issue because we think it's critical.

So we would support the recommendations and the work that regions are doing on this, which is a long-term cultural shift, needs more analysis, more data, and more focus. And we would agree.

The Chair: — Okay. Are there any questions? Mr. Hagel.

Mr. Hagel: — Yes, just one, Mr. Chair. Are there any regions that have substantially fewer workplace injuries than the rest of the regions?

Ms. Yeates: — I don't have the breakdown in terms of injury time, but certainly when you look at time lost — sick time generally and WCB claims — we have worked with SAHO (Saskatchewan Association of Health Organizations) to provide that to regions on a comparative basis.

And there is a variation across regions. Tertiary centres tend to be different than long-term care. I don't have them in front of me. But yes, it varies — overtime rates vary and sick time rates vary — but regions have . . . we're now able to give them all of that comparative data.

Mr. Hagel: — So I assume that one of the objectives then will be to seek out best practices within the province?

Ms. Yeates: — Yes. And really nationally as well because I think some of the issues are what kind of . . . Showing people the data is helpful, but I think even as this report indicates, it can be hard to pinpoint what are the best practices, what should regions do with the data. Because in many cases there can be theories about what staffing mix might help or what actions might help, but we actually need to be as clear as we can in giving regions directions about what best practices actually are.

Mr. Hagel: — Thanks.

The Chair: — Mr. McMorris. Are you finished, Mr. Hagel? Okay, Mr. McMorris.

Mr. McMorris: — A couple of quick questions. And I don't know whether the information would be here, but do we have any sort of comparison with the injury rate right now in the health regions or authorities compared to what it was even 15 or 20 years ago? Are we seeing a large increase in the number of back and shoulder injuries right now as compared to what we did 20 years ago? Or would you have any of those numbers?

Ms. Knox: — Mr. Chair, I don't have those numbers at hand.

Mr. McMorris: — Yes. Because it was interesting that you would say — I mean and it's been commented a couple times — that overtime is probably a factor. I would also say that the shortage of staff, which also contributes to overtime, but I know nurses on the wards, and the number of patients they have to look after now compared to what they did 15 and 20 years ago, I would say the workload for a number of health care professionals — and I mean I can speak from experience; my wife is a registered nurse in the Regina General. Compared to when she nursed many, many years ago in the Plains, and the staff complement that was there compared to the staff complements that's in the hospitals right now, I would say it would have a bigger effect on the amount of injuries that we are seeing in that profession. Just as big, especially, as people working overtime. I wonder if anybody would have any comments on that, if they wouldn't think that is a major factor.

The Chair: — Ms. Yeates, did you . . .

Ms. Yeates: — I don't think we would have a breakdown of the different causal factors, but I . . . again I don't have the data in front of me, but my understanding would be that in fact we are seeing an increased rate. Sometimes people speculate it's because of the aging of the workforce, you know, it's a different combination. But it is a different patient load as well, a different acuity level. We know we have fewer beds with more acutely ill patients. The work is very different. So I don't think we understand precisely, or at least I haven't seen the data that would say precisely what the causes are. But I think there are a number of factors at play.

Mr. McMorris: — Just one other, I guess, observation it would be is . . . and we were talking about it earlier with long-term care and how we're peaking perhaps right now in the province and that our . . . and I mean and that's usually . . . Just from my own experience recently, there's some pretty heavy work involved with that too. There can be some, you know, the long-term care where people aren't able to care for themselves in a lot of cases and if we're peaking that may also have some sort of impact on the numbers that we're seeing right now.

But I guess, you know, the three recommendations of environment and commitment, and the one that wasn't spoke on a whole lot was education. And I would, from again a previous background, would think that would be one of the most important ones. So often I think people get in the position that, well I'm by myself and maybe I should just try and do it by myself. And I think again this is just anecdotal in observation but a lot of injuries result because of that. And perhaps that is a bit of an education process for the health care professionals to realize that maybe they shouldn't be in that position at all.

The Chair: — Ms. Knox.

Ms. Knox: — Could I respond to that, Mr. Chairperson, that the comment about education is a useful one because education does better enable the care staff to accept responsibility for their own safety practices at work. It helps them to know exactly what to do.

But the research is showing that education by itself is really not

sufficient. It has very little impact on actual injury rates.

The Chair: — Mr. Hart.

Mr. Hart: — Thank you. Just to follow up on the statement made earlier, and Mr. McMorris referred to it just now, about in Saskatchewan we're peaking as far as requirements for long-term care where the rest of the country, the baby boomers are just well they're not quite there yet but where you know that bulge is coming. Why are we different in Saskatchewan? Has it got something to do with our larger First Nations population or . . .

Ms. Yeates: — I should be clear. Again I'm going from memory here so, but my recollection is that the 85-plus population is starting to decline. The baby boomers, we will hit another peak some years out there's another boom coming so we aren't peaking for all time. But when you look at the next 10-, 15-, 20-year planning horizon until the boomers start to hit 85, it will rise again. But when we look at the planning horizon now, our proportion of 85-pluses are starting to decline in most of our regions.

And I think province-wide I think the year is just about upon us. If it's not 2004, it's just a couple of years out when for the province as a whole we will start to decline. But the boomers, that's in the planning horizon of the next 10, 15 years and then we will have another effect when some of us reach those ages.

Mr. Hart: — Well thanks for that explanation. I thought perhaps that us boomers were kind of . . . there weren't as many of us in Saskatchewan and that was sort of a mixed blessing in that there may be more spaces for us. But now you're telling us that there will be a lot of . . . (inaudible interjection) . . . Yes exactly, exactly, particularly having gone through some of that with some family members and so on and I know the challenges that are there.

I guess I just would have one or two questions with regards to the chapter we're discussing. And your minister has asked the regional health authorities to find an additional \$15 million in savings over and above the savings that were recognized as a result as conversions and closures and that sort of thing.

And to me that perhaps raises some alarm, some red flags, in that if we're going to be asking fewer people to do more, if in fact that will be the case, we should probably expect to see more injuries, workplace injuries, rather than fewer. I wonder if . . . First of all I guess one question would be: have the regions reported back and indicated how they're going to come up with the savings required by each region and can you comment in a general fashion as to whether we're going to be seeing a discontinuation of services, or are we going to be seeing fewer people providing more services, and how that would relate to this whole injury situation?

Ms. Yeates: — In general we have, as my colleague indicated previously, most of the regional health plans are now finalized or on the verge of being finalized, so we certainly have a good sense of how those are coming in. We are working with them, but don't see large changes in service levels.

They have found efficiencies we believe that are quite

manageable and we don't expect to see significant changes in service levels or staffing levels. So I wouldn't see any correlation between the budgets that we see now and injury levels.

There's a variety of mechanisms that they have used. I mean, I think they were looking at projections versus actuals. There's obviously some changes across the piece. I don't know that I would characterize them . . . And it sounds like a lot of money overall, but we are dealing with a \$1.8 billion base, so this is sort of the last half per cent of doing things differently.

Some of them are, you know, centralizing laundry services, for example. Some of them are consolidating some of their procurement practices and those kinds of things. So we're seeing . . . We've really pressed them on those kind of, I guess we would call them administrative efficiencies, and I think that's typically where they are seeing things. Although in some cases, they are changing; I don't want to say there are no service pattern changes. Where they think service can be provided eight hours a day as opposed to 12 hours a day, given the use that it's been made, they've made those kind of changes as well.

But I would say that there's nothing that I've seen there that would overall lead me to believe that there will be any impact on the injury situation. It is a long-standing, broad set of issues that the sector needs to grapple with on a continuous basis.

Mr. Hart: — Good. Well thank you. Well that's . . .

The Chair: — All right. Now I just want to make sure that I've not missed anything. Was there also a presentation on part D of chapter 2? There's no recommendations in that chapter that I can see.

Ms. Knox: — Mr. Chairperson, there's no need to do that presentation if you don't wish to do so. The recommendations obviously . . .

The Chair: — Right, right. Okay. In that case, we'll move into the recommendations then in just a minute or two unless someone else has questions.

But I have a couple of questions regarding injuries. The auditor notes that the boards have not been aware, the local, the regional health boards have not been aware of the severity of this problem. Ms. Yeates, what has your department done to correct this problem?

Ms. Yeates: — Well I think that the data has been a challenge and the comparability of data, as we were talking earlier, has been a challenge. I think we have really focused their attention on absenteeism generally, whether that be injury or sick time, and certainly again, as I mentioned, putting some of these indicators in our dashboard and focusing attention there. We've also created a health human resources unit in our department and worked much more closely with regions in terms of some of these issues.

So we've shone a bit of a spotlight on it. I think regions . . . the report itself has been helpful; the auditor's report has been helpful at focusing their attention as well.

The Chair: — And I would ask Ms. Knox or Ms. Yeates — I'm not sure who the right person is to ask — the two largest regional health authorities were surveyed. Is there any data as to whether the smaller ones have fewer injuries on a per capita basis, or are they similar, or does anyone know? Ms. Knox.

Ms. Knox: — Mr. Chairperson, the rate of injuries varies by the unit within a hospital or a long-term care centre. So it is really the immediate supervisor and how they approach all of the factors, the staffing and the encouragement to use the appropriate equipment. All of those things are very much controlled by the immediate supervisor. And so it varies across the province.

The two large regions have very serious problems that affect the largest numbers of people, and that's why we directed our audit there. There are some small regions that are doing extremely well in all their units. But really there's a lot of variation from unit to unit. And I think we would expect to see variation. If you change the unit supervisor, you know, depending on the controls that are in place across that agency, that's what makes the biggest difference according to the research that we've been looking at so far.

The Chair: — I guess what I was wondering about was my colleagues mentioned that overtime may be a factor. Ms. Yeates, am I correct in my guess that there's more overtime in the two larger health authorities than there would be on average in Saskatchewan? Would you know that, and would it be worth a comparison to see if overtime does have an impact on injury of health care professionals?

Ms. Yeates: — I don't have the data in front of me and I wouldn't want to mislead you by going by my memory, but it does, overtime also varies.

What I do know is we have some very small facilities, for example, that have had to rely, you know, on overtime because they have so few staff. So I would anecdotally say I wouldn't presume it's more in one or the other because I know that we've had some issues in rural Saskatchewan as well with not very many professionals living in the community and therefore a lot of overtime because of that. So I think we'd have to . . . I'd don't think I'd want to speculate on the correlation.

The Chair: — Okay. But there may be more data coming down the pike that might help us.

Ms. Yeates: — Yes, that certainly would be our hope.

The Chair: — Just a final question. That's on part D of the other chapter.

I just noticed there was talk of overuse of services adding to the quality of medical services and risks. There was a concern by the auditor that there may be an excess of Caesarean births for convenience purposes, you know, if someone wants their child born on, say, July 1, you know.

That's perhaps odd, but is that the case in Saskatchewan? I would have guessed that Caesarean births would be prescribed for medical reasons not for convenience. Does the department have a policy on this or are the health authorities pretty much

able and local physicians able to make those decisions on their own?

Ms. Yeates: — Well this is an issue that has emerged nationally more recently. And I think we are probably not at the leading edge of it, would be my sense. But I think only recently has the issue of choice Caesarean births come to the forefront. And there's some national policies on the part of the national associations about whether that's appropriate or not. So I think at this point I would likely say we don't . . . this is fairly new here. I wouldn't be able to tell you that we know in Saskatchewan whether that's an issue.

The rate of Caesarean births, it's one of the measures that's looked at and fed back to regions to see how they compare. It's generally considered to be a concern when your rate is high and not supported by risk to mom or risk to babe. I think there are some, certainly some professional standards that are just emerging now from this issue about what is the appropriate professional response. And that then would give a standard of care that we would seek to enforce in the regional health authorities.

But I at this point don't have a sense that there's a lot of elective Caesareans in our province. But it's a fairly new issue so it's one that I don't know that I could definitively say that we know at this point.

The Chair: — Would you know what the number of Caesarean births per 1,000 are in Saskatchewan versus the national average?

Ms. Yeates: — On a given day I would; I don't have that here. Not off the top of my head.

The Chair: — Drop me a note from Ottawa?

Ms. Yeates: — That is something we could follow up on, Mr. Chair.

The Chair: — All right. Thank you. Are there any other questions? I recognize our time has expired and we have some recommendations to deal with. I'm not bringing down the axe but we probably should move along. There are three recommendations in chapter 2 of the 2003 Report Volume 1 on pages 34 and 35.

The first recommendation reads:

We recommend that the boards of the Regina Qu'Appelle and Saskatoon Health Regions commit to workplace safety as a priority, and that the boards:

set specific targets to reduce work-related injuries to care staff in the short term;

allocate resources to achieve the targets (e.g., staff or mechanical aids);

receive frequent reports about injury rates and actions to reduce injuries; and

hold senior managers accountable to reduce injuries.

Is there a motion? Mr. Trew.

Mr. Trew: — Mr. Chair, I move that we concur and note progress.

The Chair: — A motion to concur and note progress. Is there discussion on the motion? Seeing none, I call the question. Those in favour? None opposed. That's carried.

Recommendation no. 2:

We recommend that the Regina Qu'Appelle and Saskatoon Health Regions analyze the unit staffing patterns that are associated with high and low injury rates, and implement the lessons learned.

Is there a motion? Mr. Hagel.

Mr. Hagel: — Concur and note progress, Mr. Chair.

The Chair: — Motion to concur and note progress. Any discussion? Seeing none, all those in favour? Any opposed? Carried unanimously.

And the final recommendation:

We recommend that the occupational health committees of the Regina Qu'Appelle and Saskatoon Health Regions:

monitor injury trends at least quarterly;

analyze the causes of injuries in areas with high injury rates at every meeting; and

make written recommendations to senior management and their board to fix unresolved causes of injuries.

Is there a motion? Mr. Hart.

Mr. Hart: — Mr. Chair, I move that we concur and note progress.

The Chair: — A motion to concur and note progress. Is there discussion on the motion? You're all getting very good at this. Seeing none, all those in favour? Any opposed? None opposed. That is carried.

And I believe that concludes a rather long session, but a very informative session on health care issues that were brought to our attention by the Provincial Auditor. That draws our two-day session to a close.

I want to thank Ms. Yeates and her officials for presenting. I want to thank the Provincial Auditor and his staff for an excellent job. And I want to thank the Provincial Comptroller's office for sitting in on these meetings and my colleagues for their questions and their motions.

I wish you all a very happy Canada Day. And I declare this meeting adjourned.

The committee adjourned at 15:12.