



STANDING COMMITTEE ON PUBLIC ACCOUNTS

Hansard Verbatim Report

No. 26 — February 26, 2024

Published under the
authority of
The Hon. Randy Weekes
Speaker



Legislative Assembly of Saskatchewan

Twenty-Ninth Legislature

Hansard on the Internet

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STANDING COMMITTEE ON PUBLIC ACCOUNTS

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[The committee met at 09:29.]

The Chair: — Okay, folks. We'll convene the Standing Committee on Public Accounts. I'll recognize the committee members that are here today: Deputy Chair Mr. Hugh Nerlien, Mr. Todd Goudy, Ms. Lisa Lambert, Mr. Delbert Kirsch, Mr. Daryl Harrison, and Mr. Jim Lemaigre and Ms. Aleana Young.

I'd like to welcome and introduce our officials from the Provincial Comptroller's office. We have Jane Borland, assistant provincial comptroller; and Gabe Plosker, manager. Thank you very much for being here.

I'll welcome and introduce our Provincial Auditor, Tara Clemett, and the officials from the Provincial Auditor's office. Thanks for joining us here today.

We have the following documents to table here today: PAC 131-29, Ministry of Finance: Report of public losses, October 1st, 2023 to December 31st, 2023; PAC 132-29, Ministry of Finance: Responses to questions raised at the February 5th, 2024 meeting.

And at this time I'd like to welcome the good folks from the Ministry of Corrections, Policing and Public Safety, and welcome Deputy Minister Larsen here today and all of the officials that have joined us here today. Thanks for your work. Thanks for being here.

I'll kick it over to Deputy Minister Larsen to briefly introduce the officials that have joined him here today. Refrain from getting into the comments on the chapters at this time. We'll then turn it over to the auditor and come back to you for subsequent comments. Deputy Minister Larsen.

Corrections, Policing and Public Safety

Mr. Larsen: — Good morning and thank you, Mr. Chair, other committee members, Provincial Auditor and her team, and Provincial Comptroller team. Before I introduce my team accompanying me today, I would like to thank the Provincial Auditor and her team for their work on the ministry's performance audits.

Today with me on my leadership team are, from custody services, Mark McFadyen, Lindsay Tokarski, Bryce DeJong, and from supervision and rehabilitation services, Caroline Graves and Dean Carey. Thank you.

The Chair: — Thank you very much. Thanks to everyone in attendance. Just to remind any officials that are coming to the microphone beyond Deputy Minister Larsen to say their name to identify who you are before you present to the committee.

I will now turn it over to our Provincial Auditor to focus on . . . Sorry, Deputy Minister Larsen.

Mr. Larsen: — I missed . . . He is no longer part of my executive leadership team, but he was with us when he had PDAP [provincial disaster assistance program] with the ministry and now with SPSA [Saskatchewan Public Safety Agency]. Noel McAvena is executive director. Thank you.

The Chair: — Thank you very much. I'll turn it over to our Provincial Auditor to make presentation. We're going to focus on the first chapter there with the new recommendations. Then we'll turn it back your way.

Ms. Clemett: — So thank you, Mr. Chair, Deputy Chair, members of the committee, and officials. With me today is Mr. Victor Schwab. He's the deputy provincial auditor that is responsible for the Ministry of Corrections, Policing and Public Safety. Behind us as well is Ms. Michelle Lindenbach. She's our liaison with this committee. She's a principal in our office and would have been involved in a number of audits that are before us in terms of the ministry discussion today.

Victor's going to present the four chapters with regards to the ministry in the order on the agenda as they do appear. We will pause after every presentation for the committee's consideration. There is one new performance audit which includes seven new recommendations for the committee's consideration, and then three follow-up audits.

I do want to thank the deputy minister and his staff for the co-operation that was extended to us during the course of our work. With that I'll turn it over to Victor.

Mr. Schwab: — Thank you. Chapter 8 of our 2022 report volume 2 on pages 55 to 73 reports the results of our audit of the Ministry of Corrections, Policing and Public Safety's processes up to May 31st, 2022, processes to administratively segregate inmates in its adult secure custody correctional centres. Administrative segregation is used in correctional centres to keep an inmate away from the general population for safety or security reasons. The audit did not examine disciplinary segregation, as the processes vary between the two types of segregation and we consider administrative to be higher risk.

This chapter includes seven new recommendations.

The Ministry of Corrections, Policing and Public Safety provides inmate care, control, and supervision for inmates in four provincial correctional centres located in Saskatoon, Regina, and two in Prince Albert.

Effective processes to administratively segregate inmates contributes to the safety and well-being of inmates, staff, and the public. Unnecessary or prolonged segregation may leave vulnerable inmates with lasting mental and physical health damage, and in extreme cases, loss of life due to suicide.

In 2021 the ministry had 54 placements of 49 inmates on administrative segregation, compared to 75 placements in 2020. Good practice suggests that inmates should not be subject to administrative segregation placement for longer than 15 days. Between January 2021 and April 2022, we found 13 inmates who were on administrative segregation greater than 15 days, ranging between 16 and 43 days.

Now I will focus on the seven recommendations. In our first recommendation, on page 60, we recommend the Ministry of Corrections, Policing and Public Safety develop a training plan to regularly provide refresher training to correctional centre staff involved in administrative segregation.

Upon hiring, the ministry provides all new correctional centre staff 11 weeks of training which includes a module on administrative segregation. We found the module on administrative segregation to be outdated. For example, it notes placement reviews are required every 21 days instead of 14 days, which is the current requirement. During the audit we found the ministry did not provide correctional centre staff refresher training on administrative segregation processes after orientation.

In June 2022 the ministry provided refresher training on administrative segregation processes to correctional centre managers at three of the four correctional centres and expected to complete the fourth centre by September 2022. This training covered the new processes in the ministry's August 2022 revised policy.

We found the ministry did not provide this training to correctional officers or nursing staff. Not providing regular refresher training to those involved in administrative segregation processes increases the risk of inmates being inappropriately placed on administrative segregation, which could affect the health and well-being of those inmates.

In our second recommendation, on page 62, we recommend the Ministry of Corrections, Policing and Public Safety have appropriate correctional centre staff authorize administrative segregation placement decisions. The ministry does not always properly complete assessments and approve decisions for inmates placed on administrative segregation.

The ministry requires correctional centre managers to complete an assessment prior to placing an inmate on administrative segregation or within 24 hours of placement. We tested 20 inmate files and found three assessments were completed by inappropriate staff. Correctional officers completed the assessment rather than the appropriate correctional centre manager.

We also found one assessment did not document the rationale for placing the inmate on administrative segregation or if alternatives were considered. Moreover we could not confirm whether the assessments of six inmate files were properly completed and inmate placements were justified, as the ministry was unable to provide us with those six assessments. Management indicated this was due to a lack of a centralized location to keep completed assessments.

We also found five inmate placements on administrative segregation were not properly authorized. In all cases a correctional officer approved the placement decision instead of the correctional centre manager. Not having appropriate staff completing and approving administrative segregation placement decisions increases the risk that inmates may be placed on administrative segregation inappropriately.

In our third recommendation, on page 63, we recommend the Ministry of Corrections, Policing and Public Safety follow its policy requirements for inmates placed on administrative segregation.

Correctional centre staff do not always complete administrative segregation reviews and health care assessments as required in

the administrative segregation policy. The ministry have set specific requirements for various reviews and assessments in its administrative segregation policy; however we found correctional centre staff were not always following the policy. For example, inmates are supposed to receive two hours of out-of-cell leisure time each day, but we could not confirm this occurred as expected in many instances because staff did not follow policy and document their daily observations and meetings with inmates through daily reviews.

Also we found nurses are supposed to complete periodic health care assessments to evaluate each inmate's mental and physical ability to cope with segregation and make written recommendations about an inmate's placement on administrative segregation, but this is not always happening as required or were being completed late. Not completing health care assessments increases the risk that inmates already suffering from mental illness may find their medical conditions deteriorate further while on administrative segregation.

We also found the ministry did not always carry out longer term reviews of inmates placed on administrative segregation. These are required after seven days and after 14 days. To increase the likelihood correctional centre staff follow administrative segregation policy requirements, the ministry should provide regular refresher training on administrative segregation processes.

We also recommended the ministry enhance its regular quality assurance reviews and provide feedback to the correctional centres on non-compliance with the policy, which is our fifth audit recommendation I will touch on shortly.

In our fourth recommendation, on page 69, we recommend the Ministry of Corrections, Policing and Public Safety have appeals by inmates placed on administrative segregation reviewed by independent adjudicators. The ministry maintains an appeal process for inmates placed on administrative segregation; however it does not align with good practice.

Good practice recommends an independent adjudicator, such as ministry staff or other correctional centre staff that are external to the correctional centre, make the appeal decision. Current legislation requires the director of the relevant correctional centre to make the decision on the appeal. Having an independent adjudicator make the appeal decisions could help to ensure fair oversight and reduce the risk of biased decisions.

In our fifth recommendation, on page 70, we recommend the Ministry of Corrections, Policing and Public Safety broaden its administrative segregation quality assurance processes to include assessment of all key policy requirements. The ministry maintains a quality assurance process to monitor compliance with administrative segregation legal and policy requirements; however improvements are needed. The ministry's director of standards and compliance is responsible for the quality assurance processes around administrative segregation. However we found the quality assurance process is not covering all key policy requirements.

For example, the director does not review whether correctional centre staff complete health care assessments or daily reviews as required. The quality assurance processes should also assess

whether inmates sign off that they were notified of their placement decision. Not reviewing all key policy requirements during the administrative segregation quality assurance process increases the risk that the quality assurance reviews may not identify key areas for improvement.

In our sixth recommendation, on page 72, we recommend the Ministry of Corrections, Policing and Public Safety enhance its written report to senior management about the use of administrative segregation in its adult secure custody correction centres.

The ministry reports the results of its quality assurance reviews to senior management, however the report should include more information and analysis. We found each year senior management receives their report that include statistics on inmates placed on administrative segregation. The report includes three-year trend information and some analysis.

The ministry also reports the reason why inmates are placed on administrative segregation and the results from the quality assurance reviews with a comparison to the results from the two previous years, however the report does not indicate whether reviews were conducted late or documented properly. This would be key information for the ministry to also monitor.

We think the ministry could enhance its written reports to senior management by including detailed information on the number of inmates placed on administrative segregation for more than 15 days, analysis of the required reviews and quality assurance results, and reporting and analysis of inmate appeals as recommended by good practice. Having more information and analysis on its administrative segregation processes would help senior management identify issues with the use of administrative segregation that need to be addressed.

[09:45]

Also on page 72, our seventh recommendation: we recommend the Ministry of Corrections, Policing and Public Safety report key information about the use of administrative segregation. The ministry does not report information about the use of administrative segregation to the public. We found other jurisdictions publicly report some information on administrative segregation on the government website. For example, both Yukon and Ontario include the number of placements on administrative segregation, the length of stay, and some demographic information about the inmates.

Public reporting information about the use of administrative segregation would help the ministry demonstrate its commitment to reducing the overuse of segregation, enhance accountability, and promote oversight.

I will now pause for the committee's consideration of this chapter.

The Chair: — Thank you very much for the presentation, the focus of the chapter. Thanks as well to the ministry for their work on these fronts and the status update they've provided. I'll table that status update at this point, document PAC 133-29, Ministry of Corrections, Policing and Public Safety: Status update dated February 26, 2024.

I'll kick it over to Deputy Minister Larsen to respond briefly to the recommendations in the chapter and then we'll open it up for questions.

Mr. Larsen: — Thank you, Mr. Chair. The ministry appreciates the work completed by the Provincial Auditor team on this chapter and is pleased with the progress we have made to address the auditor's recommendations. From our position, five of the recommendations have been achieved. I'll turn it over now to Mark for comments regarding action taken by the ministry thus far to address the recommendations. Thank you.

Mr. McFadyen: — Good morning and thank you. Mark McFadyen, executive director of custody services. I'll go over our status summary for the committee and then we can get into comments and questions after that if that's okay.

Regarding recommendation no. 1, noted on page 60 relating to developing a training plan to regularly provide refresher training to correctional staff involved in administrative segregation, the ministry considers this recommendation implemented. Correctional facility managers completed refresher training in May of 2023. New e-learn modules were implemented in November 2023 as well. This training will be taken by all correctional officers, nurses, and correctional facility managers by April 2024. That will be required, to complete the module every three years. It's worth mentioning new staff are required to take training on administrative segregation as part of the ministry's induction training program.

Regarding recommendation no. 2, noted on page 62, relating to the authorization of administration segregation placement decisions, the ministry also considers this recommendation implemented. The quality assurance tracking sheet was updated in December 2022 to include a number of details around authorization. The director of standards and compliance, Lindsay Tokarski, also reviews our criminal justice information management system at least weekly regarding placements to ensure requirements are met, and then annually to ensure all paper documentation is signed by the correctional facility manager and inmate.

Regarding recommendation no. 3, noted on page 63, relating to the ministry adhering to its policy, the ministry considers this recommendation partially implemented. The quality assurance tracking sheet was updated in December 2022 to include whether all reviews and health care assessments are completed on time. Beyond the director of standards and compliance monitoring activity, we will be requiring correction facility directors to also monitor placements in their facilities. We expect this latter portion to be executed later this spring.

Regarding recommendation no. 4, noted on page 69, relating to the independent adjudicator reviewing appeals by inmates placed on administrative segregation, the ministry considers this recommendation not implemented and is currently researching this further.

Regarding recommendation no. 5, noted on page 70, relating to the ministry expanding coverage of its quality assurance process, the ministry considers this recommendation implemented. As you've already heard, we updated our quality assurance tracking sheet in December 2022, and this is including adding a number

of items to cover key policy requirements.

Regarding recommendation no. 6, noted on page 72, relating to the ministry enhancing reporting to senior management about the use of administrative segregation, the ministry considers this recommendation implemented. Reporting to the senior management was expanded in February 2023 to include detailed information on all inmates placed on administrative segregation, analysis of the required reviews and quality assurance results — example, whether correctional centre staff properly completed the reviews on time — and reporting and analysis of inmate appeals as recommended by good practice.

And finally, regarding recommendation no. 7, noted on page 72, relating to the ministry publicly reporting key information about the use of administrative segregation, the ministry considers this recommendation implemented. About a year ago through the publication centre, the ministry started disclosing statistics on administrative segregation use that aligns with what other jurisdictions have equally reported. This reporting will be updated annually.

That concludes my status update. We have Lindsay Tokarski, director of standards and compliance, joining us this morning as well. We'll open the committee for questions or comments. Thank you.

The Chair: — Okay. Well thanks so much. Thanks for the work on these fronts. Thanks for the presentation. I'll open it up now to committee members for questions. Ms. Young?

Ms. A. Young: — Good morning. Thanks so much for being here today. How many people were placed in administrative segregation for the year 2022-2023?

Ms. Tokarski: — Good morning. I'm Lindsay Tokarski, director of standards and compliance. So in 2023 there was 12 placements of 10 inmates, and in 2022 there was 44 placements of 40 inmates.

Ms. A. Young: — Thank you. Do you know how many inmates are in administrative segregation currently?

Ms. Tokarski: — As of today, zero.

Ms. A. Young: — Thank you. Currently what's the average length of stay?

Ms. Tokarski: — For 2023 the average length of stay was 5.75 days.

Ms. A. Young: — And what's the length of the current longest stay?

Ms. Tokarski: — The current longest was in the 11-to-15-days range, but I believe it was 14 days for 2023.

Ms. A. Young: — Thank you. And do you have the reason for that placement?

Ms. Tokarski: — We have a 15-day cap on the use of administrative segregation.

Ms. A. Young: — Sorry, pardon me?

Ms. Tokarski: — We have a 15-day cap on the use of administrative segregation.

Ms. A. Young: — For sure, but the initial reason for that placement of, I believe you said, 14 days?

Ms. Tokarski: — Oh, sorry. Pardon me. I don't have that information today for that specific placement, but we can get that to you.

Ms. A. Young: — Thank you.

The Chair: — Thanks for the undertaking to get the information back. Thanks for that undertaking. Just for consistency, any undertakings to provide back, is it reasonable to have that information within a four-week period, a one-month period? And that can come through the Clerk and supplied back to the committee. Thank you very much.

Mr. McFadyen: — Sorry, that's specifically about the one instance, the 14-day one? Okay. Perfect.

Ms. A. Young: — In relation to the e-learn modules that were developed around administrative segregation for staff, I see that these were implemented in November 2023 according to the status update. At that point in time, how many staff were required to take these? Like what was the outstanding number of people required to take training?

Ms. Tokarski: — So the training modules, we have separate ones for correctional facility managers, correctional officers, and also nurses. You're asking for the completion rate? I don't have that at the moment.

Ms. A. Young: — Okay. Thanks.

Mr. McFadyen: — We have our staff numbers though.

Ms. A. Young: — Okay. I'd be happy to get that today or at a future date if that information is available.

Mr. McFadyen: — Sorry, did you want the staff numbers or do you want it all in one . . .

Ms. A. Young: — All at once is great, yeah. I think . . . and just to be clear, that'll include kind of up-to-date in terms of the number of staff who've taken the training thus far, with the targeted completion date being April 2024 for all staff. Correct? Okay, great. Thank you. And just to clarify, the staff are required to complete that refresher training every three years, and that three-year window started November 2024?

Ms. Tokarski: — It will start at April 2024.

Ms. A. Young: — Okay. So the end of that three-year window then would be expected to be April 2027?

Ms. Tokarski: — That's correct.

Ms. A. Young: — Moving on to some questions . . . one broad question. Looking at this in terms of the training and the rates of

current training for staff, where you started and where you are today, how — I'm not sure, forgive me if this is a question for you or perhaps for the auditors — how is Saskatchewan compared to other jurisdictions? Is this an area that we see other jurisdictions looking to come up to speed with their training or is this something unique to Saskatchewan in terms of the numbers?

Ms. Clemett: — So I don't think this would be unique. This is no different with any type of agency where you have, I guess, critical processes. It's about staying current with good practice. So our expectation was really with those staff that are all most involved obviously in the various administrative segregation, that there would be that ongoing training. So this would be consistent with the recommendations auditors make in other jurisdictions as well.

It's about frequency, right, and it is about comprehensiveness. And it sounds like the ministry is moving in a direction where the people that are involved in this very important process will be apprised of and continue to obtain that training on a regular basis.

Ms. A. Young: — Thank you. And the use of administrative segregation in Saskatchewan, is that consistent with what we would see in other jurisdictions? Or is it higher? Is it lower?

Ms. Clemett: — Yeah, I'm not sure that we have . . . It is a practice that is used elsewhere as well. I think what we basically were concerned with was the concept of the good practice being that 15 days. So there is, and probably in our sort of references, there was work done in other jurisdictions. And it really comes down to making sure you have a good process to make those decisions, and then the length of time monitoring when those inmates are in those situations, and then also just the length of time in which they are placed on such segregation leave.

Ms. A. Young: — Thank you. Moving on to the second of the auditor's recommendations, currently who among the correctional centre staff now has the authority to authorize administrative segregation placement decisions? Is it currently the manager?

Ms. Tokarski: — Correctional facility managers.

Ms. A. Young: — And the ministry's like fully compliant with that recommendation?

Ms. Tokarski: — Yes, our review in 2023 showed that 100 per cent of placements were authorized by a correctional facility manager.

Ms. A. Young: — Okay, great. So as of 2022-2023 there haven't been any deviations from that?

Ms. Tokarski: — No.

Ms. A. Young: — Excellent. Thank you. Moving on to recommendation no. 3 and seeing the work undertaken by the ministry to implement the auditor's recommendation, for '22-23 did staff complete all reviews including health care assessments of segregated placement decisions on time? You know, we had those initial daily, 7-day, 14-day . . .

Ms. Tokarski: — So 92 per cent of the initial placement reviews

were completed, and 100 per cent of the seven-day and 100 per cent of the 14-day were also completed.

Ms. A. Young: — Thank you. And were there any physical or mental health related incidents amongst individuals in segregated placement in either 2022 or 2023?

Ms. Tokarski: — Could you be a little more specific, please?

Ms. A. Young: — Sure. In 2022-2023 were there any incidents of physical or mental health identified through these health care assessments of segregated inmates?

Ms. Tokarski: — I don't have the individual health care assessments and also the inmates' health information is protected by HIPA [*The Health Information Protection Act*], so I will have to take a look into that for you.

Ms. A. Young: — Sure. And just to clarify, I am not asking — and forgive me if I'm treading where I'm not supposed to — I'm not asking for necessarily individual information, but just more broadly speaking, you know. If there were incidents of physical or mental distress experienced by inmates in aggregate, it would be great to know that.

Ms. Tokarski: — I'll have to take a review of the health care assessments and let you know.

Ms. A. Young: — Perfect, yeah. If that information is available for 2022 and 2023, it would be appreciated.

[10:00]

And I guess one last question on that point if that information is available, again not asking for any individual's specific health information, but if there are broader trends or causes that can be identified, whether it's physical, whether it's related to illness, whether it's related to, you know, self-injury or mental health, kind of at that higher level, that would be also appreciated.

Looking at the quality assurance tracking sheet which was updated and is being used by the ministry currently, it's noted in the status update that at a minimum, the quality assurance tracking sheet is updated weekly. Is this an effective process?

Ms. Tokarski: — I believe so, yes.

Ms. A. Young: — Under the planned actions it notes that directors will now have the added responsibility for monitoring placements in their facilities. Is this something that is going to be manageable for directors? Are there any concerns about increased administrative burden or reporting?

Ms. Tokarski: — No. Our numbers have steadily declined since 2019 when we started tracking. So for example, last year there was only 12 placements of 10 inmates, so I think it'll be definitely manageable.

Ms. A. Young: — Thanks. And you noted that the numbers have declined since you started tracking and I noted there was obviously a fairly steep decline in numbers over the past five years. Is that attributable to just the very practice of tracking these placements and being more aware of it and ensuring that there is

proper documentation happening? Or what do you attribute that steady decline to?

Ms. Tokarski: — I would say it would be . . . There is a number of processes, the enhanced review process where it's daily, weekly, every 14 days. There is also the administrative segregation assessment tool, so it standardized the assessment of it so there is a risk assessment. And also the consideration of reasonable alternatives, that was also very important. And I think also the refresher training that was provided. And also the hard work done by the facilities — they've really embraced the changes.

Ms. A. Young: — Thank you. Looking at that and taking into consideration all of these workplace changes as well as some new reporting requirements, have there been any concerns expressed by staff in correction facilities about any of these, like increased administrative burdens or reporting requirements placed on them?

Ms. Tokarski: — No.

Ms. A. Young: — Thank you. And sorry, can you remind me what's the current number of FTEs [full-time equivalent] in the ministry?

Mr. McFadyen: — In the ministry or here in custody services?

Ms. A. Young: — In custody services, forgive me.

Mr. McFadyen: — 1,852.

Ms. A. Young: — Thank you. And does that number — not having the past five years in front of me — does that represent an increase, a decrease, or fairly steady?

Mr. McFadyen: — I would say that it's fairly steady. It might vary a little bit year to year, but not drastically.

Ms. A. Young: — Thank you. And with some of the actions taken to implement the Provincial Auditor's reports, have there been increased training dollars or things like that allocated?

Mr. Larsen: — That would not be something that is tracked. We see the training as something that's obviously required at the facilities, and the training is just completed. We don't have a separate line item for that.

Ms. A. Young: — So staff complete that during their regular work hours. There's not like a need to bring in kind of coverage or anything like that.

Mr. Larsen: — Certainly there is, and that's part of the extra cost of training in correctional facilities, right, that those people that are attending that training for that day would have to be backfilled accordingly, and so there's lots of variables that come into play there.

Ms. A. Young: — And do you have a cost associated with that?

Mr. Larsen: — An overall overtime cost?

Ms. A. Young: — Yeah, specifically for this chapter.

Mr. Larsen: — We wouldn't have it for today's discussion, but we could get that for you.

Ms. A. Young: — Thank you.

Mr. McFadyen: — This is one of the reasons why we're entertaining some of the e-learn modules is so that the employees can do it, kind of work it into their daily shift, taking them so that we don't have to rely on so much of, you know, people coming in on days off and things like that, so to hopefully bring the, you know, costs associated with training specific to this or even other things more cost neutral.

Ms. A. Young: — Thank you. Looking at recommendation no. 4, which is the outstanding recommendation not implemented and the timeline for implementation is kind of TBD [to be determined] with the acknowledgement that the ministry is currently researching best practices, can you speak to the lack of progress on that recommendation?

Mr. McFadyen: — Yeah, I don't know if it's lack of progress, but it requires legislative changes. So we have some front-end work to do that we need to prepare some documents and briefing materials for not only the deputy, but the deputy, then to the minister for their review. And it could be when we're changing legislation, from our experience it could take like a multi-year-type activity.

Ms. A. Young: — Is there an expected timeline? Is this something that's been prioritized in terms of the work of . . .

Mr. McFadyen: — We would expect, at least from our end, to have the information available to our deputy and our minister's office the fiscal prior to December of next year.

Ms. A. Young: — Thank you. And appreciating the work that goes into legislative changes, and that sometimes that can be a bit of a lagging indicator for practice and policy, are there other areas that the ministry's aware of where they're not compliant with either existing legislation or they're looking to make important changes like this to the current Acts?

Mr. McFadyen: — Yeah. And I don't think it's a compliance piece. It's more of a timely piece that we've identified some changes that need to be made. And aside from the admin seg we recently had an audit report done by Ombudsman Saskatchewan in regards to discipline. So there's some pieces in our discipline segregation package that if we're going through one, we want to go through the other. We kind of want to do this exercise once and capture not only recommended practices but also some things operationally that we've identified over the years that we'd like to make some changes on.

Ms. A. Young: — Thank you. Moving on to recommendation no. 5, the actions taken to implement since the Provincial Auditor's report, the status update notes that the quality assurance tracking sheet was updated December 2022 to ensure it covers off all key policy requirements. And going through those five bullet points listed on the status update, the first one, it notes that it should be confirming inmates are signing off on placement decisions. Someone with, you know, no real experience with corrections, do inmates have the ability not to sign off on a placement decision?

Ms. Tokarski: — Yes, they can choose not to. In that case it would be signed by two staff to indicate that the inmate did not want to sign.

Ms. A. Young: — And are there any consequences, like administratively, for the ministry or the facility or for the inmate in question?

Ms. Tokarski: — No. No.

Ms. A. Young: — Where it notes there's an emphasis placed on providing feedback to the correctional centres on non-compliance with the policy, can you speak a little bit more about what that feedback mechanism or content could look like?

Ms. Tokarski: — Well if I notice any deficiencies, then I would either call or email the director, explain what the deficiency was, and then get confirmation that they've received that and will correct it.

Ms. A. Young: — Thank you. So what does the process look like? Obviously the hope would be that that's corrected right away. And I imagine in the vast majority of cases, it almost exclusively is. What does the process look like for escalation if you have to go back for perhaps round two or round three?

Ms. Tokarski: — Oh, I would definitely check again. But the directors are very receptive to feedback in this area so I haven't run into an instance where it hasn't been understood, the error that was made.

Ms. A. Young: — Okay, thank you. And I guess some questions in regard to the health care assessments. If these aren't completed what does that process look like for kind of accountability and compliance?

Ms. Tokarski: — So I'd again return to the director, who would speak with the nurse manager, who would discuss that with the nurses that were on shift that day who should have completed such a thing.

Ms. A. Young: — Thank you. And similarly for if the daily reviews are being completed or not, do you have the numbers available, percentages for how compliant the institutions currently are with these requirements?

Ms. Tokarski: — For the review requirements?

Ms. A. Young: — Yes, the quality assurance tracking that you're doing as a key measure and deliverable for this.

Ms. Tokarski: — So as I mentioned before, the review indicated that there is 92 per cent of initial placement reviews that were completed and completed on time, 100 per cent of seven-day reviews, 100 per cent of 14-day reviews. The daily reviews were partially completed in 70 per cent of cases — there may have been one or two missing — and then 67 per cent had the health care assessment done.

Ms. A. Young: — Thank you. And remind me the time period for that health care assessment.

Ms. Tokarski: — So for the initial placement it's within 24

hours. If there's one that needs to be completed for the seven-day review, meaning the placement is continuing on past the seven days, it's either the day before or the day of that review.

Ms. A. Young: — Thank you. So that 67 per cent number you just referenced is related to which measure?

Ms. Tokarski: — That would be the health care assessments.

Ms. A. Young: — Okay. For the initial health care assessments?

Ms. Tokarski: — For both.

Ms. A. Young: — For both. So moving on to recommendation no. 6, the status update speaks to the fact that reports are being prepared for senior management of the correctional centres regarding administrative segregation and these reports are being . . . There is publicly accessible information on this as well.

Looking at whatever analysis is taking place of the required reviews and quality assurance results and the reporting and analysis that's going on, would you characterize this as a positive process? Are there positive results emerging from this, both for the institutions and the inmates in question?

Ms. Tokarski: — Yes, for sure. Every year there's marked improvement over the previous year's numbers or statistics.

Ms. A. Young: — Could you speak to how you'd characterize improvement?

Ms. Tokarski: — There is improvement in like the number of placements and the number of inmates. That has steadily declined, so it's down 95 per cent from 2019. There's been a reduction in the length of stay, certainly. From 2019 it was eight days; presently it's 5.75 days. The quality of the work has improved. The completion rates have improved in the majority of areas as well.

Ms. A. Young: — Thank you. And looking at the last recommendation from the auditor, it notes in the ministry status update that information about the ministry's use of administrative segregation is available on the publication centre. Can you help me understand why that was chosen as the best place for this information?

Ms. Tokarski: — That's just where all of our relevant documents are published. So like all of our provincial policies are publicly available on publication centre and then there's a link to our ministry page as well.

Ms. A. Young: — Thank you. And with the annual . . . This is updated annually, correct?

Ms. Tokarski: — That's correct.

Ms. A. Young: — Okay. Is this annual updating, is that consistent with best practice? Are there other . . . I don't have the context for if other jurisdictions, you know, do this weekly or every three years.

Ms. Clemett: — Yeah, I would say that good practice would anticipate annual reporting seems reasonable and appropriate, yes.

Ms. A. Young: — Thank you. And looking at it, it says effective March 2023. So is the next round of annual reporting anticipated next month?

Ms. Tokarski: — Yes.

[10:15]

Ms. A. Young: — Thank you so much. I have no further questions on this chapter.

The Chair: — Mr. Nerlien, Deputy Chair.

Mr. Nerlien: — Thank you, Mr. Chair. I have a question for the benefit of the thousands that are watching us this morning. Could you give us kind of a quick insight into what administrative segregation actually looks like in a real-life example?

Ms. Tokarski: — Trying to think of the best one I have in mind. I could speak specifically about one. You know, we have had individuals who have repeated disciplinary problems or behavioural management problems. All of the alternatives have been attempted. You know, they may consistently fight with other inmates or refuse to have a cellmate.

So what would happen in that instance is they would be assessed using the segregation assessment tool, seeing if it meets the parameters of the risk assessment. And then if it was deemed to be a justified placement, they would be single-cell placed. They have two hours minimum a day of leisure time, and that does not include if they have a family in-person, non-contact visit — or we also have virtual visiting as an option as well — or if they had, say, any medical appointments, or you know, speaking with the nurses. That's not included in their leisure time. So they have that.

A lot of units have TV in the cell, so they have that. They can do self-study with classroom or if there's any other self-study programming that they could do to occupy themselves during the day. One hour of that leisure time must be fresh air as well, should the inmate choose to do so. And so then they're reviewed every day by a correctional facility officer. They have a chat with them, see how they're doing.

Sorry, I'll return to the initial placement. They get assessed by a nurse to see if there's any mental health concerns. Nurses are able to make recommendations about the placement or even state that it's not a good idea and they don't agree with it. They can add their comments as well as if there's anything that the staff need to consider.

So there's the daily reviews at the seven-day mark. It also gets reviewed by the unit assistant deputy director of programs. They meet with the inmate; they discuss the placement with them. And throughout this process there is always the consideration: is there a reasonable alternative that became available? So for instance, if an inmate does not do well in this correctional centre, is it possible to transfer them to a different one where, you know, they would have less strict conditions of confinement?

And so then the next formal review is the 14-day — again continuing on with the daily reviews — and at that point they would be assessed whether it's safe to remove them from

administrative segregation. There is the option of a behavioural management plan, so there would be, you know, specific direction provided to the inmate, structure, rules about the expectations of their conduct.

And so in the past year we have not had an inmate remain on administrative segregation longer than 14 days.

Mr. Nerlien: — Thank you very much. That was excellent. I appreciate that.

The Chair: — Any further questions, members? Ms. Young.

Ms. A. Young: — Thank you. Forgive me, one follow-up question just based off that example you provided. And forgive me if I'm incorrect. I had it in my mind that there were — and I'm not an expert in corrections, you may have noticed — however I had it in my mind that there were two different levels of segregation. There was disciplinary and then there was administrative. Is that the case?

The example you just gave, you talked about like an inmate potentially, you know, acting out or having bad behaviour. Am I totally off-base in thinking that there's those two distinct categories of segregation? And if I'm not, can you clarify the causes then for each as well as whether the processes are the same?

Ms. Tokarski: — For sure. Yes, the processes are different. So disciplinary segregation is one of the sanctions that can be applied if an inmate is found to have committed a disciplinary offence. So our legislation provides for our disciplinary rules, as well as there's also director's rules in each facility.

So for administrative segregation, it is based on the safety and security of that individual or the individuals within the facility. The most common reason for administrative segregation is violent or aggressive behaviour, and that has stayed consistent throughout the years that we've been tracking. For disciplinary segregation, it has a maximum of 10 days and it would be a disciplinary sanction as opposed to a strictly safety measure that administrative segregation is.

Ms. A. Young: — Thank you.

The Chair: — Not seeing any further questions at this time. Thank you for the exchange and the responses on this front, questions. I'd welcome a motion to concur and note compliance with recommendations 1, 2, 5, 6, and 7. Mr. Goudy moves. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. I'd welcome a motion that we concur and note progress with respect to recommendation no. 3. Ms. Lambert moves. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. And I would welcome a motion that we concur with recommendation no. 4. Moved by Mr. Lemaigre. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — And that's carried. Okay. Moving along, I'll kick it back over to the Provincial Auditor to focus on chapter 13.

Mr. Schwab: — Chapter 13 of our 2022 report volume 2, on Pages 161 to 165, reports the results of our fourth follow-up audit of management's actions on the recommendations we made in 2011 about community rehabilitation to adult offenders. We made seven recommendations in our 2011 report. By June 2020 the Ministry of Corrections, Policing and Public Safety implemented five of the seven recommendations, and by August 2022 the ministry improved its processes and implemented the two outstanding recommendations.

The ministry is responsible for the provision of correctional services and programs, including the supervision and rehabilitation of adult offenders in the community. At July 2022 there were approximately 830 adult offenders serving community sentences in the South region which includes Regina, Swift Current, and Estevan.

According to the ministry policies, probation officers are supposed to complete risk assessments and case plans for offenders within 12 weeks of offenders starting their community sentences. That is, eight weeks to complete risk assessments and four weeks to complete case plans. Probation officers are then to document progress in the case plan every 120 days.

We found the ministry now monitors compliance with expected timelines stated in its revised risk assessment and case management policies. It also conducted compliance audits to verify that probation officers completed progress reports for offenders every 120 days. We found that by July 2022, the ministry achieved a province-wide risk assessment completion rate of 78 per cent and a province-wide case plan completion rate for adult offenders of 77 per cent. Every two months the ministry reported on achievement of these targets to senior management and front-line staff, such as its probation officers and their supervisors.

Establishing targets and monitoring achievement of timelines set in policies, such as for risk assessments, case plans, and progress reports, can assist the ministry in addressing delays in a timely manner and formally tracking its progress towards reducing offender recidivism.

I will pause now for the committee's consideration of this chapter.

The Chair: — Thank you very much for the presentation. I turn it over now to Deputy Minister Larsen for brief remarks. Then we open it up for questions.

Mr. Larsen: — Thank you, Mr. Chair. And thanks again to the Provincial Auditor team for the work they've done on this chapter. The ministry agrees that both recommendations are now fully implemented. Thank you.

The Chair: — Thank you. I'll open it up to committee members for questions. Ms. Young.

Ms. A. Young: — Thank you very much, and thanks for all the

work on this, recognizing I'm coming in at the end of a long-outstanding recommendation. Can you remind the committee, looking at this first being made in I believe it was 2011 in the auditor's reporting, how we got to 2024 in terms of the timeline between the initial recommendations and now, why it took us, you know, 13 years to get here?

Ms. Graves: — Good morning. My name is Caroline Graves. I'm the executive director of community corrections. I can certainly answer that question. There have been a number of changes made throughout the years. Looking back at the initial requirements, the initial requirements were to complete the risk assessments and case plans within a shorter time frame.

In 2017 we launched a large workload review of the work of probation officers and community youth workers. Resulting from that we made changes to the policies that require risk assessments to be completed, now within eight weeks, and case plans to be completed within 12 weeks, so four weeks subsequently to the completion of risk assessments.

So that time frame between 2011 and 2024 has really focused on making massive, massive changes in terms of the work that we do and the requirements. The policies have all changed over time, and there'll be continued improvements over time as well.

Ms. A. Young: — Thank you. So looking at the 2022 ministry-approved target completion rate for adult offender risk assessments, case plans, progress reports of, I believe, 75 per cent by March this year, will the ministry achieve that proposed target by March 31?

Ms. Graves: — Overall we're doing quite well. We won't quite reach the target rate of 75 per cent. In terms of completion rates of risk assessments, we're at a completion rate of 70 per cent. That includes risk assessments completed within policy timelines and some assessments completed slightly outside of timelines, so we're at 70 per cent combining those two. In terms of completion of case plans, we're at 72 per cent. That also includes case plans completed within the timelines and some completed slightly outside of timelines.

With progress reports, we continue to try to make improvements. We're right now at a completion rate of 56 per cent, so we're continuing to try to make improvements. We found some of the challenges being that where we have . . . We're continually staffing positions. We're trying to staff positions as quickly as we can, but that presents a bit of a challenge in some locations, particularly the North. And then another competing demand is we also complete reports for the court so that they're always prioritized. So there's always multiple competing demands in terms of our staff's time. So we continue to look at how do we make improvements to continue to do better and better with our work.

Ms. A. Young: — Thank you very much. And my thanks to the staff for all their hard work on this. You mention there's some assessments and case plans and progress reports that are completed but slightly outside of . . . Can you be a bit more specific about what constitutes, like, slightly outside of, what would be the biggest aberration there?

Ms. Graves: — Sure. I don't have the exact numbers with me,

but usually when we're looking at slightly outside the timelines, it's usually about two weeks outside of timelines. So it's not an extended period of time. It's a shorter period of time. Most of them are getting done just slightly over the timeline requirement, where we're outside the timelines.

Ms. A. Young: — Thanks. And do you know . . . I'm trying to think of the clearest way to characterize this, but the most outstanding, like, what the longest period of time would be if completed?

Ms. Graves: — I don't have that information with me. I'd certainly be happy to get that for you though.

Ms. A. Young: — Sure, thank you. And you spoke about some of the . . . just the workload, the challenges that staff face in achieving these targets. And you talked about the different regions in the province. And forgive me, I don't know how many you break it down by. You said at least South and North. Do you have compliance numbers available by region?

Ms. Graves: — I do have the compliance numbers by regions. I don't have them with me. I could certainly provide those as well though.

Ms. A. Young: — Thank you. That would be appreciated. And then my last question was going to be around, you know, why that target completion rate isn't reached. And it's fair to sum that up based on your comments just in terms of the staff turnover and administrative burden?

Ms. Graves: — It is. It is largely. Largely those things would play into things. Another element that relates, and I can provide some information as it relates to our supervision standards, is that when our clients are in the community they're not a captive audience. So we rely upon our clients to report as instructed. They don't always do that. So sometimes what happens is things aren't completed in the timeline that we would hope, simply because the clients aren't engaging in supervision. So we do the best we can to try to re-engage in those instances. But that will play an impact sometimes as well.

[10:30]

Ms. A. Young: — Thank you. And is that kind of loss of contact with the client, is that a leading indicator of recidivism or is that just simply the way it goes?

Ms. Graves: — It just simply is the way it goes. Yeah.

Ms. A. Young: — Thanks. And you talked about the challenges with staffing. Do you have the staffing or the turnover numbers available?

Ms. Graves: — I do. So for our level 9 staff, so our level 9s are probation officers and community youth workers. So the turnover rate with all level 9 supervisions between April 1st of 2023 and December 31st of 2023 is 24 per cent. If we look at people who left community corrections, because some people stay within our system, so within the people who stay within our system are people who left community corrections is 22 per cent.

So 22 per cent overall, and then in terms of completing this work

we also have level 10 program specialists, and the turnover rate for that group of staff between April 1st, 2023 and December 31st, 2023, looking at people who left community corrections overall is 13 per cent.

Ms. A. Young: — Thank you. And looking kind of year over year over . . . I don't know what a relevant time period would be, if it's two years, if it's five years. Is that turnover rate of around, you know, 22, 24 per cent, is that fairly consistent year over year?

Ms. Graves: — It is. You know when we look back at the last few years, so for level 9 staff in '21-22, it was 25 per cent; '22-23 was 18 per cent; and then as I mentioned between April and December of this year of 2023 was 22 per cent.

When we look at level 10 staff for '21-22, it was 12 per cent; '22-23 is 16 per cent; and then 2023 from April to December 31st was 13 per cent. So fairly consistent over time.

Ms. A. Young: — Thank you. And last question from me, Mr. Chair, is recruiting a challenge or is it an evergreen challenge? Is it increasing? You know, you hear about labour market shortages sometimes in the province, and I'm curious with that kind of regular level of turnover what it's like on the hiring side.

Ms. Graves: — It is a challenge for sure. In some locations it's more of a challenge than others, particularly so as I had mentioned earlier we have the North region, and as you alluded to we have South and we also have Central. So we have South, Central, and North. I'd say in the last few years recruitment overall has certainly been more challenging. I think not just for us but across the country. The conversation comes up at the federal-provincial-territorial committee that I sit on.

So it's an issue not just here but everywhere, and then particularly in some locations, so for example in the North. Some areas are more challenging to recruit than others.

Ms. A. Young: — Thank you very much.

The Chair: — Further questions from committee members on this chapter? Not seeing any at this point, I'd welcome a motion that we conclude consideration of chapter 13. Moved by Mr. Lemaigre. All agreed?

Some Hon. Members: — Agreed.

The Chair: — All right. That's carried. We'll move along now and I'll turn it over to the Provincial Auditor to focus on chapter 14.

Mr. Schwab: — Chapter 14 of our 2022 report volume 2, on Pages 167 to 173, reports on our second follow-up of management's actions on the recommendations we first made in 2018 about the ministry's processes to provide primary medical care to adult inmates in its secure custody correctional facilities.

We made nine recommendations. By July 2020, the ministry had addressed two of the nine recommendations, and by July 2022, the ministry implemented the seven outstanding recommendations.

We found the ministry delivered orientation to its nurse managers

and tracked completion of the required training. The orientation covers key content for the provision of medical care in a correctional centre, including conflict management, substance abuse, and incident reporting.

The ministry also tracked the currency of correctional staff's first-aid certifications. We assessed a sample of 30 first-aid certifications listed on tracking sheets and found all certifications current.

We found the ministry initiated a nurse-to-nurse form to provide inmates' critical medical information when inmates transfer between correctional centres. We tested 30 inmate transfers and found the nurse-to-nurse forms completed and promptly received by a nurse at the receiving centre for inmates with significant medical conditions. We also found the ministry monitors the use of these forms through medical file audits and identified instances of incomplete forms, similar to our testing.

The ministry evaluated its provision of primary medical care to inmates through medical file audits and analysis of medical complaints. This can assist correctional centres' medical staff in identifying areas of improvement. Correctional centres track inmate complaints, including medical complaints, in spreadsheets and send them to ministry management quarterly. We found the spreadsheets included the date complaints were received and the date the correctional centre director provided a response. We found actions taken to resolve a sample of complaints we tested were reasonable.

The ministry also compiles medical file audit results from the four correctional centres into a provincial summary and categorizes issues identified through audits into themes. The most common themes identified through medical audits include issues related to mental health and addictions care, dental health, and long wait times for physician care. The audit file summary included comments on resolutions to identified issues.

Evaluating the provision of medical care can assist the ministry to determine whether inmates receive care consistent with this policy and help to guide correctional centres' medical staff in identifying areas of improvement.

I will pause now for the committee's consideration of this chapter.

The Chair: — Thank you very much for the presentation. Thanks as well to the ministry for all the work on this front.

And maybe to the public that might be following, this chapter's already come to this committee. We've had a round of questions on it and a bunch of work that's been undertaken by the ministry. They've reported back implementation with respect to the recommendations. So thanks for the work. So this demonstrates sort of the follow-up process of this table, and importantly, the auditor within this process.

So I'll kick it over to the deputy minister for a very brief remark, and then we'll open up for questions if there are any.

Mr. Larsen: — Thank you, Mr. Chair. We totally agree. We're very pleased to see the seven recommendations fully implemented. Thank you.

The Chair: — Thank you. Questions from committee members. Ms. Young.

Ms. A. Young: — Thank you, Mr. Chair. Morning again. Recognizing it's been I believe about 18 months since the recommendations from this audit were implemented, is it still the case that all the original recommendations are still being adhered to?

Mr. Carey: — Good morning. Dean Carey, executive director of offender services. And yes, they are.

Ms. A. Young: — Great. Thank you. Can you provide some comment on the current health status of the inmate population and health issues that the nurses often treat?

Mr. Carey: — Certainly. In terms of our inmate population, they present with very similar health issues that you would see in the community. A lot of our inmates are certainly disenfranchised and potentially would have more significant health issues potentially at times. And I think that, you know, overall it's an opportunity to have somewhat of a captive audience and to try and address those particular issues.

We do a lot of work with the Health Authority, the Ministry of Health, in terms of trying to establish opportunities to address, for instance, communicable diseases and some other pieces just in the advent of further public safety. Because if we can address those things while we have them, then it provides an opportunity once released that it doesn't carry on into the community.

Ms. A. Young: — Thank you. And looking at the numbers that were provided in this chapter as it pertains to nurses working in correctional centres, those numbers were from July 2022 and it notes that the total nurses includes both full-time and part-time nurses. Are you able to provide what the current breakdown is, both for staffing levels overall and what the distinction is for full-time or part-time?

Mr. Carey: — So in terms of total nurses, currently in 2024 — so this would have been within the last month — we would have 101 working across the facilities. So 16 in Saskatoon, 40 in Regina, 24 at Prince Albert Correctional Centre, 21 in Pine Grove; so the 101 total.

And then in terms of breaking that down, so in Pine Grove, currently we would have 11 full-time positions; 7 are filled. Oh sorry, 7 are vacant, so there would be part-time people filling in for those positions. At Prince Albert Correctional Centre we would have 11 positions and 4 of them are vacant. Saskatoon Correctional Centre, again 11 with 4 vacancies for the permanent full-time. Regina correctional centre is 17 with no vacancies. And yeah, that would be the four.

Ms. A. Young: — Thank you. So looking at those numbers, obviously there's been some challenges for the health care system overall over the past couple of years here in Saskatchewan and elsewhere. Are there challenges in recruiting medical staff for correction centres?

Mr. Carey: — There are always challenges recruiting nurses, and I think to a large degree why we have so many part-time nurses is because it allows them flexibility. Often they work for

the Health Authority or they work for Correctional Service Canada and it gives them the opportunity to choose shifts, pick different opportunities to work.

We certainly recognize the challenge of particularly nurses, I think for the most part, so we've tried to make connections with the different colleges of nursing. We ensure that we provide opportunities for internships and practicums within our facilities to give them the opportunity to see what that's like. And then any type of job fair or visiting the colleges or different things, we try to promote ourselves to try to ensure that we have adequate nurses within the facilities.

Ms. A. Young: — Thank you. And forgive me if this was canvassed in years past, but is there a target ratio of health care staff to inmates?

Mr. Carey: — A targeted ratio.

Ms. A. Young: — Is it, you know, one nurse for every 200 people in a facility or . . . I'm just pulling numbers out of thin air.

Mr. Carey: — No, no. No, that's okay. I know that certainly in terms of some of the work . . . I think Caroline Graves mentioned the federal-provincial-territorial committees. So we're fairly consistent as we are with other provinces. I think, you know, for instance Correctional Service Canada has a better ratio than we would have, but in terms of, you know, the actual best practice, I could certainly find that for you.

Ms. A. Young: — Yeah, that'd be interesting to hear more about that specifically if there are, you know, targets that the ministry has internally that it's interested in maintaining for its incarcerated populations.

Mr. Carey: — Just one piece that I think, just to identify, is that in many of the other provinces the health authority provides correctional health care. So we're one of a few provinces where we provide our own correctional health care. So we hire our own nurses and we contract medical services. So we just have to think about, in terms of ratios, in terms of comparing apples to apples. But we'll see what we can provide.

Ms. A. Young: — Thank you very much. Just a couple more questions on this. Currently are there wait time standards for inmates in order to access a medical professional?

Mr. Carey: — Well there certainly are wait times. In terms of specific standards across the different . . . not that I'm aware of. I know that we certainly continue to explore almost different methods of providing services, so again one of the discussions with the Health Authority and looking at some of the evidence-based practices are around virtual care.

So you know, for instance for psychiatry or in terms of having somebody go out to the emergency room, there are potentially opportunities where we can access psychiatry or doctors virtually in a confidential, confined setting to improve the services, to reduce wait times. So we're currently working at exploring those different opportunities.

Ms. A. Young: — Thank you. Do you have any clear numbers in terms of like what a standard or an outstanding wait time

would be for somebody needing to access, for an inmate needing to access medical care? What would be typical and what would be an outlier?

[10:45]

Mr. Carey: — So just as an example, Pine Grove, our women's facility, to see a doctor, a general practitioner, the wait time is two to three weeks currently.

Ms. A. Young: — And are there numbers at, like an extreme end of that that the ministry would track in terms of somebody potentially waiting — I don't want to speculate — but you know, months or . . .

Mr. Carey: — Yeah. Just give you a quick look here. It would appear that optometry, which is a contracted service, has a longer wait line. Wait time could be up to 12 months. I know that, for instance with psychiatry, again sort of ranging from two weeks to 90 days.

Again, part of the discussions around the virtual services, for instance in our northern facilities, in Prince Albert there's longer waiting times than, for instance say Regina or Saskatoon. But looking at opportunities to access services in Saskatoon to virtually provide those services in P.A. [Prince Albert] are some of the things we're working on.

Ms. A. Young: — Thank you. And moving on to medical complaints. For folks watching at home, can you define a medical complaint? Is it an inmate saying hey, I didn't like the care I got? Or hey, I still have this issue?

Mr. Carey: — Well, yeah sometimes, sure. Sometimes it's related to the medical service that is provided. The majority of the complaints tend to be around medications. And so one of the challenges is they may have been on certain medications before they come into centre. And then doctors prescribe within centre, so they may or may not prescribe the same medication as they had in the community.

We have lots of issues around diversion. So you know, for instance if they're on, let's say, an opiate agonist therapy or some other medications for attention deficit or some other pieces that have value, so to speak, within centre, then if they are caught diverting — especially the warnings — and then if it continues, then the doctor will no longer prescribe the medication. Which is never . . . usually ends up in a complaint or an appeal because they have been taking that medication. And again, medications do serve a purpose.

Some other pieces that we're trying to look at in terms of trying to reduce some of those pieces are looking at something like a film, for instance. So if you think about a Listerine strip, rather than having to take a pill and ensure that it's swallowed properly, if it's just a film that's put on the bottom of their tongue for instance, it saves everybody time and there's a far less likelihood of diversion. So just different things that we're trying to implement to address some of those pieces.

Ms. A. Young: — Interesting. Thank you. And then it's noted in this final chapter the average days of delayed responses has dropped, and it provides the numbers for the Regina correctional

centre up to 2022. Do you have those numbers, more current numbers?

Mr. Carey: — So we're talking specifically about the medical complaints or . . .

Ms. A. Young: — Yes.

Mr. Carey: — Okay. So dropped and then the current numbers . . . So I think the last numbers that you had from 2022 were just January to March. And so it was the number of 63. And when I look at that same time period for 2023, I have 39. So that's a continued trajectory.

Ms. A. Young: — Thank you very much.

The Chair: — Any further questions, committee members? Not seeing any, I'd welcome a motion to conclude consideration of chapter 14. Moved by Mr. Harrison. All agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. I'll turn it over to the auditor to focus on chapter 8.

Mr. Schwab: — Chapter 8 of our 2023 report volume 1 on pages 129 to 132 reports our first follow-up audit of management's actions on the recommendations we made in 2021 about the Ministry of Corrections, Policing and Public Safety's processes to provide timely financial disaster assistance under the provincial disaster assistance program and to seek amounts reimbursable under the federal disaster financial assistance arrangements. We made four recommendations in 2021, and by January 2023 the ministry implemented all four recommendations.

We do want to mention that the responsibility for the provincial disaster assistance program transferred to the Saskatchewan Public Safety Agency effective April 1st, 2023. At the time our audit work was completed the program was still under the responsibility of the Ministry of Corrections, Policing and Public Safety.

In 2022 the provincial disaster assistance program received 802 claims. By January 2023 the ministry documented service standards for how long it expects to take to assess a disaster area designation request and how often they expect staff to monitor the status of disaster assistance restoration work. The ministry expects staff to assess disaster area designation requests within 14 days and monitor the completion status of disaster assistance restoration work every two months. We tested 11 disaster area designation requests and five local authority claims for disaster assistance restoration work. For the two instances where the ministry did not meet its service standard, we found the ministry documented the reasons why it did not meet its service standard and included this information in its periodic progress reports to senior management.

The ministry also periodically analyzed the actual results compared to expectations for its key service standards and reported the results to senior management. We reviewed three reports to senior management and found the ministry analyzed whether it met its key service standards and included the reasons

and actions taken to address any issues noted. We found the ministry met its service standard expectations 67 per cent of the time. In all three reports the ministry did not meet its service standard expectations for receiving adjuster reports and assessing and paying private property claims.

Regular reporting on whether the ministry is meeting service standards for key activities allows senior management to be aware of potential issues with the provincial disaster assistance program and take timely action to address these issues, such as working with the contracted adjusters to receive reports more timely.

I will pause now for the committee's consideration of this chapter.

The Chair: — Thank you for the presentation. Thank you again for the work on this front, follow-up on this front. I'll turn it over briefly to Deputy Minister Larsen. Then we'll open up for questions.

Mr. Larsen: — Thank you, Mr. Chair. The ministry is obviously pleased that the first follow-up audit concluded all recommendations as implemented. Thank you.

The Chair: — Thanks so much again. For folks following at home, this chapter has been before this committee. We've had questions and a whole lot of work has been done on this front. Thanks to the auditor's team for their follow-up work. Thank you to the ministry and all those involved in the work that's been identified. I'll open it up now for questions. Ms. Young.

Ms. A. Young: — Thank you very much. Great to see all the recommendations in this report have been implemented as of this audit. Looking back at the past year, can you list for the committee the various events in '23-24 to date that have created claims for the disaster assistance program?

Mr. McAvena: — Noel McAvena, the executive director of the provincial disaster assistance program. I do have a list of designations here. However they are publicly available on the SPSA website under municipal designations. Perhaps I could just summarize. There have been 70 approved designations this year, ranging for things like spring snowstorms, some spring flooding, heavy rain, plow winds, and tornadoes that occurred over the summer this year.

Ms. A. Young: — Thank you very much. And the service standard expectations have been met. Do you have that number available for this year? Sorry. Sorry if I just missed it.

Mr. McAvena: — Sorry. For the assessment of the designation requests, we're currently averaging four days' turnaround on that with a stated performance standard of 14 days. We would consider this a relatively quiet year in terms of the program. So in a year with much more volume, the service standard might be adjusted, right.

Ms. A. Young: — Thank you. So you said there were, I believe, 70 claims received this year to date?

Mr. McAvena: — That's 70 designations for different disasters warranting an application to the program. For individual claims

to the program, there's 362 so far this year.

Ms. A. Young: — And what's the current backlog for that?

Mr. McAvena: — There isn't a current backlog actually. We are within standards right now on claims. We're processing at an average of 80 days for a normal private claim. Obviously a complex structural claim would be another story.

Ms. A. Young: — Thank you. So over the past year then, you've been able to maintain that 14-day processing target for claims as expanded upon in your last answer?

Mr. McAvena: — Yes. The 14 days is related to the designation. That's effectively the process where a municipality tells us, "a weather event has happened, and we require assistance from the provincial disaster assistance program."

And then the 80 days that I mentioned is our turnaround from, once a community's designated and a private claimant sends in their application, we have an adjuster go out, visit, assess the damage, process that report, and issue initial payment to the private claimant. So that's 80 days, on a target of 90 days, is where we're currently processing. And again we would consider this kind of a below average volume year.

Ms. A. Young: — Thank you for that important clarification. So with this year being a bit below average, over say like the past four years — I don't know what a relevant window of time would be — has the number of claims, has the trend been increasing year over year? Or is it fairly . . . "chaotic" seems like a negative term, but scattered?

Mr. McAvena: — I would say that "chaotic" may be deemed a negative term, but it's probably appropriate in this case. It's very much dependent on the severity of weather events we have and also the location where those weather events hit. So if they hit a population centre, obviously that's a lot different than if they hit agricultural land. The impact and number of claims that would result are vastly different.

Ms. A. Young: — Thank you. So hearing perhaps there's some eclectic numbers year over year, when did tracking of this begin?

Mr. McAvena: — Tracking of which specifically?

Ms. A. Young: — In terms of like what would be the first year you'd have clear, kind of, consistent numbers if you want to compare apples to apples, looking at the number of claims year over year.

Mr. McAvena: — So number of claims, we would have good data in our database as far back as 2010. Here today I can speak to, certainly within the most recent five years our claim averages have been a little bit lower than say 2014 where our claim number would have been in the thousands. That was obviously, we had flooding that hit large population centres in those years.

But maybe to give you some context, in the last three years, we've had approximately 300 claims and then 900 claims and then this year again about 362.

Ms. A. Young: — It's quite a variance between those three years.

And sorry, you said there's pretty good data available back to 2010, and that's all available also online publicly on the website?

Mr. McAvena: — We don't carry that historical information on the website. We would be able to provide this committee, if there's a specific figure such as claim numbers that you're looking back, we'd definitely be able to provide that.

Ms. A. Young: — Thank you. And then again looking, recognizing this is a follow-up, over the past year, for 2023, did the ministry receive any complaints regarding its claim decisions?

Mr. McAvena: — So we have not received any formal Ombudsman complaints or appeals over the past year. We did have the program being loosely named in a lawsuit among other parties; however that was quickly redacted.

Ms. A. Young: — Thank you. And is there a process in place evaluating kind of the experience of claimants with the program? Is that something you evaluate, in terms of whether there's a positive or a negative experience? Is there a feedback mechanism?

Mr. McAvena: — We do obviously have direct interaction between our program advisors and the claimants. We don't have like a follow-up email survey or anything of that nature.

Ms. A. Young: — Okay.

The Chair: — Any further questions from others around the table? Ms. Young, you've got through your questions? Well not seeing any others, thanks again for the work on these fronts.

Chapter 8. I'd welcome a motion to conclude consideration of chapter 8. Moved by Mr. Goudy. All agreed?

Some Hon. Members: — Agreed.

[11:00]

The Chair: — That's carried. Well listen, I want to thank all the officials, all the leadership of the Ministry of Corrections, Policing and Public Safety for their presence and time here this morning. I want to thank the auditor's office for their work on these fronts. And I want to thank all those that have been involved in the work that we've identified here tonight and all those that are involved in the very important work within this ministry right across the province.

Any final words, Deputy Minister Larsen, before we break for lunch?

Mr. Larsen: — Other than thank you as well, Mr. Chair. Thanks to the committee. Thank you to the Provincial Auditor. And thank you to my team and the work they did in preparing our presentation today. Thank you.

The Chair: — Great. Well thank you so much, everyone. We will have a bit of a recess for lunch, and we'll reconvene at 1 p.m.

[The committee recessed from 11:01 until 13:00.]

Provincial Capital Commission

The Chair: — Okay, folks, we'll reconvene the Standing Committee on Public Accounts. It's wonderful to see Mr. Goudy joining us here today after his lunch, just 20 seconds after official start. And I'd like to welcome the officials that have joined us here today with the Provincial Capital Commission: Ms. Schroeder, the executive director, as well as Mr. Whippler. I think I've now done the introductions. Would you care to introduce Mr. Whippler or any brief introduction of any other officials here today before I turn it over to the Provincial Auditor?

Ms. Schroeder: — Just very quickly. Thank you, Mr. Chair. Since we've already met Mr. Whippler here, I did want to acknowledge the work of the Provincial Auditor and thank you and your team for your advice and for your recommendations.

The Chair: — That's totally the right thing to say. I will now turn it over to our Provincial Auditor to focus in on chapters 10 and 11 here today, and then we'll go from there.

Ms. Clemett: — So thank you, Mr. Chair, Deputy Chair, members, and officials. With me today is Mr. Jason Wandy. He's the deputy provincial auditor that is responsible for the annual integrated audit of the Provincial Capital Commission. He's going to present the two chapters together that relate to the 2020 and 2021 fiscal years. These chapters do not include any new recommendations for the committee's consideration.

Before I turn it to Jason, I just do want to extend a big thanks to the executive director and her team at the commission for the co-operation that was extended to us during the course of our work. Now I'll turn it over to Jason.

Mr. Wandy: — Thanks, Tara. Chapter 11 of our 2020 report volume 2 and chapter 10 of our 2021 report volume 2 report the results of the 2020 and 2021 annual integrated audits of the Provincial Capital Commission. During these fiscal years we found the commission's financial statements were reliable. Additionally the commission had effective rules and procedures to safeguard public resources and complied with authorities governing its activities, other than certain processes related to major developments in Wascana Centre.

The commission is a statutory partnership of public landowners of the Wascana Centre located in Regina, between the provincial government, the city of Regina, and the University of Regina. The commission creates a public document called the Wascana Centre master plan to guide the future development and conservation of Wascana Centre. By law the commission and its board are to ensure major developments in Wascana Centre are consistent with the master plan. The next updated and finalized master plan is expected in May of 2024.

Both our chapters include the details of our follow-up on five recommendations we first made in our 2019 report volume 2 about the commission's process for approving major developments in Wascana Centre.

By March 2020 the commission implemented two of the five recommendations, and by March 2021 it fully implemented the remaining three recommendations.

In 2020 we found the commission published its process to review and approve proposed developments in Wascana Centre involving the use of a step-by-step checklist. It also began providing the public with periodic status updates on all major development projects within Wascana Centre.

During 2021 we found the commission established new policies in relation to required public consultations when undertaking major developments in Wascana Centre or when making changes to the Wascana Centre master plan. Public consultations help the proponent and the commission understand the aspirations, interests, and wishes from various interested stakeholders before making decisions about proposed major development projects.

The commission also published summaries outlining board decisions made around major developments and those developments' conformity to the master plan.

Finally, the commission began signing agreements with building owners of major developments in Wascana Centre to facilitate control of the building use and conformity with the master plan. Having clear documentation as to how proposed major developments in Wascana Centre conform to the master plan shows how the commission complied with the provisions of *The Provincial Capital Commission Act*.

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

The Chair: — Thanks so much for the presentation and the chapters. This is a follow-up of course. This table has had these chapters before us here today. Thanks again for detailing the actions that have been taken on behalf of the PCC [Provincial Capital Commission], or by the PCC as well on these fronts.

And at this point I'll table the status update PAC 134-29, Provincial Capital Commission: Status update, dated February 26th, 2024.

I'll turn it over to Ms. Schroeder for a brief response to the chapters before us and then we'll open it up for questions.

Ms. Schroeder: — Great. Thank you very much, Mr. Chair. The Provincial Capital Commission agrees with and thanks the Provincial Auditor for the assessment that the three recommendations in the 2021 report volume 2, chapter 10 are implemented. I'll briefly provide the committee with a review of activities for each of these recommendations.

Related to the recommendation that we make public written processes about the timing, nature, and extent of public consultations for major amendments to the Wascana Centre master plan, in March of 2021 we published a series of policies and procedures and those were policy 600, land use and development; policy 601, definitions, public participation policy and procedures; procedure 601.1, public participation for major developments; procedure 601.2, public participation for master plan; and procedure 601.3, public participation policy and procedures reference manual. These policies and procedures are available on saskatchewan.ca.

Related to the recommendation that we clearly document in board minutes how major improvements and developments approved conform with the Wascana Centre master plan, in

January of 2020 we started publishing board summary documents on saskatchewan.ca after board meetings were held. These summary documents highlight discussions of the board, including any decisions on development applications. Reporting on major development applications includes the step the project is at in PCC's 38-step major development process. And starting in February 2021, information on how major development projects align with the pillars or principles of the Wascana Centre master plan were included in the board summary documents.

Related to the recommendation that we establish agreements with building owners of major developments in Wascana Centre to facilitate the control of building use and conformity with *The Provincial Capital Commission Act* and the Wascana Centre master plan, in 2020 and 2021 we completed a building-use agreement template and signed agreements with five building owners in Wascana Centre.

I'd now be happy to answer any questions you have.

The Chair: — Thanks, Ms. Schroeder. I'll now open it up to committee members for questions on the respective chapters on the Provincial Capital Commission. Ms. Young.

Ms. A. Young: — Thank you, Mr. Chair. Good afternoon. With the new master plan being expected this year, for the committee and audience at home, can you provide an update on the public engagement work undertaken thus far and how it's been received, both publicly as well as how you feel the process has gone, as the authority?

Ms. Schroeder: — Great. And thank you for that question. The Wascana Centre master plan that we have right now that we're reviewing and renewing, our board had approved a whole public participation plan. It was developed in consultation with our consultants, DTAH and Praxis Consulting. PCC administration had an opportunity to provide input. We also took that plan to our master plan public advisory committee for their review before it was taken to the board for approval.

So that plan itself is quite detailed, and we did make sure that we went through the procedures and everything that was required by procedures is addressed in it. This public participation plan is available on our website, wascana.ca, along with status updates on every stage of where we're at with the review and approval.

So there are a total of five stages to the master plan review and renewal project. Four of them include public participation. And so the first stage of what we have, that was where we were assessing current conditions. So there's a variety of activities that were undertaken during that stage.

There were one-on-one interviews with Indigenous community leaders. We held an Indigenous community members meeting, a sharing circle, invited members of Indigenous communities to come engage with us specifically. We held a public meeting for any member of the public to come and get information and provide their feedback. And then we also had a public online survey tool where people could access it virtually anywhere, any time to provide their feedback.

Once all of that feedback was gathered, we did prepare a *What We Heard Summary Report*. And that summary report was

reviewed by PCC administration. We took it to our master plan public advisory committee and then ultimately to the board for their approval. That document is posted on the website, and as you can see, every stage that we go through there's a *What We Heard* report prepared and that is published publicly.

For stage 2 — that was the vision and objectives stage of the master plan — we held one-on-one interviews with Indigenous community leaders again. We did a public visioning poll, and that was again an online tool that people could access any time, anywhere to provide their feedback. And then we did a series of pop-up events. In stage 1 we asked the public to come to us and stakeholders to come to us. Stage 2 we went to them in the communities. And by "we" I mean our consulting team, mostly led by Praxis.

So we had seven pop-ups throughout the city that people could come, get information, and provide their feedback. Again the *What We Heard* document was prepared, reviewed by administration and master plan public advisory committee, and then approved by the board.

Stage 3 was the initial draft of the master plan. And what we did in that stage, again finished up some one-on-one interviews with Indigenous community leaders. We had another sharing circle opportunity for members of the Indigenous community to engage with us, and then we did another public meeting. So the approach that we took in stage 1 was mirrored in stage 3 in terms of asking the public to come to us. And then finally we did an online survey, a questionnaire for people.

Once that work was done — again you're seeing the theme — *What We Heard* summary was prepared, reviewed by all the appropriate bodies, approved by the board, and then posted publicly.

So we are at the stage now of the final draft of the master plan, and we're just working with our consultants right now on the final details of that. So it's still in progress. But what I can share results so far of engagement is, up to the end of stage 3 we had approximately 1,800 responses throughout the whole process. So that's why it's taking us a bit longer than we had originally anticipated is there is just so much more feedback than we had expected. Now that's just number of responses. We haven't sorted through to see, is it repeat individuals. We know some people have participated in multiple stages, but I just can't provide that exact breakdown. But 1,800 responses is what we have.

So the community has come out; they're sharing a lot of feedback with us. And the purpose of those *What We Heard* summaries is really to capture and document what they're providing us and what we're going to consider.

Ms. A. Young: — Thank you. And recognizing this process is still under way, are there any legislative or regulatory changes anticipated as a result of the new master plan?

Ms. Schroeder: — Thank you for that question, and right now it's just too early for me to say if we would have to do that. But once we do have that final draft of the master plan and we move into approval, we would be looking to see if there's anything that we need to do with *The Provincial Capital Commission Act* or

The Provincial Capital Commission Regulations to make sure it aligns.

Ms. A. Young: — Thank you. And has the Wascana Centre Authority or PCC been approached by any new proponents for any new developments in Wascana Park?

Ms. Schroeder: — Can I just ask a clarifying question? Do you mean with respect to this master plan review process or just in general?

Ms. A. Young: — In general.

Ms. Schroeder: — In general. No, we haven't had any new proponents approaching.

Ms. A. Young: — And then I suppose as a result of your clarification, would there be like commercial bodies or entities engaging with the master planning process as well as residents of the province?

Ms. Schroeder: — And thank you for that question. And I can't provide details of exactly who's been participating, but we had very broad reach, broadly advertising for the master plan. So members of the community, residents in Regina, businesses, they were open to participate. I just can't tell you exactly who has been participating because the online surveys we do are anonymous, so we're not sure who exactly is filling those out.

Ms. A. Young: — So there wouldn't be any kind of self . . . And I'm not suggesting it would be problematic in any way, but there wouldn't be like any self-declared organizations that would be putting forward submissions as a part of that?

Ms. Schroeder: — Not commercial entities, no. We've heard from user groups like recreational groups, people who host events, seek to rent Wascana Centre, but I can't speak to anything specifically about a commercial entity.

Ms. A. Young: — Great, thank you. No further questions, Mr. Chair.

The Chair: — Thank you very much. Any further questions? Anyone suggesting some accommodation for fishing within the master plan?

[13:15]

Ms. Schroeder: — We have heard feedback about the use of the lake, Mr. Chair, and people wanting to make sure that it's available for recreational uses. We do however have a bylaw prohibiting fishing in Wascana Lake.

The Chair: — No, I was aware of the bylaw. And I think the wildlife federation has been, you know, has some interest on this front in trying to figure out if there's some way to accommodate all the different users, including some fishing. Not to get into the policy debate here at all today.

Not seeing any further questions, I want to thank the leadership of the PCC for being here today and their work on these fronts. I would welcome a motion to conclude consideration of chapters 10 and 11 here today. Moved by Mr. Harrison. All agreed?

Some Hon. Members: — Agreed.

The Chair: — Okay, that's carried. Ms. Schroeder, thanks again for being here today, Mr. Whippler as well. Ms. Schroeder, would you have any final remarks you'd like to offer us before you depart?

Ms. Schroeder: — Thank you very much, Mr. Chair, and thank you to you, all the members of the committee, the Provincial Auditor and her team. And I did also want to thank the Clerks and all the folks running Hansard for all their important work documenting what we do. Thank you very much.

The Chair: — Thank you very much. We'll have a very brief recess, and then we'll turn our attention to Health.

[The committee recessed for a period of time.]

Health

The Chair: — Okay, we'll reconvene the Standing Committee on Public Accounts. We'll turn our attention to Health. I appreciate that all the Health officials that have joined us have adjusted their schedules and got here a little bit ahead of schedule to accommodate the committee here today. So thank you for that. Thanks for your presence here today.

I'd welcome Deputy Minister Smith to introduce briefly the officials that are with her here today, and then we'll turn it over to the Provincial Auditor for her report on the first two chapters. Then we'll turn it back your way. Ms. Smith.

Ms. Smith: — Thank you, Mr. Chair. Also good afternoon, everyone. On behalf of the Ministry of Health, thank you to the Provincial Auditor of Saskatchewan and her team for meeting with us today and for the series of areas and issues that we'll be discussing.

I'm pleased to introduce some staff from the ministry who are here today, and I'll start with Norm O'Neill who is assistant deputy minister. He's on my left. And then I have Greg Gettle, assistant deputy minister; Ingrid Kirby, assistant deputy minister; Brad Havervold, acting assistant deputy minister. We also have James Turner who is the executive director of medical services branch; Dave Morhart, executive director of acute and emergency services branch; Jillian Code who is our executive director of population health branch; and Diana Fink who is our director of operations and internal audit; and Victoria Zhang, our manager of internal audit.

Mr. Chairperson, we recognize the Provincial Auditor of Saskatchewan plays a critical role in providing oversight for the Ministry of Health and all of our health sector partners. The Ministry of Health has made good progress on the recommendations being discussed today. Work is under way to continue to fully implement outstanding recommendations as we remain committed to strengthening services and improving efficiencies identified by the Provincial Auditor and her team. Thank you.

The Chair: — Thank you. Thank you very much. I'll turn it over now to the Provincial Auditor. I think they're going to focus their presentation on the first two chapters before us with the new

recommendations, and we'll turn it back your way and open it up for questions.

Ms. Clemett: — So thank you, Mr. Chair, Deputy Chair, members of the committee, and officials. With me today is Mr. Jason Wandy. He's the deputy provincial auditor of the health division who is responsible for the audit of the Ministry of Health as well as the 37 health care affiliates across the province. Behind him, also from our office, is Michelle Lindenbach, and she is the liaison between our office and this committee.

Jason's going to present the chapters on the ministry and the affiliates in the order that they appear. This is going to result in 4 presentations and 11 new recommendations for the committee's consideration.

I would like to thank the deputy minister of Health and her staff for the co-operation that was extended to us during the course of our work, as well as all the staff and the auditors at the various health care affiliates as well.

With that, I'll turn it over to Jason.

Mr. Wandy: — Thank you, Tara.

Federal, provincial, and territorial governments share responsibility for regulating tobacco and vapour products. Provincial legislation is designed to reduce youth access to tobacco and vapour products and to protect all Saskatchewan residents from the harms associated with environmental tobacco and vapour smoke.

The Ministry of Health uses the Saskatchewan Health Authority's tobacco enforcement officers to enforce legislative restrictions regarding the sale and promotion of tobacco and vapour products. Officers conduct inspections assessing whether the more than 1,200 retailers in Saskatchewan sell products to minors and properly display and promote tobacco and vapour products.

Chapter 15 of our 2021 report volume 2 reports the results of our audit of the Ministry of Health's processes to monitor the Saskatchewan Health Authority's enforcement of provincial legislative requirements over the sale, promotion, and use of tobacco and vapour products for the 12-month period ending June 30th, 2021. We concluded the ministry had effective processes other than in the areas reflected in our eight recommendations.

[13:30]

Chapter 20 of our 2023 report volume 2 reports the results of our first follow-up of the ministry's actions on those eight recommendations. My presentation will describe each recommendation along with the ministry's actions to June of 2023. By June 2023, the ministry implemented two recommendations and partially implemented the remaining six recommendations.

On page 93 of our original audit we recommend the Ministry of Health update its enforcement manual to reflect the structure, accountability, and inspection practices for the tobacco and vapour control program.

The Ministry of Health maintains an enforcement manual for the Saskatchewan Health Authority's tobacco enforcement officers. Our review of the manual found it generally outlined the powers and responsibilities for tobacco enforcement officers but was outdated. The manual did not reflect current inspection practices, set out the reporting or accountability structure between the ministry and the authority, nor reflect the current structure of the authority; that is, it continued to reference the former regional health authorities.

During our 2023 follow-up, we found the ministry implemented this recommendation by updating its enforcement manual to better reflect the current responsibilities for and expected practices of the tobacco and vapour control program.

On page 94 we recommend the Ministry of Health establish a formalized process to maintain a complete list of retail locations that sell tobacco and vapour products. The Ministry of Health uses an IT [information technology] system to track retail locations and associated inspection results. It relied on tobacco enforcement officers to identify any new or closed tobacco and vapour retail locations, while in various communities conducting inspections, and update the ministry's IT system.

We found this is not a reliable mechanism for the ministry to know when a new retailer began operations or when a retail location closed. During the audit we found nine retail locations subject to inspection not in the ministry's IT system. Other jurisdictions such as British Columbia and Manitoba require retailers to be licensed or registered, helping to ensure all retail locations are tracked and subject to inspection.

During our 2023 follow-up, we found the ministry partially implemented this recommendation. It started receiving quarterly licensing information from the Ministry of Finance to help maintain a complete list of retailers and retail locations in Saskatchewan. However we continued to find the ministry's list was incomplete and that tobacco enforcement officers did not update this list to include all retailers. By not having a complete list of all retailers, the ministry does not know how many retail locations selling tobacco and vapour products remain uninspected and how many are non-compliant.

On page 95 we recommend the Ministry of Health work with the Saskatchewan Health Authority to conduct required youth test shopper inspections of various locations that sell tobacco and vapour products. Additionally on page 96 of our 2021 report volume 2, we recommend the Ministry of Health work with the Saskatchewan Health Authority to reinspect retail locations that sell tobacco and vapour products to youth in a timely manner.

The Ministry of Health implemented a youth test shopper program in 2014. The program's purpose is to have minors attempt to buy tobacco or vapour products at a retail location. The ministry requires annual youth test shopper inspections. If during a youth test shopper inspection a retailer sells tobacco or vapour products to a minor, the ministry expects officers to reinspect that retail location within six months to assess for further non-compliance.

Our testing of 30 youth test shopper inspections found 11 retail locations not inspected yearly. The time between inspections ranged between 13 and 24 months. Our analysis of inspection

records between April 2019 and March 2021 found similar results, with officers inspecting 330 retail locations later than the expected 12 months. Our analysis of these inspection records also found officers did not promptly reinspect retail locations that previously sold to youth. During our 2023 follow-up, we found the ministry partially implemented these two recommendations.

Our analysis of data on youth test shopper inspections between April of 2021 and June 2023 found officers missed inspecting 117 retailers in the 2023 fiscal year and 192 retailers in the 2022 fiscal year. In addition we found 187 retailers with infractions during this period, where officers did not complete reinspections within six months. Reinspections occurred between 7 to 23 months after the initial infraction. By not inspecting retail locations within the expected time frames, there is a heightened risk that retailers will continue to illegally sell tobacco and vapour products to youth.

On page 97 we recommend the Ministry of Health work with the Saskatchewan Health Authority to deliver warning letters and notices of violation to non-compliant retailers selling tobacco or vapour products to minors in a reasonable time frame. In cases of a first offence, where retailers sell tobacco or vapour products to youth, the Ministry of Health requires tobacco enforcement officers to issue warning letters and notices of violation. The ministry expects officers to deliver these documents as soon as possible.

Our testing of 15 non-compliant retailers found officers did not deliver warning letters and notices of violation promptly. We found five retailers received these documents between four and nine weeks following the violation, with one retailer not receiving the documents at all. During our 2023 follow-up, we found the ministry implemented this recommendation. We found the ministry updated its enforcement manual to establish a reasonable time frame to deliver warning letters and notices at the time of inspection or up to three weeks after identifying an infraction. We found tobacco enforcement officers sent inspection results to non-compliant retailers within these expected time frames.

On page 100 we recommend the Ministry of Health set a reasonable frequency for conducting periodic routine inspections at retail locations that sell tobacco and vapour products. We found the Ministry of Health informally expected tobacco enforcement officers to complete routine inspections annually at retail locations that sell tobacco and vapour products.

During routine inspections, officers assess retailers' compliance with legislative requirements like whether they use appropriate promotion and signage for tobacco and vapour products. Our analysis of routine inspections conducted between April 2019 and March 2021 found officers did not complete annual inspections at all retail locations in the ministry's IT system. They did not inspect 19 per cent of retail locations in fiscal 2020-21 and 27 per cent of retail locations in fiscal 2019-2020.

During our 2023 follow-up we found the ministry partially implemented this recommendation. The ministry set a formal requirement for officers to perform routine inspections of all retail locations that sell tobacco and vapour products once per fiscal year. However, officers continued to not consistently conduct routine inspections as required by the ministry. We

found officers did not inspect over a quarter of retailers in three of the last four years. At June 30th of 2023 we found only three tobacco enforcement officers were responsible to conduct both youth test shopper and routine retailer inspections at more than 1,200 retail locations across Saskatchewan.

The ministry needs to consider whether its target for annual inspections is attainable with the current number of tobacco enforcement officers employed or whether it should consider a risk-based approach to inspections. Adopting a risk-based approach and setting the frequency of routine inspections could help the ministry allocate resources to the most risky or non-compliant tobacco and vapour product retailers.

On page 102 we recommend the Ministry of Health provide clear guidance to the Saskatchewan Health Authority on handling complaints related to the sale and promotion of tobacco and vapour products. The public may direct complaints about the sale or promotion of tobacco or vapour products to the Saskatchewan Health Authority. The Ministry of Health's IT system is used to log all complaints and then assign a tobacco enforcement officer to follow up. The ministry did not provide written expectations on when officers are to follow up on complaints, but it indicated it expects officers to contact retailers about complaints within 48 hours.

We tested all eight complaints the authority received between July 2020 and June 2021 and found officers inconsistently followed up and resolved the complaints. Three complaints were followed up within four weeks of receipt of the complaint, and five complaints had no evidence of officers addressing the complaints.

During our 2023 follow-up, we found the ministry partially implemented this recommendation. We found the ministry updated its enforcement manual to include sufficient information and time frames for handling complaints. It expects officers to initiate follow-up of complaints within two days and endeavour to resolve them within one week of receipt. However we analyzed all 57 complaints received between July 2021 and June 2023 and found officers continued to not consistently meet time frames, with complaints often left unresolved for long periods. For example, we found 24 complaints outstanding for greater than one week, including 13 outstanding for more than one month. By not investigating complaints in a timely manner, there's increased risk that retailers will continue to not comply with requirements and sell products illegally.

In our last recommendation, on page 105, we recommend the Ministry of Health enhance written reports on enforcement activities, for example complaints and trends, given periodically to senior management relating to tobacco and vapour products. On an annual and quarterly basis, the Ministry of Health provided senior management with inspection volume and some non-compliance statistics on both the youth test shopper and routine inspections. Our review of the ministry's reporting found it could be further improved by including year-over-year comparisons and strategies to achieve better compliance. The ministry also needed to include the results from the tobacco enforcement officers' inspections of specialized vape shops.

During our 2023 follow-up, we found the ministry partially implemented this recommendation. We found the ministry

improved its reporting to both the ministry and the Saskatchewan Health Authority senior management, but further enhancements are required. For example, while reports include information on year-over-year trends for youth test shopper inspections, there is no trend analysis including explanations of changes, reasons for targets not achieved, or description of strategies considered to improve compliance rates. The quarterly reports also do not include key information about routine retail location inspections such as the number of non-compliant retailers, non-compliance rates, or year-over-year trends.

By not providing sufficient information to senior management on key enforcement activities and strategies to address non-compliance, decision makers may not have adequate information to determine whether the enforcement approach is working as intended or to make appropriate adjustments.

I will now pause for the committee's consideration.

The Chair: — Thank you very much for the focus of the presentation, the work on this front, the follow-up as well. I'll turn it over to Deputy Minister Smith to respond. I'll just also table at this time PAC 135-29, Ministry of Health: Status update, dated February 26, 2024. Thanks for providing that as well and detailing some of the actions that have been taken.

Deputy Minister Smith, feel free to respond to the chapter and then we'll open it up for questions.

Ms. Smith: — Thank you, Mr. Chair. I think the approach that I will take is, just knowing that some of these recommendations cover a couple of years, I'm going to sort of look at the topic issue overall and then provide the responses. So hopefully that works for everyone, and if not, we can look at that on the go-forward. But I'll start with maybe the section around the enforcement manual and updates to that.

So with regard to the enforcement manual updated recommendation, the Provincial Auditor noted that this recommendation was implemented in 2023 volume 2 report. The existing manual was revised in 2021-22 into a new comprehensive tobacco and vapour products compliance and enforcement manual.

Training was provided to Saskatchewan Health Authority enforcement officials in December of 2022. As of December 2023 this stand-alone document now contains all relevant policy as well as the annual program work guide that establishes program objectives and expectations.

Regarding the list of retail locations. Regarding this recommendation and it being noted as being incomplete, the Ministry of Health officials have worked with the Ministry of Finance to obtain a quarterly retailer list generated from the database that they use to monitor the recently implemented vapour product tax licence requirement. The Ministry of Health shares this list with enforcement officials in the Saskatchewan Health Authority for their review so they may implement and make any necessary changes to the retailer listing.

Other efforts to improve the accuracy of the retailer list include obtaining a record from Health Canada's tobacco enforcement program, implementing business rules for finding and updating

retailers, and obtaining and sharing the Ministry of Finance list. The Ministry of Health will begin auditing for completeness the tobacco and vapour product retailer list maintained by the Saskatchewan Health Authority, and these audits are expected to be completed quarterly.

For the youth test shopper inspection recommendation, the Ministry of Health has created and implemented a tobacco and vapour products program work guide in co-operation with the Saskatchewan Health Authority. This document clearly outlines the minimum objectives for all tobacco and vapour product control activities, including test shopping.

[13:45]

The current target for the youth test shopper program is one routine test shopper visit to all tobacco and vapour product retailers licensed. Adjustments to the program objectives are currently being considered as targets are consistently not achieved. We have found, due to logistical challenges and decreased youth availability, the test shopper program can fall short of the targeted objectives in some of our more rural and remote areas. However the Ministry of Health will work with Saskatchewan Health officials to continue to identify and focus on patterns of non-compliance and retailers of concern.

Regarding the youth test shopper reinspection recommendation, the tobacco and vapour products program work guide noted previously documents the minimum objectives for all tobacco and vapour product control activities, including reinspection. Saskatchewan Health officials are required to complete follow-up visits to retailers that sold tobacco or vapour products to youth, and it must be completed within six months.

The Ministry of Health will provide quarterly reports to the Saskatchewan Health Authority that will monitor follow-up time frames for tobacco and vapour product retailers that sell to youth.

Surrounding the routine retail location inspections recommendation, the updated tobacco and vapour products program work guide also outlines the minimum objectives for routine retail inspections. The current target objective for routine compliance inspections of tobacco and vapour product retailers is 100 per cent of retailers included in the program.

Inspection activities were impacted by COVID-19 restrictions, and the program experienced significant staffing turnover and vacancies, particularly in the northern half of the province. The ministry is examining options using a risk-based approach to determine the inspection frequency for implementation in '25-26.

In regard to the key enforcement communications recommendation, the Provincial Auditor noted that this recommendation was implemented in the '22-23 volume 2 report. Updates to the tobacco and vapour products compliance and enforcement manual included a change to standard operating procedures that allow warnings to be given at the time of non-compliance, thereby reducing any delays in delivering warnings.

The Ministry of Health requires the Saskatchewan Health Authority to report warning delivery time frames on a quarterly basis. The Saskatchewan Health Authority has been providing

reports starting in July of 2023.

Surrounding the recommendation for the Saskatchewan Health Authority's handling of complaints, the tobacco and vapour products compliance and enforcement manual was revised to outline the minimum expectations for handling complaints, including follow-up time frames and documentation within the shared software program. The ministry has implemented quarterly audit reporting of complaint follow-up time frames.

And regarding the recommendation to enhance written reports, the ministry implemented a five-year test shopper non-compliance trend analysis to quarterly accountability reports in '22-23. A trend analysis for non-compliance rates for various infractions identified in the routine inspection program was added in '23-24.

In addition to the audit reports created, the Ministry of Health will continue to examine if further changes to the current accountability reports are required to address the Provincial Auditor's recommendations, and any reporting changes will be discussed with the Ministry of Health and the Saskatchewan Health Authority senior leadership to ensure the information is considered useful for directing program activities overall.

And with that, that brings an end to the recommendations covered in those chapters.

The Chair: — Well thank you very much for your response and your time here today as well. I'll open it up now to committee members for questions. Ms. Young.

Ms. A. Young: — Thank you, Mr. Chair. Afternoon. I'm going to focus my questions on chapter 20, the second chapter, as well as the status update that you provided. And it's my hope to go through that sequentially as you just did with a couple higher level questions at the outset.

It's noted in chapter 20 at the time of writing, there were 1,200 tobacco and vapour product retailers in Saskatchewan. Do you have a current number?

Ms. Smith: — Thank you for that question. We have right now approximately 1,260 tobacco and vapour product retailers in the province.

Ms. A. Young: — Thank you. And seeing that slight increase and not being an expert in this, is it an accurate assumption that we see an increase in the number of retailers fairly consistently over time? Like would we have more retailers today than we would have, you know, like five years ago?

Ms. Smith: — Thank you. We don't have the precise numbers in terms of growth year over year, but just in general would say that there has been an increase with respect to some of the retailers around vapour products.

But according to sort of the information from the team, again it's a pretty . . . There's lots of change that happens across that retail section as a whole. So I think there's been growth but I think again sometimes you see them drop off as well. So that's how I would characterize. There's been some growth. But I don't have the precise numbers here with us today.

Ms. A. Young: — Thank you. And I believe I heard in the comments from the Provincial Auditor that at the time of writing there were three full-time tobacco enforcement officers. Does that remain true today?

Ms. Smith: — Thank you. Just to confirm, there are three dedicated tobacco enforcement officers with the Health Authority.

Ms. A. Young: — Thank you. And those three folks, that's full-time and that is their full-time job?

Ms. Smith: — Correct.

Ms. A. Young: — Thank you. And moving on to the second recommendation in regards to establishing a formalized process to maintain a complete list of retail locations that sell tobacco and vapour products, can you help the committee understand . . . I see that there is some information sharing that takes place between the Ministry of Finance and the Saskatchewan Health Authority. What does that process look like? For the average person sitting at home, why is it hard for the authority to know how many stores there are in the province of Saskatchewan selling tobacco?

Mr. O'Neill: — I guess I'll take this one. So I guess sort of the short version of how it works is that we maintain a database, and really we're cross-referencing with the Ministry of Finance because they are the ones that issued the business licence and they have tax records. And we really do this because businesses sort of churn, right. So they open and they close all the time and it just keeps an up-to-date record.

And I forgot to introduce myself, so maybe I'll do that. Norm O'Neill, ADM [assistant deputy minister].

Ms. A. Young: — Thank you. So the authority for licensing businesses, that's all tobacco and paper products that rest with the Ministry of Finance, not the Health Authority or the Ministry of Health?

Mr. O'Neill: — For issuing the business licence, yeah.

Ms. A. Young: — And forgive me, I heard what you said about the business licence. Is there a special kind of licence that you need to sell tobacco or vapour products? I suppose for the average person at home, if you're opening a business and you decide you want to sell tobacco or vapour products, would someone then just tell the Ministry of Finance and, Bob's your uncle, away you go? Or is there a special process in order to sell tobacco or vapour products?

Ms. Smith: — So what I would take away is we're not familiar with necessarily sort of the processes that a business would have to undertake to get that licence. But that's something that we could take away and follow up with our colleagues and get just a little bit more information in terms of the steps that a retailer would take to obtain the licence that they need.

Ms. A. Young: — Sure. Yeah, I would appreciate that. In addition to that, if that's a takeaway, I'd be interested in learning if there's a cost associated with licensing retailers in particular that sell tobacco or vapour products. And then if there is a cost associated with that, if those funds go to the Ministry of Finance

or if there's any flow-through to, I'm not sure whether it would be the Ministry of Health or the Saskatchewan Health Authority. But I'd be curious to see what is occurring currently as well as perhaps a question for the auditor: is that consistent, is that a normal practice across Canada that the ministry of health or health authority would not be involved in licensing or the distribution of tobacco?

Ms. Clemett: — What we did find is that other jurisdictions do register for the purposes of more the compliance from that — paying tax, almost. Yes, it would be through the Ministry of Finance that they would obviously be registered, licensed, and the revenues being collected there. But it's a matter of just cross-referencing that data because when we continue to do so it's a matter of we're still finding some inconsistencies. So there is the ability to have that data sourced from the Ministry of Finance, and then make sure you know about all the retailers selling the tobacco and vapour products and inspecting them from a compliance standpoint.

Ms. A. Young: — Thank you very much, as I cough my way through the chapter on tobacco products. Pardon me. And moving on to the third outstanding recommendation of the youth test shopper inspections of retail locations. Forgive me, I believe it was mentioned in your opening remarks, Deputy Minister, that the target is one visit per retailer. Is that annually? Is that within a set period of time? And is that specific to the youth shoppers or is that for tobacco enforcement officers overall?

[14:00]

Ms. Smith: — Thank you. So to confirm, it is based on the one visit per year is what sort of that current state is. But just again, in recognition of the Provincial Auditor's recommendation around taking more of a risk-based approach, that is something that I would say we are working towards, is taking that information and that recommendation and doing that on the go-forward.

Ms. A. Young: — Thank you. And having heard that, this is a perhaps like a broader question for some of the recommendations because I've taken away from some of your comments that there is going to be that move to a more risk-based approach, looking at kind of like repeat offenders or folks who I imagine have been caught in contravention of the laws.

Is that expected to change targets, or perhaps, like I don't want to characterize this in a negative way, but perhaps weaken or lessen enforcement targets? I can imagine with three full-time staff and over 1,200 locations, that's fairly insurmountable. So I guess I'm curious if there's any intent on further resourcing or simply changing the metrics to perhaps make them more achievable for enforcement going forward.

Ms. Smith: — Thank you for the question. I think how I would frame it is, in moving towards more of a risk-based approach, it would be early right now to sort of speculate exactly, you know, how that program will work and whether or not we need to make some adjustments. But just to address your question or your comment just around, you know, the impact of that change, I think that would be a big part of the sort of the engagement and the consultation process with the Saskatchewan Health Authority, is just to make sure we've got different input and

feedback to ensure that overall the program is meeting the intent, and that it's doing what it needs to do from a compliance and risk perspective.

Ms. A. Young: — Thank you for that. You alluded to some consultation work going forward and engagement with the Health Authority. And looking through their recommendations, the timeline for implementation, about half of them are for 2024, and then the rest of them look to the future: 2025, 2026. And recognizing the auditor's first report started in 2021, can you speak to some of the passage of time, the work that's been undertaken to address these more holistically overall as well as on a go-forward basis, what some of that consultation work might look like?

Ms. Smith: — Thank you. So just to your question about sort of phasing and timing of the recommendations, so you know, absolutely acknowledge that we've got some recommendations that date back to 2021. And what I would just sort of share would be the fact that we focused on some of those foundational pieces around making sure there is a manual, some clarity around policy, tried to prioritize getting those foundational pieces in place that would enable us to start taking on some of the other recommendations.

And the way that I would describe, you know, just based on the update from the team, is that while we might be sort of looking towards that '25-26 timeline, a lot of sort of the planning and work, it really is about there's the work that we want to do in terms of some of the actions with respect to what will take place next year, but then a big part of what happens next year would be what processes or procedures or pieces do we need to have in place for readiness for '25-26.

So it's trying to think through there's the development, some of the consultation and engagement with the Health Authority. And some of those pieces will happen next year, and some of the pieces it's really about having those conversations to be ready for the following year. And that's how I would frame up how we would approach the outstanding recommendations going forward.

Ms. A. Young: — Thank you. So is that a formal consultation evaluation process, or more holistic?

Ms. Smith: — In terms of some of the areas that you've talked about this afternoon, I would say it would be more of an engagement. The engagement process with the Saskatchewan Health Authority, with the teams and the managers that sort of support the area in this work, that is something that I will just share that the Ministry of Health takes very seriously in terms of working very collaboratively with the Health Authority and the people that are involved in delivering this particular program.

Ms. A. Young: — Thank you. In looking at the chart in the auditor's report on page 186 there's a fairly significant jump year over year in terms of the number of non-compliant retailers. It appears to be kind of consistent around, you know, 100, 104, 120. And then in 2022-2023 it jumps up to near 155.

Is this indicative of the start of a trend or changes in compliance monitoring coming out of the pandemic? Is there any observation that the ministry can provide in response to this jump?

[14:15]

Ms. Smith: — Thank you. So in speaking with the team, I think it's probably early to say whether or not it's a trend or if that's a trend that we think we're going to see going forward. Just sort of revisiting the chart that you noted, when even you look sort of between '21-22 and '22-23, there were more visits overall. And so that could be a reflection of why on the other side then you're seeing the compliance, a few more notes around compliance.

And again, just sort of to my earlier comment, I think this is where, when you think about the program as a whole, it too would have been impacted by pandemic in some of those pieces. So I think it'll be probably another couple of years of monitoring the program to be able to sort of determine whether or not things are trends or whether or not things are sort of coming to a new set of kind of data where they're at. And that's something that we'll be watching closely as we go forward.

Ms. A. Young: — Yeah, thank you. Thank you. That was going to be my next question, so thanks for anticipating that. With the increased frequency of inspection indicated in that last year on the chart, I was wondering, as the ministry moves to perhaps more risk-based model targeting, those perhaps more likely to be in contravention of, I suppose, the law, if it's anticipated that the percentage of retailers offside may also increase as those inspections take place. But I guess we'll wait and see.

On page 189, in regards to the recommendation from the auditor that “the Ministry of Health provide clear guidance to the Saskatchewan Health Authority on handling complaints related to the sale and promotion of tobacco and vapour products,” on page 189 it's noted that the ministry has not provided the Health Authority with reporting since August 2022 — the last sentence of the second-last paragraph on that page. And I'm wondering if that report has been . . . what the update is since August 2022.

Ms. Smith: — Thank you. We're just going to do a confirmation check with the team just around whether or not that report that you noted has been generated again since August of 2022. So we'll do that check, and then see if we can get that relatively quickly here.

Ms. A. Young: — Thank you. Thank you very much. As part of that undertaking, it looks like that reporting is on complaints outstanding for more than six months. I'd be interested in knowing, you know, how many complaints are outstanding beyond that six-month period and what, if any, action has been undertaken since then.

Seeing there's been, based on the status updates, updated quarterly accountability reporting that has been undertaken by the ministry on this, and that there are further changes to this accountability reporting anticipated based on the Provincial Auditor's comments and those that you've shared today, when looking at what I assume are the objectives of this program in terms of reducing the rates of youth smoking, which we know are significantly higher in Saskatchewan than they are nationally, I'm wondering if you can offer any comments, kind of on a go-forward basis, on how any changes to reporting or the program itself for enforcement are expected to ultimately impact those goals.

Ms. Smith: — Thank you. So I would just, you know, offer at the front end just around, you know, this obviously is an area of priority for the ministry and for government, and I think really that primary objective of just ensuring that youth don't have access to tobacco and vapour products and that they are not exposed to sort of advertising and promotions.

And I think, as everybody is aware, you know, one of those steps and actions that were just recently taken was to increase the age to 19. And again that is just one more sort of action and step that government is taking to reduce that exposure and reduce that access to tobacco and vapour for our youth. I think in light of, you know, you've got that change, we've got sort of a program that is evolving, and it's taking again information and recommendations and advice through the recommendations of the auditor.

I think it is going to be an area that as we move forward with the recommendations that are still outstanding, as we move forward with looking at the program, and you know, taking that more to that risk-based sort of approach, I think we will be sort of in that continuous space of how do we best ensure that the program is effective, that it's meeting the objectives based on some of the information and some of the data that we get as we go forward in the coming sort of weeks, months, and years. And that will be something that is ongoing within the ministry on the go-forward.

Ms. A. Young: — Thank you very much. In terms of looking at those priorities of the ministry and hearing what you said about this being a priority, in terms of the internal targets that the ministry would have around enforcement around — I'm not sure what all the categories that you'd have would be — complaints, follow-up, communication, internal reporting. Is the ministry currently compliant in regards to its own standards around some of these things covered off by the auditor's recommendations? Like I don't want to go through them like one by one. We can. But I suppose my question: is the ministry currently meeting its own internal targets relevant to this chapter?

Ms. Smith: — Thank you. So the Ministry of Health, when we are talking about the targets for the program, so we set those targets for the Health Authority. So it's not a situation where there's some internal targets for the ministry that we set and then we set different ones for the sector. So they're the same targets.

And again what we would be watching for in the ministry is that we're — like in terms of ensuring that some of the processes and I guess the processes around quarterly reports — ensuring that we're doing those pieces in a timely way, would be the things that internally we want to make sure that we're, you know, providing the information that the Health Authority needs to be able to administer the program. But there's not different sets.

Ms. A. Young: — Yeah, pardon me. I think I probably asked that question incorrectly. It was more within both the Health Authority and the ministry, if they're currently compliant, whichever way that goes, with the existing targets, whether they are within the Health Authority or . . . Like basically are we following the rules and standards that we have right now across the board, whether it's with the Ministry of Health or the Health Authority?

Does that make any sense? Your officials are looking very

politely confused behind you.

[14:30]

Ms. Smith: — Thank you. So I'll just go back to just, you know, with the auditor's most recent report and review, I think again they found some areas where there's some more work to be done with respect to this program. And that's where through their observations, you know, taking a really good look at that risk-based approach and making some changes programmatically to ensure that on the go-forward, the program again is able to hit sort of those core objectives.

But I think it's fair to say it's a work-in-progress and based on a lot of what we've already talked about in terms of what we'll be doing with the Saskatchewan Health Authority with respect to this program overall over the course of the next period of time.

Ms. A. Young: — Thank you. So you feel with these changes and the work ahead of you that whether through the Health Authority or through the ministry that the program will be able to meet its overall objectives.

Ms. Smith: — I feel that we will be working very closely, both internally and with our partners, again to ensure that as we review, sort of, the recommendations coming from the auditor that we're going to take those steps to address them and ensure that the program meets the needs and objectives as it's intended to.

Ms. A. Young: — Thank you. Mr. Chair, no further questions.

The Chair: — Looking to committee members. Ms. Lambert.

Ms. Lambert: — Yes. Thank you for all your answers up to this point. Thank you, Mr. Chair. You had made a comment about the youth test shopper program and having a bit more challenge in the rural area. Could you expand a bit on that?

Ms. Smith: — Thank you for the question. So just a little bit more context about the program. The way that it's structured is you've got, it's like a pool, basically a pool of test shoppers, and most of them obviously would be students. And so a part of what we're hearing in terms of just some of the ability to get them scheduled . . . So there would be scheduling considerations, just weather, driving, organizing when and how you get the test shoppers and the students to certain locations.

And so I think it's sort of twofold, where you've got a pool of resources that you use for this program. It's getting that coordinated and ensuring that they are able to get to the spots where they need to get to. And I think this is one, in just talking to the team as well, that sort of the effort going forward will be to continue to sort of improve upon that piece and ensure that we've got good representation of test shoppers to be able to get out to the spots across the province as a whole.

So that's something that we'll continue to do some work on, ensure that there's a good . . . again it's good representation and just good, sort of, oversight around the planning as to how do you best enable to get the students who are in the program out to the locations that they need to.

Ms. Lambert: — Are you having more difficulty securing those test shopper students in the first place than you've had in the past?

Ms. Smith: — So we can't say today that we're having more difficulty per se, you know, relative to some of the past years. But I think again when we think about the program, this will be one of those areas that we'll look to see where can improvements be made, what can we do to better ensure that we've got, again, we've got the pool of resources that we need to be able to hit the areas of the province that it needs to. So we'll be able to provide more of an update at our next meeting.

Ms. Lambert: — Thank you.

The Chair: — Any further questions on these two chapters, folks? Not seeing any, I'd welcome a motion that we concur and note compliance with recommendations 1 and 6. Mr. Lemaigre moves. All agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. And I'd welcome a motion that we concur and note progress with respect to recommendations 2, 3, 4, 5, and 7 and 8. Moved by Deputy Chair. All agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. Okay, we'll move along to chapter 13, and I'll turn it over to the Provincial Auditor.

Mr. Wandy: — Thank you, Mr. Chair. The Ministry of Health pays over \$500 million to about 1,800 physicians under a fee-for-service arrangement. The ministry directly compensates physicians at agreed-upon rates for specific services provided to residents with valid health coverage.

Chapter 13 of our 2022 report volume 1 reports the results of our second follow-up of management's actions on two recommendations we made in 2017 about processes to detect inappropriate fee-for-service payments to physicians. The outstanding recommendations highlighted the ministry's need to use a comprehensive risk-based strategy to detect inappropriate physician billings before making payments, along with assessing options to conduct more investigations into physician billing practices that it suspects of having inappropriately billed the government.

By December 2021, we found the ministry partially implemented both recommendations. We found the ministry made progress in developing an IT system to help identify inappropriate payments. It expected the new IT system to be operational in late 2022. While the ministry had yet to establish a risk-based strategy to detect inappropriate physician billings, it anticipated the new IT system to help support a detailed risk-based strategy. Additionally the ministry expected the new IT system to enable more data analysis to help improve its investigation of inappropriate billings. Having an IT system able to detect inappropriate physician billings before payment could help reduce the amount of effort needed to assess and collect inappropriate payments back from physicians.

In 2019-20 certain fee-for-service physicians were ordered to

repay \$1.7 million and close to 500,000 was also recovered from physicians through audit investigations. Strong processes to detect inappropriate physician payments will help ensure taxpayers only pay for eligible services.

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

The Chair: — Well thank you very much for the focus on this important area here, important chapter. I'll turn it over to Deputy Minister Smith to make comment, then we'll open it up for questions.

Ms. Smith: — Thank you. Surrounding the risk-based strategy recommendation, the ministry has a draft comprehensive risk-based strategy developed that identifies certain general risk areas and risk mitigation activities. It is expected that this comprehensive risk-based strategy document will serve as a flexible sort of living guide to categorize risk treatment options in four main risk areas, including things like risk acceptance, transfer, risk avoidance, and risk reduction.

After stabilization of the new information technology system, the ministry expects to make final revisions and declare this strategy as active. And the ministry will use this strategy as a guide to adjust and implement internal information technology system controls as well as audit policies and procedures to detect inappropriate billings before payments are made.

So I'll just leave it. I'll pause there for questions.

The Chair: — Thank you very much. To committee members, questions? Ms. Young.

Ms. A. Young: — Thank you very much for those opening comments. So of the four recommendations made in the 2017 auditor's report, two have been implemented and two have been partially implemented. And this chapter dates to the auditor's report from 2022 having two partially implemented recommendations as of December 31, 2021 and at that time . . . I think I can remember the last time this came before Public Accounts which is fun. Having the new IT system fully operational by late 2022 figured prominently in the ministry's plan to ensure it fully implements the two remaining recommendations, and I do still see that as outstanding in the recommendations here today. So I guess to be clear, the new IT system is not currently operational.

Ms. Smith: — As of this month, the information technology system is ready to be implemented. So we're just in the process of that.

Ms. A. Young: — Okay, so not currently operational?

Ms. Smith: — It's just begun. It's sort of, again, a stepped process but it has begun this month with being able to be fully operational.

Ms. A. Young: — So forgive me, is it in use right now by the ministry for its intended purpose?

Ms. Smith: — We are just at the front end of it being operationalized, I guess, for lack of a better word. I can turn to the team just for the exact space, but we're very much at the front

end of implementing it.

Ms. A. Young: — Thank you. And who was the contractor for that project? I'm also going to ask about how much it cost.

[14:45]

Ms. Smith: — Thank you. I'm going to ask James Turner from our medical services branch to come up, just in anticipation that you might have a few questions on this. But again, just where we started in terms of the information technology program, we have gone live. We've been working with the physicians across the province over, I guess, many, many, many months if not years in terms of development of the program. So that is kind of where . . . That is where we're at.

Obviously at the front end of when you're rolling out something new, there's lots of communication and information that we would, as a ministry, be having with the physicians across the province and with our own internal teams. But that's where that piece is at. And I'll maybe just turn to James. You had a couple of other questions just around sort of implementation and costs. I'll just turn to James to be able to provide some of those details.

Mr. Turner: — Good afternoon. I'm James Turner. I'm the executive director of the medical services branch at the Ministry of Health. So we are actually processing our first biweekly payment in the new system this week. That payment is about \$21 million. And so just to give you a perspective of the amount of money that's processing through that biweekly payment, the actual estimated cost of the system right now — we haven't done the project wind-down and closed it off, so it's still estimated at this point — is just under \$18 million.

Ms. A. Young: — Thank you very much. And again, who is the contractor for that project?

Mr. Turner: — Sorry. It's Paradigm in Saskatchewan and CMCS [Canadian Medical Claims Services Inc.] Manitoba.

Ms. A. Young: — Thank you. And that \$18 million figure, is that consistent with your initial projections for the costs and scope of the project? I didn't do enough research to go back and check my notes on what the initial cost projections were.

Mr. Turner: — All right. So based on the initial RFP [request for proposal] process, the contracts that were signed coming out of the initial RFP process were twelve and a half million dollars.

Ms. A. Young: — Thank you very much. And in looking at the actions and the planned actions for implementation, it notes that once the new IT system is implemented, the drafted comprehensive risk-based strategy will be finalized.

So to be very clear on this, has the ministry consulted, developed, documented, and implemented a risk-based strategy to detect inappropriate physician billings?

Mr. Turner: — Yeah. So we do have a draft, a comprehensive risk-based strategy that talks about I think those four treatments of risk, that has a bunch of actions aligned to it based on what we currently have and currently know. And it will become a living document based on what we're able to do in the new IT system.

So new tools mean we have new abilities to actually action on some of the risk categories. And so that's the thing that will become live as we're stabilized through the system to be able to action on sort of, you know, risk transfer; can we do different things on that action.

Ms. A. Young: — Great. That kind of anticipates my next question. IT systems can obviously be really beneficial tools in flagging potential risks, anonymous billings. But at some point somebody, somewhere has to use that information or analysis that's generated and initiate any kind of follow-up actions, I suppose.

So based on the number of billings being handled — the report says 500 million annually; you said I think 21 million biweekly which, you know, huge amount of money to the average bear — is the staff capacity in terms of number and training going to be currently adequate? Maybe a question for the auditor as well. Is it comparable to other jurisdictions in Canada as you look at rolling out the system?

Mr. Turner: — So the current claim system that we're running is very old. It was built in the 1960s, and it had multiple different platforms bolted onto it to process claims. So it results in a lot of manual effort for a lot of staff. The new system will produce a lot less manual assessments for a group of about 20 people to assess manually.

The stack of paper that comes out of the current system is literally two and a half feet high every two weeks that then gets assigned to a group of people to go through and adjudicate manually the claims. That amount will be a lot less and it will be electronic in the new world. So we do have an organizational design plan that allows us to redeploy those people in a way that is actually tailored to actual investigation work. So we're still going to need to do some adjudication and assessment of claims, but a lot less.

So once the system is stabilized we're going to move on that organizational design piece, as well as also complementing it with a professional audit program, so an actual manager of audit with some actual audit capacity, an audit program that is actually auditable to bring those two things together and complement each other using existing resources, a way more fulsome audit program.

Ms. A. Young: — Okay. So short answer, yes. One of my subsequent questions was going to be if the ministry had assessed other options to conduct more investigations into physician billing practices it suspects of having inappropriately billed the government. So with these assessments, the audit-based program that you're talking about would be one of the actions undertaken to such an end. Is that fair?

Mr. Turner: — I think that's fair. And I also think pattern recognition in the new claim system will be a lot more robust, whereas we don't have that ability in the current system. And so it creates a bunch more technology tools for those investigators to actually rely on. So I think it's both people and the tools are more advanced as well.

Ms. A. Young: — Thank you. Just circling back to the IT system, I believe you said the initial RFP cost was twelve and a half million and it ended up at about 18. Are you able to speak to the

difference between initial cost and, recognizing you're still going through closing out the project, but where you're at to date and what the reasons are for that?

[15:00]

Mr. Turner: — I've got multiple answers on this one for you. So maybe just to round out the last answer, so it's not just about the investigations and the detection. Sometimes it's around billing education, and so that's also another thing that we do have capacity in that regard.

So a lot of times with physicians, it's about teaching them, oh no, you can't do that. You can't bill this with this. And so it doesn't come from a place of error or, I guess, fraud. It's negligence. They just don't know. And so we are also complementing some of our resources in investigations with a stronger billing education program as well upfront.

In terms of the delays, I would say the majority of the delays have been around the complexity of the system. So we do have a payment schedule that's almost 400 pages long of billing codes. There are over 5,000 business rules built into the old claim system, and so the complexity of transposing all of those rules was, I think, the major delay and the major cost driver.

So for example, I think a third-party insurance claim, they're kind of . . . They feel the same and they look the same, but the complexity of the interactions for a medical claim for a physician are way more complex based on the rules negotiated in the payment schedule. So that makes for a lot more work, making sure the rules are appropriate to what should be paid in the payment schedule.

And so I would say, based on the complexity, there was a lot more work than we had originally scoped and anticipated on testing, so testing the business rules to make sure that they were actually processing the payments and the claims correctly. There was a lot more time spent on that, as well as the parallel run testing at the end, so comparing what the new system was producing relative to what the old system produced to make sure we could explain all the variances and that we actually had enough to sign off on. Yes, the quality control is right; it's producing the same results that we think it should produce.

So those two pieces at the end, I think, took a lot more time than we thought they were going to take as well.

Ms. A. Young: — Thank you. Thank you very much for that. Moving on, looking at the figures on page 167 of chapter 13 as well as figure 3 on page 168, is it . . . Looking at those two charts together and over that multi-year period, is it fair to conclude that only about 17 and a half per cent of the recoveries ordered by the joint medical professional review committee are actually recovered? And if not, my follow-up question was going to be, what the current total amounts of recoveries ordered by the committee as that has yet to be recovered.

Mr. Turner: — All right. So just maybe a clarification that the table on page 167 is amounts recovered through our internal audit process, not through the JMPPRC [joint medical professional review committee]. So the amounts ordered recovered on the second page there, on page 168, are the amounts that JMPPRC

ordered are recovered. And there is the option for physicians to appeal that to the Court of King's Bench. And so my latest numbers, I think, as of last year, there were 17 cases pending appeal, totalling 4.34 million still outstanding at the Court of King's Bench.

Ms. A. Young: — Oh, okay. So that's the current total amount of recoveries ordered by the committee that is yet to be recovered? Or is that just the figure that's outstanding at the Court of King's Bench?

Mr. Turner: — That's the amount outstanding on the cases at the Court of King's Bench.

Ms. A. Young: — Okay. Is the number available then for the current amount ordered recovered by the committee? You're saying the figures . . . or that number is in figure 3?

Mr. Turner: — Right. Okay, I do have those numbers. In '21-22, the amount ordered to be recovered was \$2,002,408. In '22-23, the amount ordered to be recovered was \$2,567,089.

Ms. A. Young: — Thank you. And hearing what you've said about the Court of King's Bench, I'm not sure about this next question, but what's the likelihood of recovery? Is this something that the new IT system is anticipated to impact positively?

Mr. Turner: — All right. I think it's maybe important to go back to also . . . Our goal overall is to, I think, make sure less things get to JMPRC. And so that starts at the education piece, to make sure we're working with the physicians upfront so that they aren't getting audited.

And I think the numbers probably in the JMPRC piece, they may change based on the new system. But largely that's a different process than what we would be doing to detect inappropriate billings upfront with our internal audit or investigations. So we do have specific criteria for JMPRC, and so when those criteria are met, those cases are referred to JMPRC.

And so we do about 9 on average, 9 or 10 a year, and that number will likely remain the same. The value amounts sent to JMPRC might increase because we're able to see more, but if we're doing our job correctly, maybe less get there because we're actually educating up front. So it's hard to say.

Ms. A. Young: — Fair enough. Thank you. And I think just one last question from me on this.

Looking at the news around Saskatchewan doctors ratifying the new four-year agreement, and one of the features of that agreement with the Minister of Health and the SMA [Saskatchewan Medical Association] is:

Introduction of a new primary care payment model for family physicians that unifies existing volume-based pay with [can you tell I'm reading a quote?] a new capitation [never said that word out loud] payment (based on patient contacts and panel size), allowing more time to deal with complex patient issues and an increased focus on preventive care.

That sounds significant. With this new IT system rolling in, not

to suggest it's a solve for everything, but as it did figure so prominently into the last round of discussions on this chapter, will this new system be able to accommodate making timely payments for the new primary care payment model that's being introduced? And if not, then what modifications may be needed and at what estimated cost?

Mr. Turner: — So we're currently finalizing those program parameters with the SMA based on that agreement, and so the program parameters for that new transitional payment model are not yet finalized.

We would always look to our IT system as the way to sort of embed it. It's not currently built into the new functionality right now. We have scoped it out. We do think it can accommodate that, but we've not actually finalized any of the parameters, so we haven't done any costing or actual work on what would that look like to embed it in that IT system. I think some of that work will, it will come out of the work we do with the SMA and what that program payment actually looks like.

And then maybe just as a clarification in terms of the new transitional payment model is intended as a transitional piece to blend, to work towards blended capitation which is functionally a little bit of a different thing, but we're not quite there yet. And so I think that's what the news release speaks to in terms of blended capitation versus a transitional program model right now.

Ms. A. Young: — Thanks. And then what do the timelines look like for some of that work that, I appreciate, needs to happen before you can get some more clarity on what that might look like?

[15:15]

Mr. Turner: — So we've got a bit of a priority sequence to work through with the SMA on the larger ticket items of the program to make sure we agree on how those are going to roll out and interact. And then there'll be probably hundreds of minor program details to sort out.

I think we're hoping to have the larger ones landed by the end of March, but I think there's going to be a lot of work that, in the details, falls out of how the work goes over the next month, or through March.

Ms. A. Young: — Thank you. No further questions, Mr. Chair.

The Chair: — Thank you. Thank you very much. Any further questions on this chapter? Thanks for the work that you've committed to on this front and the implementation that'll occur this fiscal year with respect to these recommendations. I will now turn it back over to the Provincial Auditor to focus . . . Oh, I should welcome a motion to conclude consideration of chapter 13. Moved by Ms. Lambert. All agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. I'll kick it over to the Provincial Auditor to focus on chapter 12.

Mr. Wandy: — Thank you, Mr. Chair. The Ministry of Health

is responsible for coordinating the appropriate provision of helicopter ambulance services in the province. In 2021 the ministry renewed its 10-year agreement with Shock Trauma Air Rescue Service, or STARS, and budgeted \$11.9 million in 2022-23 to deliver helicopter air ambulance services in Saskatchewan.

Chapter 12 of our 2023 report volume 1 reports the results of our second follow-up of management's actions on three outstanding recommendations we first made in 2019 about the ministry's processes to coordinate the appropriate provision of timely and quality helicopter ambulance services in Saskatchewan.

By November 2022 we found the ministry implemented the remaining three recommendations. The ministry now receives comprehensive operational information from STARS on a quarterly basis. This includes information about changes to personnel, staff training and education, the number of calls received, missions completed, patients transported, and missions cancelled or declined.

The ministry also now receives quarterly reporting from STARS about the quality of care provided during helicopter ambulance services. Receiving regular reporting on training, quality of care, and reasons for declined or cancelled missions provides the ministry with sufficient information to monitor the terms of its agreement with STARS and to take timely action to address issues.

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

The Chair: — Thanks so much for the work on this front. I'll turn it over to Deputy Minister Smith and we'll open it up for questions.

Ms. Smith: — Thank you, Mr. Chair. In regards to the medical staff training report's recommendation, the Provincial Auditor noted that this recommendation was implemented in their 2023 volume 1 report.

The Ministry of Health continues to meet on a quarterly basis with Shock Trauma Air Rescue Service, or STARS, leadership team to review operational reporting that includes the type of education and training that staff participated in. STARS also indicates the next quarter's forecast for education for their staff. So again, it's something that we will work with them on.

With respect to the key information on quality of patient care recommendation, it's been noted as well that that has been implemented by the Provincial Auditor in their 2023 volume 1 report. Again, the Ministry of Health meets quarterly with STARS leadership to review operational reports that include quality clinical care measurements.

The Provincial Auditor noted the periodic reporting on requests for helicopter services recommendation was also implemented in its 2023 volume 1 report. And again, the ministry will continue to meet with the STARS leadership team on a quarterly basis to review operational reports that include cancelled and/or declined missions. Thank you.

The Chair: — Thank you. I'll open it up for questions. Ms. Young.

Ms. A. Young: — Thank you. Seeing that these recommendations have been implemented, I believe I just have two quick questions on this chapter, one particularly for northern Saskatchewan. So please let me know if I've got this wrong. But my understanding is that in northern Saskatchewan, ISC [Indigenous Services Canada] and the health authorities, so used to be formerly the Athabasca Health Authority, Mamawetan Churchill River, Keewatin — oh, another word I've never said out loud — Yatthé?

A Member: — Yatthé.

Ms. A. Young: — Yatthé. Thank you to the member from Athabasca . . . health authorities have now been amalgamated with the SHA [Saskatchewan Health Authority] and they had the contract for that intermediate . . . basic to intermediate fixed-wing air medical services. You know, folks who weren't in dire straits necessarily. What's the current status of the contract for that service?

Ms. Smith: — Thank you. So Rise Air is currently contracted by the Saskatchewan Health Authority, Indigenous Services Canada, and the Athabasca Health Authority, and it's on contract to provide basic intermediate air medevac services for northern residents who do not require critical care from either the Saskatchewan ambulance service or STARS. So those . . . Yeah, that's the current contract.

Ms. A. Young: — Thank you. Thank you for that. And then I believe my last question on this chapter, with sincere thanks and acknowledgement obviously to the ministry and to STARS as well as the auditor for their collaborative efforts for monitoring and ensuring timely, high-quality, and appropriate helicopter emergency service for people in the province.

Are there similar timeliness, quality, and safety metrics as appropriate for fixed-wing air medical service in the province that are in place, reviewed, and monitored by the Ministry of Health with the same frequency as helicopter air medical service?

Ms. Smith: — Thanks for the question. I'm going to ask Ingrid Kirby, our assistant deputy minister, to answer that question.

Ms. Kirby: — Hello, I'm Ingrid Kirby, ADM. So the ministry doesn't monitor Saskatchewan air ambulance as closely as STARS for a couple of reasons. The SHA is responsible for the medical crew that joins SAA [Saskatchewan air ambulance], and the type of patients that they're responding to are different.

So SAA would normally transport a patient from one facility to another, so they're in the care of physicians, nursing, and so forth, whereas STARS would respond to critical patients on scene. So STARS may get called to, you know, an accident on the side of the road where they're the first responders. So the requirements around being available and having all of their staff kind of trained on that critical care and resuscitation is a bit more important than it is for SAA. Not that it's not important, but just the type of calls that they're responding to are different.

Ms. A. Young: — Thank you.

The Chair: — Any further questions from committee members on this chapter? Not seeing any, I'd welcome a motion to

conclude consideration of chapter 12. Moved by Mr. Harrison. All agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. We're going to have a brief two-minute recess, real quick, and then we'll get at those health affiliates.

[The committee recessed for a period of time.]

Health Care Affiliates

The Chair: — Okay, we'll reconvene the Standing Committee on Public Accounts. We'll turn our attention to the health care affiliates and the auditor's chapters 6, 7, and 4, and I'll turn it over to her.

Mr. Wandy: — Chapter 6 of our 2020 report volume 2, chapter 7 of our 2021 report volume 2, and chapter 4 of our 2023 report volume 2 report the results of the 2020, 2021, and 2023 annual audits of 36 health care affiliates. These chapters include three new recommendations, along with our subsequent follow-up for two of those recommendations.

During these fiscal years, each of the 36 health care affiliates had effective rules and procedures to safeguard public resources. Other than one affiliate for the 2020 fiscal year, each affiliate had reliable financial statements. In addition, other than one particular affiliate in each of these fiscal years, all affiliates complied with legislative authorities governing their activities.

I'll start my presentation by focusing on two new recommendations relating to the All Nations' Healing Hospital in Fort Qu'Appelle. In our first recommendation on page 47 of our 2020 report volume 2, chapter 6, we recommend the All Nations' Healing Hospital Inc. seek the approval required by *The Provincial Health Authority Act* and *The Provincial Health Authority Administration Regulations* when undertaking capital projects valued at greater than \$100,000. During 2019-20, All Nations' Healing Hospital Inc. did not seek approval from the Minister of Health for two capital projects exceeding \$100,000 each, as required by law.

In our 2021 report volume 2, chapter 7, we reported this affiliate continued to not seek permission from the Minister of Health as required by law for two capital projects during 2020-21. In the summary of implemented recommendations chapter in our 2022 report volume 2, chapter 7, we reported the All Nations' Healing Hospital Inc. implemented this recommendation by obtaining permission from the Minister of Health for its one capital project exceeding \$100,000 during 2021-22. However we found a similar compliance issue subsequently occurred during 2022-23.

On page 33 of our 2023 report volume 2, chapter 4, we recommend the All Nations' Healing Hospital Inc. seek the responsible minister's approval required by law when undertaking capital projects valued at greater than \$100,000. During 2022-23, All Nations' Healing Hospital Inc. did not seek approval from the Minister of Health for two capital projects exceeding \$100,000 each, as required by law. Capital projects such as those that increase bed capacity can impact the level of future operating funding affiliates require from the Ministry of

Health. Not seeking the Minister of Health's approval for larger renovation projects increases the risk money may be spent on items not considered a priority for the health care system.

The last recommendation regarding health care affiliates for the committee's consideration is on page 48 of our 2020 report volume 2, chapter 6, where we recommend the Raymore Community Health and Social Centre record and amortize the cost of its tangible capital assets in its financial statements. The Raymore Community Health and Social Centre did not record or amortize the cost of any tangible capital assets — for example, equipment or furniture — in its financial statements for the year ended March 31st, 2020, which is required by accounting standards. As a result its financial statements were qualified for this matter.

In our 2021 report volume 2, chapter 7, we reported this affiliate appropriately recorded and amortized the cost of its tangible capital assets in its financial statements for the year ended March 31st, 2021. When agencies properly record and amortize the cost of all tangible capital assets within their financial statements, they present an accurate picture of the true cost of providing services during the year and comply with Canadian public sector accounting standards.

I will now pause for the committee's consideration.

The Chair: — Thank you very much for the focus on these chapters. I'll turn it over to Deputy Minister Smith for brief remarks. Then we'll open it up for questions.

Ms. Smith: — Thank you. In regard to the All Nations' Healing Hospital recommendation, during 2021 they obtained permission from the Minister of Health for one capital project exceeding \$100,000, and that was for cafeteria renovations and rehabilitation therapies program expansion.

The ministry will continue to send out annual reminder letters to affiliates surrounding the legislative requirements to obtain minister's approval before undertaking capital projects. Two letters have been sent out via the Saskatchewan Health Authority in February and December of 2023. And the 2024 reminder letter is expected to go out in April of 2024.

With respect to the Raymore Community Health and Social Centre recommendation, the Provincial Auditor noted that this recommendation was implemented in its 2021 volume 2 report. For the year ended March 31st of 2021, Raymore Community Health and Social Centre appropriately recorded and amortized the cost of its tangible capital assets in its financial statements in accordance with the applicable accounting framework.

And I will just add that in terms of that reminder letter, the Ministry of Health, we have reminder letters that go out to all of the affiliates regularly as well. And I know that I've got one queued up to go out in early April 2024 just following budget. Thank you.

The Chair: — Thank you very much. I'll open it up now for questions. Ms. Young.

Ms. A. Young: — Thank you very much, Mr. Chair. Thank you for the update and the work undertaken. On the status updates, I

have a couple higher level questions just overall about the audit conclusions and the financial results of the affiliates. And then I have a specific question about the new recommendation and the outstanding recommendation, which I recognize is now implemented.

And again please interject if I'm mistaken on this. The SHA funds 36 affiliates. In 2020 the SHA funding to the 36 affiliates was \$215.6 million, and then in 2021 it was \$239.8 million. Is there an explanation for what accounted for the change in funding from those two years, from 2020 to 2021, as there's not an indication that there was a change in the number of beds or services nor the employee numbers?

Ms. Smith: — Thank you for the question. So the primary I guess difference between those two years is that would have been around the pandemic response, and at that time that is where the Health Authority . . . There would have been some additional dollars for things such as PPE [personal protective equipment], maybe some different types of equipment that was needed. Also just from a staffing perspective during that time when there was a need to potentially cohort patients differently based on what was happening within the facilities. There would have been potentially some different screening kinds of activities that the facilities were needing to undertake. So I would characterize that change or that difference to the pandemic and the response there.

Ms. A. Young: — Okay, thank you. Not to make assumptions, but that may help answer my next question, which was, moving forward in 2020 and 2021, the reports state that affiliates supplied about 2,450 beds and health care services with approximately 3,000 employees. And then the 2023 report measures that the affiliates supplied about 3,000 beds and health services with approximately 6,650 employees while also indicating that SHA funding to the affiliates declined from 247 million in 2022 to 237.3 million in 2023.

I guess I was just seeking to understand, you know, what the shifts were in those increases and decreases in funding, and how beds and employees were added if funding from the SHA decreased.

[15:45]

Ms. Smith: — Thank you for the question. I think just in looking at both reports and just seeing that, when you look to the footnotes, particularly around the source for the staffing in terms of the amount of staff, what we think is that it looks like there is two different sources that were used in terms of the information. So we would like to be able to take that back, and we can look at that a little bit more and maybe even do some follow-up with the auditor's office in terms of the different source information.

We do suspect that . . . What can happen sometimes when staff or people are working on affiliates, quite often they'll focus on the long-term care part of affiliates. But we do have some affiliates that operate and have beds in acute care as well, and sometimes that's what can cause some discrepancies. But I suspect that just it's a source information piece that we would like to take back and just confirm and see where people drew the information from.

Ms. A. Young: — Okay, thank you. I'd appreciate that. Just

again, if there's any clarity on the beds and employees being added, if the funding decreased, as well as if there's any details available in terms of, you know, which affiliates would have seen funding increase or decrease over that 2021 to 2023 period, and what, if any, impact that had on the number of beds operated and staff employed.

Moving on, you mentioned long-term care. Looking at the 2023 report, it provides comparative financial information for the 36 affiliates for 2022 and '23. And in 2022 the SHA provided \$247 million in grant funding to the 36 affiliates, and in 2023 it was 237.3 million, representing a decrease of 9.7 million.

In 2022 the combined annual surplus of those 36 affiliates was 4.1 million, and in 2023 the affiliates had a combined annual deficit of 9 million, which represents a negative change of \$13.1 million.

So recognizing that many of the affiliates operate special care homes, and I believe in Saskatoon affiliates operate almost the majority of special care home beds. And the SHA having stepped in to assume, or is in the process of assuming ownership for some special care homes — Extencare, Regina Lutheran. With all of that lengthy preamble I suppose, as part of the annual review and report, what is the analysis and risk assessments that are undertaken to ensure the viability of the ongoing operation of each of these affiliates and their ability to provide that continuity, quality of care for the residents or patients that they serve?

Ms. Smith: — Thanks for the question. So I will just start by saying that the Saskatchewan Health Authority, they do meet regularly with affiliates, or sometimes there's more than one affiliate that they'll meet with. And really the purpose there again is around communication, relationship, listening to some of the feedback from our affiliate partners. I'll just make a note as well that last year, for this fiscal year, we did provide affiliates with an additional almost \$9.3 million in investment.

And again, as with any of our organizations and our partners, we continue to listen and to meet with, you know, different stakeholders across the sector just in terms of what their needs are. But I would, you know, just stress that in terms of that regular sort of communication and relationship, that is primarily with the Health Authority, and they are the ones that are listening to the feedback that they might be getting from respective long-term care affiliates in delivering the care to the residents that they serve.

[16:00]

Ms. A. Young: — Thank you. So there is then, I'm hearing, annual analysis and risk assessments undertaken as it relates to the long-term viability of those affiliates by the SHA though.

Ms. Smith: — I would say that between the SHA and the ministry, again as we sort of look at the big picture as we're working with the sector as a whole, affiliates are a key partner in that. And again, we listen to what their feedback is regularly and throughout the year as we work to develop strategies, investments around those dollars.

Ms. A. Young: — All right. Noting that Extencare wasn't among the 36 affiliates covered by these reports — there are a

couple others, specifically publicly funded special care home services such as, you know, Samaritan Place in Saskatoon or Langham Care Home — just for clarification, who and what criteria determine the prescribing of these various categories of the organizations' relationships to the SHA? You know, for example if it's an affiliate, health care organization, health services entity, and then as a consequence of those obviously then thereby the reporting requirements, financial, quality care, critical incident, etc. that are applicable to these organizations?

And if you had the information I was also going to ask when the last review of all the organizations that the SHA has operating service agreements or contracts with, when that occurred.

Ms. Smith: — Thanks again for the question. So just in terms of the affiliates themselves — and a little bit of this is set out in the auditor's report — but obviously we've got *The Provincial Health Authority Act* that really sets out sort of the broad sort of roles and responsibilities of the different sector partners, and then we've got our regulations that go into more detail.

And what I would again just stress with affiliates is that, again with the SHA, they've got contracts with everybody that they would enter into that would really lay out sort of the expectations and responsibilities and accountabilities that are expected within that. And we would sort of look to either, again *The Provincial Health Authority Act* or those regulations, in terms of how those contracts are applied to the different providers throughout the system that the SHA is involved with.

Ms. A. Young: — Thank you very much. And was there a date available for when the last review of all those organizations occurred?

Ms. Smith: — That's something again that there's some historical questions that you're asking as well. So that is something that, you know, we can take back and take a look at.

You know, when I think about at the point in time when the Saskatchewan Health Authority would have been developed and the amalgamation happened, at that point there would have been all sorts of pieces of legislation and regulations that would have been looked at for that purpose, and that's ultimately how we got to *The Provincial Health Authority Act*, was through that.

So with that being said, again some of the questions in terms of, you know, the previous Acts and regulations, there is some historical pieces that I would like to sort of take back and ask the team a few more questions just around points in time and when potentially different changes happened in the past. I just don't have that information with me today.

Ms. A. Young: — No, thank you. I'd appreciate that as your team is able.

The Chair: — There's a bit of an exchange and some undertaking to provide some information back. Is it reasonable to expect sort of within a four-week period of time, so one month to provide that information once you've reviewed that information, back through the committee?

Ms. Smith: — We will absolutely take a look and provide it as soon as we can and provide that as quickly as possible.

The Chair: — Sure. No, thank you very much.

Ms. A. Young: — Thank you very much. Mr. Chair, I don't believe I have any further questions. Just to clarify, obviously, the ministry's follow-up on the two recommendations. Both are considered implemented and on a go-forward basis, not going to be coming back in the same . . .

Ms. Smith: — Yes.

Ms. A. Young: — Okay, great. Thank you.

The Chair: — Yeah, and just to clarify further, that's the three recommendations: the two from the chapter 6, and then the one from chapter 4, correct? All three have been implemented. Is that correct?

Ms. Smith: — Correct.

The Chair: — The status update included the two of them, didn't have the other one there, but I believe you spoke to the other one there. There's the two from chapter 6, that's the 2020 report.

Ms. Smith: — I just want to confirm with the team that I have everything. Yes, yes, it's included. Yeah.

The Chair: — Hey, that's good. For anyone watching at home too, not that we . . . We always take the word for it. We believe in what's being shared. But there is a follow-up process of course as well, where the auditor comes back in and does that follow-up and reports back out, does that verification.

But thanks for the work on this front. I would welcome a motion to concur and note compliance with recommendations 1 and 2 in chapter 6. Moved by Mr. Nerlien, Deputy Chair. All agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. I'd welcome a motion that we concur and note compliance with respect to recommendation 1 in chapter 4. Moved by Mr. Lemaigre. Is that agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. And I would welcome a motion with respect to chapter 7 that we conclude consideration. A mover? The Deputy Chair. All agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried as well. DM [deputy minister] Smith, thanks so much to you and all your officials that are here today, all those others that are involved in this work, day in, day out, and the considerations that we've had here today. Any final words before we shut this thing down?

Ms. Smith: — No, just I thank you for the questions and the opportunity to provide some information. Thanks to the team as well. And we look forward to being back here tomorrow for another day. So thank you.

The Chair: — Very good. Thank you. Okay, folks, I'd welcome a motion of adjournment. Moved by Mr. Harrison. All agreed?

Some Hon. Members: — Agreed.

The Chair: — That's carried. This committee stands adjourned until February 27th, 2024 at 9 a.m.

[The committee adjourned at 16:12.]