STANDING COMMITTEE ON PUBLIC ACCOUNTS

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STANDING COMMITTEE ON PUBLIC ACCOUNTS

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[The committee met at 08:33.]

Chair Wotherspoon: — Okay. We'll convene the Standing Committee on Public Accounts. My name is Trent Wotherspoon. I'm the MLA [Member of the Legislative Assembly] for Regina Mount Royal and the Chair of the Public Accounts. I'd like to introduce the members of the committee at this time: Deputy Chair Wilson, MLA Rowden, MLA Chan, MLA Crassweller, MLA Gordon, MLA Pratchler. And I guess what I should say with respect to MLA Rowden is that MLA Rowden is substituting for Minister Harrison here today.

I'd also like to introduce our Provincial Comptroller, Chris Bayda, and our assistant provincial comptroller, Jane Borland. Of course I'd welcome and introduce our Provincial Auditor, Tara Clemett, and her team here today, her officials that have joined her here today.

Social Services

Chair Wotherspoon: — We're going to turn our attention to the first items on our agenda here today which is to focus in on the Ministry of Social Services. I'd like to certainly welcome all the officials that have joined us here today. Deputy Minister Bourgoin, thank you so much for your leadership and your presence. I'd ask you to briefly introduce the officials that are with you here today. You can refrain from getting into comment on the actual chapters at this point because I'll turn it back over to the auditor and then I'll come back your way.

Richelle Bourgoin: — Thank you very much. We're very pleased to be here and I'm happy to introduce my colleagues: Tobie Eberhardt behind me, the assistant deputy minister of child and family programs; Devon Exner, the assistant deputy minister of income assistance; Grant Hilsenteger, the assistant deputy minister of finance and corporate services; Giselle Marcotte, the assistant deputy minister of housing; and Jeff Redekop from our disability programs.

I'm also joined by ministry officials today who will introduce themselves if they're called upon to answer any questions. And together we're here to provide updates on the status of the auditor's recommendation and really happy to answer any questions you may have.

Chair Wotherspoon: — Okay, great. Thank you very much. At this point I'm going to turn it over to our Provincial Auditor and her team to focus in on the chapters. I think they're going to focus on chapter 7. Each of the chapters stands alone because they're all, you know, independent of the respective chapters, and there's new recommendations in that first chapter.

Tara Clemett: — So thank you, Mr. Chair, Deputy Chair, committee members, and officials. With me today is Mr. Jason Wandy, and he is the deputy provincial auditor that is responsible for the audits that we conduct at Social Services. Behind me as well we have Mr. Kayo Pereira, and he is a dedicated performance auditor that works in our office and would have worked on some of the audit work before you today.

So Jason's going to present the chapters for the ministry in the order that they do appear on the agenda. This will result in five separate presentations. He will pause for the committee's discussion and consideration after each of the presentations.

The first presentation is a new performance audit that assessed the ministry's processes to conduct, or really manage, the Saskatchewan income support program. It includes six new recommendations for the committee's consideration. The next three presentations are follow-up audits that provide a status update on the recommendations we've made in the past and this committee's agreed to.

And then the final presentation outlines the results from the annual integrated audit at the Ministry of Social Services, though it is for the year ended March 31st, 2023. So it includes recommendations that have been already agreed to, but during the course of Jason's presentation he will touch on whether or not there's been any improvements that we've identified through the course of the 2024 audit as well.

With that, I do want to thank the deputy minister and all the ministry officials for the co-operation that was extended to us during the course of our work. With that, I'll turn it over to Jason.

Jason Wandy: — Thank you, Tara. Chapter 7 of our 2023 report volume 1 reports the results of our audit of the Ministry of Social Services' processes to deliver the Saskatchewan income support program for the 12-month period ended January 31st, 2023. We concluded the ministry had effective processes other than the areas reflected in our six recommendations.

The Ministry of Social Services is responsible for delivering income assistance programs. In 2019 it began offering the Saskatchewan income support program, referred to as the SIS program, as a program of last resort to provide financial assistance for people to meet their basic needs while they take steps toward self-sufficiency.

SIS became one of the ministry's two core income assistance programs after it discontinued the Saskatchewan assistance program and the transitional employment allowance programs in 2021. During 2023 the ministry had an average monthly SIS caseload of over 17,000 clients, and expected to provide SIS benefits of more than $260 million.

On page 110 we recommend the Ministry of Social Services provide potential clients with better access to apply for benefits from the Saskatchewan income support program. The ministry designed its SIS program to be available to individuals to apply online, over the phone, and in person at one of the ministry's offices across the province.

We toured two of the ministry's income assistance delivery offices and found the ministry did not have computers available to use at all of its offices. Computers were only available for use in offices located in Regina, Saskatoon, and Moose Jaw. Staff noted that when individuals arrive at a ministry office, they are directed to a phone to apply for SIS benefits. Our visit to a large delivery office found staff did not sufficiently provide guidance or offer assistance associated with the SIS application process.

We also attempted to apply for SIS benefits over the phone on three separate occasions and were unable to speak with a ministry

representative. During two attempts we received an automated message asking us to call back later due to high call volumes, and on a third attempt we received an option for a ministry representative to call us back.

Our analysis of unanswered call data from the ministry's phone system found the ministry received over 255,000 total calls to its SIS phone line between August 2022 and January of 2023 with over 60 per cent of the calls going unanswered. While unanswered calls tended to peak at or near the end of each month, we found examples of significant amounts of unanswered calls at other times of the month.

According to data provided by the ministry, fewer than 50 per cent of individuals use its online option to apply for SIS benefits and instead use the phone option. This may be indicative of individuals preferring to speak with a client service representative to assist them through the application process or not having access to a computer. People experiencing difficult circumstances and struggling to meet their basic necessities need clear and accessible ways to apply for SIS. Providing an appropriate balance of reliable and service-oriented options, such as having computers available for client use or making it easier to reach ministry representatives over the phone or in person, is necessary to improve the SIS application process.

On page 116 we recommend the Ministry of Social Services establish a reasonable time frame for completing initial planning meetings with those clients requiring case-management supports in the Saskatchewan income support program. The Ministry of Social Services uses a service level screening assessment to help determine the needs of clients within the SIS program. The screening assessment classifies clients within one of four service levels. For clients assessed as either service level 3 or 4, the ministry assigns a planning and support specialist to each client. At November 2022 the ministry assessed over 11,000 SIS clients at service level 3 or 4.

The planning and support specialist works with the client to develop an individualized case plan. To begin documenting the plan, the specialist has an initial planning meeting with the client to help determine their needs. The ministry expects the specialists to document details from the initial planning meetings in its case management system.

Our testing of 30 files for service level 3 or 4 clients found four service level 3 clients that did not have an initial planning meeting. At January 2023 these meetings had yet to occur 3 to 20 months after the screening assessment was complete. We also found three service level 3 clients did not have their initial planning meetings properly documented.

We found the ministry had not set a time frame for planning and support specialists to complete initial planning meetings with clients. Our testing found 10 client files where the ministry took between 40 and 220 days to complete the initial planning meeting. Without conducting timely initial planning meetings with clients, the ministry is unable to assist clients in developing their individualized plans. Such planning is necessary for clients to establish goals in relation to working toward self-sufficiency.

On page 117 we recommend the Ministry of Social Services staff regularly meet with Saskatchewan income support program clients to follow up on their individualized case plan goals. Each time the ministry interacts with a client, it expects staff to update the client's individualized case plan. While we found staff updated the plan whenever contacted by the clients, the planning and support specialists did not always follow up with clients on the goals set during the initial planning meetings or subsequent meetings. For example, if the client sets a goal to find more affordable housing in the next three months, their specialist should follow up with the client within the three months.

Our testing found 16 client files where clients set goals during initial planning meetings or subsequent meetings with planning and support specialists, but the ministry did not follow up with clients on those goals. The ministry case management system includes tools planning and support specialists can use to help set and follow up on clients' individualized plan goals; however we found the specialists do not always use these tools. When ministry staff do not follow up with clients on their goals, it may result in clients continuing to receive SIS benefits for long periods of time without progressing toward self-sufficiency.

On page 118 we recommend the Ministry of Social Services refer Saskatchewan income support program clients to proper supports, for example, employment services or addictions counselling, when appropriate and regularly follow up on referrals with clients. As I just discussed, the ministry works with service level 3 or 4 clients to develop individualized case plans, including setting goals and commitments during initial planning meetings or subsequent follow-up meetings. The ministry requires staff to make referrals when deemed appropriate and in collaboration with the client to address client needs and support their individualized plan. The ministry expects staff to be knowledgeable of the supports available in their community such as supports related to mental health and addiction, health care, or education.

[08:45]

Our testing of 30 client files found 10 clients did not have referrals, or refusal of referrals, documented during initial planning meetings or subsequent follow-up meetings. In four cases it was due to the client not having an initial planning meeting with ministry staff. We also found staff only followed up with the client on their referrals 50 per cent of the time. We found staff did not use tools within the case management system to help set and follow up on referrals to service providers. Not referring clients to proper supports increases the risk clients may not progress toward self-sufficiency and may stay on SIS longer than necessary.

On page 121 we recommend the Ministry of Social Services implement further performance measures in assessing the effectiveness of the Saskatchewan income support program. We found the ministry reports to senior management and the public about performance measures and targets related to the SIS program, but the performance measures lack the ability to fully assess the effectiveness of the program. Our analysis of the ministry's performance measures found they are a combination of output and outcome measures.

Output measures, such as the percentage of clients accessing the education and training incentive, provide information about an organization's activities, but do not address the impact services

delivered have on clients.

Outcome measures, such as the proportion of SIS clients who no longer require income assistance, better assess the success of services an organization provides. Consideration of further outcome measures can help the ministry to improve its evaluation of SIS. A possible outcome measure the ministry could consider would include SIS client recidivism, where the ministry could measure the proportion of clients exiting SIS but returning within a specified period of time. Also the ministry could consider measuring how long service level 1 or 2 clients stay on SIS, as the ministry expects these types of clients to require less supports and leave SIS within six months or less.

Our analysis of data found 55 per cent of service level 1 or 2 clients at February 2022 remained on SIS 10 months later, with over 60 per cent of those clients continuing to be assessed at service level 1 or 2. Improved performance measures can help the ministry consider improvements to SIS and identify areas where to focus its efforts and resources.

Finally on page 123 we recommend the Ministry of Social Services periodically analyze the causes of evictions and unpaid utilities for Saskatchewan income support program clients and develop strategies to address them.

While we found the ministry tracks data about client evictions it receives directly from landlords across all of its income assistance programs as a whole, there is an opportunity for the ministry to obtain more accurate information about the extent of SIS client evictions. The ministry's information identified 35 income assistance clients, not necessarily SIS-specific, evicted from their residences between May and November 2022. We obtained eviction data directly from Saskatchewan's sheriff services office from February to November 2022. Our data analysis identified 228 SIS clients evicted during this 10-month period. We tested 10 of these client evictions and found the ministry was not aware of the evictions for two clients tested. There is an opportunity for the ministry to strengthen its process to collect complete data about client evictions.

We also found the ministry regularly meets with representatives from SaskPower and SaskEnergy to share information and discuss concerns associated with SIS clients' ability to pay for their monthly utility bills. Both utility providers also regularly send information to the ministry about SIS clients' utility accounts. The ministry noted it uses this information to help identify and support clients accumulating unpaid utility bills, such as highlighting to clients equalized payment plans to help budget for utility expenses or obtaining the ministry's alternate heating benefit.

However we found the ministry does not formally analyze the data it receives to assess how SIS clients overall are faring in terms of paying for their utilities. Our analysis of data obtained from SaskPower and SaskEnergy found almost 5,300 SIS client accounts outstanding for more than 30 days with unpaid amounts greater than $100. These unpaid accounts totalled almost $4.2 million at February 2023 compared to 5,100 SIS client accounts totalling 3.4 million at March of 2022.

Further analysis of data about SIS client evictions and unpaid utility bills can help the ministry understand root causes for the issues encountered by clients and assess the need for changes to the SIS program.

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

Chair Wotherspoon: — Thanks so much for the presentation and the very important focus of this work. I'm going to turn it over to Deputy Minister Bourgoin to provide brief response, and then we'll open it up for questions.

Richelle Bourgoin: — Thank you very much. Related to the recommendation that the ministry provide clients with better access to apply for benefits from the Saskatchewan income support program, the ministry does consider this recommendation implemented. Since the audit, the ministry has introduced a series of practical measures to improve ways in which potential clients can access and apply for benefits. We've added 30 front-line positions to directly support clients and to improve access to services. We've introduced a new mobile outreach service where income assistance workers are on site at over 30 community-based organizations located across the province, taking in-person applications and helping clients through the process in the right time and at the right place. And we've improved the ways to apply for benefits over the phone, online, and in local service centres.

Related to the recommendation that the ministry establish a reasonable time frame for completing initial planning meetings with those clients requiring case management supports in the Saskatchewan income support program, the ministry considers this recommendation partially implemented.

The ministry is introducing service standards based on client need and the very specific and personalized case management support that those individuals do require. As part of this work plan, we're incorporating new reporting tools to support employees to complete initial planning meetings with clients, and to measure the response time in order to adequately address the needs of clients in the Saskatchewan income support program.

Employees have been trained with a focus on establishing individualized support plans, emphasizing the importance of engaging clients and maximizing the benefits of motivational interviewing, a collaborative, conversation-style approach to support clients to realize their individualized goals. And we're fully on track to implement this recommendation by the end of this calendar year.

Related to the recommendation that ministry staff regularly meet with Saskatchewan income support program clients to follow up on their individualized case plan goals, the ministry considers this recommendation partially implemented, but we are on track for full implementation by December 31st, 2025.

Noted in the response to the previous recommendation, a work plan is in place, and reporting tools are being introduced by the ministry. This includes more effective monitoring of the frequency of engagement with individual clients, tracking progress clients are making to achieve goals that are identified in those case plans, and following up on referrals to other services — like employment services, for example — to ensure the best possible outcome.

Training has been provided to employees to reinforce the importance of ensuring that critical follow-up and follow-through is managed appropriately and to ensure employees are supported to maximize the systems and the tools available to develop and track individualized plan goals and supported referrals. Weekly change network meetings for managers and supervisors highlight the tools available to track client referrals and client progress on case-planning goals. A best practice service standard time frame for follow-up is in development. Regular reports will be analyzed and shared to support teams to meet those service standards and to ensure that clients are both engaged and supported.

Related to the recommendation that the ministry refer Saskatchewan income support clients to proper supports, when appropriate, and regularly follow up with clients, the ministry considers this recommendation partially implemented.

In addition to the work plan, tools, and training outlined in the response to the previous recommendations, the ministry has strengthened reporting to better support clients and ensure regular follow-up. We're tracking employee interactions with clients and follow-up on referrals using dashboards that track the date, type of referral, the follow-up date, and the status of all of those referrals that have been recorded.

And to fully implement this recommendation by the end of this calendar year, we will provide managers and supervisors with advanced reporting and coaching training, develop a best practice service standard for referrals and regular follow-up, and ensure that we analyze monthly reporting to support employees and to maximize the outcome of referral services and supports for our clients.

Related to the recommendation that the ministry implement further performance measures in assessing the effectiveness of the Saskatchewan income support program, the ministry considers this recommendation implemented. Since the Saskatchewan income support program was launched, the ministry has been continuously developing and enhancing performance measures. These measures and targets are reported publicly and as of this fiscal year, public reporting now includes two performance measures recommended by the auditor: client recidivism and service level 1 and service level 2 client tenure.

Related to the recommendation that the ministry periodically analyze the causes of eviction and unpaid utilities for Saskatchewan income support program clients and develop strategies to address them, the ministry considers this recommendation implemented. To address the recommendation, the ministry reviewed SaskPower and SaskEnergy arrears data and conducted qualitative analysis by reviewing a sample of cases where Saskatchewan income support clients faced eviction.

Following the analysis, the ministry developed new measures to track the percentage of Saskatchewan income support clients who change address two or more times per year. We will continue to regularly track and review this information that tells us how the benefits provided by the Saskatchewan income support program enable housing stability for our clients.

We thank the auditor for their work on this chapter and, Mr. Chair, we'd be pleased to answer any questions.

Chair Wotherspoon: — Thank you very much for detailing the actions. Thanks as well for the status update that you and your team have put together and provided to this committee. I'll table it at this time: PAC 17-30, Ministry of Social Services: Status update, dated January 22nd, 2025.

I'll open it up now to committee members for questions. MLA Pratchler.

Joan Pratchler: — Good morning. According to the status update, SIS clients can now apply for assistance through mobile outreach at community-based organizations. Which organizations in the community is this service offered?

Richelle Bourgoin: — I'll turn it to my colleague, Devon.

Devon Exner: — Thank you. Devon Exner, ADM [assistant deputy minister] for income assistance. I will gather that information and run through all of the organizations. So we do currently deliver those services in more than 30 CBOs [community-based organization] so I just have to grab the list of those.

Richelle Bourgoin: — I will share that the feedback that we've had from those community-based organizations on that service has been overwhelmingly positive, and the opportunity to meet clients face to face in a time where they are looking for that support has, I think, been quite meaningful for both the support workers that are providing that assistance but for the client as well.

Devon Exner: — Thank you, Deputy. The other thing that I would mention as part of this, folks that are attending these CBOs, they are in very vulnerable situations, have some challenges. And the connection that we have with the CBO and the clients who are working with a cultural support worker, a CBO representative, the client, and ourselves opens up that conversation, creates that trust to start to break down and talk about some of those challenges and those barriers that those clients are facing. So this is really proving to be a very valuable new process that the ministry has undertaken.

So by community, in Regina we currently attend the Salvation Army; YWCA My Aunt's Place; YWCA Beehive; Kate's Place; RT/SIS [Regina Treaty/Status Indian Services] New Beginnings; RT/SIS transitional housing, low-barrier housing; RT/SIS Horse Dance Lodge; SHA [Saskatchewan Health Authority] brief detox; Queen City pharmacy; the drug treatment court; Eden Care Communities in Milton Heights; YWCA Joan's Place; Nēwo-Yōtina transitional housing.

In Saskatoon we attend the YWCA; STC [Saskatoon Tribal Council] wellness centre; STC Kotawān; Sanctum; Salvation Army Crossroads; Elizabeth Fry; CUMFI [Central Urban Métis Federation Inc.]; Crocus; Indian & Métis Friendship Centre.

And then in Prince Albert: Homeward Bound, Community Service Centre, Stepping Stones Shelter, friendship centre.

In La Ronge, Scattered Sites shelter. In Melfort, Marguerite Riel. In Nipawin, Oasis CBO. In Yorkton: Bruno's Place, and the Society for Involvement of Good Neighbours. In North Battleford, the RAAM [rapid access to addiction medicine]

clinic. And in Moose Jaw, the John Howard Society.

So that's a total of 33 CBOs.

Joan Pratchler: — And in more rural areas, what supports are there?

Devon Exner: — I'm sorry?

Joan Pratchler: — In more rural areas or smaller centres, do we have CBOs like this as well?

Devon Exner: — We do attend smaller . . . Obviously we have staff across multiple offices in the province in the rural areas, so staff would be working with CBOs and clients. We do not dedicate a staff person necessarily in a rural location if there isn't, you know, depending on the client needs. So if there's two or three clients that need support, our staff will connect with the CBO and with the client. We'll work together, but not necessarily go to their office on a scheduled regular basis. So it's kind of based on the client need.

[09:00]

Joan Pratchler: — Right, so for if people do need those kind of supports, where do they go if there's not necessarily a connection with that?

Devon Exner: — So as mentioned, we do have quite an extensive footprint across Saskatchewan in our rural locations, and so our staff know what services are available to those clients in those locations. So that's where we will coordinate and make referrals to those CBOs.

And as our deputy identified, that's where we want to ensure that we're tracking and recording those referrals, following the progress and hopefully achieving outcomes with our clients and understanding why they're attending or not following through. And then working with them to, you know, reset or help them move forward on a path to self-sufficiency.

Joan Pratchler: — The list that you mentioned, is that posted somewhere? Or how do clients know that they can attend certain locations to apply for services?

Devon Exner: — I would say as we were developing this new initiative, obviously hearing from the community around what some of the needs were in that community, and then ensuring that we were responding accordingly. So where there was the highest volume or we needed more intervention to work more closely with those clients, that's where we dedicated those supports.

We do not publicly post where our mobile workers are available. However through many of our community-based organizations, they are aware of the agencies that we attend: emergency shelters and some of the CBOs that are supporting those that are most vulnerable. So we work very closely across obviously our ministry, but all human service ministries. When we think of disability programs, if somebody needs support there, housing for sure, child and family programs, so on and so forth.

Joan Pratchler: — Okay. Thank you.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — I just noticed in the status update that 30 front-line positions were added to support clients and improve access to services. Could you tell us where those front-line positions were located?

Devon Exner: — So of the 30 positions that were created over the period of two years, the initial 10 were dedicated to the mobile workforce initiative — so that pilot — so going out into CBOs and working with our partners. In that same year we added an incremental 10 FTEs [full-time equivalent] staff to serve in our client service centre to handle more calls and be more responsive to the calls that are coming in.

In the second year we expanded our mobile casework initiative, allowing us to go out and serve now more than 30 community-based organizations. So that was an additional 10 there. So that's a total of 30.

Hugh Gordon: — Sorry. Can you repeat that last one?

Devon Exner: — The last investment was another 10 FTEs to build upon the initial pilot for the mobile workforce initiative. So we added 10 incremental FTEs to go to CBOs and work with clients in those locations.

Hugh Gordon: — And just so I understand, this mobile outreach is going beyond these CBO locations where you were currently providing services. Do I understand that correctly?

Devon Exner: — So our team is available to support anything that's going on within a community. So these are dedicated resources that are going out on a regular schedule to these community-based organizations. If there happened to be a fire or something like that, apartment fire where multiple people are displaced, our staff have and continue to go out, and we support individuals as those emergencies occur. So it's not just that 30 of our staff go out into the community and help people; it's much broader than that. So we have more than 450 staff in income assistance, and they will go out and support people as needed when, you know, issues arise or where requested for support.

Hugh Gordon: — Okay.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — On timely case planning, is there an expected timeline that staff must follow to complete that initial planning meeting with clients?

Devon Exner: — Thank you for the question. I'll just run through a little bit of context maybe. It's important to note that, you know, when we are doing case planning and we're referring clients to agencies, obviously we don't control the schedules for some of those agencies. So trying to support those clients to connect is really important and then following through, as we talked about.

I would say, as we look to improve we are creating dashboards and reporting to ensure that we are setting up case planning. What we're doing is we are reviewing all of the information that we're recording in our system depending on the type of case-planning

intervention and the referral that's required for those very unique situations. The auditor had mentioned that we have more than, you know, 18,000 households on the caseload. There's a number of different referrals that may be required to support those very unique circumstances of each and every case.

So we are analyzing the data that we're using to track case planning, kind of the milestones and the outcomes and the referrals that are occurring, so that we can set some service standards around that. And we expect to do that by the end of 2025.

Joan Pratchler: — And if we go back, what would be the timeline for initial planning?

Devon Exner: — Initial planning?

Joan Pratchler: — Initial planning, meaning what's the service times for that?

Devon Exner: — Thank you. As mentioned earlier, we do stream clients according to, you know, what sort of needs and supports that are required. So we have four different service levels — service level 1, 2, 3, and 4 — and depending on, you know, whether they have employment capacity or ability to kind of connect to the labour market quickly, those circumstances vary.

So I would say that we are still analyzing our data to understand and set an appropriate service standard for those initial planning meetings. We do try to achieve, I'll say at this point, about a 30-day target, but that again is something that we're confirming depending on the service level as we move forward.

Joan Pratchler: — Okay, thank you.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — With respect to the recommendation, I believe no. 6 — where the ministry has implemented — around analyzing the causes of evictions and unpaid utilities for its SIS clients, you've developed some ways of tracking. And I'm just wondering if you could speak to some of those causes of evictions and unpaid utilities for SIS clients. As you say, you've conducted a qualitative analysis, correct?

Devon Exner: — Thank you for the question. So we have looked at SIS housing stability, and we've developed a new measure to start tracking the percentage of SIS clients who move two or more times per year. Initial findings that we've reviewed have shown that SIS clients today have more housing stability, with the benefits provided by the Saskatchewan income support program, than the previous Saskatchewan assistance program.

So on average, 12 per cent of SAP [Saskatchewan assistance program] clients moved two or more times per year between the years of 2015 and 2018. Since SAP closed in 2021, only 6 per cent of SIS clients have moved more than two times per year. So we are seeing fewer moves. So that does reinforce that we believe that the program is helping with housing stability.

We do track data on client evictions that we receive directly from landlords. That was outlined in the report. If a landlord has a tenant in arrears, we contact that tenant. We work with our client to ensure that we are providing them with supports and services and talking to them about managing their budget, setting up a repayment plan, trying to get back on track, and following up with that client to do that.

We also conducted a qualitative analysis on a sample of SIS cases where clients faced eviction. What we found through that analysis that less than 1 per cent of SIS clients — so that's 228 out of just over 27,000 unique SIS clients — between February 1st and November 30th, 2022 faced eviction through the Office of Residential Tenancies. So again, that's less than 1 per cent.

The findings revealed that the eviction pathway is complicated. There are a number of factors that lead to evictions. It's not just necessarily financial support. So they can be shaped by addictions, mental health issues, behavioural challenges that may be a cause or related to the addiction or mental health challenge, and that increases their risk of eviction.

I think it's also important to note that we are not always aware that a client may be having some challenges that are non-financial that could lead to eviction. So we can only intervene when we become aware that there is a challenge. And so we try to work closely with our clients to understand where they are and how we support them to move forward.

Hugh Gordon: — Thank you for that. Can you expand also — like with that information, that qualitative analysis you've done — on reasons why people are being evicted? Can you tell the committee here some of the strategies that you have developed or are in the process of developing to address those causes?

Devon Exner: — Thanks for the question. So working with our income assistance clients can involve and often does involve many other ministries. So not just all of the services that we provide through child and family programs, disability programs, IA [income assistance], and housing, but also other human service ministries, so whether that be Justice, Corrections, the Ministry of Health. So we are working very closely across that spectrum to look at strategies and come up with processes where we can support clients to make sure that they are accessing all the supports that are needed to help them move forward.

Hugh Gordon: — And then lastly — I think you may have touched on it, and I may have missed it — I was just wondering how many SIS clients have access to trustees through the ministry to help clients pay their utilities and rent?

Devon Exner: — Thank you for the question. Over the last two years we have increased trusteeship services and the number of spaces that are available across Saskatchewan, so we have just over 1,200 spaces that are available for trusteeship. And trusteeship, it's an important mechanism for our ministry to use. Trusteeship not only supports clients to manage their income assistance benefits, but it also helps clients to think about their whole, I'll call it a whole-income approach.

They may be receiving the Canada child benefit or the GST [goods and services tax] credit, carbon tax. They may have other sources of income. The trustee actually helps to manage all of those monies for that client to ensure that their rent, their utilities, and basic needs are being met.

So in saying that there's just over 1,200 spaces, about 90 per cent of those are utilized. That number does fluctuate month to month because we do have people that are graduating out of trusteeship, and then obviously some net new clients that are coming on to it.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — According to the status update, the ministry began reporting on two SIS performance measures as recommended by the auditor: client recidivism and service level 1 and service level 2 client tenure. Where will those measurements be reported?

[09:15]

Devon Exner: — They will be reported in the annual report.

Joan Pratchler: — So that will be publicly available then?

Devon Exner: — That is correct.

Joan Pratchler: — Thank you. Can you provide the data to this committee on these performance measures today, or what you have already currently?

Devon Exner: — Thank you for the question. So we do have a measurement. So approximately 32 per cent of our service level 1s and 35 per cent of our service level 2 clients who started on SIS in quarter 1 of '23-24 remained on the program after one year. The second measure was approximately 72 per cent of clients who left SIS in quarter 1 of '23-24 did not return to the program within 12 months of exiting the program. So that's about 28 per cent of clients returned to SIS within 12 months.

Joan Pratchler: — Thank you.

Chair Wotherspoon: — Just a couple of questions here that I have, just with respect to the utility arrears. Would you have more recent data for us as well? It's up to — what do we have — 2023. Would you have last year's data as well? 2024 I guess might be available.

Richelle Bourgoin: — We do not have that data available.

Chair Wotherspoon: — When was that measured out last year? February '23 and then March '22. Would you have stuff from like March '24 or February '24 of last year?

Richelle Bourgoin: — It was a point-in-time analysis so we haven't continued to do that on an ongoing basis. But we're relying on the relationships that we do have with our partners at SaskEnergy and SaskPower. So in the event that we start to notice a trend where there are issues that we can't mitigate through some of the other changes that we've made in terms of the opportunity to engage more frequently with clients, then we can go back and do that again to make sure that we remain on track.

Chair Wotherspoon: — So if you're not getting that data, what are you analyzing? What data are you analyzing for trends then?

Richelle Bourgoin: — I think we're basing those on conversations that we have on an ongoing basis with our partners in the Crowns that provide those utility services, and then through the contact that we have with the individual clients who may talk about some challenges that they're experiencing in managing some of their finances related to utilities.

Chair Wotherspoon: — Sure. No, I know first-hand as an MLA, I think it's probably something we all deal with but it's one of the most common. You know, lot of advocacy, lot of folks reaching out that are in arrears on the utility side and dealing as well in arrears on the rent side. And so certainly anecdotally as one MLA that has a lot of calls come in on this and a lot of folks that we advocate on behalf of, certainly it's a real ongoing concern.

Did you track that data as well? Do you have any point-in-time counts back for what those numbers would have been back in, I guess, the SAP and TEA [transitional employment allowance] and PTA [provincial training allowance] days?

Richelle Bourgoin: — We didn't have access to the data for SAP.

Chair Wotherspoon: — And then, you have the point-in-time here. You have the two point-in-times, one from year to year. And from 2022, what was your number? You had — how many clients? — 5,100 clients. And then February 2023, 5,281. So a little bit of an increase, 181. Do you suspect that that trend is continuing to climb upwards a bit, or do you see value in utilizing a point-in-time again just to see what the trajectory is there?

Devon Exner: — Thank you. So as was mentioned in the report, one of the opportunities is about creating those case plans, documenting those case plans, understanding and documenting when somebody is in arrears and their plan and how we're supporting them to get back on track with that.

If a client does identify that they're in arrears and it seems like it's becoming a bit of a challenge for them, that's where we have made the investment in trusteeship services, so ensuring that that client is supported then through trustee where the ministry is working with the trustee to make those payments. And we also have direct payment options where the ministry ourselves can actually direct some of those payments directly to utility providers, not just Power and Energy.

So we are working with our clients very closely on this, trying to monitor those plans and ensure that we are setting them up for success and helping them to manage their monthly budget moving forward.

Chair Wotherspoon: — I know MLA Pratchler has another question here.

Joan Pratchler: — Yes. How many SIS clients are there currently?

Devon Exner: — As of the end of November, there's 19,686 SIS households.

Joan Pratchler: — I see that's a 2,000-person increase from 2023. What are you seeing in general trends overall in the demographics who are making up this group in society? Are you finding a certain age group? Are you finding a certain

demographic in terms of communities? Can you help me understand that a little bit? What general trends?

Devon Exner: — I would say that we're not seeing anything that really stands out; however we do know that the overall population is growing so we are seeing more folks, you know, applying for income assistance.

The other thing that can contribute to that is we have been increasing our rates. So the more money that we make available to meet people's basic needs also invites more people to be eligible for those programs as we're going forward. So that does have, you know, a bit of a side effect to our caseload numbers. So as we increase rates, more people can become eligible for the program.

Richelle Bourgoin: — I may ask my colleague just to give you a high-level overview of an example of a new program where there's an opportunity to improve the outcome for the client, but at the same time a shorter term investment from the province of Saskatchewan. Do you want to talk about the employment incentive just briefly?

Devon Exner: — So as we work with our colleagues over at ICT [Immigration and Career Training] in career services and career training, we created an education and training incentive to ensure that we had additional money and supports that were available to people. That money used to be available through the provincial training allowance that was through Immigration and Career Training, so we've absorbed some of that caseload as well.

So we are supporting people with a comprehensive plan as they're working through their path to self-sufficiency around investing in their ability to go for training, connect to the labour market, and move forward. So bringing that into the Ministry of Social Services as part of the new SIS program also has increased our caseload.

We knew that early on, going through the pandemic, we did see a number of cases fall off of income assistance and so we are kind of getting back to what we would have seen pre-pandemic.

Joan Pratchler: — Thank you. And one last question. Overall I'm noticing that many of the recommendations have a December 31st, 2025 timeline. What kind of benchmarks are in place in ensure that by the 31st those are in place?

Richelle Bourgoin: — We're ensuring that our leadership team at the Ministry of Social Services meets regularly to track the progress that we're making on all the recommendations from the auditor, as well as analysis of other programs that we have internally reviewed as part of our regular program review cycle. And so it comes to a series of forums and meetings within the ministry to ensure that we are meeting those deadlines.

Chair Wotherspoon: — Any further questions from committee members at this time? Not seeing any, we have six new recommendations here to deal with. I'd welcome a motion to concur and note compliance with recommendations 1, 5, and 6. Do I have a mover? MLA Crassweller. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. With respect to recommendations 2, 3, and 4, do we have a motion that we concur and note progress? Moved by MLA Chan. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. Okay I'll turn it back over to the Provincial Auditor and she'll focus in on chapter 29.

Jason Wandy: — Thank you, Mr. Chair. The Ministry of Social Services is responsible for providing child protection services. This includes investigating alleged child abuse and neglect by parents, guardians, or other adults who provide day-to-day care and supervision of a child. Chapter 29 of our 2023 report volume 2 reports the results of our second follow-up of management's actions on four outstanding recommendations we first made in our 2018 audit about the ministry's processes to investigate allegations of child abuse and neglect. The committee agreed with our recommendations in 2019.

By June 2023 the ministry implemented one recommendation and continued to work on the remaining three recommendations. We found the ministry improved its processes by documenting appropriate reasons for changed screening decisions — that is, changing decisions from investigate to not investigate or vice versa — about child abuse and neglect allegations. This supports the ministry's decisions and reduces the risk of inadequately protecting children.

We found the ministry partially implemented our recommendation on page 247 where we recommended the Ministry of Social Services attempt to make face-to-face contact with the child and family involved in a reported child abuse and neglect allegation within required time frames to assess the child's safety. The ministry requires caseworkers to attempt first contact with the child, who is the subject of the report, and their family the same day or within five calendar days of starting an investigation depending on the severity of the allegation. This contact, along with a safety assessment, helps caseworkers to determine the safety of children who are the subject of alleged abuse or neglect.

Our testing of 30 investigations found six instances where staff did not contact the child within the required time frame or not at all. For example, four of these investigations required caseworkers to make face-to-face contact within five days, but it took caseworkers between 8 and 88 days to contact these children. Reasons for the delays were not documented in the ministry's IT [information technology] case management system. The ministry set time frames for face-to-face contact to keep children in these situations safe. Not attempting to make contact with a child and family within the prescribed time frames and completing safety assessments increases the risk the child remains in an unsafe environment.

We found the ministry partially implemented our recommendation on page 249 where we recommended the Ministry of Social Services complete family risk assessments for child abuse and neglect investigations within required time frames. The ministry requires caseworkers to complete a family risk assessment within 30 days of assigning them to an investigation. These are instances where caseworkers determined a child abuse or neglect report warrants an investigation.

[09:30]

A family risk assessment estimates the likelihood of a family abusing or neglecting a child in the future and influences the decision on whether to provide ongoing ministry services to the child and/or family.

For 18 of 30 investigations we tested, we found caseworkers did not complete the family risk assessments within 30 days as required. For example, in eight of these instances, caseworkers had yet to complete the family risk assessment and did not document the reasons for delays in the IT case management system. At the time of our testing, these instances were between 21 and 391 days late.

While the ministry has set a long-term target of 85 per cent for completing family risk assessments, we found its target does not consider the timeliness of completion. We think it should. Delays in completing family risk assessments means delays in finalizing investigations. This may result in children and/or families not receiving needed child protection services promptly when there may be a high likelihood of a child being maltreated in the future.

We found the ministry partially implemented our recommendation on page 250 where we recommended the Ministry of Social Services finalize investigations of reported suspected child abuse and neglect within required time frames to allow timely supervisor review.

The ministry requires caseworkers to complete assigned investigations of alleged child abuse and neglect within 45 days of initiation. Supervisors must review and approve the investigative decision and document their review in the IT case management system. For 21 of 30 investigations we tested, we found caseworkers did not finalize the investigation within required time frames. Of these, six investigations remained open at the time of testing with lateness ranging from 6 to 272 days. Another 15 investigations were completed late with lateness ranging from 3 to 356 days. Additionally we found three instances where supervisors approved investigations late, between 22 and 56 days after caseworkers submitted the investigations.

Our findings were consistent with assessments conducted by the ministry's quality assurance unit. In May 2023 the ministry had 944 total investigations outstanding over 45 days with almost 34 per cent exceeding 180 days. The ministry makes directors and managers responsible for developing plans to address outstanding investigations. However we found processes differed between the ministry's service areas.

For example, in one service area we found the director monitored the number of investigations closed in a month, along with plans to close investigations during the next two months; whereas the approach was more informal in another service area where the director met with staff to discuss different plans to address outstanding recommendations but did not document those plans.

Not finalizing investigations within required time frames and having late supervisor approval may result in delaying ongoing child protection services to families and children. Having formal plans to address outstanding investigations can help caseworkers to manage their workloads and ensure they close investigations within required time frames.

I will now pause for the committee's consideration.

Chair Wotherspoon: — Thanks so much for the presentation and the focus of this work. I think many, when they see a report like this, were just sort of alarmed when you understand what's at stake.

And just for anyone that's observing here, this is a follow-up audit here at this point. The original recommendations were 2018, so seven years ago. And then this committee's fully concurred and dealt, and that scrutiny fully supported the recommendations here as well. And then this is the follow-up work.

I'll turn it over to Deputy Minister Bourgoin for brief remarks, and then we'll open it up to the table for questions.

Richelle Bourgoin: — Thank you. I will begin by noting that recommendation 3.1 is considered to be fully implemented by the auditor.

Related to the recommendation that the ministry attempt to make face-to-face contact with the child and family involved in a reported child abuse and neglect allegation within required time frames to assess that child's safety, the ministry now considers this recommendation implemented. The ministry's added 37 new front-line positions across the province over the last three years and created a travelling casework team to support specific and emerging needs. Each month, employees need to review case information. This includes a requirement to document all in-person contact. Employees develop strategic mitigation plans and a time frame to review unsuccessful attempts to meet families face to face. The quality assurance team continues to measure and analyze priority response time standards as part of annual program file reviews.

Related to the recommendation that the ministry complete family risk assessments for child abuse and neglect investigations within required time frames, the ministry considers this recommendation partially implemented. Along with adding new front-line positions, the ministry has addressed the recommendation in several ways, including setting aside planned administration days for employees to complete assessments and to record them appropriately, reinforcing the assessment policy with employees, and scheduling clinical supervision and task reminders for due date alerts to assist the employees in keeping on track.

Open investigations and risk assessments are also monitored. When employees are unable to meet those time frames, plans are created to mitigate the barriers and to support the employee to complete the investigation without delay. To fully implement the recommendation by the end of December, the ministry plans to require employees to document reasons for delay so that we can take steps to avoid or minimize those delays in the future and to continue to measure completion of risk assessments and require action plans when necessary.

Related to the recommendation that the ministry finalize investigations of reported suspected child abuse and neglect within required time frames to allow timely supervisor review,

the ministry considers this recommendation partially implemented, but we are on track to implement this recommendation by June 30th, 2025. The actions previously noted also support the implementation of this recommendation but, in addition, managers will receive monthly reports on all active investigations where progress is not being made in a timely manner. This will support the development of plans to prioritize completion of those investigations and to ensure the necessary resources, like the travelling team and direction and oversight, is provided without delay.

To conclude, we thank the auditor for their work on this chapter. Mr. Chair, we'd be pleased to answer any questions.

Chair Wotherspoon: — Okay, thank you. I'll open it up now to the committee for questions. MLA Gordon.

Hugh Gordon: — According to the status update, 37 new front-line positions were added to respond to the recommendations in this chapter. Can you provide some information on these new front-line positions, where they're located, and what type of work the staff does?

Tobie Eberhardt: — Thank you. Tobie Eberhardt, assistant deputy minister for child and family programs. So the positions that we have added in those 37, in '23-24 we added 18 children's services workers. So these are staff that work directly with children and youth in care. And those positions, we added six to Saskatoon, six to Prince Albert, four to Regina, one to Moose Jaw, and one to Yorkton.

In addition that year we added six front-line staff to work with children in the group homes. And we added, one was a resident services, So those are the people that go out and do assessments on group home-standard reviews, and that position was added to Regina.

Three were added for a specialized team that do investigations in group homes or foster homes, and one was added to P.A. [Prince Albert], one was added to Saskatoon, and one was added to Regina. And two were added to our operational oversight team, which was a new team that we created to really provide support to group homes when they were maybe having some challenges around children's behaviours. And that was added to Regina and Saskatoon.

In '22-23 we added seven positions. Five of those were our child protection travelling team. Most of those staff are in Regina and Saskatoon, but it does change as staff leave and new staff come on. So we advertise those provincially, and we will hire people from anywhere in the province. But currently most of the staff are originally from Regina or Saskatoon. And two were additional operation oversight, and that was Regina and Saskatoon.

And then in '21-22 we added six positions. Two of those positions were to work with First Nations that had left agencies so that we would deliver services on-reserve. And one was added to Fort Qu'Appelle and one was added to North Battleford. And four of those were family connections workers, so those are staff that work directly with families as we're trying to recruit families to care for their family members and to support them. And those positions were added to Saskatoon and Prince Albert.

Hugh Gordon: — With respect to the travelling casework team, five members of the 37 new hires have been assigned to that travelling casework team. Is that the child protection unit you're referring to?

Tobie Eberhardt: — Yes, and in addition there are a couple of additional positions that are assigned to that team that weren't permanent positions that we added. So as the need comes on, we might add additional positions to it on a temporary basis to assist in offices that we need that support.

Hugh Gordon: — How long has that been operational for now?

Tobie Eberhardt: — For a number of years we've been doing alternative work options where we might send staff into different offices where we needed the support. But the creation of a dedicated permanent team was done through our '22-23 budget process.

Hugh Gordon: — Fair enough. Could you give some examples of some parts of the province where the team has been required to travel to, to deal with cases?

Tobie Eberhardt: — So we've really seen some good success with our travelling casework team, and we're hearing from our people in the field their appreciation because it's allowing them to get to work with their families and not have to worry about covering caseloads that we're trying to staff.

You know, I actually just met one of our travelling casework staff last week at an event, and she had previously been up in Buffalo Narrows for a couple weeks and she was going to be going to Moose Jaw for a week. So their travelling predominately would be, I'd say, our northern and rural offices such as Buffalo Narrows, Meadow Lake, Sandy Bay, Creighton we cover, and Moose Jaw and Fort Qu'Appelle. But we've also had them travel to Prince Albert and assist.

So really it's looking to see either where we currently have a position we're trying to fill and we need someone to work with the families in that community. Or they may also go and assist if we have a person who's trying to get some paperwork completed, administrative work done. They might go assist in that unit so that person can do some focused work to get their administrative tasks completed.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — Thank you. I see that the recommendation about being able to make face-to-face contact sooner and more timely is implemented. I also know the date that it began, 2018 to 20 . . . that time frame. That's six years. But what were some of the challenges that it moved at that pace?

Tobie Eberhardt: — Thank you. You know, I think one of our challenges our front-line staff are finding with meeting the five-day. So you know, when a family comes to . . . You know, someone reports concerns regarding a family, and we assess whether or not it meets our mandate to investigate. At that time, you know, it's either an immediate response or a five-day depending on what the issue is and any mitigators of that risk. And so within the five days some of the challenges our staff find are locating that child or their family.

So someone might call in and say, I'm concerned about my neighbour. You know, whatever it might be. And our staff might go out to the home and not be able to locate anyone. So then they're looking to try and figure out where does that child maybe go to school, are they connected to other services, and going out again to try and locate them.

And so some of the work that's been done is really our supervisors working with those staff on those situations. One, to make sure we're documenting clearly in our case management system the attempts to find that family, because that might be one of the challenges is that it's not been documented. And secondly, you know, coming up with some ideas of maybe how they can locate that family if the caseworker has not been successful to date.

Joan Pratchler: — So this recommendation was brought up in 2018 and it appears to be implemented here in 2024-25. That challenge to even as an organization to address that, what were some of the challenges to the ministry that it took six years to get those time frames? Can you help me understand some of the context or the history of that?

[09:45]

Tobie Eberhardt: — Thank you. I think, I mean I would start by saying that when this recommendation was first made, that it was a priority for us to look at and to try and address and to really work with our front-line staff on how we could address that. You know, they would have provided some ideas, and one of them was about adding some additional staff to help out when they are dealing with other crises.

And one of the challenges our staff have is they have a caseload where they have maybe a plan day, but then a crisis happens where there's immediate risk and they have to respond to that. So it was really working with our supervisors about how can we support them to respond to the immediate risk but to try and ensure some of that other work that needs to be completed is being looked at.

So one of the things that we've implemented in the last few years is really this community of practice, is what we call it. And it's really about getting our teams together to talk about best case practice, and to sort of do some of this problem solving when there are issues that are maybe causing some challenges. And so we're seeing some good success in that also.

Richelle Bourgoin: — And I'd like just to add too that the official follow-up for the audit only occurs on a two- or three-year interval. That doesn't mean that the ministry didn't prioritize this work immediately. This is just our opportunity to report back.

Joan Pratchler: — Thank you. As a former principal I had to report many of those. And it breaks my heart.

I look at page 251, the chart on that page, and I look at the services for the North in terms of the investigations. It appears that the longest and the largest amount of cases have ballooned in the North over time. Help me understand, what kind of supports can address that increasing demographic of need?

Tobie Eberhardt: — Okay, thank you. Yes, so the chart on page 251 is really showing the number of investigations. When they're called as outstanding, it's that this sort of administrative work needed to be done to close that hasn't occurred. So when we receive a report of a child at risk, we assess it. If we determine it meets our mandate to investigate, our staff go out. And they have 30 days to come to a conclusion on whether or not there's evidence that the child's at risk and that we are going to provide services, or it would be closed because there wasn't evidence. And then they have 15 days to really do the paperwork to get the file closed.

And so what this is showing, you know, again as I mentioned earlier, our staff focus on the immediate risk, supporting families in crisis, and that means sometimes that some of that administrative work gets set aside. And so I think that's what this is showing.

And in the North, the reason you would see that in the North is we have had some challenges in staffing in the northern offices, and that's really been a priority. So over the last couple years we have focused on recruitment and retention in child welfare. We know that it is a national challenge. We're in close contact with our partners in the other provinces and territories who are also experiencing the same challenges, and so we've taken a number of initiatives to try and address that.

One of the ones that we've seen really good success with in the last couple of years is that we reviewed our various positions to see what were the qualifications that they needed for those positions. So previously all our positions required you have a Bachelor of Social Work degree. And looking at the positions and looking at what sort of was expected of the worker in that position, we measured that against the different academic degrees you could get in the province and what you would get through that degree. What would you be expected to leave school knowing and bringing to a job?

And based on that we expanded the credentials that we would require for our children's services workers. So those are our staff that work with our children and youth in care or with our caregivers and foster parents. And so through that, expanded our credentials, we were able to double the number of people applying for those types of positions and had really success in filling positions. So in the past year of the positions that were filled, half those people came with a different credential. So they were likely maybe an education degree, a psychology degree.

And we're also hearing really positive stuff from our staff in the field because they bring sort of a different perspective. And so for the teams, they're learning some different perspectives and it's really helping within the offices around some of the work that they're doing with the families and children.

Richelle Bourgoin: — And I might just also add, to address that gap in the North, the Government of Saskatchewan has supported a partnership between the University of Regina and North West College to train 40 Bachelor of Social Work candidates for the North in the North.

Joan Pratchler: — And when will they be coming online? Would you have an idea?

Richelle Bourgoin: — I believe that their practicums will start as soon as . . . So they're completing their second year of studies, and then they will have the opportunity to complete their practicum with co-operation from the Ministry of Social Services.

Joan Pratchler: — So when I was looking at the 37 new people that were hired over that expanse of time, and doing the math is . . . How many actually went to the North? With these large numbers, I was trying to reconcile that there's not that many up north, but it's really needed.

Richelle Bourgoin: — Yeah, and I think it's a series of tools to a very complex problem. And so we look to the opportunity to educate potential social workers in the North with a likelihood that they will remain to serve the communities that they are currently in. We look to the travelling team and the opportunity to flex those resources where they're needed to be able to support communities. And we also, of course, rely heavily on our community-based partners and organizations that do support the ministry on an ongoing basis.

Joan Pratchler: — Thank you.

Chair Wotherspoon: — Okay. MLA Gordon.

Hugh Gordon: — I'd just like to follow up on something that you mentioned. And correct me if I'm wrong, but of the 944 outstanding cases cited in the auditor's report, you're saying a good number of those are just administratively . . . like they're awaiting some administrative process in order to close them?

Tobie Eberhardt: — You know, they're waiting for our front-line staff to complete sort of the administrative work to close them and their supervisors to sign off on them. So in recognition of that, one of the other things that we've done is really focused on giving our front-line staff administrative days we call them. And they can complete these days either in the office or actually at home too, so they can really focus on getting some of these administrative tasks done.

The other thing that we have our supervisors do: work closely with their staff, and they will approve overtime if our employees are willing to do it, to do some of these closures and get that work done.

We also had some success with our travelling casework team around investigation closures. And they've also been assisting in closing some of these investigations up in the North as well.

Hugh Gordon: — And can you also comment on the quality assurance unit's contribution to dealing with this caseload and making sure timelines are hit, making sure investigations are started and closed or concluded in a timely fashion?

Tobie Eberhardt: — Yes. So we have a quality assurance unit, which is a provincial unit. And their role is to complete sort of annual reviews — file audits — of casework throughout our province, both with our ministry staff and also with our First Nation agencies. So we have 19 delegated First Nation agencies in the province who deliver services on-reserve. And so our quality assurance team would go out there. They have a standardized template that they use to assess case practice and seeing if the various standards are being met. And based on that, they will complete a report for that office with recommendations, where, you know, there's high compliance to standards, and areas where they feel that there needs to be attention to it. And then the office and the director will develop an action plan with their managers and supervisors on how they can address those areas that have been identified that need some additional attention.

So the team's really there to sort of identify areas that practice is looking good, people are doing a good job of meeting standards, and areas that need additional attention. And then they go and do a follow-up audit. And then they can measure to see whether or not we've made progress in certain areas or if not, and then that allows us to focus again, further focus on what we need to do.

Chair Wotherspoon: — Any further questions from committee members on this chapter?

I just want to obviously commend all those that are involved in this very important work, making sure that children are safe across the province, and when they're not, that supports are extended in an urgent way and action is taken. So thank you to you and your team. Thank you to all those that are, you know, in this high-pressure work across the province. Very pleased of course to see full implementation on the first recommendation and making sure that that initial contact is happening within the timeline, the five days face-to-face, to assess a child's safety. That's so critical.

And our message of course, you know, to you is of thanks. And from me anyways to the minister and the cabinet, this just has to be such a priority and they need to do all they can to make sure that you all across this province are supported in doing this work. But again, thank you very much for the time here today.

With respect to this chapter, I'd welcome a motion to conclude consideration of chapter 29. Moved by MLA Rowden. All agreed?

Okay, that's carried. I'll kick it back to the Provincial Auditor and turn our attention to chapter 21.

Jason Wandy: — Thank you, Mr. Chair. The Ministry of Social Services is responsible for providing care for children requiring protection and out-of-home care. At November 2023, 912 children were living in 445 foster homes. There is an increasing number of children living in fewer foster homes. At September 2021, 858 children were living in 488 foster homes.

Chapter 21 of our 2024 report volume 1 describes our second follow-up audit of management's actions on four outstanding recommendations we first made in 2020 about the ministry's processes to monitor whether foster families provide a safe and secure environment for children in care. This committee agreed with our recommendations in 2022.

By January 2024 the ministry implemented one recommendation and continued to work on the other three outstanding recommendations. A key improvement made by the ministry included beginning to deliver training to ministry resource workers in 2022 related to completing annual reviews of foster

families. Ongoing training can aid staff in conducting quality annual reviews, including supporting staff compliance with policies and providing opportunities to share good practices and efficiencies.

We found the ministry partially implemented our recommendation on page 223 where we recommended the Ministry of Social Services complete all required background checks prior to approving foster families. Before approving applicants to become foster care providers, we found the ministry continues to require staff to complete two background checks. This includes requesting a criminal record check and vulnerable sector check for each applicant and any other adult living in the home, as well as conducting a record check in the ministry's case management IT system to identify any previous involvement with the ministry such as a history of child abuse or neglect.

The ministry approved 36 new foster families during 2023-24. We tested four new foster families and found the ministry did not consistently follow its requirement to conduct background checks before approving foster families. While we found staff checked ministry records in the case management IT system for all foster families tested, we found the ministry did not have complete criminal record and/or vulnerable sector checks for two of the families approved as foster families. Not completing the required background record checks for all applicants and adult residents in a potential foster home prior to approval may result in a potential threat to a child's safety when placed in a home.

We found the ministry had partially implemented the recommendation on page 224 where we recommended the Ministry of Social Services require periodic criminal record checks on all adults residing in approved foster homes. We found the ministry updated its policies and procedures in June 2022 to formally require criminal record checks, including vulnerable sector checks, on all adults residing in approved foster homes every three years which aligns with good practice.

[10:00]

We tested 30 foster family files and found the ministry did not have complete criminal record and/or vulnerable sector checks within the last three years for 23 foster families tested. Requiring regular criminal record checks decreases the risk of children in foster homes residing in unsafe environments. It also increases public confidence in the ministry providing safe and secure environments for children in its care.

We found the ministry had partially implemented the recommendation on page 224 where we recommended the Ministry of Social Services consistently follow its standard to complete annual review reports of individual foster families. The ministry requires resource workers to complete an annual review of each foster family to evaluate whether the family still meets the ministry's requirements for fostering children.

The ministry requires resource workers to complete a report once they finish their annual review assessment, collect all documentation such as a home safety check and criminal record self-declarations, and meet with each foster family about the review's results. Management continues to expect resource workers and supervisors to sign the annual review reports within two weeks after completion.

We tested 30 foster family files and found 16 foster families did not receive an annual review report during 2023, despite these foster families having children in their care. The last review report for two of these foster families was within the 2020 calendar year. We also found 14 annual review reports not reviewed by supervisors in a timely manner, including six reports signed by resource workers between 4 and 23 weeks following the review period, and 11 reports signed by supervisors between 2 and 44 weeks after report completion.

Delays in completing annual review reports which formally assess foster families' strengths and weaknesses may result in foster families not receiving timely and necessary training and support to provide quality care to children placed within their homes.

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

Chair Wotherspoon: — Well thanks again for the presentation and the focus of this work originally brought to us in 2020 and considered by this committee in 2022. Thanks for the actions that have been detailed as well. I'll kick it over to Deputy Minister Bourgoin for a few brief remarks then we'll open it up for questions.

Richelle Bourgoin: — Thank you. Related to the recommendation that the ministry complete all required background checks prior to approving foster families, the ministry considers this recommendation implemented. We have a very robust screening process for foster families. A process for documenting those background checks was established and implemented in 2022. The case management system was updated to document information obtained during those background checks. Old criminal record check forms in our system were replaced with updated forms that clearly indicate the need for both a criminal record check and a vulnerable sector check. Amendments to our administrative services manual were also completed to ensure the criminal record check is identified as a required document to be placed on the file.

Related to the recommendation that the ministry require periodic criminal record checks on all adults residing in approved foster homes, the ministry considers this recommendation partially implemented but on track to fully implement by June 30th of 2025. In 2022 the ministry implemented a policy requiring criminal record checks and vulnerable sector checks to be completed every three years for all adults living in approved foster homes. This requirement is reinforced with new foster parents during onboarding and discussed again at six months and annual review visits.

Ministry employees completed an audit of active foster home files and logged situations in which the criminal record check or vulnerable sector check renewal was outstanding. These included reasons for any delay in renewing, like processing backlogs, and worked with families to mitigate. The validity of the criminal record check and the vulnerable sector check application and subsequent three-year renewal are monitored and documented and sequenced in a way that is manageable for our partners.

Finally the ministry will implement a new requirement for an annual self-declaration to be signed by service providers who have one-to-one contact with children or youth, declaring there

has been no change to their criminal record status since the last criminal record check or vulnerable sector check. And we intend to do that with our partners at our spring meetings.

Related to the recommendation that the ministry consistently follow its standards to complete annual review reports of individual foster families, the ministry considers this recommendation partially implemented. In 2022, ministry case-management systems were updated to include home assessments and automatic task reminders for employees to complete annual reviews.

Annual review requirements are monitored and plans created to support employees. Employees reinforce the expectation with families and review assessment dates with foster parents at the six-month home visit. As we prepare for full implementation of this recommendation by the end of June, the ministry is developing a process to increase oversight and tracking of annual reviews and to continue tracking due dates and completion.

I will end my remarks on this chapter by noting that the recommendation 3.4 is considered implemented by the auditor. We thank the auditor for their work on this chapter, and we'd be pleased to answer any questions.

Chair Wotherspoon: — Thank you again for the work on this front and the report. I'll open up now to committee members for questions. MLA Pratchler.

Joan Pratchler: — Thank you for that. According to the auditor, as of November 2023 there were 445 foster families providing care for 912 children. Could you provide an update on the current number of foster families and children being cared for?

Tobie Eberhardt: — Thank you. So as of September 30th we have 462 approved foster homes and we have cared for 908 children.

Joan Pratchler: — Thank you.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — Just want to talk a little bit about the criminal record and vulnerable sector checks. I see the ministry requires that these be provided every three years. Can you speak to what kind of enforcement measures the ministry has if these checks aren't submitted in time?

Tobie Eberhardt: — So when we first approve a foster parent, a criminal record check and a vulnerable sector check is required for every adult who's in the household. And that is required before we would do the approval. In 2022, based on a recommendation from the auditor's office, we implemented a requirement to have a follow-up check completed every three years.

So prior to that, we had our caregivers would do a self-declaration every year where they would declare whether or not anything had happened that they maybe got in trouble with the law. So it was sort of an honour system. And based on the recommendation from the auditor's office, then we implemented a requirement for that to be done every three years.

We would of course work with our caregivers about ensuring that they complete this requirement, but it would be a standard that's expected. And so if they're not doing it — and we haven't had that issue now where someone would refuse to do it — but if they were to refuse to do it, like any of our requirements to be a caregiver, likely what we would do is place them on hold, work with them around why they're not doing it. And it could result in a closure, but we don't anticipate that because the foster parents that we work with, they work closely with us, and we would work through why there might be a challenge in getting that.

Hugh Gordon: — And just kind of attached to that is try to help me understand, how is it that checks for other adults living in foster family homes either wasn't done or getting missed? Can you just sort of explain kind of the nature of those circumstances and why that was a difficulty or continues to be a difficulty?

Tobie Eberhardt: — So what we found was at times there might be an adult who was . . . It was normally a foster parent maybe had a child who became an adult. And it was a time where we would do our annual review, where we'd go out and meet with them. And they might at that time say, you know, their child's now 18. And we'd say, oh now that they're 18 we require this, and we'd ask them to go do that. Or they maybe had a relative move in with them; maybe a cousin's in town and staying. So it's really working with our foster parents around the requirements.

And you know, we've sort of mitigated that by having very clear documentation, including in our annual agreement with foster parents. So every year they sign their agreement, and it's very clear of what's required of them. And that includes ensuring that everyone in the home who's aged 18 or above has a criminal record check and a vulnerable sector check completed.

Hugh Gordon: — Thank you.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — Can you speak to the annual review requirements and exactly what processes the staff are expected to go through to conduct that annual family review, please?

Tobie Eberhardt: — Thank you. So part of the annual review process includes the resource worker, who is our caseworker who is assigned to support that foster family, they meet with the foster parents and they go through sort of the documentation.

So what would be required previously would have been the self-declaration. Now it would either be a self-declaration or, if they were at their three-year mark, to get a new criminal record check or vulnerable sector check. That would be the requirement.

They complete a home safety assessment. So that's where we have certain standards for foster homes, including things like smoke detectors, carbon monoxide detectors, where you store medication. So they would complete the safety check, making sure that there are no concerns with the home. If there was any kind of concern — for example, if they had a smaller child and they needed a baby gate — they would have a set time; you need to get this in place and I'll be coming to follow up on that.

They also complete the family development plan with the caregivers. And so that's where they sort of work through what's

working well, what are you enjoying about fostering, what are some areas you might want to grow in or where you want some more additional training or education. So a foster parent might say, you know what, I've got one child now with me who is exhibiting maybe some behaviours. Maybe he has been diagnosed with ADHD [attention deficit hyperactivity disorder]. They might want additional training in that. So a part of the plan would be setting up the training and working with the foster parent about how we'd get that in place for you.

And then, as I had mentioned before, there's the agreement that the foster parent would sign at that point. And then the caseworker would take all that information back, complete a report, take it back to the caregiver, review it, have them sign it, and then have their supervisor sign it.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — Just one last question with respect to the outstanding recommendations from 2020. When can the committee expect that those will be fully implemented?

Richelle Bourgoin: — They will be implemented by June 30th of this year.

Hugh Gordon: — Thank you.

Chair Wotherspoon: — Okay, thanks so much for those questions. Important work here. Thanks to the foster families as well that provide this important service across the province. At this point I'd welcome a motion to conclude consideration of chapter 21. Moved by Deputy Chair Wilson. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's agreed. We'll turn our attention to chapter 22 and I'll kick it back over to the auditor.

Jason Wandy: — Thank you, Mr. Chair. The Ministry of Social Services provides programs and services for people with intellectual disabilities by working with and helping them to access a variety of community-based services. The ministry uses 97 community-based organizations, or CBOs, to deliver residential and day programs to people with intellectual disabilities and pays them $250 million annually.

Chapter 22 of our 2024 report volume 1 reports the results of our fifth follow-up of management's actions on three outstanding recommendations we first made in 2012 about the ministry's processes to plan for, contract with, and monitor CBOs providing services to people with intellectual disabilities.

[10:15]

We are pleased to report by November 2023 the ministry implemented the remaining three recommendations. We found the ministry established its outcomes-based service delivery framework to help assess CBOs and their ability to deliver services to clients with intellectual disabilities. As part of the framework the ministry staff interview CBO clients to help assess their quality of life. The ministry completed its first set of interviews in November 2023 and found almost three-quarters of clients were mostly satisfied with services provided by their CBOs.

In addition we found the ministry consistently completed and tracked its review of CBOs' policies and procedures every two years. At December 2023 it reported completing nearly 97 per cent of its reviews within the expected timeframe.

Finally, the ministry started assessing CBOs' capacity to manage risks during 2023-24. At November 2023 we found the ministry completed assessments for almost a quarter of the approximately 190 CBOs it partners with, including assessments for 26 agencies providing services to intellectually disabled people. It expected to complete the remaining assessments by March 2024. Active monitoring of CBO performance helps the ministry assess whether it receives services in accordance with its agreements with CBOs.

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

Chair Wotherspoon: — Thank you very much for the presentation and the follow-up audit here and focus of the work. I'll turn it over to Deputy Minister Bourgoin for comments, then we'll open it up for questions.

Richelle Bourgoin: — Thank you. We appreciate the auditor's support in concluding this chapter, and we would welcome any questions that you have.

Chair Wotherspoon: — All right. Looking to committee members for questions. MLA Pratchler.

Joan Pratchler: — It's great to see that these outstanding recommendations from 2012 have been implemented. Can you speak to some of the barriers that you must have had to go through to move that along?

Jeff Redekop: — Thank you very much for the question. Jeff Redekop with disability programs. I think the process is very important to talk about here. We do the work through the ministry in collaboration with community partners. That's a process that takes time. If we're going to do it correctly, it involves good engagement with community and participation across that sector.

In addition there were some fairly large changes that were included in the audit's recommendations which were implemented. And change management again, doing that right does take some time. So we're pleased to report on the positive outcomes we've had so far, and that work will continue.

Joan Pratchler: — I see that there is a capacity assessment and planning process that you're going through. Could you speak to a couple of the key components that you look at or you help an organization with through that to meet that capacity, to be able to deliver services?

Grant Hilsenteger: — Hi, I'm Grant Hilsenteger. I'm the ADM responsible for finance and corporate services. And so in my area we have the CBO contract administration unit, and so we help get the agreement set up. And so we're involved quite closely in the development with the rest of the team and the ministry on developing this tool. And so this goes back to, as you said, 2012.

The ministry now, we have agreements totalling about

$500 million with our CBO partners. Obviously we need to be as accountable for those dollars, those public dollars, as possible and making sure at the same time that we're sustaining service delivery. We really rely, you know, very much on these CBOs to deliver. We have built into the agreements a number of requirements to help meet those and benchmarks that we're, you know, we're relying on measuring to make sure that they're meeting those requirements.

So when the auditor . . . I mean we've been working on this all the time of course. But as the auditor first put forward recommendations for us to be doing some more work on this, we started developing internally a tool looking at things like these five areas of focus that's talked about in the audit report. So areas like financial capacity, levels of staffing, governance capacity, operational capacity, and you know, whether they're meeting OH & S [occupational health and safety] requirements in how they're delivering services. And then perhaps things like service provider capacity to maintain privacy of client information and those types of things. So we took that and then started developing a tool where we could ask questions based on information that we gathered from CBOs to assess against those areas.

And so we then had these five areas of focus and operational questions that we asked to assess that capacity so that, when the audit came out, we were just in the process of starting to walk that out to CBOs and start developing a pilot. So for all the CBOs that we have, we asked CBOs if they would like to work with us to assess this tool to see if it actually is something that's going to be . . . we could adjust if necessary to make it work and make it better for both the CBOs and ourselves to be able to gather and then assess information.

So we started doing that, I think we went out to them at our annual meeting in 2023 . . . This year, 2024. Sorry, I'm losing track of my years — 2024. And so we went out and asked who would like to work with us. We had such a fairly strong, like I would say, a strong response. We were initially looking for 15 CBOs to work with us. We have 17 that are working with us on the pilot.

So we've been working with this — and I'm just looking at some of the timelines here — so basically we've been working through . . . Really we started getting into the data collection. So just to go there very quickly, we always collect data from CBOs. We ask them to submit information, financial statements, that sort of thing. Sometimes we don't get all the information that we ask for, and so that's part of the reason it's hard to assess them. This is designed through this tool to ask the questions and get that information that we can then assess. So as I mentioned, it would be better for both us and the CBOs because then we can help work with them to improve how they operate.

So the pilot really started in September. We've gathered information and we're conducting that analysis right now and just about complete. We're going into January now. The intent is, I guess by the spring right now as we're going through this, we're going to bring some of this information back, work with the CBOs, talk to them about how this worked for them, and then bring it back to our senior management team and talk about how we refine this and use it going forward.

Joan Pratchler: — Were any of those components capacity assessment on programming, or is it more the functionality of the organization?

Grant Hilsenteger: — It's more related to, I would say, the functionality of the organization and their capacity as it . . . you know, the capacity and planning tool. So it's really about how they're making out. So for instance, if they had an issue with . . . if we identified an issue with governance capacity, we will then look at ways we could help them or offer information to them to either get training or, you know, ways to improve, that kind of thing.

I think we always — and maybe Jeff can speak more to that — but I think we always look for that conversation and that relationship to hear if there's any issues with the programming or how our relationship works between the ministry and them.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — Hi. So to clarify, the pilot you're referring to is the outcome-based service delivery framework. Correct?

Grant Hilsenteger: — No. So I think that's the second piece of that audit. In the third piece of the audit is the capacity and assessment planning tool. The outcome-based service delivery model is another part of we call it our CBO project work. We've looked a number of areas. So one of them was that piece, the capacity assessment tool, and then just generally partnerships. Those are the three key areas that we've been working on for the past number of years.

Hugh Gordon: — So the outcome-based service delivery framework pilot, that work was expected to be completed by spring of 2025. Is that still the timeline?

Grant Hilsenteger: — I believe so, but I can ask. Jeff, do you have anything more to add on outcome-based?

Jeff Redekop: — Sure, yeah. Thank you. Yeah, the timeline is still the timeline you mentioned. In '22-23 the ministry launched a multi-year pilot project to roll out this outcome-based service delivery framework and evaluate a client questionnaire tool designed to assess outcomes and evaluate service delivery for clients with intellectual disability. And I think we've heard in the audit that we received some positive feedback through that audit about the success we've been seeing, and the work is on track.

Hugh Gordon: — And also just a final to that is there were a number of CBOs that you were hoping to incorporate still. Do I understand that correct, that that's still the case?

Jeff Redekop: — Correct, that's one of the next steps. The initial pilot included a certain number of CBOs. It expanded in the second stage of the pilot. And as the pilots are completing, then the next task is to work with CBOs who have not yet participated to introduce that concept before it's implemented broadly.

Hugh Gordon: — Fair enough. And just how's the reception of the invitation to participate in the framework going with these other CBOs?

Jeff Redekop: — The reception's been fantastic. I think there's a certain . . . This field of delivery is very much focused on

person-centred service for people with intellectual disability. Like our partners in the community-based sector are equally as passionate about positive outcomes for people as we are, so it's a great sector to work in. And we're gratified for all the really enthusiastic participation we've had.

Chair Wotherspoon: — Okay, looking to committee members, I'd welcome a motion that we conclude recognizing that implementation's occurred on these fronts. I'd welcome a motion that we conclude consideration of chapter 22. Mover, MLA Rowden. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. We'll move along here. I'll turn it back over to the auditor to focus on chapter 9.

Jason Wandy: — Chapter 9 of our 2023 report volume 2 reports the results of our annual audit of the Ministry of Social Services and its three special purpose funds for the year ended March 31st, 2023. Each fund complied with authorities governing their activities, and their 2022-23 financial statements were reliable. The ministry complied with authorities governing its activities and had effective rules and procedures to safeguard public resources except for the areas reflected in our three outstanding recommendations relating to the Saskatchewan income support program, referred to as the SIS program.

We found the ministry partially implemented our recommendation on page 57, where we recommended the Ministry of Social Services reinforce with staff the requirements for paying shelter benefits under the Saskatchewan income support program. Our integrated audit in the following year found the intent of this recommendation to be implemented during fiscal 2023-24.

Shelter benefits typically represent about two-thirds of the ministry's SIS payments, about $140 million in 2022-23 and about $152 million in 2023-24. The ministry's SIS policy manual sets out the legislative and policy requirements for shelter benefits under SIS. To be eligible for the monthly shelter benefit, clients submit relevant documentation, including proof of rent or ownership, and resubmit documentation upon a change in circumstances such as a lease expiry or a change in residence. The ministry expects staff to follow up with clients to obtain all necessary documentation or suspend client benefits.

We tested 54 payments that included shelter benefits under SIS and found one instance where the ministry did not pay a client in accordance with the rates set out in their policy manual and two instances where clients did not provide appropriate documentation supporting their shelter benefits.

Our testing in 2023-24 found similar results. We identified six instances where the ministry paid shelter benefits at inconsistent rates. We found the ministry continued to provide staff with training or guidance about the shelter benefits available within the SIS program to help enhance staff understanding of and compliance with the various requirements.

Sorry, starting to lose my voice here. During 2023-24 the ministry provided training to income assistance staff on shelter benefits, policies, verification expectations, and documentation requirements . . . [inaudible interjection] . . . Yeah, maybe. Sorry.

Tara Clemett: — In 2023-24 we used our audit results to estimate the overall impact for almost $242 million in SIS payments the ministry made during the year and found that the overall estimated errors in SIS payments were not significant to the ministry. The estimated errors were under 2 per cent of the ministry's total SIS payments. As such, we considered the intent of this recommendation implemented in 2023-24.

[10:30]

We found the ministry did not implement the recommendation on page 59, where we recommended that the Ministry of Social Services verify client information from its Saskatchewan income support program. Our integrated audit for the following year found the ministry implemented this recommendation, so during 2024.

The ministry requires SIS clients to report their income and provide supporting information. Unlike its other major income assistance programs, such as the Saskatchewan assured income for disability, SAID, the ministry has set up a process to confirm proof of income for SIS clients with third parties like the federal government. The ministry received access to income tax data from the federal government in the fall 2023 and expected to begin reviewing the data during 2023-24.

During our integrated audit in 2024, we found the ministry took a risk-based approach to confirm the accuracy of the income for a sample of 22 SIS clients meeting specific conditions. By confirming the income of these clients using income tax data, the ministry identified SIS overpayments for two clients, totalling almost $25,000, and adjusted the client files by recording an associated overpayment. The ministry indicated it intends to expand its confirmation of SIS clients' income for a larger sample of clients in 2025. As such, the ministry has implemented this recommendation.

We found the ministry partially implemented the recommendation on page 59, where we recommended the Ministry of Social Services record and recover overpayments related to SIS in a timely manner. We found limited improvements in 2024.

An overpayment occurs when the ministry pays a SIS client before receiving all the information necessary to confirm a client's eligibility for benefits, or it makes an error in determining a benefit amount, or when a client potentially provides inaccurate information to the ministry. At March 31st, 2023 the ministry had recorded over $7 million in accounts receivable related to SIS overpayments.

The ministry expects staff to initiate recovery of overpayments in the month following the identification of the overpayment. Additionally the ministry can pay clients' housing security deposits with the understanding that clients will repay these benefits beginning the following month of receiving such payment. For 10 SIS client files we tested with known overpayments, we found the ministry didn't record the overpayment for eight files, and did not set up the collection from future benefits through the automatic recovery process. We found staff set up the overpayment for two files, but did not do

so timely, rather, started the collection 7 and 10 months after the overpayment did occur.

Not recording overpayments due and not initiating the automatic payment recovery does delay timely overpayment recovery. In addition this does mean the ministry may have limited ability to collect overpayments if clients do leave SIS in the future.

That concludes our comments, and I turn it over for the committee's consideration.

Chair Wotherspoon: — Thanks again for the follow-up report on this front and the recommendations. I'll open it up for brief comments and then for questions.

Richelle Bourgoin: — Thank you very much. In reference to the recommendation that the ministry record and recover overpayments related to the Saskatchewan income support program in a timely manner, the ministry now considers this recommendation implemented.

Since the audit, the ministry has completed a targeted review of Saskatchewan income support cases with an overpayment to ensure that overpayment recovery plans are in place. Employee training on overpayment recovery was developed and introduced, and system enhancements now allow for overpayments to be transferred and recovered across cases.

We thank the auditor for their work on this chapter, and we'd be pleased to answer any questions.

Chair Wotherspoon: — Okay, thank you. Any questions from committee members? MLA Gordon.

Hugh Gordon: — Just looking for some clarification. The auditor mentioned that they noticed at the last account there was about $7 million in overpaid SIS payments. And I can't recall the year; I believe it was 2023. But just on that, you take steps — help me understand — you take steps to recover that from future benefits. I wonder if you could speak to the effectiveness of that, and I wonder how you collect from people who leave SIS before you're able to collect from them.

Devon Exner: — Thank you for the question. So you're absolutely right. If a client happens to be on the program and for some reason information has been gathered where they now have an overpayment that is outstanding to the program, we do set up recoveries on those files moving forward. So if they are eligible for further benefits, there are recovery amounts that are set in policy. So under the Saskatchewan income support program, the overpayment is recovered at $50 per month. So that will continue to come off until such time as the client leaves assistance or the overpayment is fully recovered.

Again the recovery rate is set . . . We are a program of last resort trying to meet those basic needs, so obviously recovering the full amount of their monthly benefit or something like that would put the client in a position of hardship. So that's why the recovery rate is $50.

When a client leaves income assistance, sometimes it might be for employment or we may not know why they're leaving. So when we become aware that the client is no longer requiring assistance we close the file, and through our accounts receivable area, that's where we start to work with the client to identify that they have an outstanding overpayment.

They do have the right to appeal that overpayment in case they need some clarification around how the appeal was calculated or the reason that it's outstanding on their file. From there our accounts receivable unit will start to send out letters to those clients asking them to set up a repayment plan that works for them and working with our folks to do that.

If for some reason clients . . . I'll say the individual who's no longer a client is unable to pay back or isn't making contributions towards their overpayment, we have a process with CRA [Canada Revenue Agency] where we can advance that overpayment to CRA and they will collect on our behalf from any benefits that are coming forward through the federal government.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — Just some other clarifying questions here with respect to verifying income from third parties. I believe, if I understand correctly, you rely on some CRA information, but a lot of people who are in the lower income groups in our society don't even file taxes. So I'm just wondering what other third parties or what other sources of income verification you rely on in making your determination for benefits.

Devon Exner: — So maybe at a high level I'll start with, all individuals are required to complete and submit their income tax. We do know that many CBOs out there do help low-income, vulnerable people to complete their income tax information. So for the most part, you know, we do see many, many folks actually complete that with some assistance and some funding that's available to those community-based organizations.

We also work with those clients to ensure that they are completing their income tax and we talk about their financial reviews in conversations with clients. It's important that they're accessing all benefits that are available to them. We're talking about, again, programs of last resort, meeting your basic needs, having access to the Canada child benefit, the GST credit. Those are not insignificant amounts of money that are available to people so we talk and reinforce the importance of doing that work.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — Just to be sure, we're talking about amounts that are about between 6 and $700 a month as monthly payments for average SIS payments. Correct?

Devon Exner: — There's a wide range of benefits that are available for SIS. It depends on where you live — so the location of your community — your family composition, and then if you have any special needs. So those benefits could range anywhere from $3,000 to potentially more than a few thousand dollars depending on their family composition.

Chair Wotherspoon: — Any further questions from committee members on this front? Thanks again for detailing the actions taken. MLA Crassweller.

Brad Crassweller: — Thank you. I just want to express my thanks. I think all my colleagues here would say thank you very much for the work you do for some of the less fortunate in our province. And so I would ask that you would actually extend that on. I was crunching some numbers as to how many phone calls are actually coming in, and that point of first contact is so important. So if you could pass on our thank you to all of your teams that are here today and throughout. It's incredible. So thank you very much for the work you do for our province.

Chair Wotherspoon: — Good words, good words. I'll welcome a motion here with respect to chapter 9 to conclude consideration. Moved by MLA Chan. All agreed? That's carried.

Yeah, so thanks for the time here this morning, Deputy Minister Bourgoin and all of your ADMs and your officials. Thanks as well to all those that are connected to this work across the province. Of course thanks to audit team for their work and focus on these chapters.

Any final words for us before we kick you out of here and turn our attention to the Health Authority?

Richelle Bourgoin: — I'm sure the Health Authority would rather I keep going. But I will say thank you to the Chair and to the members of the committee. We appreciate the opportunity to update you on our work. I want to thank my colleagues here in the room and across the province for their diligence and for their commitment to supporting our communities. And finally thank you to the Provincial Auditor's office for your help in allowing the ministry to improve the essential programs and services we deliver in the province.

Chair Wotherspoon: — Thank you again. We'll briefly recess and reconvene in a few minutes here with Sask Health Authority.

[The committee recessed for a period of time.]

Saskatchewan Health Authority

Chair Wotherspoon: — Okay, folks. We'll reconvene the Standing Committee on Public Accounts and turn our attention to chapters of the auditor focused on the Saskatchewan Health Authority as well as the Ministry of Health. I want to thank all the officials, all the leadership that have joined us here today from both the SHA and the Ministry of Health. Thank you, Deputy Minister Smith, who's sitting at the front table here, as well as CEO [chief executive officer] Andrew Will, who's here as well.

I'll turn it over to Deputy Minister Smith to briefly introduce all the officials that have joined her here today. Refrain from getting into the chapters at this point. I'll kick it back over to the auditor and then come back your way after that. And then, we have lots of officials here today, and thank you for being here. Just a reminder to other folks that will be introduced by Deputy Minister Smith right now, but if you're coming up to a microphone to provide a response, just introduce yourself briefly at that point again. Deputy Minister Smith.

Tracey Smith: — Thanks, Mr. Chair. Good morning, committee members. To begin I would like to express our appreciation to the Provincial Auditor of Saskatchewan, Tara Clemett, and her team for joining us today as well. Mr. Chair, we fully recognize the critical role of the Provincial Auditor and the role that they play in providing the insightful analysis and detailed audits of both the Health ministry and the sector. So thank you very much for that.

These reports are invaluable for identifying improvements, ultimately benefiting Saskatchewan's patients and families. Through their thorough and careful analysis, the auditor's team offers essential recommendations that guide us in enhancing accountability across the health sector. The Ministry of Health remains committed to strengthening services and implementing the efficiencies identified by the Provincial Auditor.

Today we have both Ministry of Health and Saskatchewan Health Authority representatives in attendance to either present or answer questions related to the previous reports from the Provincial Auditor of Saskatchewan. We have a broad representation of people here with us today to help us answer some of the questions as we are covering close to a dozen different programs and services across the health sector. And so I think there's about 50 recommendations that we'll be working through throughout the course of today.

I will note that people will be sort of coming and going. If we think that their portion of the audit is covered and we're complete, they'll be leaving the room today. But they'll be here at the front end.

So just to take a moment to introduce the team that is here with me today from the Ministry of Health, we've got Norman O'Neill, assistant deputy minister; Ingrid Kirby, assistant deputy minister; David Matear, assistant deputy minister; James Turner, assistant deputy minister; Chad Ryan, assistant deputy minister; Ryan Dobson, our director of operations and internal audit; and Victoria Zhang, manager of internal audit.

From the Saskatchewan Health Authority we have Andrew Will, the CEO; Derek Miller, the chief operating officer; Kelly Thompson, chief financial officer; Mike Northcott, chief human resources officer; Michelle Mula, vice-president of quality, safety and chief information officer; Bryan Witt, vice-president, provincial clinical and support services; Andrew McLetchie, vice-president, integrated northern health and chief nursing officer; Sheila Anderson, vice-president, integrated Regina health; and John Ash, vice-president of integrated Saskatoon health.

They will introduce themselves if they come up and answer a question, and again, they will be coming and going from the meeting as their items conclude.

To close, the Ministry of Health is dedicated to achieving the best value for its investments in health care, ensuring that the people of Saskatchewan receive the health services they need. Again thank you for the opportunity to discuss these public accounts today. They are essential in helping us continuously improve and be accountable for the programs and services that are delivered every day throughout this entire province. Thank you.

Chair Wotherspoon: — Thanks again to all of you for joining us here today, and all those that are connected to the important work being discussed here today. I'll table at this point PAC

18-30, Saskatchewan Health Authority: Status update, dated January 22nd, 2025. Thanks to those that were involved in putting that status update together, and of course all those that were involved in the work that's reflected in that document.

At this point I'm going to turn it over to our Provincial Auditor. The focus to start things off will be on the first two chapters focused on biopsies in the labs.

Tara Clemett: — Thank you, Mr. Chair, Deputy Chair, committee members, and officials. With me today is Mr. Jason Wandy, and he is the deputy provincial auditor that is responsible for the audits at the Saskatchewan Health Authority. Behind us as well is Ms. Kim Lowe, and she's a senior principal within our office and would have been involved in leading a number of the audits before the committee today.

Today we will present the chapters for the Saskatchewan Health Authority in the order that they do appear on the agenda, and this will result, as the deputy minister indicated, in 12 presentations. We will pause to allow for the committee's consideration after each of the presentations.

There are two presentations that do include seven new audit recommendations for this committee's consideration, and then there are 10 presentations which are follow-up audits that do provide basically a status update on the outstanding recommendations and whether or not sufficient progress has been made by the Saskatchewan Health Authority in regards to those recommendations.

I do want to make just a quick comment to the committee in terms of just the context and the progress that you will see. Often we look at the point in which we've made those original audit recommendations and then how long it's taken for the various agencies to implement and fully address the recommendations. I do think that it's important to note that the Saskatchewan Health Authority was an agency that was obviously directly involved in responding and servicing people when it came to the COVID pandemic.

So I don't think that it's an easy math calculation in regards to looking at the recommendations and how long they've been outstanding when it comes to this government agency because there was a bit of probably a two- to three-year time frame where there had to be a priority and a redirection of efforts not necessarily put towards the audit recommendations that were outstanding for some of the various areas that we identified.

I would also want to mention that as an audit office, we were very cognizant of the efforts that needed to be directed towards the COVID pandemic. And so you will find that we didn't necessarily follow up on our recommendations in that typical two- to three-year time frame. We made some very thoughtful and deliberate decisions to delay our work until it was appropriate for us to go back in and follow up on the recommendations at that time.

So I definitely want to thank the CEO of the Saskatchewan Health Authority and all the officials throughout the Authority for the co-operation that is extended to us during the course of our work. And with that, I'll turn it over to Jason.

Jason Wandy: — Thanks, Tara. The Saskatchewan Health Authority is responsible for providing lab services that include analyzing surgical biopsies at its Regina and Saskatoon labs. Together these labs analyze over 417,000 tissue samples or about 100,000 cases per year. A surgical biopsy is a procedure that involves the surgical removal of tissue for laboratory analysis by pathologists.

[11:00]

Chapter 19 of our 2022 report volume 2 and chapter 26 of our 2024 report volume 2 describe our first two follow-ups of management's actions on the seven recommendations we first made in 2018 about the Authority's processes to analyze surgical biopsies efficiently in laboratories located in Regina and Saskatoon. This committee agreed with our recommendations in 2022.

By May 2024 the Authority implemented five recommendations and continued to work on implementing the remaining two recommendations. Key improvements included assessing the impact of the labs receiving accreditation through different bodies, entering into an agreement with the Office of the Chief Coroner, implementing a lab IT system to track the location of surgical biopsy specimens throughout the key stages of the lab analysis process, identifying factors inhibiting timely diagnosis reports such as staff vacancies, and monitoring the completion of preventative maintenance on lab equipment in Saskatoon used to support analysis of surgical biopsies.

We found the Authority partially implemented recommendation 3 on pages 210 and 245 of our 2022 report volume 2 and 2024 report volume 2, respectively. We recommended the Saskatchewan Health Authority implement a consistent approach for prioritizing and issuing timely diagnosis reports for surgical biopsies. The Authority continued to have varying turnaround times for processing requests to analyze surgical biopsies as well as to issue diagnosis reports at its Regina and Saskatoon labs. The Authority uses targeted turnaround times between 2 to 14 days for various priority levels in Saskatoon and a target of five days in Regina. Regina did not have documented priority levels.

Neither lab was meeting the Authority's internal quality targets striving to complete 80 per cent of diagnosis reports in eight days. Rather the average completion time for diagnosis reports in March 2024 was over 11 days in Saskatoon and over 28 days in Regina. Good practice indicates turnaround times for issuing diagnosis reports should be between 24 hours and 5 business days based on urgency.

The Authority had draft priority targets and expected turnaround times for diagnosis reports that it expected to approve in June 2024. Having inconsistent prioritization guidelines in Regina and Saskatoon for analyzing specimens may result in some patients and health care providers having to wait longer for diagnosis results than others for diagnosis results in different parts of the province, which may delay needed medical treatment.

We found the Authority partially implemented recommendation 6 on page 213 and 246 of our 2022 report volume 2 and 2024 report volume 2, respectively.

We recommended the Saskatchewan Health Authority educate

health care providers on properly completing surgical biopsy requisitions for Regina and Saskatoon labs. In September 2022 the Authority approved a new provincial general surgical requisition form along with guidance for health care providers on how to complete the requisition. We found the new requisition form clearly set out key sections health care providers must complete, such as whether a request is routine or priority, relevant medical history, and sample or tissue information.

However at May 2024 the Authority had yet to implement the form and approved additional revisions to the form in June 2024. Management indicated it was developing a plan to start training on the new form. In 2023, Regina labs received incomplete requisitions 23 per cent of the time supporting the need for training.

Having one provincial requisition form and better guidance and training will help health care providers to include consistent and priority information for all surgical biopsies. This may help to reduce the risk of incomplete requisitions and possible delays to diagnosing a patient's biopsy. Without having a properly completed biopsy requisition form, diagnosis of a surgical biopsy cannot begin.

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

Chair Wotherspoon: — Thanks again for the focus of these chapters. Certainly something incredibly important to people of the province and receiving that information in a timely way is so critical. So thanks for that.

I'll turn it over to Deputy Minister Smith for brief remarks, and then we'll open it up for questioning.

Tracey Smith: — Thanks, Mr. Chair. And I will keep my remarks very targeted specifically on the recommendations that the Auditor has put forward.

So regarding the recommendation to implement a consistent approach for prioritizing and issuing timely diagnosis reports for surgical biopsies, the Saskatchewan Health Authority's provincial anatomic pathology discipline-specific working group has developed robust provincial performance metrics and a provincial guideline document aimed at ensuring uniform processes across all four anatomic pathology labs. The provincial guidelines were implemented in Saskatoon and Regina in December of 2024.

A provincial document identifying priorities and targets for turnaround times has been approved by the provincial discipline-specific committee including the anatomic pathology division head from Regina and representatives from Saskatoon and the North. Turnaround time metrics are monitored daily along with comprehensive monthly turnaround time report.

Regarding the recommendation to educate health care providers on properly completing surgical biopsy requisitions, a provincial surgical pathology requisition form was developed in consultation with stakeholders and was approved by the clinical standards forms committee. In order to educate health care providers on the proper completion of the form, a comprehensive completion guide has been communicated, along with the new requisition form, with implementation on December 30th of 2024.

The updated requisitions were uploaded into the Saskatchewan Health Authority's website on December 3rd, 2024 for clinician access and implementation. Communication on the updated requisitions, along with a comprehensive completion guide aimed to educate clinicians, also occurred on December 30th of 2024 via the Saskatchewan Health Authority practitioner staff affairs and the Saskatchewan Medical Association.

Regarding the recommendation for the Saskatchewan Health Authority to require its labs to keep records of preventative maintenance completed by technical staff on its surgical biopsy equipment, the Saskatchewan Health Authority has reinforced to staff the requirement for maintenance logs to be consistently completed. The anatomic pathology lab supervisor reviews maintenance logs weekly at a minimum to identify and follow up on any non-compliance in a timely manner.

That concludes my comments. Thank you.

Chair Wotherspoon: — Thank you. Thank you very much. Of course I'll identify to anybody tracking this, we've already received these reports. We've considered them at this committee and had, you know, scrutiny and questions in the past on them as well. So this is follow-up at this point. I'll open it up now to committee members for questions. MLA Pratchler.

Joan Pratchler: — Thank you. The auditor notes that in March 2024 the average turnaround time for diagnosis reports was over 11 days in Saskatoon labs and over 28 days here in Regina. With the surgical biopsy backlog in Regina at about 5,600 cases as of March 2024, can you provide updated statistics, including the backlog at both Regina and Saskatoon?

Tracey Smith: — Thank you. Mr. Chair, I'm going to invite Bryan Witt from the Saskatchewan Health Authority to come up and answer this question. Thank you.

Bryan Witt: — Good morning, everybody. My name's Bryan Witt. I'm a vice-president of provincial clinical and support services with the SHA. Thank you very much for the question.

First of all I'd like to open by just saying that the Saskatchewan Health Authority is very committed to timely diagnostics across the board with everything that we do, and this has been pretty passionate work that we've been really working on.

In regards to your questions, the workload numbers that you quoted, I do have some updates. So in Regina in around April we were around 6,000 at that point. We've done a lot of work and we're quite proud actually to say, as of yesterday in Regina, we were at 1,960. So a really significant improvement in that work, and it continues. The curve is really going in the right direction, so it's just really great work.

In Saskatoon, just to give you a reference, our target is 750. So we're well on our way to getting to that 750 target. In Saskatoon it's pretty consistent, but yesterday when I did the numbers we were at 789, so just over our target there as well too.

In terms of turnaround times, as you would expect, that work has improved our turnaround time as well too. In Regina our

turnaround time went from April, like you said it was around 26 days in April; it's down to 14 now. And in Saskatoon it stays pretty consistent around that nine-day mark there as well too.

And the only thing I would say is a lot of that work has really come from the support of our Ministry of Health colleagues. We've had some investment in new technology, really some automation. We have had some IT enhancements, and we've had some additional positions. Altogether that's really helped us achieve our goals and get us on the right track here.

Joan Pratchler: — I see in the status update that provincial guidelines on prioritizing and issuing timely diagnosis was implemented in 2024. Can you provide the committee with a copy of those guidelines?

Bryan Witt: — Yes, we could share that. Would you like me to go over it at a high level now, or just chair it?

Joan Pratchler: — You could, and then just table that document to committee. Can you table it today, or within a week?

Bryan Witt: — Yeah, within a week for sure.

Joan Pratchler: — Perfect, thank you.

Bryan Witt: — Did you want me to go over it?

Joan Pratchler: — Would you mind?

Bryan Witt: — Yeah, for sure.

Chair Wotherspoon: — Just a note there. Thanks for the commitment to get that information to the committee. That can come through the Clerk then, and that'll be supplied afterwards. Thank you.

Bryan Witt: — Apparently these are on the website as well too, so they are public. So priority 1 is the processing is less than 48 hours, and then the report comes out within 24 to 72 hours. Priority 2 is processing takes, again, less than 48 hours; pathology reporting is three to six days. Priority 3, processing takes 48 to 72 hours; pathology reporting at eight days. Priority 4 is the same. In autopsies, the processing is 30 days post autopsy with preliminary reporting at 72 hours and final reporting up to 60 days later.

Joan Pratchler: — Thank you.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — So I understand that when colleagues visited the Regina pathology lab, the lab was processing samples from several weeks prior. I wonder if you could speak to what the best practices are that are being employed right now, and what's being done to expand lab capacity as our population grows.

[11:15]

Bryan Witt: — Hi. Thank you for the questions. So a number of things I think I can refer to here. The first is provincial collaboration of the Saskatchewan Health Authority, again over the last year. So we've done a really great job in assessing the workload at each of our sites and then moving samples around the province to balance that workload and to really try to achieve our prioritization targets there as well too.

Again I mentioned some investments. So we've had increased automation to reduce our manual processes. That helps with that turnaround time and freeing up valuable resources; so if we don't have technologists or pathology staff doing manual processes, they're doing more of the value-add work because we have our automation taking care of that now. IT enhancements to increase efficiencies within the lab. And then we've gotten funding for additional positions as well too both within pathologists, pathology assistants, and technologists as well too. So a lot of work all coming together, and quite pleased with the results that we've been able to achieve today.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — How many full-time equivalent staff are currently working at Regina and Saskatoon labs?

Bryan Witt: — All of the labs or just the anatomical pathology lab?

Joan Pratchler: — At the time of your report there was 101. Would that include all of them then?

Bryan Witt: — I'll just check.

Tracey Smith: — Mr. Chair, just while Bryan is looking, just while he's looking to get the additional information, I thought I would just speak a little bit more broadly to the question around sort of more broadly what are we doing just around capacity and ensuring that we've got the resources and the people that we need to be able to deliver in this important area.

So just a bit more context from a provincial perspective, and this even from a training perspective, we've increased our medical lab technologist student intake at Sask Polytech from 40 to 60 students in the last couple of years. We've also had Saskatoon and Regina where they've entered into a collaborative relationship with the University of Calgary pathologists' assistant masters program to provide practical and clinical training during the second year of their program. This will increase the exposure to Saskatchewan labs for these students to improve the access for Saskatchewan students considering application for this program.

There is attending career fairs in other jurisdictions to attract new grads to Saskatchewan, and then just promoting the lab profession within Saskatchewan high schools to encourage student interest and uptake into laboratory medicine programs.

So I just wanted to provide just generally context just around our health human resources. Again this is an area of priority, and there's actions being taken to think about that, not just for the needs for today but also into the future.

Mr. Chair, Bryan and team are going to look to get some of that information. If we can provide it back here within the next little bit we will, but in the meantime if we want to continue moving forward we can do that.

Joan Pratchler: — Thank you. Along with that data on those stats, could you provide the vacancies that might be, that's probably in the same package of information. That would be helpful. Thank you.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — I noted that on the agreement for the Chief Coroner that . . . Has there been any consideration of separating these two offices as they do in other jurisdictions? Our colleagues had a chance to tour the Regina pathology lab and heard about how labour-intensive autopsies are on the already stretched staff working there.

Bryan Witt: — Thank you for the question. So yes, the SHA has a memorandum of understanding with the Ministry of Justice that describes the service provisions that we're currently using. It's a very collaborative approach that we have with them, and we're always in ongoing conversations around the utilization of those services and balancing the needs of the SHA with the Ministry of Justice's coroners service. So just lots of work that continues and lots of collaboration with them on trying to balance the needs of each one.

Tracey Smith: — I will also just add that just from a ministry-to-ministry perspective, we have regular conversations between the Ministry of Health and Ministry of Justice just around the programming. Again a collaborative relationship where we share information, and that will continue as we go forward obviously.

Chair Wotherspoon: — MLA Gordon, any further questions? Of course this is follow-up work. We see the actions that have implemented these recommendations. I'm not seeing any further questions at this point.

I was part of that tour that was referenced — and the meetings — over at the lab here in Regina. And I know the same could be said for, you know, the lab in Saskatoon, but what an incredible team, and what a high volume of work. Just a huge thank you to the pathologists and the pathologists' assistants and all of the roles and professionals, all the workers there that make this happen. So you know, we're talking about it here in the Public Accounts Committee, but it connects directly into that lab that's just a remarkable place with a high level of incredible workload that they're working through. So thank you to all of them as well.

At this time I would welcome a motion to conclude consideration of chapters 26 and 19. Moved by MLA Crassweller. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. I'll turn it back over to the Provincial Auditor to put our attention on chapter 20.

Tara Clemett: — So I'll pass it over to Ms. Kim Lowe, and she's going to provide an overview on the maintenance follow-up.

Kim Lowe: — The Saskatchewan Health Authority is responsible for constructing, renovating, altering, and managing its health care facilities. In '21-22, the Authority spent over $75 million on repairs and maintenance expenses. Over 50 health care facilities located in the city of Saskatoon and surrounding areas serve more than 360,000 residents in more than 100 communities. This includes 10 hospitals, 29 long-term care facilities, and 18 health centres and other health care facilities.

Chapter 20 of our 2022 report volume 2 describes our first follow-up audit of management's actions on the 10 recommendations we first made in 2019 about the Authority's processes to maintain health care facilities located in the city of Saskatoon and surrounding areas. The committee agreed with the recommendations in 2022.

By July 2022 we found the Authority implemented two recommendations and had more work to do in regards to the remaining eight recommendations. The Authority implemented the recommendations on pages 218 and 224. We found the Authority updated information in its maintenance IT system about its own facilities and key components in Saskatoon and surrounding areas, resulting in the addition of almost 900 assets, such as generators and boilers. We also found the Authority regularly reported to senior management about maintenance activities for its key facilities and components in Saskatoon and surrounding areas.

The Authority partially implemented the recommendation on page 217, where we recommended the Saskatchewan Health Authority establish measurable service objectives for its health care facilities and critical components located in the city of Saskatoon and surrounding areas.

While the Saskatchewan Health Authority identified its key facilities and key components and updated the assessment of the facility's conditions, it had yet to establish measurable service objectives, such as a minimum acceptable facility condition index, or FCI, rating needed to meet future operations. In 2019 the average FCI rating was 50 per cent for facilities in Saskatoon and surrounding areas, and worsened by July 2022, when the average FCI rating was 62 per cent, with 46 out of 52 facilities being in critical condition.

Having minimum condition standards enables taking a risk-informed approach to maintenance planning. This supports determining the extent of resources needed for maintenance and deciding where best to focus maintenance efforts.

The Authority partially implemented the recommendation on page 218, where we recommended the Saskatchewan Health Authority control the accuracy and reliability of maintenance data in its IT system for key health care facilities and components located in the city of Saskatoon and surrounding areas.

In June 2022 the Authority initiated a monthly review of user access to its IT maintenance system. We reviewed user access to the system and found all users with significant roles had appropriate access based on their position.

However, unchanged from our 2019 audit, we found user access to data in the system is not restricted to facilities the users are assigned to maintain, and the system does not track changes users make to key facility and component information. As a result, users could make inappropriate changes to any existing data without the Authority having a way to easily identify the changes made. Lack of accurate information about all key facilities and components increases the risk that the Authority may not effectively prioritize maintenance activities or make inconsistent

decisions about maintenance.

[11:30]

The Authority partially implemented the recommendation on page 219, where we recommended the Saskatchewan Health Authority consistently set the nature, extent, and frequency of preventative maintenance activities for similar categories of key health care facilities and components located in the city of Saskatoon and surrounding areas. Our testing and analysis of preventative maintenance activities found the Authority continued to have inconsistent preventative maintenance activities established for similar categories of key health care facilities and components.

We also found examples where maintenance activities did not align with code requirements or the manufacturer's recommended maintenance intervals. For example, we found preventative maintenance frequencies for 533 floor lifts varied from monthly to every two years, and the Authority was unable to provide support for how it determined these frequencies. We identified 72 nurse call systems with maintenance frequencies varying between monthly, quarterly, every four months, semi-annually, and annually. We also found 236 of the 720 preventative maintenance activities for emergency eyewash and shower stations had monthly inspection frequencies instead of weekly, as required by code.

Not making consistent decisions and aligning the frequency of maintenance activities with standards, such as manufacturer and code requirements, increases the risk that key facilities and component assets are not maintained appropriately or that resources are used inefficiently. Inadequately maintained assets may put patients, residents, visitors, and staff at risk of injury if an asset fails.

The Authority had not yet implemented the recommendation on page 220, where we recommended the Saskatchewan Health Authority use its planned maintenance activities as input to setting its Saskatoon-area maintenance budget. The Authority does not use planned maintenance activities as an input to setting its maintenance budget. We found the Authority continued to establish its maintenance budgets based on historical figures, as its maintenance IT system limits its ability to accurately predict the cost of planned maintenance activities in future years.

The Authority was in the process of identifying a third party to design and implement a new maintenance IT system by March 2024. This new system may help enable it to incorporate planned maintenance activities into future budgets. Not using planned maintenance activities to set budgets increases the risk of having insufficient funds for all required maintenance. This may result in the Authority not completing maintenance at appropriate times or in maintenance deferrals.

The Authority partially implemented the recommendation on page 221 where we recommended the Saskatchewan Health Authority complete preventative maintenance on its key health care facilities and components located in the city of Saskatoon and surrounding areas within expected time frames.

The Authority's preventative maintenance plans in its maintenance IT system continue to set out the expected timing of maintenance of facilities and component assets. For example the Authority typically expects certain preventative maintenance activities to occur weekly, monthly, or annually. However the Authority does not have established guidance about how long the maintenance should take staff to complete.

Our testing and analysis of preventative maintenance activities found staff did not always conduct activities in a timely manner, with approximately 20 per cent of preventative maintenance being untimely. For example we found an emergency generator inspection, expected to occur on a weekly basis, did not occur until 30 days after the scheduled inspection date. Not completing timely preventative maintenance increases the risk that an asset may fail and cause harm to residents, patients, visitors, or staff. This could also lead to increased future repair costs.

The Authority partially implemented both recommendations on page 222 where we recommended the Saskatchewan Health Authority have written guidance for classifying and prioritizing requests for demand maintenance on key health care facilities and components located in the city of Saskatoon and the surrounding area, and that it complete demand maintenance in line with priority rankings.

The Authority updated its work standard for prioritizing demand maintenance requests in 2022. It now establishes a priority rating for requests on a scale of 1 to 20 with 1 as the highest priority. The Authority's maintenance IT system automatically calculates and assigns a priority rating to each request based on the information call centre staff enter into the system. There is also system functionality for priority rating overrides where call centre staff can assign the highest priority rating to a request reserved for more urgent requests containing words such as "flood" or "no power."

Our analysis of all demand maintenance activities from August 2021 to July 2022 found call centre staff applied priority rating overrides for almost 7,100 requests, representing almost 30 per cent of all requests. Our further analysis found almost three-quarters of the overrides did not contain the key words or phrases set out in the Authority's work standard, like "no power."

Additionally our analysis identified, on average, maintenance staff completed requests with priority ratings of 2 and 5 faster than those ranked as the highest priority rating of 1. Staff completed the lower priority requests approximately a day sooner on average. When demand maintenance requests are not appropriately prioritized, there is increased risk that maintenance of assets critical for the delivery of health care services is not done first. Not completing timely demand maintenance in order of priority increases the risk that key assets may remain unrepaired longer than they should.

The authority partially implemented the recommendation on page 223 where we recommended the Saskatchewan Health Authority consistently document the priority of capital maintenance projects undertaken in the city of Saskatoon and surrounding areas. We found the Authority uses an online database to assign priority ratings for its annual capital maintenance projects. The database automatically calculates priority ratings based on various project details such as the likelihood of asset failure, safety concerns, or non-compliance with fire code. Directors from the Authority's various locations

across the province meet to review the calculated ratings, assigning each project a rating of low to critical in determining which projects to fund.

We tested 20 capital maintenance projects and found seven projects included in the Authority's 2021-22 capital funding request where it changed prioritization of the projects without documented rationale as to why. We discussed these projects with management and found they provided reasonable verbal rationale for prioritization for these projects. However, without documentation of rationale for selecting projects, there is increased risk of the Authority prioritizing and completing capital maintenance projects that do not best address its needs. In addition it increases the risk of not using resources effectively.

I will now pause for the committee's consideration.

Chair Wotherspoon: — Well thank you very much for the presentation. Of course this was originally presented in 2019, or reported on, and then this committee concurred in, was in agreement with these recommendations in 2022. So I'll turn it over to Deputy Minister Smith for brief remarks, then we'll open it up for questions.

Tracey Smith: — Thanks, Mr. Chair. And I'll be brief. I know it does cover, I think, about 10 recommendations, but I will move through these quickly. This recommendation, the recommendation of establishing measurable service objectives for key health care facilities, has been partially implemented for all Saskatchewan Health Authority-owned and -operated facilities in Saskatoon as of December 31st of 2024. Facility condition index assessments are complete, with quality assurance checks currently in process. Measurable service objectives and associated reports are documented. Expansion of this work to affiliate sites has a projected completion date of March 31st of 2025.

The Saskatchewan Health Authority's infrastructure management team is working with the Ministry of SaskBuilds and Procurement to formalize and document processes for facility condition index validation and feedback reporting, addressing any data discrepancies in the facility condition index reporting. Facility condition index data and reports on service objectives are being used to inform the capital plan in alignment with the overall capital strategy.

Regarding the recommendation to control the accuracy and reliability of maintenance data in the IT system for key health care facilities, a work standard has been developed and implemented outlining user access levels to the computerized maintenance management system. Security access to the computerized maintenance-management system has been updated to enhance the accuracy and reliability of maintenance data. Permission levels have been restricted so that only designated individuals can make changes to the data. Regular reviews of security access permissions have been implemented. Challenges with data integrity in previous systems were identified and also addressed.

Regarding the recommendation to maintain complete information on each key health care facility and components located in the city of Saskatoon and surrounding areas to enable the preparation of a comprehensive maintenance plan, the Provincial Auditor noted that this recommendation has been implemented in its 2022 report volume 2. Critical systems in Saskatoon facilities have been reviewed and updated to ensure information is complete. Additional systems will be updated as a part of the new computerized maintenance-management-system implementation.

In response to the recommendation to consistently set preventative maintenance activities, a building operations maintenance program and supporting work standards for preventative maintenance have been developed with rollout expected to be complete by June of this year. The Saskatchewan Health Authority has developed standardized procedures for phase 1 building operations maintenance program standards to describe the preventative maintenance of key facilities and components. This includes documentation of maintenance frequency and code requirements. Implementation of phase 2 building operations maintenance program standards is also targeted to be complete by June 30th of 2025.

Regarding the recommendation to use planned maintenance activities as inputs for creating a maintenance budget, the Saskatchewan Health Authority continues to work closely with the Ministry of Health to improve capital budget planning processes. The computerized maintenance management system is software designed to streamline and optimize maintenance operations. The system is expected to play a crucial role in informing maintenance budget cycles. However, until its implementation is complete, the Saskatchewan Health Authority has developed a risk-based maintenance plan for maintaining its key facilities and components in the Saskatoon area. This plan supports prioritization as well as annual capital requests.

Additionally, historical information is being reviewed through the computerized maintenance management system. I don't want to use acronyms, so that's why I'm saying it out loud. And planning for automated reporting for the system is under way and targeted for March 31st of 2025 pending vendor software release. When developed, the reports will allow the SHA to forecast planned work and resources required for each fiscal year to help inform its operational budgets.

Continued data cleanup is required to effectively activate updated building operations maintenance programs implemented into the maintenance management system to better inform budget and operational decisions. Building services Saskatoon will update the equipment, type data on the computerized maintenance management system to align with the provincial building operations maintenance program by June 30th of 2025. Having the correct equipment to type data allows budget forecasting to proceed.

Regarding the recommendation to complete preventative maintenance on key Saskatoon and surrounding area health care facilities within expected time frames, the building operations management program and supporting work standards for preventative maintenance have been developed. This includes procedures for completion of preventative maintenance within expected timelines.

Additionally the SHA has implemented a tracking and escalation system to monitor the performance of its maintenance staff. Rollout of the building operations maintenance program and

work standards is in progress. Phase 1 was completed December 31st of 2024. Expected time frames have been established for all preventative maintenance work standards. The standardized frequencies and timelines are currently live in the new computerized maintenance management system.

The full phase 2 building-operations-management work standards and task lists are undergoing development and review, with a completion date of June 30th of 2025. The related procedures will be implemented within the computerized maintenance management system. Reporting on key performance indicators, or KPIs, has been available since November of 2024.

In response to the recommendation to have written guidance for demand maintenance, the computerized maintenance-management-system steering committee approved a new prioritization process to help staff respond to work requests in a timely manner. Approval and communication of the new process, including training for Saskatoon staff, has been completed. Implementation of the new process was achieved in October of 2024.

[11:45]

All demand work orders are routed through the Saskatoon call centre and prioritized using this new process. After-hours maintenance staff are being trained on the new prioritization process. This is expected to be completed by March 31st of 2025. All demand work orders in the Saskatoon area have been assigned priority ratings. As of October 2024 rural sites around the city of Saskatoon will be addressed through the rural and North rollouts.

Regarding the prioritization of demand maintenance recommendation, the Saskatchewan Health Authority implemented a reporting and escalation strategy associated with the updated demand maintenance prioritization work standard for Saskatoon area in October of 2024. Approval and communication of the new process, including training for Saskatoon staff, has been completed. All demand work for Saskatoon sites, as I noted earlier, is routed through the Saskatoon call centre and prioritized as of last October.

Starting in November of 2024 priority ranking data for demand maintenance are extracted from the new computer management system to support understanding and establish service level targets. Managers are to work with their staff to meet key performance indicators. The SHA has drafted a reporting and escalation strategy associated with an updated demand maintenance prioritization work standard. Implementation of this strategy is planned to occur by March of 2025, and this will enable notification to managers when targets are not being met, and corrective actions can be reviewed with staff to ensure accuracy and consistency of data.

The Saskatchewan Health Authority believes the recommendation to consistently document the priority of maintenance projects is fully implemented, as a two-year capital plan with supporting rationale to ensure prioritization of capital projects and sustainability of existing Saskatchewan Health Authority infrastructure has been developed. The SHA has developed a provincial process for capital intake, prioritization, and approval that uses consistent criteria and evidence to support scoring and a review committee to ensure the plan addresses the complexity of issues and is aligned with investment strategies.

And finally, the Provincial Auditor noted that the recommendation to report to senior management the results of maintenance activities has been implemented, in its 2022 report volume 2, as monthly reports regarding budget execution and maintenance performance are provided to the SHA senior leaders. That concludes my comments. Thank you.

Chair Wotherspoon: — Thank you for the comments. Thanks for the work on this front. I'll open it up to committee members for questions. MLA Pratchler.

Joan Pratchler: — Thank you for that. Can you tell me what it means when a facility is considered in critical condition and to be in poor condition? And at what point are facilities shut down?

Tracey Smith: — Thanks for the question. I'm going to invite Andrew to come up and provide some context.

Andrew Will: — Thank you for the question. I'm Andrew Will, CEO with the Saskatchewan Health Authority. I'll maybe just start with a bit of a definition of what FCI, facility condition index, is. So it's basically a calculation of the sum of deferred maintenance at a period of time divided by the current replacement value for a facility. And we'll endeavour to provide you, like, with what the different thresholds are in terms of the categories that are included in the FCI analysis.

But I'll maybe just explain how we use FCI, and also to your question of, you know, how might it impact operations of a facility? One example of where services can be impacted by the condition of the building would be, you know, if we have a roof leak as an example. So if we have a roof leak, that can impact different areas of the buildings. It can impact the service. Obviously if that happens there's an immediate response by our maintenance teams to address not only the leak, the cause of the water problem, but also restore services to an area that might be impacted.

By leveraging FCI information, it helps us on an annual basis assess those building systems that might be most at risk of impacting services, and then we prioritize our annual projects to address those hopefully before they happen. Yeah, so I just thought I'd kind of give you a bit of an explanation. I think, you know, to impact an entire facility would be pretty rare, but certainly things like a roof leak is something that certainly has impact to the services that we provide.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — For them to be in poor condition, like are there certain parameters or definitions you have for critical . . .

Andrew Will: — I think it's basically thresholds based on the calculations. So if you hit certain percentages in terms of the deferred maintenance as the numerator and the total replacement cost of the facility in the denominator, then it starts to trigger, you know, higher risk associated with that building.

And I think, you know, where that really comes into play . . . I

spoke to our annual projects to do building improvements, but it also supports the collaboration that we do with SaskBuilds and Procurement as we consider facility replacements in the province as well. So if a facility has, you know, a high FCI rating, it's more likely in need of replacement than a facility that has a lower rating.

Oh, and then I'll also mention, so as we do projects to make improvements — like let's say we replace a roof in one of our facilities — then of course that's entered into the system so that we can now lower the FCI rating for that facility.

Joan Pratchler: — And so do you have those FCI percentages that we would know how many are in critical or how many are in . . .

Andrew Will: — We would have that. As Bryan said, we had a previous sort of tool that was utilized for calculating FCI. We're now working with SaskBuilds and Procurement to do an assessment of all of our facilities. And I think the majority of the Saskatchewan Health Authority-owned facilities, certainly those in Saskatoon, have been completed. We're still in the process of, next step being the assessment of affiliate-owned and -operated facilities.

Joan Pratchler: — So it's mainly Saskatoon that's been able to engage in this right now?

Andrew Will: — No, SHA-owned and -operated facilities throughout the province. We have the majority of them assessed, you know, in collaboration with SaskBuilds and Procurement. I think there's a smaller number of SHA ones that haven't been completed, and then the affiliate-owned and -operated.

Joan Pratchler: — Thank you.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — So I see that in 2022, 49 of 52 facilities were in either critical or in poor condition. Can you tell us exactly which facilities are in which category and can you table that list?

[12:00]

Tracey Smith: — Thanks for the question. Andrew's going to provide some information back to you in just a moment.

Andrew Will: — Thank you for the question. So I just want to explain the work that's currently under way and how that information may be slightly different than what the previous information was. So the previous FCI assessments and scores and categories were based on a particular vendor, VFA. I don't know what VFA stands for, but that's the term that's used to describe it. The current assessments that have been completed and are now being validated was led by SaskBuilds and Procurement, and it is a different tool than what was used previously.

And one of the advantages of moving to the new tool would be that it will be a consistent tool that SaskBuilds and Procurement would be using for other government buildings and assets as well. So I think, you know, we see that as a positive, that there would be that sort of consistent assessment of the condition of buildings and the risks that would come out of that. What else was I going to say there?

Yeah, so I guess the challenge at this point in time is, given that, yes, SaskBuilds has done an assessment of the majority of SHA buildings, but there's still the validation that needs to be done before we'll have, you know, good current information on the condition of the buildings. And I think the criteria and the way that they approach it could be slightly different than what the previous assessment was as well.

Tracey Smith: — Thanks, Andrew. So I'm just, you know, looking at the table that you have that's within the auditor's report. That would be using the older, so the older approach to FCI.

So in terms of the question that you had today, we don't have that information because it's, again, it's in process in terms of using a new approach. But when we have that information, it's something that we would be able to share at that point in time.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — We look forward to getting that information to find out what the current status is of these facilities they're in and how many are in the poor category, critical, or how many have been resolved. It'd just be good to see if you've been able to track some progress.

My other question attached to that is, for those facilities that you are currently aware of are in poor, critical condition, can you try to give us an estimate of some kind in what investment would be needed in order to bring those facilities back on track?

Tracey Smith: — Thanks again for the question. Again just in terms of context, I think to answer your question more directly, we'll be in a better position . . . Once we have the newer updated information around the facilities as a whole, we'll be in a better position to be able to provide that sort of level of information.

But I guess what I wanted to just sort of add is that, you know, obviously even just when I reflect on this chapter and just sort of the recommendations, and then following up on some of Andrew's comments just around infrastructure, capital maintenance, obviously a critical priority for the SHA, also for government. When I think about just the record investment that we made this year in terms of our capital and infrastructure overall, again a significant capital budget.

And that really is in recognition of the fact that the SHA, they do operate, they are responsible for a lot of different facilities across the entire province. And you know, understanding the condition and having those plans to ensure that facilities can be updated and maintained, you know, will remain obviously a priority for both the SHA and the ministry as we go forward. Thank you.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — So just following up on my colleague's question. So the picture in my mind, there was an old CFI [Canada Foundation for Innovation] tool used. SaskBuilds has another tool of that same nature. When I look at the old one, I see that 46 are in critical condition even with the new tool. That's kind of a big number. So would you be able to table, or when

would you be able to table the new SaskBuilds CFI-used tool on our facilities for the province?

Tracey Smith: — So what I can say . . . I will endeavour to do some follow-up. Obviously I can't commit or confirm something that another ministry is sort of leading and undertaking. But in terms of just some of the questions, I will follow up and try to get some additional details just in terms of some of the timelines around those pieces.

Joan Pratchler: — So until then, we can go with these numbers then.

Tracey Smith: — Well this is what we have. Yeah.

Joan Pratchler: — Okay.

Tracey Smith: — This is what we have. Yeah, that's correct.

Chair Wotherspoon: — Thanks. Thanks again for endeavouring to get the information you can back to this committee. That would flow through the Clerk. That's really appreciated, so thank you for that.

Any further questions on this chapter at this point, folks? Not seeing any, I'd welcome a motion to conclude consideration of chapter 20. MLA Rowden. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. Maybe I'll just quickly look to the committee members here for some direction on recess. Obviously we're going to have to recess and eat some lunch here at some point. We could do that now.

The next chapter, I think, is fairly straightforward, chapter 18. That's on the agenda. I think the recommendations have been implemented and it's follow-up. Or would we like to come into that with a fairly sharp focus from the auditor and the DM [deputy minister] and with questions? Where are folks at?

Tracey Smith: — Good to go for me.

Chair Wotherspoon: — Okay, we'll do one more if that's okay, and I'll kick it over to the auditor to focus on chapter 18. We'll go from there.

Jason Wandy: — Thank you, Mr. Chair. The Saskatchewan Health Authority is responsible for providing emergency health care services in Saskatoon hospitals. Emergency departments must triage patients quickly and appropriately to provide immediate care to those experiencing life-threatening medical conditions and timely care to other patients.

Chapter 18 of our 2023 report volume 1 describes our fourth follow-up audit of management's actions on the last remaining recommendation we first made in 2013 about the Authority's processes to triage patients from the time they arrive at the emergency department to when they see a physician for the first time in its Saskatoon hospitals' emergency departments. We are pleased to see by January 2023 the Authority implemented the last remaining recommendation relating to providing consultant care for less urgent patients outside of its emergency departments.

We found the Authority identified patients with hip fractures as a significant source of physician-consulted traffic at Saskatoon's Royal University Hospital. The Authority implemented an initiative at the hospital in the fall of 2022 to admit fractured-hip patients directly to the orthopedic trauma ward for physician consults rather than admitting those patients to the emergency department. At February 2023, since the hip fracture initiative's implementation in the fall of 2022, the Authority admitted 83 per cent of fractured-hip patients directly to the hospital's orthopedic trauma ward instead of to the emergency department.

Taking steps to reduce consultants' use of emergency departments allows the Authority to focus the use of emergency department resources on patients requiring emergency or urgent care.

I'll pause for the committee's consideration.

Chair Wotherspoon: — Okay, well thanks. Thanks again, and this draws on reports that go back to 2013, so certainly a very important focus. We've considered them here before as well. There's actions that have been taken. Could I kick it over to the DM for a very brief remark, and then we'll see where questions are at.

Tracey Smith: — Thanks, Mr. Chair. The Provincial Auditor noted that the recommendation to provide consultant care for less urgent patients outside of emergency departments has been implemented, in its 2023 report. The SHA reviewed traffic at the Royal University Hospital emergency department and identified patients with hip fractures as a significant part of the demand. An initiative was implemented in fall of 2022 to admit fractured-hip patients directly to the orthopedic trauma ward for physician consults rather than admitting those patients to the emergency department.

The SHA has enhanced cardiology physician coverage to support the direct admission of appropriate cardiology patients and virtual cardiology consultations for patients in regional hospitals. Neurosciences, which includes neurology and neurosurgery physicians, have implemented processes to support virtual consultations for appropriate neuroscience patients within regional hospitals that have been designated as stroke centres.

That concludes my comments. Thank you.

Chair Wotherspoon: — Thanks for that, and I'll see what we have for questions. MLA Pratchler.

Joan Pratchler: — I'm glad to see that those have been implemented. I wonder if you could speak briefly to the strategy used to physically divert those patients from Saskatoon emergency departments. Do they come into the same door and then . . . or is it transported? Help me understand.

Tracey Smith: — I'd invite John Ash.

John Ash: — Good afternoon. My name is John Ash. I'm the vice-president for integrated Saskatoon health and pleased to respond to your question. So we have provincially what's called a coordination centre, where physicians from rural or northern

areas wanting to consult with a physician are connected. So they can have, so as to call them, a one-stop-shop for them to connect with a subspecialist or specialist. And they also have visibility of the bed capacity in each of our major facilities.

So if it's deemed that a patient's been worked up in a local emergency department and X-rays and everything are done and it's very clear what it is, and the patient can be admitted directly, they can identify the available bed ward. They bring in EMS [emergency medical services] and they make the transport decisions, and they're taken directly to the in-patient area as . . . bypass the emergency department entirely.

Joan Pratchler: — All right, thank you. How have physicians responded to that change? Is it being met all the time, or are there still certain specialties that are providing these consults in emergency departments?

John Ash: — As mentioned, the initial target was to focus on hip fractures because that was the largest one. But we've since, I think, worked with cardiology and neurology to expand that. And we're seeing some very early successes with both of those where not only we're doing direct admits, but I think more importantly we're doing virtual care. So a patient can remain in their home hospital, receive the care that they need, and know that a specialist is connecting with their physician. And it's actually better care because it's closer to home for them.

[12:15]

So the physicians not only in the rural hospitals, the regional hospitals, but as well as the specialists very much like the approach. And the direct admission provides . . . it's actually easier for them because they're not having to come down to emergency department, reassess, and so forth. So it actually is creating a lot of efficiencies within our system and ultimately better patient care.

Joan Pratchler: — Thank you very much.

Chair Wotherspoon: — MLA Crassweller.

Brad Crassweller: — Just a quick question. With regard to that many hip fractures, would you then follow up as to what was the primary cause of those? Like was it a slip and fall? Was it climbing a ladder? Would you have that information as well?

John Ash: — Thank you for the question. So I don't have the specific data for you, but the vast majority of hip fractures are due to like obviously trauma-related events, something like a slip and fall or all the way up to like a motor vehicle accident or industrial accident or so forth.

Brad Crassweller: — Thank you.

Chair Wotherspoon: — Any further questions, committee members? Not seeing any, at this point I'd welcome a motion to conclude consideration of chapter 18. Moved by MLA Chan. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's agreed. Okay, folks, we will reconvene. We'll take a recess here, reconvene at 1:15, and we'll go from there.

You know, just I don't want to compress anyone's presentations on this front but I also . . . You know, if we don't get through materials, then we'll have to come back in or extend later, and we can figure out what those plans look like. So I might just urge everyone, including myself, to cut to the chase and we'll try to stay as focused as we can throughout the afternoon without, you know, compromising the very important scrutiny and accountability here. So thank you very much.

[The committee recessed from 12:18 until 13:17.]

Chair Wotherspoon: — Okay, folks. We'll reconvene the Standing Committee on Public Accounts. We'll continue our focus on auditor's chapters related to the Saskatchewan Health Authority. I'm going to turn it over to the Provincial Auditor to make presentation on chapter 19 and we'll go from there.

Jason Wandy: — Thank you. The Saskatchewan Health Authority is responsible for discharging patients from its hospitals. Discharging patients in a timely but safe manner is critical to bed management so beds are available when needed. If managed well, timely patient discharge can significantly improve bed access and patient flow.

Chapter 19 of our 2023 report volume 1 describes our third follow-up of management's actions on the two remaining recommendations we first made in 2015 about the Authority's processes for the safe and timely discharge of patients from its Regina hospitals. The committee agreed with the recommendations in 2015. By February 2023 the Authority partially implemented the two remaining recommendations.

The Authority partially implemented the recommendation on page 188 around preparing comprehensive multidisciplinary patient care plans. We found the Authority continues to promote team-based care as its main strategy to facilitate coordinated patient care for general medicine patients in units at the Pasqua Hospital. However in February 2023 we found the Authority had yet to expand the team-based care approach to the Regina General Hospital. The Authority noted it expects to do so by March 2024.

Improved communication between health care professionals can provide information to help professionals make informed decisions, as well as to estimate timely and safe discharge dates for patients.

The Authority partially implemented the recommendation on page 189 around completing medication reconciliations prior to discharging patients. We found the Authority inconsistently follows its policy to complete medication reconciliations prior to discharging patients from its two Regina acute care facilities. We tested 19 patient files and found only 10 files contained completed medication reconciliations. Inconsistently performing medication reconciliations at discharge may lead to adverse drug-related incidents or unplanned readmissions.

I'll pause for the committee's consideration.

Chair Wotherspoon: — Thanks again for the focus of this work,

original report in 2015, and for the follow-up on this front. I'll turn it over to DM Smith for a brief remark, and then we'll open up for questions.

Tracey Smith: — Thanks, Mr. Chair. Regarding the recommendation for health care professionals involved in-patient care to prepare patient care plans, the SHA is working toward standardizing in-patient multidisciplinary staffing and processes at our largest hospitals. This promotes the ability for intentional daily multidisciplinary rounding with the care team in order to develop each patient's care plan. Elements of this model are being utilized in some in-patient units at Regina hospitals, and the SHA will continue to explore opportunities to further expand the models into additional units.

SHA is working in partnership with the Saskatchewan Medical Association to develop physician contracts which will support collaborative in-patient care. A key element of this care philosophy is structured multidisciplinary rounding at the bedside, which supports the development and review of the patient's care plan. Anticipated implementation timeline is December of 2025.

The SHA has implemented a series of policies to strengthen medication reconciliation and safety, solidifying its commitment to maintaining the highest standards of patient care. These processes are consistent with Accreditation Canada standards. Ongoing review and collaboration with physicians and staff occur to ensure compliance with established processes.

In January of 2024 the chief medical health officer reinforced the importance of medication reconciliation through organizational communication, while regularly scheduled meetings led by the area chief of staff and deputy chief medical health officer have addressed challenges in the process and clarified the role of the most responsible physician in prescribing medication.

That concludes my comments.

Chair Wotherspoon: — Thank you very much. Thanks for speaking to the actions that have been taken and the timeline for implementation. Looking to committee members for questions. MLA Pratchler.

Joan Pratchler: — The auditor indicates that you've started in Regina General Hospital already and you're anticipating it to be complete by the end of December of this year. And what are some of the benchmarks that you're going to be looking at and key points along the way to ensure it's implemented by 2025 December?

Tracey Smith: — Thanks for the question. Sheila Anderson is going to join us.

Sheila Anderson: — Good afternoon. Thank you so much. Sheila Anderson. I'm the vice-president of integrated Regina health for the Saskatchewan Health Authority, and thanks so much for your question today.

So in terms of milestones around the integrated care model that we have, I would like to start by saying that even though it's not formalized, both in the Pasqua and the General I would say that we do have an interdisciplinary, team-based care model at both of our sites. It's more formalized at the Pasqua Hospital with some of our previous work that's been done, but we do have interdisciplinary teams that round and create collaborative care plans. They do that within our clinical Sunrise manager system and are able to pull reports off and round with them.

So as we move forward through 2025, as we go into negotiation and finalize our contracts with the SMA [Saskatchewan Medical Association], that will allow us to more formalize physicians' presence during those rounding. And we'll be able to roll out that more formalized plan and more formalized process at the Regina General Hospital too. So we're hoping to get the contracts finalized with the SMA in the next couple of months here, and then we'll create a milestone to ensure that those contracts and that process is in place throughout 2025.

Joan Pratchler: — So am I to understand that the team-based care is driven by the physician?

Sheila Anderson: — I would say that the physicians play a really key part in the team-based care, but we have lots of units who, you know, round with a lot of interdisciplinary or multidisciplinary providers that then would be consulting with a physician. We have physicians that don't necessarily just round on one unit. And so when they can get to rounds, they do. Otherwise we would follow up with them. They are a key player but we have lots of other multidisciplinary rounding going on.

Joan Pratchler: — Would you say overall that in our hospitals that team-based care philosophy has been embraced?

Sheila Anderson: — Yeah, I would absolutely say that. You know, I think that between all of our service lines we do a really good job of making sure that we're including the patient and the family in our care, as well as all the interdisciplinary team members from our pharmacists to our therapists to our social workers, nurses, etc.

Joan Pratchler: — So really no challenges other than the one you've expressed with getting the contracts together. Are there any other challenges to making that happen by the end of December then?

Sheila Anderson: — I think making sure that we have that formalized contract in place that has dedicated time for physicians. We also need to look at making sure that, you know, we're working through the processes. There's some units that would have to, you know, look at their actual process of rounding every day and, I'm imagining, making some improvements on that.

But I feel really confident that we have a lot of team members huddling and looking at patient care in an interdisciplinary manner.

Joan Pratchler: — Thank you.

Chair Wotherspoon: — Any further questions from committee members with respect to chapter 19? Not seeing any, I'd welcome a motion to conclude consideration of chapter 19. MLA Rowden. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. Moving along, I'll turn it over to the Provincial Auditor to focus her attention on chapter 24.

Jason Wandy: — Thank you. The Saskatchewan Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it provides. Employee absenteeism directly affects the delivery of health services. Managing employee absenteeism is a key aspect to controlling the costs of delivering health care and supports employee well-being.

Chapter 24 of our 2023 report volume 2 reports the results of our second follow-up audit on management's actions on the four outstanding recommendations we first made in 2017 about the Authority's processes to minimize employee absenteeism in Kindersley and surrounding areas. This committee agreed with the recommendations in 2019.

By August 2023 the Authority implemented one recommendation by expanding the role of human resources staff to support managers who have employees with absenteeism issues. We found the Authority had not yet implemented the recommendation on page 217, where we recommended the Saskatchewan Health Authority monitor that those responsible for employee attendance management document discussions and actions with employees who have excessive absenteeism.

Since 2019 the Authority stopped monitoring the actions taken by managers in Kindersley and surrounding areas to work with employees with excess absenteeism. Between April 2022 and July 2023, the Authority had 670 employees, or roughly 35 per cent of staff, in Kindersley and surrounding areas with sick leave exceeding the target of 64 hours per full-time equivalent. Sick leave for these employees ranged from 65 hours to over 903 hours.

Our testing of five employees in this area with excessive absenteeism found no evidence of managers monitoring or documenting discussions about excessive absenteeism. Without proper records, managers cannot show if and how they address the reasons for identified absences of employees with excessive absenteeism.

[13:30]

We found the Authority partially implemented both recommendations on page 218, where we recommended the Authority analyze significant causes of its employees' absenteeism and implement targeted strategies to address them and give the board periodic reports on the progress of attendance management strategies in reducing employee absenteeism and related costs.

The Authority started to analyze and report on significant causes of employee absenteeism but had not yet implemented or reported on targeted strategies to address them. Delays in implementing the administrative information management system, or AIMS, limited the Authority's ability to collect data for analysis; however the Authority began manually collecting data in January of 2023 about reasons for employee absenteeism. Physical health, mental health, and chronic disease were the top three reasons for absenteeism in the province from January to June of 2023.

Management planned to provide the board with an overview of the work of the accommodation and attendance management department in September 2023 along with the common reasons for employee absenteeism. Collecting necessary data and analyzing causes of absences would assist in the development of strategies to reduce employee absenteeism. Reporting of key causes and strategies would help the board understand whether the Authority is effectively reducing absenteeism and whether changes are necessary.

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

Chair Wotherspoon: — Thanks again for the very important follow-up on this report. I'll turn it over to DM Smith for brief remarks and then open it up.

Tracey Smith: — Thanks, Mr. Chair. And I will try to keep my comments more focused on the recommendations where the auditor noted they were either not implemented yet or partially implemented.

Chair Wotherspoon: — Perfect.

Tracey Smith: — So just turning to . . . Regarding the recommendation that the Saskatchewan Health Authority monitor that those responsible for employee attendance management document discussions and actions with employees who have excessive absenteeism, the SHA has scheduled the full implementation of the provincial attendance support program for spring of 2025. This program will include comprehensive education tools, including videos and other resources, to ensure managers are equipped to consistently apply and document actions related to absenteeism. The program will support managers in effectively managing absenteeism on a daily basis, with a focus on documentation and timely resolution of attendance issues. The program will also include a formal attendance support process for employees with excessive absenteeism.

As a part of this process, managers will be required to use checklists to document their discussions with employees who exhibit excessive absenteeism, ensuring that all actions are properly recorded. This documentation will be critical in addressing absenteeism and will serve as a foundational tool for when employees are moved into the formal attendance support program.

The accommodations and attendance portfolio has initiated reporting and analysis of significant causes of absenteeism. Despite limitations due to the absence of a provincial system, Saskatchewan Health Authority has refined its manual data collection processes to ensure improved accuracy. This data is being utilized to identify significant absenteeism causes and informed strategies to effectively address them.

To enhance employee support, information packages have been developed for the top 10 absenteeism categories. These packages, consisting of links to educational resources in both print and video formats, aim to raise awareness and equip employees with the strategies to overcome challenges and improve attendance. Full implementation of these packages was completed in

December of 2023.

And finally, to address the recommendation of providing the board periodic reports on the progress of attendance management strategies, the attendance and accommodations portfolio presented an annual update to the governance and human resource committee of the Saskatchewan Health Authority board of directors in 2024. This update included an overview of attendance support initiatives and key absenteeism causes.

That concludes my comments. Thank you.

Chair Wotherspoon: — Thank you for that update on the actions that have been taken. Looking to committee members that might have questions. MLA Gordon.

Hugh Gordon: — At the time of the report the auditor indicated the Authority experienced actual sick time per employee of about 107 hours on a province-wide basis. Can you provide the actual sick time for '23-24?

Mike Northcott: — Good afternoon. My name is Mike Northcott, chief human resources officer. Thank you for the question. So when we look at the '23-24 number it was 105.

Hugh Gordon: — And a follow-up question for you there. I guess maybe this is a bit related to a passage in the report from the auditor with respect to the lack of having AIMS as a tool to guide you in tracking absences and documenting discussions with staff about absences and taking action with that. Can you speak to some of the other strategies that human resources is using to address absenteeism?

Mike Northcott: — Thank you again for the question. We've done a lot in terms of managing attendance. It's really important to us, this issue, because it really impacts our ability to provide cost-effective care. And in these circumstances where we do have high attendance it can signal that there's something that the employee is dealing with that's obviously impacting their health. So we really want to support them in getting the help that they need.

So some of the things that we've done, we've expanded the role of HR [human resources] staff and added HR business partners to serve as that first point of contact. We've also implemented checklists to document attendance discussions, reports for managers on their list of employees and their corresponding absenteeism rates, developed educational resources for employees that address those top causes that we talked about and that Tracey talked about.

You know, we've analyzed the trends and provide that data. But when it comes to really impacting employee attendance, it really goes to that conversation with the employee to understand, okay, you're missing a lot of . . . you know, you're missing more time than we would like and than they would like, and understanding that root cause for that individual so that that problem solving and support can be in line with what's actually meaningful for that employee.

Hugh Gordon: — And getting back to AIMS, unfortunately it's not available to use in this capacity if I understand that correctly. But how would you anticipate its eventual rollout to assist you in this area?

Mike Northcott: — Yeah, so the AIMS system doesn't have this attendance management module, but what it does have is the data that will be working to pull out of that system. So as we get more of the modules implemented then we'll have more of that information to pull out. We're also exploring other options for more of a case management type of software to support attendance management processes as well.

Hugh Gordon: — Thank you.

Chair Wotherspoon: — Any further questions on this chapter from committee members? MLA Crassweller.

Brad Crassweller: — Thank you, Mr. Chairman. On figure 1 there with common reasons for absenteeism, it talks about physical health, mental health, and chronic disease being the top three. And yet Saskatoon there under "other" is exceptionally high. So how many — it says there domestic violence, bereavement, and insomnia is three — but how many other would be in that? Because that seems to be quite a high number and I just wonder if there's any research or explanation as to why that number is seemingly way higher than three.

Mike Northcott: — Sorry, where?

Brad Crassweller: — Figure 1 on the common reasons for employee absenteeism, which is on page 219.

Mike Northcott: — Okay, the summary of absenteeism causes?

Brad Crassweller: — Yeah. Just Saskatoon is incredibly high there under the "other" category, which I'm assuming "other" doesn't account for physical health, mental health, and chronic disease because those are the top three it says. I'm just curious as to . . .

Mike Northcott: — Yeah, sorry I . . . That's a great question. I don't have an answer for you on that one. I don't know why that would be higher in Saskatoon.

Brad Crassweller: — And I guess my question was, if it's just the three, if there's more than "other," I'd like to know roughly what those are. Because domestic violence, bereavement, insomnia, if those three make up 87 of that it'd be interesting to know those numbers broken down. So thank you.

Chair Wotherspoon: — It's a good question. I wonder would you have . . . You likely don't have it right at the committee here today, but would you have the data, do you think, to break that 87 down or even just to break down the "other" for each of those categories so that we could see the . . . Like domestic violence, how many are related there? How many bereavement? How many insomnia? And then if there's any other dominant factors.

Mike Northcott: — Yes, we can get back to you on that.

Chair Wotherspoon: — Perfect. And that can be supplied just back through the Clerk here of the committee. Is it reasonable, a month's time to get that back?

Mike Northcott: — Yeah, very reasonable.

Chair Wotherspoon: — Okay, perfect. Any other questions on this chapter, folks? Not seeing any, I'd welcome a motion to conclude consideration of chapter 24. Moved by MLA Crassweller. All agreed?

Oh, sorry. We didn't pass it there. That's perfect. We've got one more question. I recognize MLA Chan.

David Chan: — On this chart here, I'm wondering if you have something like a demographic breakdown of your employees on region by region, like age groups, things like that.

Mike Northcott: — Yeah, I don't have that in my binder, but yeah, we can definitely get the demographics. We have, you know, demographics for our employees but I don't have that breakdown in my binder right now.

David Chan: — Yeah, thanks.

Chair Wotherspoon: — Thanks again. So that's information as well then that could be provided back to the committee. Is that correct?

Mike Northcott: — That's correct.

Chair Wotherspoon: — Thank you very much for that undertaking, and very good. Any other questions? No? A motion then to conclude consideration of this chapter. MLA Crassweller. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — All right. That's carried. We'll turn it back over to the Provincial Auditor to focus on chapter 25.

Jason Wandy: — Thank you, Mr. Chair. The Saskatchewan Health Authority uses private operators of special-care homes to provide 24-hour care to those Saskatchewan residents who can no longer care for themselves. The Authority is responsible for entering into written contracts with special-care homes that address the health services provided — funding, performance measures and targets, required reporting, and certain dispute resolution mechanisms. Saskatoon and surrounding area has 15 private special-care homes contracted by the Authority.

Chapter 25 of our 2023 report volume 2 describes our second follow-up audit of management's actions on the five outstanding recommendations we first made in 2017 about the Authority's processes to oversee contracted special-care homes in Saskatoon and surrounding area. This committee agreed with the recommendations in 2019; by 2023 the Authority made little progress on addressing the outstanding recommendations.

The Authority partially implemented the recommendation on page 223, where we recommended the Authority enter into contracts with special-care homes that clearly set out expected accountability relationships between itself, the special-care home, and the Ministry of Health. The Authority and representatives from special-care homes had yet to sign new contracts outlining the accountability relationship between the parties. The Authority expected to finalize revisions to the special-care home contract template by December 31st of 2023 and sign new contracts with special-care home operators by March 31st of 2024.

[13:45]

When the accountability relationship between the ministry, the Authority, and each special-care home is not clearly outlined in the contract, it can cause confusion for special-care home operators.

The Authority partially implemented both recommendations on page 224 where we recommended that the Authority work with the Ministry of Health to confirm performance measures that it requires contracted special-care homes to report on to help them assess each home's compliance with the Ministry of Health's program guidelines for special-care homes and improved quality of resident care.

We also recommended the Authority clearly define service expectations related to quality of care and include targets for related key performance measures and all key reporting requirements in its contracts with special-care homes. The Authority expects special-care homes to provide quality care and to follow the Ministry of Health's program guidelines which set out expected care practices such as feeding methods, hygiene, or pain management. However the authority had not redefined performance measures or service expectations to help assess special-care homes' compliance with the guidelines.

We found the Authority continued to work on finalizing revisions to its contract template with special-care homes and had yet to finalize the schedules within the template relating to service expectations, performance measures and targets, and reporting requirements. It expected to do so in 2023-24. Having performance measures and service expectations that clearly link the key aspects of quality of care, such as hygiene or therapies provided, could help special-care homes to better understand the quality of care expected of them.

The Authority partially implemented recommendation 6 on page 225 where we recommended the Saskatchewan Health Authority take prompt action when it finds non-compliance with key measures that assess special-care homes' compliance with the Minister of Health's program guidelines for special-care homes.

Similar to our audits in 2017 and 2019, we found special-care homes in Saskatoon and surrounding area continue to not meet existing performance measure targets. In fact results worsened since 2019 for three measures, those being the number of residents in daily physical restraints, the extent of use of antipsychotics, and the number of patients with newly occurring pressure ulcers. Our analysis found only one contracted home in Saskatoon and surrounding area met all six performance targets during the January to March 2023 period. Failure to address non-compliance with expected quality-of-care performance targets can result in poor services provided to special-care home residents which may negatively impact their quality of life.

Finally, recommendation 5 on page 225 is no longer relevant to the Authority as the Ministry of Health is responsible for inspecting special-care homes' compliance with its program guidelines.

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

Chair Wotherspoon: — Thanks again for the presentation and the work on this front. I'll turn it over to DM Smith for brief remarks, and then we'll get to questioning.

Tracey Smith: — Thanks, Mr. Chair. There are some areas where I will try not to duplicate between recommendations. There's five of them, but I'm going to try to synthesize some of the comments here.

To clearly set out expected accountability relationships between Saskatchewan Health Authority, the special-care home, and the Ministry of Health, the Saskatchewan Health Authority in collaboration with the Provincial Affiliate Resource Group has finalized the principles and services agreement. This agreement provides a clear framework for the accountability relationship between the SHA and affiliates.

Accountability relationships between the Ministry of Health and affiliates are clearly defined through legislation, including *The Provincial Health Authority Act*, *The Provincial Health Authority Administration Regulations*, and *The Facility Designation Regulations*. The principles and services agreement has been successfully finalized by the Saskatchewan Health Authority and the Provincial Affiliate Resource Group, and has been signed with almost all affiliates and health care organizations.

To assist with ensuring consistent implementation and compliance, the Saskatchewan Health Authority is onboarding all special-care homes to a new electronic format for capturing corrective action plans for the quality indicators. The process includes escalating accountability. The onboarding has a target completion date of June of 2025. This process includes tools to assist homes in developing resident-centred plans, promoting improved quality of care aligned with the ministry's updated program guidelines for special-care homes.

The principles and services agreement, finalized by the SHA and the Provincial Affiliate Resource Group, incorporates clearly defined service expectations, performance measures, targets, and reporting requirements. These provisions will ensure that special-care homes have a comprehensive understanding of the quality of care expected and are held accountable through corrective action plans and periodic reporting.

The Canadian Institute for Health Information quality indicators, and compliance with Accreditation Canada standards and required operational practices, are two examples of selected key measures of performance in the agreement with CIHI [Canadian Institute for Health Information] information reports on performance indicators for the long-term care sector at the facility level, where those reports include that at the facility level. When a specific performance indicator is not met, the special-care home is required to produce a corrective action plan, and the SHA works with them to ensure improvements occur.

Regarding the last recommendation of the chapter, to take prompt action to address non-compliance, the SHA has incorporated a structured non-compliance process into the principles and services agreement. This process enables the Saskatchewan Health Authority to issue written notices of compliance requiring affiliates to submit corrective action plans within 30 days or another specified period. Affiliates must implement these plans promptly and achieve compliance within a reasonable time frame as determined in consultation with the SHA.

To support compliance improvement, SHA designated staff work with special-care homes, reviewing performance results and action plans to address root causes of non-compliance. This collaborative approach ensures timely interventions to uphold the quality of care and align practices with the Ministry of Health's program guidelines for special-care homes. This concludes my comments.

Chair Wotherspoon: — Thanks for the update on the actions that have been taken. I'll open it up now for questions. MLA Pratchler.

Joan Pratchler: — Of all the affiliates under the PARG [Provincial Affiliate Resource Group], how many are not signed? How many have contracts that aren't signed yet? How many are still outstanding? Would you be able . . .

Tracey Smith: — Thanks for the question. At this time there's one that we're working with just finalizing some of the last details. So we're pretty much in the final stages, but with that, I think other than that they've been signed.

Joan Pratchler: — Are all of them accredited or on the pathway for accreditation?

Tracey Smith: — Thanks for the question. John's going to come up and answer.

John Ash: — Once again, name is John Ash. I'm the vice-president for integrated Saskatoon. So thank you for the question. So the affiliates, as part of the accreditation survey process . . . Actually just recently Accreditation Canada came and they did the Saskatoon area, of which the affiliates were part of that process.

Joan Pratchler: — Thank you. I see here that there's service expectations for quality of care and MDS [minimum data set] indicators. I don't know if that's what they're still called; they're quality indicators. Is there funding for training to help these affiliates be able to support that kind of assessment and, you know, be able to ameliorate if they are deficient in any area?

John Ash: — Thank you for the question. So within the principles and services agreement, there's standardized funding which is kind of comprehensive funding which would include all of the necessary resources for them to be able to provide and meet the standards. In addition to that, the SHA actually works directly with the directors of care at each facility. They actually have weekly visits, so we visit every home weekly.

We meet with the directors of care on a monthly basis and we share information across — we de-identify it — but we share information regarding learning opportunities that other affiliates within the Saskatoon area have experienced and what they've done and improvements they've done to meet the standards or areas that they've had struggles with and how they've improved those and met the standard.

Joan Pratchler: — So is there any targeted funding should there be a pattern of deficiencies or, you know, quality indicators are

maybe slipping? Is funding one of those things that is looked at as well?

John Ash: — The principles and services agreement in its development in consultation with the homes themselves identified what was required to be within the principles of the service agreements and their requirements. So it's kind of an all-inclusive agreement and the associated funding with that. But as said, the SHA will support them in developing areas of knowledge or expertise if there's a gap identified.

Joan Pratchler: — I see that there's inspections going on. What are some of the indicators that make up that inspection process when they're going through the care homes?

John Ash: — Sorry, the question again?

Joan Pratchler: — There are inspectors that inspect the care homes. And what are the things they are looking for in that process?

Tracey Smith: — Thank you for the question. Chad Ryan is going to come up from the ministry and answer your questions.

Chad Ryan: — Good afternoon. Chad Ryan, assistant deputy minister. So when auditing special-care homes in Saskatchewan, key points from the program guidelines of special-care homes we use to consider . . . So I'll just go through some of them. So number one is the administration components; two is care standards; three is supportive services; four is safety of the residents; five is staffing, and the sixth is quality and reporting. So each of those will have a subset of areas in which we're looking into within that long-term care facility during our inspection.

Joan Pratchler: — Thank you very much. Of those facilities on page 222, are all their long-term care beds operational?

John Ash: — I don't have the specific numbers at hand, but we actually have . . . The operational team provides and monitors daily the number of available beds, so occupied, emptied, or closed for maintenance for whatever reason. And that is shared broadly with all care homes as well as the SHA operational team, and it really helps support the movement of patients out of acute to the appropriate location.

[14:00]

Joan Pratchler: — Would you be able to provide a percentage at any point? Is it 1 per cent that might not be operational or 50 per cent or . . .

John Ash: — Well I can't give you a specific number but I know kind of, like just through looking at it on a regular basis, is the vast majority . . . It's very rare that a bed is closed. The beds are typically operational. It's whether it's filled with a patient or not, or a resident. And a lot of that has to do with meeting, mapping, ensuring the right care needs — male/female bed, etc., that kind of thing.

Joan Pratchler: — Thank you. I'm a little bit curious about the process and the picture in Regina, rural, and north. Is that same kind of process happening in Saskatoon? Is that also happening in Regina and some of the rural areas and up north as well, with that focus on patient-centred care and the inspections and those kinds of things?

John Ash: — So the principle service agreement was negotiated provincially. So the standards and the requirements would be consistent across all homes.

Joan Pratchler: — Thank you very much. And that's all my questions.

Tara Clemett: — Do you mind if I make a comment?

Chair Wotherspoon: — Of course.

Tara Clemett: — I thought I would just make a comment for the purposes of the committee and just so you're aware of some of the work we do and why it's always . . . it was almost segmented. The SHA obviously came to be in 2017, and so what we used to do was a lot of this work was undertaken in the former regional health authorities. So that's why sometimes it's only . . . When we follow up, we're still trying to focus on that specific segment of the province where we did the work as such.

But the conversations that we have with the SHA, obviously now they're moving to a much broader, provincial perspective. So we try to do a blend of almost only give you that Saskatoon data, but sometimes give you some provincial information. So it gets a little bit commingled I know at times, but that is the reason. Now that it's more a full provincial organization, when we do our work, we try to look at it more holistically and at the processes that should be standardized across the whole agency.

Chair Wotherspoon: — Thank you. MLA Crassweller.

Brad Crassweller: — Yeah, quick question. With regard to compliance, when you say it's within a reasonable time frame, on average what's that amount of time usually given to a home to come into compliance? And I get it can vary on the degree of severity of non-compliance. But roughly is there an average there of how long you give those homes to come into compliance?

Chad Ryan: — Thank you for the question. So Chad Ryan, assistant deputy minister. So in the event where there's an incident or critical incident during one of the inspections, there is a very good partnership between the Ministry of Health and Saskatchewan Health Authority and where we work directly close with that affiliate.

Based on the request for the timelines, so if there's a critical incident — so a direct incident towards a resident where it's a threat of injury or direct harm — in typical cases those are addressed very fast, very quickly with that affiliate. Our standard timeline's as follows: a plan needs to be developed within five days, working with that affiliate to address that.

Now I will preface, is that again if there is an incident, it's typically followed up as soon as it's identified and stuff. That affiliate also has an obligation then to report it back to the Saskatchewan Health Authority as well as the Ministry of Health. So within five days they have to have a plan to address that for long-standing, and then within 30 days they have to have that plan implemented.

For a non-critical incident, the remediation plan has to be done within 30 days, and it has to be then implemented within 60 days of those incidents happening.

Brad Crassweller: — And if it wasn't done in that time frame, then it's a reminder? How does that work?

Chad Ryan: — So a couple things. So one, if it's not done within that time frame, the affiliate actually can ask for an extension from the Saskatchewan Health Authority for that, and typically that is exactly what is done. But this is a partnership, and so we're working very close with these affiliates. And so it's that classic phone call over to say how it's going, can we assist you. So it's not typical that we have these things, these incidents extended out.

Brad Crassweller: — Thank you.

Chair Wotherspoon: — Good questions, good exchange. Any further questions on this chapter at this time? Nothing further? I would welcome a motion to conclude consideration of chapter 25. Moved by MLA Chan. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. Moving along to chapter 26, and back over to the auditor.

Jason Wandy: — Thank you, Mr. Chair. The Saskatchewan Health Authority is responsible for providing mental health and addictions services. It provides three types of mental health and addictions services in Prince Albert and surrounding areas: in-patient, being in a hospital; out-patient, being outside a hospital such as a clinic or program; and community rehabilitation and residential services. The Authority provides most of these services in the city of Prince Albert.

Chapter 26 of our 2023 report volume 2 describes the results of our second follow-up with management's action on the five outstanding recommendations we first made in 2018 about the Authority's processes to provide timely access to mental health and addictions services in Prince Albert and surrounding areas. This committee agreed with the recommendations in 2019.

By 2023, the Authority implemented three recommendations and continued to work on the remaining two. Key improvements included the Authority assessing client demand for mental health and addictions services by reviewing monthly wait-lists. The Authority had 249 children and youth waiting for psychiatric services in Prince Albert and surrounding areas, with one individual experiencing severe symptoms waiting over four months compared to the targeted five days.

As a result of these assessments, the Authority identified staffing as a barrier to achieving their targets and received an additional $1.9 million from the Ministry of Health in June 2023 to recruit additional staff. The Authority also identified clients who frequently used mental health and addictions services and used two support teams — the community recovery team and the police and crisis team — to better serve these clients. In addition we found the Authority now periodically reviewed client files to determine whether staff document evidence of follow-up when mental health and addictions clients miss their scheduled appointments or treatment to make sure patients are okay.

The Authority partially implemented the recommendation on page 230, where we recommended the Authority develop a strategy to collect key mental health and addictions client information from health care professionals for the provincial integrated mental health records system. The Authority began developing a provincial strategy to implement an IT system, referred to as the mental health and addictions information system, to record mental health and addictions services provided to out-patient and in-patient clients, as well as services provided by health care professionals.

At July 2023 we found the Authority had yet to finalize the strategy for all health care services, such as detoxification units and physicians. Full implementation of the mental health and addictions information system across all mental health and addictions services can help the Authority capture all client information and services provided, giving it a complete client history of services.

The Authority partially implemented the recommendation on page 232, where we recommended the Authority collaborate with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients. We found that while the Authority and the Ministry of Social Services began needing to collaborate on providing housing options for mental health and addictions clients, it had not made progress in enhancing housing options for mental health and addictions clients.

The number of detox clients identified as homeless in the Northeast integrated service area increased significantly between 2017 and 2022, from 802 clients to over 2,300 clients. We found that clients identifying as homeless made up 70 per cent of all detox clients.

When the Authority and the Ministry of Social Services work together to provide stable housing, this can lead to better outcomes for people living with complex mental health and addictions issues.

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

Chair Wotherspoon: — Thanks again for the presentation. Such a thoughtful and important focus. I'll turn it over to DM Smith for remarks. We'll go from there.

Tracey Smith: — Thanks, Mr. Chair. And I will limit my comments to the items that the Auditor notes as partially implemented.

Regarding the recommendation of developing a strategy to collect key mental health and addictions client information, psychiatry notes have been fully integrated into the mental health and addictions information system. This initiative ensures accurate and centralized client records, improving access to client information for timely decision making.

The provincial rollout of the mental health and addictions information system continues to expand systematically. Work is under way to implement this system across Regina-based community services and select community-based organizations

as a part of the Saskatchewan Health Authority's broader digital health integration strategy. These efforts are supported by eHealth, the Ministry of Health, and the local health information management teams, ensuring effective collaboration and resource optimization.

Rural-based access to mental health and addictions information system has already been successfully provided to Victoria Hospital emergency room physicians, ensuring that they have real-time access to essential mental health and addictions client information. This access streamlines service delivery in emergency situations and supports continuity of care.

Regarding the recommendation to collaborate with the Ministry of Social Services, the Saskatchewan Health Authority continues to work closely with the Ministry of Social Services to enhance housing options for mental health and addictions clients. A focus is placed on the development of residential support facilities for youth in Prince Albert, Saskatoon, and Regina. The contract has been signed with the community-based organization in Prince Albert on November 1st of 2024.

Additional government funding supported the early planning of middle tier mental health and addictions treatment, residential support for youth in key cities. Saskatoon is now operational. Regina is near operational. And a contract with a community-based organization in Prince Albert was signed on November 1st of 2024. Network meetings with relevant stakeholders have further contributed to collaboration on group homes and transitional care.

Saskatchewan Health Authority recognizes that stable housing significantly improves outcomes of individuals facing complex mental health and addiction challenges. The collaborative development of housing with supports aims to reduce reliance on costly hospital-based support and support the long-term stability and recovery of clients. That concludes my comments.

Deputy Chair Wilson: — Thank you. I'll open the floor to see if any members have any questions. MLA Gordon.

Hugh Gordon: — Thank you. Can you provide the latest statistics on the wait-list for children and youth waiting for psychiatric services in P.A. and surrounding areas?

Andrew McLetchie: — Good afternoon. I'm Andy McLetchie. I'm the vice-president of integrated northern health for the Saskatchewan Health Authority. And the wait-list for child and youth mental health in Prince Albert is 212 currently. Last year it was 249.

Hugh Gordon: — And then following up on that could you give us what the wait times are for mental health out-patient in psychiatric services for adults?

Andrew McLetchie: — Sorry, was that wait times or the wait-list number?

Hugh Gordon: — I believe times. You can address it however you wish I suppose. That'd be acceptable, times or list. Give us an indication.

[14:15]

Andrew McLetchie: — So in answer to the question, in terms of the wait time in P.A. Parkland, it's around 11 days from the initial assessment until they have their initial appointment.

Hugh Gordon: — And would you happen to know how many adults are waiting for those services?

Andrew McLetchie: — It was 250 . . . Or sorry, I'm reading the wrong number there. It's, yeah, 251 in January.

Hugh Gordon: — I also understand at the time of the auditor's report that staffing was noted as a barrier to wait times in mental health services. Can you provide us an update on mental health staffing in Prince Albert and how many psychiatrists are currently employed in the Prince Albert district?

Andrew McLetchie: — So currently there's two, kind of, groups of psychiatrists in Prince Albert. So for the adult psychiatrists, we have 4.4 FTEs. Unfortunately we do have one psychiatrist who's leaving at the end of January, so that will go back to 3.4 FTEs. For child and youth, we have two child and youth psychiatrists currently.

Hugh Gordon: — And correct me if I'm wrong. If I note from the report, it said that at the time of the report all three child psychiatric positions were vacant in July 2023, and that has been rectified and it is now two, there are two.

Andrew McLetchie: — Yes, there are two child and youth psychiatrists in P.A. currently, which had zero when the report was initially done.

Hugh Gordon: — With one vacancy, right?

Andrew McLetchie: — Yes, one vacancy. Correct.

Hugh Gordon: — Thank you.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — In the status update it says the SHA has signed a contract with a community-based organization in Prince Albert to deliver services. Could you provide further information on the SHA and the Ministry of Social Services' plans on this front? Which CBO received the contract and what type of housing or services are planned through that contract?

Andrew McLetchie: — So the CBO that has the contract is called P.A. Outreach Inc. They will be operating a five-bed unit there for child and youth, and the funding of that came from Social Services and from Health.

Joan Pratchler: — How much was that contract for?

Andrew McLetchie: — It was 400,000 from Health and 400,000 from Social Services.

Joan Pratchler: — Is that on a yearly basis?

Andrew McLetchie: — Yes.

Joan Pratchler: — Okay. Can you tell the committee a little bit more about the community recovery teams that were outlined?

How many teams there are, how many employees, and what areas do they serve?

Andrew McLetchie: — So the community recovery teams, they are a multidisciplinary team, and they tend to have addictions counsellors and mental health nurses working on them. There's one core team within P.A. that operates there. Yeah, that's basically the information I have.

Joan Pratchler: — Okay. And so the city of P.A. is what they serve.

Andrew McLetchie: — Yes, they would be in the city of P.A. Occasionally they'd go a little bit outside, but I would say the bulk of the services they provide are in the city.

Joan Pratchler: — And are there plans to expand that?

Andrew McLetchie: — It is in a number of other communities kind of across Saskatchewan. At this point I don't think we're immediately planning on expanding within Prince Albert.

Joan Pratchler: — That's all.

Chair Wotherspoon: — Any further questions, chapter 26? Not seeing any, I'd welcome a motion to conclude consideration of chapter 26 at this time. Moved by MLA Crassweller. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — All right. That's carried. We're going to move along here now to . . . I believe 21 and 18 will be presented together. And I'll turn it back over to the auditor.

Jason Wandy: — Thank you. The Saskatchewan Health Authority is responsible for keeping patients safe, including in hospitals. Infections acquired in hospitals can extend a patient's hospital stay and may lead to increased complications and treatment costs. One of the most basic ways to prevent hospital infections is proper hand hygiene.

Chapter 21 of our 2022 report volume 1 and chapter 18 of our 2024 report volume 1 report the results of our first two follow-ups of management's actions on the four recommendations from our 2018 audit about the Authority's processes to prevent and control hospital-acquired infections in the Regina General and Pasqua hospitals.

The committee agreed with the recommendations in 2022. By February 2024 the Authority implemented two recommendations and continued to work on the two remaining recommendations. Improvements made by the Authority included training over 120 hand-hygiene auditors to conduct direct observation hand-hygiene compliance audits in the Regina hospitals, and implementation of an IT system for tracking hand-hygiene audit results.

Additionally the Authority's infection prevention and control oversight committee began reviewing and discussing hospital-acquired infection trends. Monitoring infection trends helps identify when improvements are needed to infection prevention and control practices.

The Authority partially implemented the recommendation on page 213 and 199 of our 2022 report volume 1 and 2024 report volume 1 respectively. We recommended the Authority give hospital staff responsible for patient care formal training updates on infection prevention and control practices at least annually. In June 2022 the Authority began requiring all staff to complete annual infection prevention and control training. It makes the training available through an online training platform, which includes a learning module on infection prevention and control. The Authority makes unit managers responsible for tracking whether their staff complete the annual training as required.

We tested four hospital units and found unit managers are not monitoring attendance. For 2023, two units were unable to provide evidence of staff training, while the other two units' staff had low training completion rates. Monitoring whether staff take annual refresher training decreases the risks staff are not up to date on key infection prevention and control practices.

Finally, the Authority partially implemented the recommendation on page 215 and 201 of our 2022 report volume 1 and 2024 report volume 1 respectively. We recommended the Authority actively monitor actions taken by Regina hospitals' patient care units with lower than acceptable hand-hygiene compliance rates. We found the Authority established required action plan templates for units with lower than acceptable hand-hygiene compliance rates. It considers a compliance rate below 80 per cent as a lower than acceptable hand-hygiene compliance rate. However the Authority did not yet require unit managers to complete these action plans when hand-hygiene compliance rates fell below specific thresholds. It indicated it expected to update its hand-hygiene policy in 2024-25 to require the use of the corrective action plan.

Our testing of four hospital units for October 2023 found one unit was not able to provide its compliance rate, two units had hand-hygiene compliance rates of 93 per cent or more, and one unit had a compliance rate of only 68 per cent and no documented action plan. Having corrective action plans will help unit managers actively reinforce the importance of good hand-hygiene practices and take sufficient steps to improve hand-hygiene activities of staff in their unit.

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

Chair Wotherspoon: — Well thanks so much for the presentation and the follow-up on this front. I see the actions and the implementation that's been noted on this front and that's really good to see. I'll turn it over to Deputy Minister Smith if she has any additional comments and then we'll open it up for questions.

Tracey Smith: — Thanks, Mr. Chair. I'll just briefly comment on a couple of the recommendations. In response to recommendation no. 1 to provide formal training updates on infection prevention and control practices, the SHA has developed provincially standardized infection prevention and control training and education for onboarding and orientation. The infection prevention and control education module is available on the Saskatchewan Health Authority online learning platform. The module is updated with new information as it becomes available. All SHA staff are required to complete infection prevention and control training annually.

Staff are made aware of the available training through communications in SHA rounds and cascading of key messages. Updates on the status of completion are shared with staff quarterly, with a 100 per cent target to be achieved by December 31st of each year. Managers can track completion of the module on the SHA online learning platform.

To actively monitor actions taken by Regina hospitals' patient care units, Saskatchewan Health Authority managers can now generate reports for staff hand-hygiene compliance rates and address low compliance with quality improvement action plans. A corrective action template has been developed and is available on the hand-hygiene section of the infection prevention and control website. Completion of these corrective action plans was built into the updated hand-hygiene policy in September of 2024 as a manager role and responsibility.

That concludes my comments.

Chair Wotherspoon: — Thank you very much. Any questions on this chapter from committee members? Of course we've had it here before and we see the implementation. MLA Pratchler.

Joan Pratchler: — Nosocomial infections are perpetual. There's lots of training. I see lots of training. But just because people know better doesn't mean they always do better. What other kind of processes are in place to help support above 80 per cent hand-hygiene compliance that are effective?

[14:30]

Michelle Mula: — Good afternoon, everyone. I'm Michelle Mula. I'm the VP [vice-president] of quality, safety, and information for the SHA. Thank you for your question.

So happy to report that in this past year we have increased our external auditors to 363. They have completed just under 24,000 blind audits in that, and then we are seeing a compliance rate of about 86 per cent. So it's very good but there's always room for improvement. So if any of those audits are showing below 80 per cent, there's a corrective action plan that's developed, and then those results are reviewed with the departments and monitored on their visual daily management, and quality improvement plans are put in place.

Joan Pratchler: — I also see on page 202, which is probably in the same vein of questioning, is that the Regina General Hospital did some great work over the years to really reduce VRE [vancomycin resistant enterococci], MRSA [methicillin resistant Staphylococcus aureus], like those infections. What were some things that worked there? Because that's really stark compared to Pasqua in some of those areas.

Michelle Mula: — Thanks again for your question. Since the SHA was formed, one of the advantages is certainly being able to look at the variation across the multiple sites that we have and enable some of the best practices out there. So that is really one of the biggest advantages to the SHA coming through in the data that you're seeing.

We've really taken a provincial approach to our IPAC [infection prevention and control]. We are meeting on a bi-monthly . . . or every other month, with a provincial committee and clinicians who's monitoring the data and looking at what improvements could be made from a clinical quality improvement perspective. And on a quarterly basis, local teams such as Pasqua and General Hospital would be meeting, taking those recommendations, and working them through with their clinical teams.

Joan Pratchler: — So Regina just seems to be more . . . The stats look a little better there at the General?

Michelle Mula: — They certainly do, and those teams are monitoring on a daily basis. The other piece I didn't mention is our infection control practitioners are also posting the results on all of the visual daily management walls and meeting with the teams to talk about best practices. And that's where you would see further enforcement of the hand-hygiene policy and some of the practices there as well.

Joan Pratchler: — I see that these go up to January, you know, so a year ago. Do you have the updated statistics for these infections and the rates?

Michelle Mula: — Thanks for your patience. So we certainly both on hand hygiene have more up-to-date statistics that we could submit through the Clerk for an update, as well as what's being monitored provincially as well. So because of some of our data sets, it varies on time frame, but we have up until December of certain areas and September and June in others. So we can submit that.

Joan Pratchler: — Can you send that to the Clerk then?

Michelle Mula: — We sure can.

Joan Pratchler: — Within, like, let's say next week maybe?

Michelle Mula: — For what . . .

Tracey Smith: — I just was going to add, just with the consistency of sort of the earlier ones where I think 30 days is what you were thinking about. But we'll take this back and just see how quickly we can pull it together. But I'm thinking about all the pieces . . .

Chair Wotherspoon: — Yeah, if it could be supplied within the next month, that's great.

Tracey Smith: — Yeah. If that works for the committee, then that's what we'll work towards. Because obviously when we leave today we'll have a few bring-backs, so we'll want to just make sure that we understand those and get them in to you on time.

Chair Wotherspoon: — Sure. Sure.

Joan Pratchler: — That's fine. Thank you. That's all I have.

Chair Wotherspoon: — Okay, that's good. Important chapters, important work, important focus. Thanks to all those that are involved in the improvements on this front. Any further questions from committee members? Not seeing any, I'd welcome a motion to conclude consideration of 21 and 18. All right, moved by Deputy Chair Wilson. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. We'll turn our attention now . . . I'll turn it back over to the Provincial Auditor. We have chapter 6 and we have some new recommendations in this chapter.

Kim Lowe: — Chapter 6 of our 2024 report volume 1 reports the results of our audit of the Saskatchewan Health Authority's processes for the period ended January 31st, 2024 to prevent the spread of tuberculosis, TB. We concluded the Authority had effective processes other than the areas reflected in our six new recommendations for the committee's consideration.

TB is an infectious disease generally affecting the lungs. Infected individuals who show no symptoms, referred to as having a latent TB infection, cannot transmit the disease. On average, 5 to 10 per cent of those infected will develop active TB over the course of their lives, which can be fatal if left untreated.

Saskatchewan's rate of TB was 10.9 cases per 100,000 population in 2023, more than twice the national average, with higher rates of incidence in northern Saskatchewan. The Authority collaborates with key partners supporting TB-related services in the province to prevent the spread of tuberculosis, including the Northern Inter-Tribal Health Authority, or NITHA.

On page 113, we recommend the Saskatchewan Health Authority work with its partners to update the provincial tuberculosis strategy, with input from high-risk populations and communities. In June 2013 the Saskatchewan tuberculosis partnership working group published the *Saskatchewan Provincial Tuberculosis Strategy 2013-2018* to address the high areas of TB in the province. The partnership working group includes representatives from the Authority, Ministry of Health, NITHA, and Indigenous Services Canada.

We found the Authority and its partners have not updated the provincial TB strategy developed in 2013. Several of our other audit recommendations outlining process improvements relate to areas of the strategy, such as clinical diagnosis and treatment.

Since preventing and controlling TB in Saskatchewan involves many partners, it is important the Authority update the roles and responsibilities, including any reporting requirements, of each key partner involved to ensure consistency in delivering TB services to those affected. Having an updated TB strategy helps ensure the Authority and its partners focus on current risks and trends in preventing and controlling tuberculosis in Saskatchewan.

On page 118, we recommend the Saskatchewan Health Authority track and assess when individuals are notified about tuberculosis cases during contact investigations. When a patient is diagnosed with active tuberculosis, nurses interview the patient to get information about their family, routines, and other information — for example, who the patient lives with — to build a list of contacts. The Authority considers household contacts, such as those sleeping in the same household, to be high priority for contact notification. Nurses and community workers then notify contacts of their TB exposure and make screening appointments to confirm if they have TB.

We found the Authority's timelines for screening, including screening high-priority individuals within seven days and medium-priority individuals within eight weeks, to align with good practice. The Authority tracks all contacts; however it does not electronically track the date nurses notified the contacts in its IT system. While nurses note this information within a patient's file, the Authority does not readily know whether it notified and screened all contacts timely.

Our testing of 30 contact investigations found the Authority notified two high-priority contacts 6 and 12 days later than expected and did not have rationale for the delay. We also found one medium-priority contact screened 74 days after the expected time frame of eight weeks, and we were unable to assess the timeliness of notification for this individual.

When the Authority does not track the date it contacts individuals due to close contact with a person with active TB, it limits its ability to analyze timeliness of contact investigations. Contact investigations not completed timely increases the risk of the Authority not identifying and treating TB cases timely, which may increase the risk of spreading TB.

On page 121 we recommend the Saskatchewan Health Authority utilize criteria to determine an appropriate treatment delivery method or methods for patients with tuberculosis.

The Canadian tuberculosis standards set various medication treatment regimens and delivery methods for both active and latent TB. Physicians may prescribe daily medication treatment or intermittent medication treatment, along with one of two specific medication delivery methods. These methods include direct observation therapy, referred to as DOT, where health care staff observe the patient taking their medication; or self-administered therapy, where patients self-administer their medications and nurses do monthly check-ins.

The Authority's standard practice for active TB treatment delivery is in-person, community-based directly observed therapy, DOT, during the initial phase of active TB, requiring health care workers to travel to the patient's location to observe and support the patient taking their medication. During the continuation phase of treatment, treatment delivery can be in-person or virtual DOT. But we found the Authority did not have technology to observe the patients taking medication through video.

Our testing of 28 active TB cases found all treatment administered using DOT. We also tested 28 latent TB cases where the Authority administered treatment and found approximately 70 per cent of the cases used DOT as well. We also found 12 cases of the 56 tested to be over 95 per cent compliant with taking treatment as prescribed using DOT. This may suggest the Authority could have used self-administered therapy instead of directly observed therapy in certain cases.

[14:45]

Having criteria to assess the delivery methods best suited — for example, in-person, virtual, or self-administered — for each patient would help to meet the needs of TB patients. It may also help reduce costs associated with treatment delivery for tuberculosis.

On page 122 we recommend the Saskatchewan Health Authority determine the most efficient and effective tuberculosis care model — that is, virtual or clinical — to use for tuberculosis care in the province.

Residents of northern Saskatchewan are disproportionately affected by TB. Of the 138 active TB cases in 2023, 44 per cent lived in Indigenous communities in northern Saskatchewan. We found the Authority uses a combination of remote, which is over the internet; telehealth, which is over the phone; and mobile in-person clinics to provide care to individuals in these communities.

Our analysis of TB clinics held in northern Saskatchewan found the Authority held 77 clinics in northern communities in the 2022-23 fiscal year. Overall patients attended only 55 per cent of the appointments booked at these clinics. Due to system limitations we found the Authority does not analyze attendance for all TB clinics held in the province. Without this information the Authority cannot fully assess its current clinical care model to determine whether it should make changes to clinic delivery.

We found other jurisdictions such as Alberta and British Columbia have moved toward a virtual care model where TB specialists are centrally located and dedicated to virtual care. Under this model community nurses work with patients and send information to TB specialists for review. Patients are encouraged to see their physician periodically but only meet face to face with a TB physician when necessary.

Missed clinic appointments increase the risk the Authority does not diagnose potential TB patients timely and tuberculosis continues to spread in the community. When patients do not attend clinics, both time — for example, TB physician, TB nurse — and money, for example for chartered flights for mobile clinics spent to hold the clinic, are used less effectively.

On page 124 we recommend the Saskatchewan Health Authority set clear expectations for making the public aware of tuberculosis outbreaks. The Authority has guidelines to manage tuberculosis outbreaks that align with good practice. However while the guidelines state "Informing the affected community as early as possible in an outbreak investigation is crucial," we found the guidelines do not set clear expectations about informing the public of an outbreak. Management indicated it is at the discretion of the local medical health officer, for example NITHA or the Authority, when and whether to inform the public. Since 2021 Saskatchewan declared four outbreaks: two in '21, one in 2022, and one in 2023. We found each of the outbreaks occurred in northern Saskatchewan.

We found one outbreak tested was not declared until 79 days after the original case and the public was not notified. We found the medical health officer had rationale for not notifying the public. Setting clear expectations for reporting outbreaks to the public timely could help promote consistency and increase awareness of outbreaks. This could help reduce the spread of tuberculosis in a community.

Finally on page 126 we recommend the Saskatchewan Health Authority analyze and report on key information related to tuberculosis services. The Authority's TB prevention and control unit tracks information about all active and latent TB cases in the province in its IT system. Using this data, the Authority prepares an annual surveillance report. However the report lacks targets, analysis to explain trends, and action plans to address identified gaps.

We found the Authority does not track, analyze, or report key information such as contact investigation notifications or clinic attendance data. Good practice recommends collection and analysis of additional information to measure the effectiveness of the TB program, such as treatment regimen prescribed and the number of doses taken, or the days between diagnosis date and the treatment start date. However the Authority is not able to efficiently track and analyze such information due to IT system limitations.

We also found the Authority does not report key information to the public. We found other jurisdictions such as British Columbia provide annual and quarterly surveillance reports on its website. While the Authority's annual surveillance report includes comparable information, the Authority does not share the report publicly to increase awareness about the prevalence of TB in the province.

Understanding key information and trends can provide support to senior management in making relevant decisions to help prevent the spread of tuberculosis.

I will now pause for the committee's consideration.

Chair Wotherspoon: — Thanks so much for the presentation. Of course this is a fairly new report in your 2024 report and a really important focus as well. So thanks for that. I'll turn it over to Deputy Minister Smith for remarks and then we'll open it up for questions.

Tracey Smith: — Thanks, Mr. Chair. I will briefly touch on the six recommendations just given it's part of a new report.

So to begin, regarding the first recommendation to update the provincial tuberculosis strategy, this will require a collaborative approach involving the Ministry of Health, physician specialists, community nurses, community organizations, and communities impacted by TB.

As a part of the Public Health Agency of Canada's engagement for the development of a pan-Canadian TB elimination strategy, the SHA has participated in national and provincial TB round-table discussions covering key themes such as education, urban and rural TB detection and treatment, social determinants of health, and immigration. The compiled summaries expected in early 2025 will inform the Saskatchewan TB partnerships work to align the provincial strategy with federal goals and address community needs effectively.

In November of 2024 the Saskatchewan TB partnership met. They reviewed and updated its terms of reference and adjusted its membership to ensure appropriate representation. This work will continue as we collaborate with partners to develop a comprehensive and inclusive provincial TB strategy. Target completion date for this strategy is June of 2026.

To address recommendation no. 2, the Saskatchewan Health Authority ensures timely notification and assessment of

individuals with potential exposure to active TB cases through the mandatory use of the newly developed TB prevention and control Saskatchewan contact investigation database. This robust database facilitates comprehensive tracking and management of TB contact investigations aligned with the Canadian TB standards, ensuring all steps of the contact investigation cascade of care are systematically implemented. To maintain high standards and contact investigations, the SHA has developed work standards and an evaluation tool to monitor database utilization and adherence to Canadian TB standard timelines.

A recent review of the audited TB cases since new work standards were implemented indicated 95 per cent of the contact investigations were documented into the database, 86 per cent were fully completed, and 81 per cent had treatment started within two months.

The Saskatchewan Health Authority has established criteria guided by the Canadian TB standards and organizational policies to inform physician recommendations for treatment delivery methods. To enhance this approach, the SHA will evaluate treatment, completion, barriers to adherence, and client satisfaction considering factors such as access to care and other social determinants of health.

The SHA, digital imaging, human resources, and other partners are working together to expand access to care in high-incident communities through closer-to-home services and telehealth options. Insights from these initiatives along with recommendations from the anticipated pan-Canadian TB elimination strategy will guide updates to policies and work standards ensuring treatment delivery methods effectively meet client needs and improve health outcomes. Target completion date for this recommendation is June 30th of 2026.

Regarding the recommendation to determine the most efficient and effective TB care model the Saskatchewan Health Authority is committed to evaluating both virtual and clinic-based delivery methods. This evaluation will include an analysis of patient care needs, health services accessibility, and resource utilization to identify the model that best meets the needs of diverse populations across our province.

Leveraging insights from ongoing collaborations with stakeholders and advancements in telehealth and virtual health care technologies, the SHA will adapt its TB care model to optimize care delivery. This approach aims to improve access to high-quality services while maintaining efficiency and addressing the unique needs of high-risk and underserved communities. Target completion date is March 31st of 2026.

Regarding the recommendation to set clear expectations for public awareness, the SHA will incorporate the guidelines being developed by the Northern Inter-Tribal Health Authority into its TB outbreak management protocols. These guidelines will include the definition of a TB outbreak as well as expectations for outbreak investigations, management, and public awareness. This will ensure alignment with current public health practices and improve communication across the SHA teams as well as with the public.

The SHA will engage with leadership and medical health officers to develop specific guidelines for reporting TB outbreaks in non-Northern Inter-Tribal Health Authority communities. In addition outbreak information will be made available to the public through the Saskatchewan Health Authority website to ensure timely and transparent communication during outbreaks. The TB partnership will guide revisions to roles and responsibilities to enhance coordination and support during outbreaks. The target completion date for this recommendation is June 30th of 2026.

And finally, regarding the recommendation to analyze and report on key information related to TB services, the SHA has developed a reporting template which tracks TB current state, trends, outbreaks, and status of investigations. The reporting template was initially distributed weekly to a select group of Saskatchewan Health Authority executive leadership. This has now been expanded to include all Saskatchewan medical health officers and a larger group of executive leadership, increasing awareness of TB incidents in communities across the province.

Additionally SHA is collaborating with epidemiologists to create a one-page summary of TB information which will be publicly available on the SHA website.

The SHA is in the early stages of reviewing the current annual surveillance report to identify areas for improvement with plans to create a summarized version for public access. This will enhance transparency around TB-related information, while maintaining sensitivity to community needs.

The SHA are also addressing limitations in its TB database with a project under way to identify requirements to support more effective reporting of TB data, which is currently included in the information technology project list. The target completion date for this recommendation is June 30th of 2026. And that concludes my comments. Thank you.

Chair Wotherspoon: — Okay, thanks for the comments and the very important work and focus on this front. I'll open it up now to the committee for questions. MLA Gordon.

Hugh Gordon: — I see that in 2023 the rate of infection for tuberculosis in Saskatchewan was 10.9 per 100,000 — more than twice the national average of 5.1 cases. Are you able to provide us an updated number for the rate of tuberculosis infections for 2024?

Andrew McLetchie: — Hi there. Andrew McLetchie, vice-president of integrated northern health with the Saskatchewan Health Authority. I don't have a rate as of right now, but the number to the end of November was 122. Last year we had 142 cases. So we anticipate the rate to be very similar.

Hugh Gordon: — So 140 . . .

Andrew McLetchie: — That was last year. This year there's 122 to the end of November.

Hugh Gordon: — A slight reduction. Fair enough. On recommendation 1, I see that SHA is working towards updating the provincial tuberculosis strategy. Can you just speak to some of the high-risk populations in communities that are involved in development of this strategy?

Andrew McLetchie: — Yes. This strategy is sort of . . . There's

a group of organizations. They're sort of involved in this. So the SHA works alongside of Northern Inter-Tribal Health Authority, the Indigenous Services Canada group, as well as the Ministry of Health. We'd also have some representation from the Athabasca Health Authority in that plan.

Hugh Gordon: — Thank you.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — As the majority of TB cases are typically in the North, which also historically has less access to health care, what is SHA doing to ensure that patients have adequate and timely access to treatment?

[15:00]

Andrew McLetchie: — I think there's a number of things that we're doing. A lot of this is in collaboration with the Northern Inter-Tribal Health Authority that is kind of a third-party public health organization that represents all the northern First Nation organizations.

And basically we're kind of working with them on strategies that would ensure that we're using virtual care in an effective way to reach out to communities, that we're putting in place the supportive structures to help public health nurses on the ground in those communities in terms of their access to patients, and just trying to ensure that there are information pathways for communities and people with TB that helps their understanding of the illness.

Joan Pratchler: — Thank you. I understand that SHA intends to evaluate both virtual and clinic-based delivery methods of TB care. Can you tell the committee exactly which communities would have access to the virtual care?

Andrew McLetchie: — I don't think we know the answer to that question. I think that's part of the work that the committee's doing to identify, you know, which communities we want to implement the different strategies in, and I would anticipate over the next year, year and a half, we would be rolling that out and we would be able to answer that question.

Joan Pratchler: — So we all know about the social determinants of health, and we know that adequate housing eliminates crowding of too many people in one home which can reduce the possibility of TB spread and other things. Has there been any discussions or inter-ministerial, intergovernmental collaboration to address housing as a holistic response to reducing TB infections and TB spread?

Tracey Smith: — Just to go back to just talking a little bit more about the Public Health Agency of Canada's sort of approach to wanting to develop a pan-Canadian strategy, so what I guess . . . How I would best answer this right now is I'll maybe just sort of state that we regularly work with other ministries in the Ministry of Health, obviously across a number of different sectors, and that's a part of our regular work. But how I anticipate sort of this as the strategy unfolds and as that work is unfolding, that's where the Ministry of Health, that's where we make sure if there are areas or other ministries that we need to sort of bring into that work sort of early to see if there's a part or a role where they can help, you know, in this area, that's what we would be doing. And looking to in the future.

And I would stress that's really, when we think about many of these issues, we're regularly, you know, in contact with and bringing, you know, our other ministries and sectors together. And this will be similar once it starts to, again, once we get a little bit more of the strategy and see what some of those actions are, who needs to be involved, aside from the ones that Andy had already sort of pointed out. There's very much some organizations already very involved in this, and we'll take that sort of under consideration as we go forward.

Joan Pratchler: — Preventing it is far cheaper than having to deal with it afterwards.

Tracey Smith: — Yes. Thank you.

Joan Pratchler: — Thank you.

Chair Wotherspoon: — Good questions. Further questions on this chapter and the new recommendations before us? Not seeing any, thanks again for the chapter.

This is not a . . . it's a fairly new report, right, and obviously you've been focused in this area already. So we just, you know, wish you well and thank you for taking the actions that you've taken already and the actions to come to implement these recommendations and the other actions you'll be taking on these fronts. So thanks for that.

I guess we have six new recommendations. They're all progress, right? Yeah. Noting that there's progress really with all of them, right, so I'd welcome a motion to concur and note progress with recommendations 1 through 6. Moved by MLA Crassweller. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — All right, that's carried.

Moving right along here, and there's a few other items still on our agenda but it may not be as daunting as it appears because I think the next two chapters are going to be dealt independently, and then the three chapters at the end will be presented on and dealt with together. So I'll turn it over to the auditor for chapter 17.

Jason Wandy: — Thank you, Mr. Chair. The Saskatchewan Health Authority is responsible for delivering accessible and responsive ground ambulance services to the people of Saskatchewan. Chapter 17 of our 2024 report volume 1 describes our third follow-up audit of management's action on the last remaining recommendation we made in 2016 about the former Cypress Regional Health Authority's processes to deliver accessible and responsive ground ambulance services in southwest Saskatchewan. The committee agreed with these recommendations in 2019.

By November 2023, the Authority made some progress toward implementing the one remaining recommendation. We found the Authority partially implemented our recommendation on page 195 where we recommended the Authority report to senior

management, the board, and the public actual results against key measures to assess the success of its ground ambulance services at least annually.

Residents living in an urban centre in southwest Saskatchewan, like Swift Current, can expect ambulance response times within 9 to 30 minutes, depending on the severity of the patient's condition, and rural response time within 30 minutes. We found the Authority implemented a new dispatch IT system in November 2023 to help track these response times. However neither the Authority board, senior management, nor the public received reports on key measures, such as response time or ambulance crew hospital time, related to the delivery of ground ambulance services as of November 2023.

Authority management noted that it planned to create an annual provincial emergency medical services report in 2024-25 that will include performance information such as call volumes and ambulance response levels. This will help Authority management decide where to adjust services to support quality patient care. Periodic measuring and reporting on key performance results would enable better strategic oversight of the quality of the Authority's ground ambulance service delivery. Authority management can then adjust services where necessary to provide the best outcome for patients.

I will now pause for the committee's consideration.

Chair Wotherspoon: — Thank you. Thanks very much for the presentation and for the follow-up here today. I'll turn it over to DM Smith for brief remarks. Then we'll see what we have for questions.

Tracey Smith: — Thank you. Regarding the recommendation to report actual results against key measures to assess the success of its ground ambulance services, SHA successfully implemented a new computer-aided dispatch system that includes a data analytics module in November of 2023. This system enabled the SHA to develop key measures of ambulance service, such as response times and call volumes.

After the implementation of computer-aided dispatch system in November of 2023, a significant amount of time was required by all parties to learn how to use and support the new system and make alterations to the CADD [computer-aided drafting and design] configurations and visual outline as was required by the people using the system.

Effective '25-26 fiscal year, the SHA emergency medical services will report key metrics to Saskatchewan Health Authority executive leadership team, the Saskatchewan Health Authority board, the Ministry of Health, and the public. The key metrics are in the process of being developed.

That concludes my comments.

Chair Wotherspoon: — Thank you very much for the work on this front and the update. I'm going to open it up for questions. MLA Pratchler.

Joan Pratchler: — Does the dispatch system log how many times response took more than the expected 30 minutes? If so, does it log any data about the reasons for the delay? And is that response tracked to improve those times?

Bryan Witt: — Good afternoon, everybody. Bryan Witt, vice-president, provincial clinical and support services, back again. To the best of my knowledge, the system does report the times but not the specific reasons why.

Joan Pratchler: — Should it?

Bryan Witt: — I think it's something that we could definitely look at what are our options for collecting that type of data.

Joan Pratchler: — So we'll be able to tell what percentage of time is in the 30-minute target?

Bryan Witt: — Yes.

Joan Pratchler: — Oh, okay. And what is the average response time in southwest Saskatchewan, urban versus rural?

Bryan Witt: — Give me one second.

[15:15]

Hi there. Yes, so we have the data, but I need to do the calculation on that and it's going to take me too long; you don't want to wait around, me calculating stuff. So we'll commit to getting that information back to the committee there.

Joan Pratchler: — Okay. With that whole pack of other things that are coming back with . . . Okay, thank you.

Chair Wotherspoon: — MLA Pratchler would like it within 24 hours, but I think . . . Is it okay, MLA Pratchler, if we suggest one month here?

Joan Pratchler: — I think that would be just fine.

Chair Wotherspoon: — All right.

Joan Pratchler: — I think that's the end of my questions. See? Just got this going. Thank you.

Chair Wotherspoon: — Any other questions? And again, for anyone watching at home, these have all been fully considered at this table before and discussed and questioned. And so we're kind of at a later stage of implementation here. MLA Gordon.

Hugh Gordon: — Just with respect to how you plan to report ground ambulance metrics to the public in terms of, I guess, the expected wait time.

Bryan Witt: — Hi there. So yes. So we've been working with our new computer-aided dispatch system over the last year validating the data, getting our key performance indicators, and really just making sure that it's working the way we expect it to. So what we've been doing in the last couple months is doing a bit of a jurisdictional scan, what other provinces are doing in terms of their reporting, what the system is able to create for us in terms of those dashboards.

We're preparing a number of different options of what we could do in terms of like how it would look visually and the information

inside. We're going to bring that to Ministry of Health and our executive leadership team within the SHA to evaluate, you know, what are the options that we want to proceed forward with. And then we'll be able to work with our colleagues on putting that onto some sort of public distribution system there.

Hugh Gordon: — Okay.

Joan Pratchler: — And that timeline's going to be the same as . . . or when do you see that happening?

Bryan Witt: — We're currently working on it. So ambitiously I would say we're working towards the next few months, but we might hit some snags or something. But we want to get it done right away.

Joan Pratchler: — Great. Thank you.

Chair Wotherspoon: — MLA Pratchler used to be a principal. None of the students brought their homework late for her. Any other questions on this important chapter? Not seeing any, I would welcome a motion to conclude consideration . . .

David Chan: — Sorry, I do have a . . .

Chair Wotherspoon: — Oh, sorry. MLA Chan.

David Chan: — In your data collection do you record who is first on scene for incidents? Does that require that kind of . . . where the nature of the incidents is such?

Bryan Witt: — Just to clarify, identify who was first on scene? Like . . .

David Chan: — Yes, for example, firefighters, EMS.

Bryan Witt: — Oh, okay. I see what you mean. I'll just confer.

Thanks for the question. What I know is that our systems work collaboratively with local fire and others so that the most appropriate responder can get there in the quickest amount of time. Specific to your question of whether the system captures that data or not of who responds first, that I'll have to follow up with the committee with. I just am not that technical with that. Thank you.

Chair Wotherspoon: — Any further questions? Not seeing any, I'd welcome a motion to conclude consideration of chapter 17. Moved by MLA Rowden. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. We'll move along now and turn it back to the auditor to focus on chapter 27.

Jason Wandy: — Thank you, Mr. Chair. The Saskatchewan Health Authority is responsible for the provision of MRI [magnetic resonance imaging] services. Having quality MRI services helps to facilitate appropriate diagnosis, treatment plans, and help to improve patient outcomes.

Chapter 27 of our 2024 report volume 2 reports the results of our third follow-up of management's actions on three outstanding recommendations we first made in our 2017 report about the Authority's processes for efficient use of MRIs in Regina. By September 2024 the Authority implemented the remaining recommendations.

We found the Authority implemented a peer review IT system to formally and systematically assess the quality of MRI services that its radiologists provide. It will also require contracted private MRI operators to participate in the peer reviews. As of September 2024 about 10 of the Authority's radiologists across the province used the IT system to conduct peer reviews. The Authority expected to have all radiologists, including private operators, using the peer review IT system by the end of 2024.

While reports to senior management did not yet include information on the quality aspects of the MRI services provided by the Authority and contracted private MRI operators, we observed a report provided to the executive director of diagnostic imaging outlining the number of radiologist peer reviews and their associated ratings. For example in July of 2024, radiologists conducted 91 peer reviews with almost 95 per cent concurring with the interpretation.

The Authority expected to report results from peer reviews to senior management to support monitoring of the quality of MRI services by the end of 2024. By formally and systematically assessing the quality of MRI services that radiologists provide, the Authority can assess whether it provides reliable MRI services. Accurate interpretation of MRI scans could be crucial to proper diagnosis and treatment for patients.

I will now pause for the committee's consideration.

Chair Wotherspoon: — Good. Thank you again for the follow-up here. Thanks as well to Health for detailing all the work that's been done on this front and the implementation that's occurred. Deputy Minister Smith, do you have some brief remarks before we open it up for questions?

Tracey Smith: — Sure. Thank you. Thanks for the presentation as well. And I'll just note that all three of these recommendations have been implemented. So I really don't have any further comments at this time. Thank you.

Chair Wotherspoon: — And great work too and thanks to all those that have been involved in that work to implement those recommendations. I'll open it up now if there's any questions. MLA Pratchler.

Joan Pratchler: — What's the total amount spent to date on privately operated MRI scans, and how many scans is that?

Bryan Witt: — Thank you for the question. Just to clarify, the volumes that you were asking for, is it for the province or just Regina?

Joan Pratchler: — The province.

Bryan Witt: — Okay. So for provincially, total private in '23-24 was 9,234 visits.

Joan Pratchler: — Scans?

Bryan Witt: — One second. I just want to confirm. Okay, I can confirm that's patients, yeah.

[15:30]

Joan Pratchler: — It says . . . Sorry, I erased it.

Bryan Witt: — Oh, in '23-24, it was 9,234.

Joan Pratchler: — Okay. And what was the total amount spent on that?

Bryan Witt: — So in terms of that, I don't have that information with me. But any contracted imaging services, they are reported in our annual report on an annual basis.

Joan Pratchler: — And they're just aggregated by private provider? Is that what you're saying?

Bryan Witt: — Yeah. All of our providers are on that annual report.

Joan Pratchler: — Okay. And what is the total amount clawed back by the federal government to date for violation of the *Canada Health Act*?

Tracey Smith: — Thanks for the question. So the most recent amount that we reported to Health Canada would be 1.1 million, and that's reported publicly. And that is something that is made available to the public when we make those calculations.

Joan Pratchler: — Okay. Thank you.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — My next questions kind of involve the measures that are in place to regularly monitor the quality of private MRIs. I just wonder if you could outline the peer review process for private operators and what the timeline is.

Bryan Witt: — Here, just give me one sec. So the peer review process that we've implemented for our private operators is actually the same process as all radiologists within the Saskatchewan Health Authority. It's the same system and the same process. Basically in a nutshell, what happens is a radiologist has a work list that they work off of every day. And so when you get your X-ray, your name and your image appears there and they click on it and they do their reporting.

As part now with the peer review system is it adds a couple extra of these peer review cases. And basically the radiologists will take a look and then they . . . I don't have the classification but they basically . . . It's a simple term, but they agree or disagree. And then they also talk about the impact of, if it is a disagree, how major of an impact is that. And so they randomly do this.

So then what we've done is we have . . . I'm just going to flip to the right page so I can . . . We've hired a medical director as well too to lead this program, and so they get the results on a regular basis and they actually will do a bit of a review. And if the results are disparate, they'll engage with the practitioner and do whatever follow-up.

But more importantly, the system can help us identify opportunities where we can do additional learning across all of our radiologists across the SHA. So if we start to see some sort of trends or something like that, that allows us to do more education for the entire population.

It's meant to be not a punitive approach to assessing radiologist colleagues but more so a learning opportunity. But at the same time, it still allows us to do those double checks and look for trends with individuals as well too, so it's a really great program.

Hugh Gordon: — To kind of add on to that, maybe you could expand on what actions could be taken for an operator that doesn't pass a peer review, a private operator.

Bryan Witt: — Well I think it would . . . One second. Thank you. Thanks for the question. Just I'll preface this by, the process is the same for any radiologist, whether they work for the Saskatchewan Health Authority or whether they're privately contracted. And again we would, if we identify an issue, we would work with the radiologist to help them grow and learn. We would manage that situation. In extreme cases, like if there was some extreme cases, there are routes, again whether they're private or within the SHA, of looking at privileging and licensing and things like that.

Just another note on the private side is they do also fall under the quality assurance program with the College of Physicians and Surgeons. And so that's an additional layer of licensing and oversight there as well too.

Hugh Gordon: — And then I guess lastly, how many radiologists participate in peer review, and what are their workloads like?

Bryan Witt: — Thanks for the question. In terms of the radiologists, we'll get back to you with that. And the workload, we don't really have any data on how to quantify that for you. So, yeah, sorry about that.

Hugh Gordon: — Any way to table something with the Clerk in a month's time, perhaps?

Bryan Witt: — I'm not too sure. Yeah, hold on one sec.

Tracey Smith: — While Bryan's following up on that question, just the other piece of information just around sort of numbers of physicians or specialist providers. The medical services branch publishes annually a statistical supplement that's available. And that really shows sort of the numbers year over year around all of the providers that are specialists and the physicians that are within Saskatchewan. So just want you to be aware of that. And it was tabled this week, yeah.

Andrew Will: — Yeah, and if I could just add on in response to Bryan's comments. So you know, all of them participate in the QA [quality assurance] program, all the radiologists, whether they be public or private.

And then in terms of workload, I think that would be challenging to assess given, you know, different types of imaging would result in different time required to review an image, produce a report. Different radiologists, you know, some would be more

experienced, more proficient. Some would be, you know, newer and it'd probably take more time to review an image.

So we don't have a workload measurement tool that measures, you know, private contracted radiologists. I don't believe even for our own. So I don't think that's information that we'd be able to provide. But to give you a little sense of . . . there certainly would be variation, expected variation.

Chair Wotherspoon: — No further questions, or I'm not seeing any further questions from committee members on chapter 27. I'd welcome a motion to conclude consideration of chapter 27. MLA Crassweller. All agreed? That's carried.

[15:45]

We'll turn our attention now to the last three chapters that we have on our agenda. I think the auditor is going to lump those together in her presentation.

Tara Clemett: — Thank you, Mr. Chair. So our 2022 report volume 2, chapter 4; 2023 report volume 2, chapter 8; and our 2024 volume 2, chapter 8 report the results of the annual audits of the Saskatchewan Health Authority for the 2022, 2023, and 2024 fiscal years. For all three years we found the Authority's financial statements were reliable, and it complied with the authorities governing its activities. Additionally the Authority had effective rules and procedures to safeguard public resources for all three years, other than the three recommendations described in these chapters. One of these recommendations is new.

We found the Authority partially implemented our recommendations on pages 31, 51, and 47 of our 2022, '23, and '24 reports, respectively. We recommended the Saskatchewan Health Authority sign an adequate service level agreement with eHealth Saskatchewan to enable monitoring of the quality and timeliness of eHealth's provision of IT services. The Authority and eHealth Saskatchewan signed a new master services agreement in May 2022. However at March 2024, they had yet to finalize key aspects of the agreement. Such aspects include disaster recovery, service levels, security requirements, and IT change management.

Not having an adequate service level agreement increases the risk of the Authority not effectively monitoring whether eHealth is meeting the Authority's IT needs. For example, eHealth not having a completed and tested disaster recovery plan of critical IT systems increases the risk the Authority may not be able to restore within a reasonable time its critical IT systems and data in the event of a disaster. This would obviously adversely impact the Authority's ability to deliver health care services.

We found the Authority partially implemented our recommendations on pages 32, 52, and 48, again in our 2022, '23, and '24 reports, respectively. We recommended that the Saskatchewan Health Authority separate incompatible duties. By March 2024 we found the Authority made progress on this recommendation by adequately separating incompatible duties related to processing journal entries and employee pay increments. However it needs to do more to segregate incompatible duties related to paying vendors and staff.

The Authority expected that the implementation of their new ERP [enterprise resource planning] system, also referred to as the administrative information management system, or AIMS, in 2024 would address a number of the concerns. Roles developed in the AIMS system are expected to separate duties for payment and payroll processing. Separating incompatible duties decreases the risk of not catching errors. In addition involving more than one individual in making purchases and paying employees decreases the risk of undetected fraud.

We made one new recommendation for the committee's consideration on page 54 of our 2023 report volume 2, where we recommended the Saskatchewan Health Authority document and share an overall lessons-learned report for the AIMS project with other government agencies. On page 49 of our 2024 report volume 2, we found the Authority had yet to implement this recommendation.

The Authority's implementation of AIMS had been under way since 2018 with costs continuing to grow. The Authority's initial capital and operating project agreement required the Ministry of Health to provide provincial funding for the project at a total cost of $86 million, and anticipated implementing AIMS by March 2021.

The Authority went live with AIMS in November 2022, but an unsuccessful implementation caused the Authority to revert to its existing systems. By March 2024 the Authority had spent $190 million on AIMS, and it forecasted to spend $250 million in total to complete the project.

During 2023-24 the Authority prepared to implement AIMS over the next two fiscal years using a phased approach. As an improvement from its initial attempt to implement the system in November 2022, the Authority planned to have almost 500 end-users from across its various business units participate in user acceptance testing in spring 2024. Such testing was expected to help the Authority identify any critical system defects it needed to address before attempting to implement the system.

Upon project completion it continues to be important the Authority coordinate a formal lessons-learned report for the whole AIMS project. The purpose of documenting and applying lessons learned is to improve future projects. Sharing such information with other government agencies leading significant IT projects can help to avoid system implementation failures on similar projects, removing potential impediments before they happen.

I will now pause for the committee's consideration.

Chair Wotherspoon: — Thank you very much. Thanks for the focus of the chapters, and we have one new recommendation to deal with as well here. I'd turn it over to Deputy Minister Smith for brief remarks, and then we'll get to questions.

Tracey Smith: — Thank you. Regarding the recommendation about signing an IT service agreement with eHealth Saskatchewan, significant progress has been made in the transition of services from the Saskatchewan Health Authority to eHealth through a well-structured, five-phased approach. The agreement was signed in September of 2024 by the Saskatchewan Health Authority and eHealth Saskatchewan. The

governance and management of services and work streams are now identified in this new agreement.

To address recommendations and strengthen processes for its segregation of duties, significant improvements are under way in both payments and payroll management. To ensure proper segregation of duties for payments, the processing of creating and updating vendors is now handled outside of the supply chain and payment processing departments. The AIMS segregation-of-duties report is currently being refined, and following a period of stabilization the report will be operationalized by the business system support analytics team. Saskatchewan Health Authority expects this reporting to be occurring regularly in the '25-26 fiscal year.

The risks associated with payroll processes will be addressed in the full implementation of the AIMS system, which will consolidate scheduling and timekeeping functions into one system. The new system will include automated segregation controls based on role-based security to prevent conflicts. In the interim, management ensures compliance by requiring multiple approvals for actions such as new hires and rate changes. Ongoing monitoring is supported through staff meetings, and no breaches have been identified.

Regarding the recommendation of documenting a lessons-learned report for the AIMS system project, following the AIMS implementation in November of 2022, which was paused, an extensive review was completed, including feedback from 6,000 employees, to determine what worked well and what required additional attention. This information formed the foundation for the replanning.

No further comments.

Chair Wotherspoon: — Thanks for the report, the update. I'll open it up now to committee members for questions. MLA Pratchler.

Joan Pratchler: — In the status update, I see that there was a timeline for implementation of this recommendation by March 31st, 2026. Do you have reason to believe that AIMS will be fully operational by that date?

Tracey Smith: — Just give me one moment.

Norman O'Neill: — So I guess I'll answer this. Norm O'Neill with the ministry; ADM with responsibilities for AIMS, I guess. So the short answer to the question is yes, we do expect it to go live by March 31st, 2026. To maybe just elaborate a little bit on it, it's based on our most recent experience with the go-live that we have just achieved. The time that we took to stabilize what is live and what is working, maybe we took a bit more time than we had initially thought, but based upon the timelines that we've got from that experience, our expectation is as we roll out the remaining waves that we will be live by March 31st, 2026.

Joan Pratchler: — So if you could elaborate on the stage of implementation as of today. To be clear, do you define "implementation" based on end-user operation of the software or on the confirmation of functional operation of the software? Are we going to make the effort to make sure it works before we announce the progress?

Norman O'Neill: — The short answer is yes, we will. In the lessons learned from the go-live in 2022 we did have elaborate feedback from the front lines on what went wrong, and their feedback was incorporated in what's going to go live in the future waves.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — We're all well aware of the overruns in costs for AIMS program, which was supposed to be $86 million and to be up and running by March of 2021. December 2023 we learned from the auditor that the project ballooned in cost. With no change to the project scope, it became $240 million. Can you provide us with an up-to-date cost of the project and/or any other future anticipated costs to get it up and running by your deadline?

Norman O'Neill: — So I guess precision of the number will ultimately depend on the success of the multiple waves that we've got going live. We have in the auditor's report noting 250; we would expect it to be a bit higher than that. It's probably in the right ballpark, but each wave we'll evaluate as well the success. And it's the stabilization ultimately that's going to determine what the final cost is, right. The time that it takes to stabilize after each wave will drive the cost.

[16:00]

Hugh Gordon: — Can you explain to us why the cost has ballooned so much? We had an initial outlay, we thought, of 86 million. Then it became 240. Now it could be north of 250, depending on if it's stable or not. Could you just explain to us why these costs tripled, essentially?

Norman O'Neill: — So I guess I'd kind of boil it down to a few things. So the initial project was going to go live, I believe, in 2020. So at about the time it was going to go live, we did have the pandemic. So a material impact on the project was that. It did put a pause on a lot of things for about two years. So that's one reason.

In 2022 when we did go live, but we didn't have the success that we had hoped. We did do a very extensive review following that go-live to work with the front-line staff and the users of the system. That did take some time. There was a bit of a rebuild to incorporate what feedback they had given us, so that has taken a bit of time as well.

All large enterprise systems like this are going to have hiccups as they go live, so the strategy as noted is that wave to deployment. That phased approach is largely to mitigate some of the risks that we realized at that 2022 level. It is a very big replacement for a very big sector and a very big effort, I guess I'll call it. So taking that waved approach is intended to mitigate some of those risks, and that also drives some of the cost, just the time to go through the waves.

Hugh Gordon: — Just to add to that, like this was something that went to tender. A lot of thought and research and bids were, I presume, reviewed and gone over with a fine-toothed comb. Presumably your needs were adequately communicated to the vendor who provided the system, and so I'm just trying to see where this disconnect was.

From what I understand — correct me if I'm wrong — the needs of the system were inadequate when initially deployed, and therefore some of these requirements needed to be updated and a rebuild, as you say, had to occur. So I just was wondering if this was an issue on the vendor's side or if there was something in the procurement process where these things were not anticipated.

Andrew Will: — I'll try and be concise here but it's not a simple question to answer. So I would just say, you know, the process that led through to this project was very extensive. It started, you know, in the days where there were the 12 former health regions, acknowledging that we had a payroll system that was more than 50 years old, at risk, more than 80 different systems that did not connect well with each other.

And so even in the world of 12 former regions, there was significant risk and challenges with our administrative systems. And I'll just say, like moving to one Saskatchewan Health Authority, even more important that we move to one integrated system for managing, you know, our people and our financial resources and the flow of our supplies.

So the process that this system went through, the first step was doing a current-state analysis that looked at all these different systems and, you know, what is the gap between sort of best common practice and what our current state was at the time. And there's three different options that were explored. One was simply replacing the payroll system that was very, very, very old. Secondly was a full payroll and human resource system. And then thirdly was a full integrated ERP, enterprise resource planning, solution.

And at the time the 12 regions with the support of 3sHealth [Health Shared Services Saskatchewan] did an evaluation with support of a third-party consultant to kind of look at what would the right approach be. And ultimately it was decided that, given all the 82 different systems, the full ERP solution would be the best way to go.

From my recollection, from there there was a decision collectively to pursue an ERP solution. There was a business case that was developed to support that decision between payroll, HR/pay, and the full ERP, and that business case supported the decision to pursue a full ERP.

Part of that business case process also included a request for information that went out to vendors to look at, you know, what solutions were available to us that might meet our needs in terms of payroll, HR/pay, and the full ERP. So it was really a business case combined with RFI [request for information] that gave us some information there.

Another step in the process was engaging a well-known expert to sort of advise us on, as a system, should we try and procure independent, sort of best-of-breed solutions and then try and do the integration ourselves, or is a better approach to procure a systems integrator partner to then propose what the right mix of solutions would be and support us in the implementation? And then ultimately the advice was to procure, like, a systems integrator partner to do that work.

We then went through a very extensive process to develop, you know, what are our system requirements. Given our collective agreements, given the nature of our business and some of the complexities therein, ultimately to build out, you know, what are our system requirements to meet our business needs.

And then from there, there was a competitive procurement for an integration partner to implement the system. You know, I will say that there was more than one partner that bid the integration work. It was interesting though that both — I believe it was two — bids that we had for systems integration partners did actually propose the same products. So that was, you know, reaffirming to us as well.

And then ultimately that process to select the vendor included references, you know, a pretty extensive process to select the successful proponent to help us with the systems integration and then from there, you know, the development of a contract. And I would just say, you know, it was known that the existing solutions would meet a good portion of the requirements that we had, but there would be some customizations given the complexity of our collective agreements and other things that would need to be met.

So you know, in any partner that we would have had, we knew that there would be some complexities and challenges to work our way through. Sorry, kind of a fairly extensive process but I think it gives you, you know, a good sense of the extent to which, you know, we did due diligence to position the project as best we could to meet the needs of the health system.

And then I would just say, you know, in terms of the project governance, you know, we definitely continue to work with our integration partner. But ultimately to deliver a project like this successfully, you know, there's accountabilities for everyone involved — for the third-party partner, for us as a health system, for 3sHealth as a partner in this system as well.

So you know, when I look at the different challenges that we've had, you know, certainly I think the recommendation to have an after-action report is a really good one. I think there's going to be lots of learnings.

[16:15]

People have worked, you know, very effectively to address challenges as we've gone through this major project, but there certainly will be other learnings and I think that will help us in the future with other IT projects and, you know, other sectors of government as well as they're implementing projects like this.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — The AIMS executive steering committee identified various issues that contributed to the systems implementation failure in November of 2022. Some examples that were noted in this chapter were staff scheduling, payroll time entry, and system performance. Can you speak to this in a bit more detail? What actually happened there? And are you aware of any existing issues that have gotten worse since then? You know, for example, a high number of employees maybe not getting paid.

So maybe we can go back first. What happened?

Andrew Will: — Just for clarification, do you mean with the initial go-live or the subsequent . . .

Joan Pratchler: — Yeah, in 2022.

Andrew Will: — Thank you.

Okay. Try and be as concise as I can again. So really important to note that when we did have the initial go-live, it did not impact people's pay because we made the determination that we had a significant risk, given some of the challenges we were seeing, so we were able to revert to our legacy systems successfully. So you know, I think that was a sign of good project governance and good work by our teams to be able to basically stay on the current pay system, you know.

And again we will, after our implementation review, document learnings. And that work has already started in terms of what did we learn from the first wave and what are we learning as we continue through the project. If I was going to theme it in terms of what were the key challenges, I would say it was, you know, certainly some technical issues with the system, also some change management issues in terms of business processes that went along with that, and usability of the product was something that was a challenge.

And when we did pause, revert back to our legacy systems successfully, we engaged more than 6,000 staff to get feedback, you know, from their perspective — what did they see and what were the learnings. And we've certainly incorporated those learnings in our approach for future go-live.

Joan Pratchler: — Were you or are you aware of any existing issues that have gotten worse since then?

Andrew Will: — You know, I'll just say this. And you know, your question was really at the heart of paying people accurately. And one of the comments I've made publicly and feel very strongly about is we don't ever want to see anyone not receive accurate pay. So I just want to say that first.

I will say, even in the legacy system, we did commonly have errors in pay that needed to be corrected and, at times, advances provided to staff. You know, we still are using some of our legacy time entry and scheduling systems, and those old systems feed some errors even into the new system. So again we want to see everyone get paid correctly, but certainly the rate of errors is very consistent with what we would have had in the old system. And I expect it will get better when we implement the future phases of AIMS.

Joan Pratchler: — So you're still stabilized on the legacy system for the time being?

Andrew Will: — The pay, the engine that's processing pay is the new system, so it's successfully . . . I don't recall the exact number of pay periods, but we've got quite a number of . . . [inaudible interjection] . . . Yes, since July we've been paying people on the new system. What's yet to come is time entry and electronic scheduling.

Joan Pratchler: — And have there been any other additional issues identified since then? And were those issues identified by the team implementing AIMS or by reports by SHA staff attempting to use AIMS? Was it staff that kind of pushed that or was it behind the scene?

Andrew Will: — Both. You know, we've continued to listen very carefully to feedback that we have from our teams. We have regular forums, you know, for staff to join in and to get updates on the project, but also an opportunity for them to provide us feedback. So you know, getting feedback from our staff, from our teams is something that is important.

And you know, absolutely we continue to stabilize all of our business processes consistent with the new software. You know, we continue to provide additional training to our teams. But it is getting better all the time. Our processes are getting stabilized and improving.

Joan Pratchler: — Can you explain what happened with the aborted rollout in the summer of 2024?

Andrew Will: — The which? Sorry.

Joan Pratchler: — Can you explain what happened with the aborted rollout in 2024?

Andrew Will: — I'm not sure what you're referring to. Like the initial go-live was paused in 2022. Then we redesigned our process to be more of a phased approach. We did go live successfully with the initial phase which included payroll, supply chain, payables, finance.

Joan Pratchler: — And that was in 2022?

Andrew Will: — 2024.

Joan Pratchler: — 2024, okay. So that's . . .

Andrew Will: — Yeah. And you know, I'll be very transparent that we've had lots of growth, lots of improvement that's happened in terms of our business processes as we've gone live with those new systems, but you know, they are up since that go-live. They are up and they're running and continuous improvement that's happening. And you know, yeah, so I hope that answers your question. I just wasn't sure what you meant by the 2024.

Joan Pratchler: — So were any of those issues flagged beforehand that might challenge that 2024?

Andrew Will: — Well you know, I think in any project like this you would expect growing pains as people get used to new technology and new processes. The user acceptance testing and the feedback that we had from people from the first go-live was helpful. But again, as improvements were made to the technology, we did more extensive testing with users and we will be for subsequent phases as well. And I hope that answers your question.

Joan Pratchler: — Yes.

Andrew Will: — So you know, definitely we've . . . I think one of the key learnings from the first phase was just really giving people a chance to use the product before, you know, extensively

and provide feedback. And not only feedback on using the product, but feedback on the training that's being provided as well.

Joan Pratchler: — Can you speak to the work that is being done by management currently to facilitate the completion of the formal lessons-learned report for the AIMS project?

Andrew Will: — Yeah so 3sHealth is a key partner with us, Health Shared Services Saskatchewan, in working together with the Saskatchewan Health Authority, the Cancer Agency, Ministry of Health, other partners. So they're supporting us in a lot of the work in implementing AIMS. And I know they've started work to compile learnings from the first go-live but also ongoing learnings. And you know, we are committed to providing a post go-live report with all of the learnings that we've had from this project.

Joan Pratchler: — When do you anticipate that report to be, you know, finalized?

Andrew Will: — Okay, sorry. I just had to think about that answer. I think, really important for me to say, it's not that we're waiting until the project is done and then we start with our lessons learned. We're working on documenting and tracking our lessons learned as we go through the projects. So lots of work is happening in this space. But it would be certainly subsequent to completing the project that we would produce the final lessons-learned report.

Joan Pratchler: — One of our documents says March of next year is ballpark.

Andrew Will: — In terms of the completion of the project, yeah we answered that question earlier. We believe we are on track for that.

Joan Pratchler: — Thank you.

Chair Wotherspoon: — Any other questions? I'm sorry, I have about 15 here. I'm just . . . No. Listen, this is a big project. It's big, big dollars. I know it's an inordinate stress for all of you that are managing this project, you know, so I appreciate the questions as well from committee members. And just we look forward to learning any of these lessons that you're focused on now and then obviously operationalizing the project in a way that maximizes value for everyone across the province.

Not seeing any further questions on these, I guess we have two chapters. The first one here, chapter 4, I'd welcome a motion to conclude consideration. Do I have a mover? MLA Rowden moves. All agreed? That's carried.

With respect to the new recommendation in chapter 8, the 2023 report volume 2, I'd welcome a motion that we simply concur. MLA Chan moves. All agreed? Okay, that's carried.

And then with respect to the follow-up chapter, the 2024 chapter 8, do I have a motion to conclude consideration? Moved by Deputy Chair Wilson. All agreed? That's carried.

[16:30]

Okay, listen, this has been a full day. So to Deputy Minister Smith and to CEO Will and to all of the leaders that have been with us here today, and all those that have been involved in the work running up to today and connected to the work here today, and all those that work in health right across the province, we want to say thank you.

So thanks for your time here today. Thanks for committing to get some information back to us on various fronts as well. And thanks for the commitments you've taken on as far as actions and implementation moving forward.

Deputy Minister Smith, any final remarks before we kick you out of here?

Tracey Smith: — Thank you so much. I'll just echo and just say a big thank you to the Provincial Auditor again and the team for the recommendations and the presentations, and again to the committee for the questions that we received today.

And of course I wanted to say thanks to Andrew and the team from the Health Authority for being here today and being able to answer some of the questions on the very specific audits that were done. And to the broader team from the Ministry of Health as well, just a big thank you, and we look forward to seeing you tomorrow.

Chair Wotherspoon: — Wonderful. Okay. Thank you very much. We'll have a very brief recess — minute and a half — and then we'll focus in on SaskBuilds here.

[The committee recessed for a period of time.]

SaskBuilds and Procurement

Chair Wotherspoon: — Okay. We'll reconvene the Standing Committee on Public Accounts. We'll turn our attention to the chapters focused on SaskBuilds and Procurement. I want to welcome Deputy Minister Carter and her officials to the table here today. I want to thank them for all their work as well and all those that are connected to the work that we'll be discussing here today and all the work that they're involved in day in, day out across the ministry and across the province.

Deputy Minister Carter, would you just briefly introduce your officials that are with you here today. We won't get into comments on the reports at this moment. We'll come back to you after the auditor then.

Rebecca Carter: — Thank you, Mr. Chair. I'd like to start by thanking the Chair for the introduction and acknowledging the important work of the Provincial Auditor. We're very pleased to be here today. So we do thank you for the opportunity to respond and assist in addressing your questions as we move through the agenda today.

My name is Rebecca Carter. I'm the deputy minister of SaskBuilds and Procurement, and I'm joined by my colleagues Jill Zimmer, assistant deputy minister of the corporate strategy and services division; Paul Maindonald, assistant deputy minister of the information technology division; Fuad Iddrisu, executive director of cybersecurity and risk management; and Brent Pritchard, senior director of internal audit. Together we'll

provide updates on the recommendations outlined in the report and address any questions you may have. Thank you.

Chair Wotherspoon: — Okay, thank you very much for that. I'm going to turn it over to the Provincial Auditor, and they're going to focus in on chapter 24.

Tara Clemett: — So thank you, Mr. Chair, Deputy Chair, committee members, and officials. With me today is Mr. Jason Wandy. He's the deputy provincial auditor that is responsible for the audits at the Ministry of SaskBuilds and Procurement. Along with us and behind us also is Ms. Kim Lowe, and she's a senior principal in our office as well.

Jason's going to present the chapters in the order they appear on the agenda. This will result in two separate presentations. He will pause for the committee's discussion and deliberation after the presentations.

The first presentation is related to a follow-up audit that we did at the ministry and will provide the committee with a status update on an outstanding recommendation that the committee previously agreed to in relation to data centre security. The second presentation is around a performance audit that we did at the ministry relating to responding to cyberattacks. It does include three new recommendations for the committee's consideration.

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

Jason Wandy: — Thanks, Tara. The Ministry of SaskBuilds and Procurement provides IT services to its clients, including government ministries and other government agencies. The ministry utilizes a data centre that houses computer network equipment and servers supporting client systems and data. The ministry contracts a service provider to deliver these IT services and operate the data centre. Firewalls are in place to prevent unwanted access to the data centre.

Chapter 24 of our 2023 report volume 1 describes our second follow-up audit of management's actions on the one outstanding recommendation we first made in 2019 related to configuring the data centre firewalls. The ministry partially implemented the recommendation on page 224 where we recommended the Ministry of SaskBuilds and Procurement work with its service provider to configure its data centre firewalls to restrict inappropriate access.

Firewall rules are the access control mechanism used by firewalls to safeguard a network from harmful applications and unauthorized access. We found the ministry implemented a firewall analyzer to continually track and monitor firewall rules. It also developed procedures for tracking firewall rule changes and insecure firewall remediation.

At December 2022 ministry management indicated it had updated the high-risk and critical firewall rules that had no impact on business operations. The ministry still had about 87 high-risk and critical firewall rules to analyze and address. The ministry expected to be done this work by 2025. Having inappropriately defined firewall rules increases the risk of unwanted access to the data centre.

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

Chair Wotherspoon: — Thank you very much for the presentation. I'll turn it over to the deputy minister to provide brief remark, then I'll open it up for questions.

Rebecca Carter: — Thank you, Mr. Chair. So as outlined, the auditor recommended that we configure data centre firewalls to restrict inappropriate access. I am pleased to confirm that this recommendation has been implemented.

SaskBuilds and Procurement has completed a thorough review and cleanup of all high-risk firewall rules. By refining these configurations we've ensured that the firewalls effectively protect the data centre from unauthorized access and potential security breaches. Thank you.

Chair Wotherspoon: — Thanks. Thanks for the status update as well and the actions to implement the recommendation. I'll open it up now to members if they have questions on this chapter. MLA Pratchler.

Joan Pratchler: — Thank you. When was the implementation of this recommendation actually completed?

Paul Maindonald: — Hi, Paul Maindonald, ADM for information technology. So we completed the work about a month ago. But we've been working on this for quite some time, and anything to do with firewalls, this is ongoing work so we continually have processes where we're monitoring different types of firewalls.

The other thing I'd make a note is we have other mitigating controls that we do, reference the analyzer and some of those other things. So it's kind of a multi-tiered approach to making sure that we have effective controls on our firewall.

[16:45]

Joan Pratchler: — In the gap between the time the recommendation was made — a while back — till its completion just recently, were there any security breaches reported?

Rebecca Carter: — No, there were not.

Joan Pratchler: — Thank you.

Chair Wotherspoon: — No further questions? Not seeing any other questions on this chapter.

Again just a reminder for those that are following at home — we think that's probably thousands but we have no way to measure it — this has already been considered at this table. We've concurred with it. And thanks for reporting out now the implementation. Thanks to the auditor and their team for their follow-up.

I would welcome a motion to conclude consideration of chapter 24 at this time. Moved by Deputy Chair Wilson. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried.

At this point I will table the status update that I've referenced here that you've provided to us. Thank you for providing that. PAC 19-30, Ministry of SaskBuilds and Procurement: Status update, dated January 22nd, 2025. Thanks again for getting that to us, and thanks to all those that were involved in the work that's reflected in that update.

I'll turn it over now to the Provincial Auditor to focus on chapter 7 on the 2024 report, and of course there are some new recommendations in this one.

Tara Clemett: — A cyberattack is the use of electronic means to interrupt, manipulate, destroy, or gain unauthorized access to a computer system, network, or device. Cyberattacks are one type of security incident that actually or potentially jeopardizes the confidentiality, integrity, and availability of an IT system.

Chapter 7 of our 2024 report volume 1 reports the results of our audit of the Ministry of SaskBuilds and Procurement's processes to respond to cyberattacks for the 12-month period ended August 31st, 2023. We concluded the ministry had effective processes other than the areas reflected in our three audit recommendations.

The ministry is responsible for developing, implementing, monitoring, and enforcing IT security policies and standards. As part of its mandate, the ministry delivers IT services to certain government ministries and agencies through its information technology division. It utilizes a hosted data centre for its computer network equipment and servers supporting client systems and data, and manages over 700 servers and over 300 applications on behalf of its clients.

The ministry contracts with service providers to operate the data centre and to deliver certain IT services. In addition the ministry contracts a cloud service provider to host and manage some of its client systems and data. To deliver services effectively and achieve objectives, government ministries and certain government agencies rely on those key IT controls delivered by the Ministry of SaskBuilds and Procurement to keep their IT systems and data secure.

On page 133 we recommend the Ministry of SaskBuilds and Procurement centrally and continuously monitor all event logs to identify potential cyberattacks. The ministry uses, at the time of our audit, two separate groups of IT security experts and two separate event tracking processes to monitor for security events on its network. A security service provider monitors event logs from various network devices 24-7, and ministry staff monitor network activity using different monitoring software tools than the service provider uses.

Our testing of 10 event logs found the ministry or the service provider appropriately followed up on incidents in a timely manner based on the assessed severity level. We also tested the ministry's processes to detect and log possible security incidents by using a number of test cases to determine whether the ministry's monitoring processes detected the incidents. We found the ministry adequately logged and detected the incidents tested.

However the ministry only communicates significant events identified through its monitoring of its service provider. A complete analysis of all identified events could help in detecting attack patterns. Also the ministry does not perform its own monitoring 24-7. This could result in the ministry not identifying and dealing with security events timely. Undetected events could lead to the loss of system availability or system compromise.

On page 135 we recommend the Ministry of SaskBuilds and Procurement undertake penetration testing on a periodic basis to identify and address cybersecurity threats. We found the ministry service provider performs monthly vulnerability scans focusing on the ministry's network including its servers, workstations, and firewalls by examining the security of these devices for known vulnerabilities. Vulnerability scanning is an important part of testing a cyber incident response plan and is part of the ministry's continuous efforts to enhance oversight and security as part of its security assessment plans.

Another good technique to test response plans and assess the operation of network security is to perform periodic penetration tests. Penetration testing involves simulating cyberattacks to identify vulnerabilities in computer systems or networks. Good practice suggests the frequency of penetration testing may vary based on risk — so taking a cost-benefit perspective — with many large organizations running at least annual tests for their IT networks. We found the ministry does not perform periodic penetration testing to help assess the security of its network or systems. And at August 2023 the ministry only performed penetration testing when it was requested by its clients for specific applications the ministry hosts in the data centre.

For September 2022 to August 2023, which was our audit period, its clients did not request the ministry to perform any such penetration tests. Regular penetration tests can help to identify deficiencies to better support cyber risk assessments.

And finally our last recommendation. On page 136 we recommend the Ministry of SaskBuilds and Procurement expand its testing techniques and continually test its cyber incident response plans. One of the most important good practices for incident response testing is to conduct periodic fire drills that simulate a cyber incident. While the ministry has set the expected frequency of testing its response plans annually, the plans only specify the use of tabletop exercises. Good practice includes frequently testing response plans with a variety of techniques such as walk-throughs, tabletop exercises, and simulations.

The ministry's latest tests of its cyber incident response plan included a tabletop exercise in August 2023. However this was the ministry's first and only test of its plan since its initial response plans were first developed in January 2022. Without periodically testing its response plans at least annually, there's an increased risk the ministry's response team may not fully understand their roles and responsibilities when a cyber incident does actually occur. This could result in the ministry not appropriately responding to incidents timely. In addition, fully tested response plans can give the ministry assurance that its plans will be effective in the event a cyber incident does occur.

I will now pause for the committee's consideration.

Chair Wotherspoon: — Thank you. Thank you for the very important focus on this with this chapter. These are new

recommendations before us. Thanks as well for detailing some of the actions that have already been taken and the fact that a couple of these recommendations have already been implemented. Certainly these are serious concerns, and really appreciated seeing them treated as such.

I would kick it over to the deputy minister for any brief remarks she may have, and then we'll open it up for questions.

Rebecca Carter: — Thank you, Mr. Chair. The auditor has recommended that the Ministry of SaskBuilds and Procurement implement centralized and continuous monitoring of event logs to identify potential cyberattacks. I am pleased to report that this recommendation has been implemented. The ministry has established a centralized system to log and continuously monitor all mission-critical logs. This allows us to detect and address potential cyberthreats in real time, ensuring we remain vigilant and responsive to any risks that could compromise our systems.

The second recommendation focused on penetration testing to identify vulnerabilities in our system. This too has been implemented. We have created an in-house team that now conducts penetration testing for all new high-risk systems with priority testing for existing systems based on their level of risk. Penetration testing is a proactive measure that helps us identify and address potential weaknesses before they can be exploited. This is a crucial part of our broader cybersecurity strategy.

The third recommendation asks the ministry to expand and continuously test its cyber incident response capabilities. This item has been partially implemented. The ministry has developed a robust incident response plan and playbook specifically designed for critical cybersecurity incidents. Thank you.

Chair Wotherspoon: — Thank you for the report and the update. I'll open it up now to committee members for questions. MLA Pratchler.

Joan Pratchler: — Could you please elaborate on the process of testing the cyber incident response plans and how many potential cyberattacks have been logged since the implementation of those response plans?

Paul Maindonald: — So as it relates to our incident response playbooks, obviously we have a variety of different ones. But since we've implemented those or the latest editions of them, and the latest testing that we've done, we haven't had any incidents related to that. So hopefully that answers your questions.

Joan Pratchler: — So no external entity has tried to get into any of Saskatchewan government computers?

Paul Maindonald: — No, we have millions of efforts every day where threat actors are trying to penetrate our systems, but we haven't had anybody successfully . . .

Joan Pratchler: — Get through?

Paul Maindonald: — Correct.

Chair Wotherspoon: — MLA Gordon.

Hugh Gordon: — I just wanted to know if SaskBuilds does any inter-ministerial communication about potential cyberattacks so that, if an attack on one ministry occurs, it's communicated to other ministries so they're aware of the increased threat level.

Rebecca Carter: — Thank you for the question. I'll just make a couple of opening comments, and then I'll turn it over to Paul Maindonald.

So certainly as a ministry that is providing a central services function with information technology and cybersecurity across executive government, absolutely we are fully committed. We have multiple mechanisms with which we communicate with our ministry partners, ranging all the way from the deputy minister level if there's critical information that I need to communicate to my colleagues — Paul similarly has a group of his counterparts across government — but then we've also designed several other mechanisms, be it emails, you know, other communication tactics that we have to ensure that this is happening. And I'll turn it over to Paul for the details.

So what I would just say is we have a very general approach with a commitment to ongoing communication which we do very frequently. And then certainly, when required, we absolutely do it at a specific level if there's lessons learned that we need to share with our partner ministries.

Paul Maindonald: — The only thing I would add onto it in addition to . . . Deputy Minister Carter indicated we also take some proactive awareness. So cybersecurity threats, if we're notified of different types of events or things happening, we do communicate that broadly to all our partners around different ministries or other customers that we support.

So we try to take a proactive approach if we're seeing some specific things happening, like a phishing email or a campaign that's happening. We issue cyber notifications to all our partner ministries so that they have the awareness as well.

Hugh Gordon: — Thank you.

Chair Wotherspoon: — MLA Pratchler.

Joan Pratchler: — Well I'm just curious. What kind of gold standards or ongoing training do you follow or rely on to guide and evaluate your efficacy and to be a leading edge in cybersecurity?

[17:00]

Paul Maindonald: — This is what I'd say as it relates to training best practices. So we follow a variety of different pieces. I would say we have a couple very targeted training things that we expect employees to do, so whether that is, you know, specific training modules that they have to complete around phishing attacks or different types of compromise. So we do do that and employees have to do that on a frequency.

The other piece, you know, around the awareness training that we do, so providing that information to folks. We also do simulations where we'll send out — I don't want to say — like email campaigns from us that are trying to target our users to see if they click on specific emails. And if they do, then we have some follow-up training that we provide them. So it's a way for

us to make sure that we're keeping everybody kind of on top of these different types of threats that are coming. And I would say our biggest one that we're really trying to focus on is really the, you know, phishing attacks that we continuously see, or different forms or iterations of it.

Joan Pratchler: — So those are more with end-users' training. I'm just wondering more about what you as an organization follows as gold standards.

Paul Maindonald: — So hopefully I'm answering this correctly, but we as SaskBuilds and Procurement ITD [information technology division] as it relates to cyber, we follow kind of the ISO [International Organization for Standardization] 27000 as kind of our standard that we adhere to and drive a lot of our different pieces of work around.

Joan Pratchler: — Thank you. That's all I have.

Chair Wotherspoon: — Any further questions from committee members? Chan, you look like you've got some good ones ready to go. Not seeing any.

We also understand, you know, there's a high level of privacy that we want to maintain while we discuss these matters. So we appreciate very much the commitments you've taken on and the sensitivity of the depth of some of the questions that could get put. But we very much appreciate the implementation that you've demonstrated with the two recommendations and the work you're committed to on the others, and thanks for your very important work in this area.

That being said, we've got three new recommendations and two of them have been implemented, so I'd welcome a motion to concur with recommendations 1 and 2 and to note compliance. Moved by MLA . . .

Brad Crassweller: — Crassweller.

Chair Wotherspoon: — Crassweller. End of the day here. Long one. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. And with respect to recommendation no. 3, I'd welcome a motion that we concur and note progress. Moved by Deputy Chair Wilson. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried as well. That concludes our day here, folks. But to the good folks here at SaskBuilds and Procurement, thank you so much for joining us here tonight. Sorry that we kept you . . . that we started a little bit late because we had some other considerations that we were engaged in. I want to thank Deputy Minister Carter and her team and see if you had any final remarks before we close the day out.

Rebecca Carter: — Thank you so much, Mr. Chair. I do want to thank the Provincial Auditor's office for their work in identifying these areas for improvement. Their insights help us to continue to strengthen our systems and ensure we are meeting the highest standards of security and accountability. We are confident in the progress that we've made and remain committed to achieving full implementation of all recommendations. Thank you.

Chair Wotherspoon: — Okay, well thank you so much. Recognizing that we've covered our agenda here today, I would welcome a motion of adjournment at this time. Moved by MLA Chan. All agreed?

Some Hon. Members: — Agreed.

Chair Wotherspoon: — That's carried. This committee stands adjourned until January 23rd, 2025 at 8:30 a.m.

[The committee adjourned at 17:05.]