Public Hearing: Department of Health

The Chairperson: — It's my privilege to welcome you all here this morning. I'm the chairman of Public Accounts Committee and a member of the Assembly for the constituency of Morse, which is in the south-west part of the province. We have asked rather unique privilege or opportunity, asked you to come to speak to us about the audit procedures within the framework of your health boards, and we have asked the Department of Health to accommodate the opportunity as well to be here. We have members from the auditor's office here as well.

What we are planning to do this morning is to have the Provincial Auditor lead off. He will outline from his perspective what he anticipates from the health district boards. I believe he has six that he has been asked to audit. We will have a response from . . . not to that but a response to the general focus of the audit from the Department of Health. Then we will ask each of you from Pipestone and from Regina to respond from your position as to the audit responsibilities that you have.

We have, I believe, embarked on the unique situation here, and this is not a place where we are going to quiz you to be political. I, as chairman, will not allow that. We want to have a reasonable approach to the form of audit and the type of thing that you're encountering. We want you to be open and free to discuss whatever you think are concerns, what you think should be done or could be done to streamline the process, and we want to be the facilitator in this process between the health board, the Department of Health, and the Provincial Auditor.

I'll just give you a little format to that. Yesterday we had a group of people here from the university, from the chartered accountants' association, from the auditor's office who have been working together to blend the work of the private sector auditors and the Provincial Auditor, and that has been a process that was initiated by the Provincial Auditor's office.

It was unique to Saskatchewan because we have never done that before, where we have tried to coordinate the activities of those people who provide the audit system to the province of Saskatchewan and the Legislative Assembly.

We have a great deal of people here this morning and we want to thank you for coming to the meeting. In order for you to not be intimidated by this but feel comfortable, I have something that I read to every committee and to every group meeting here, and the department people will be aware of this.

Witnesses that appear before this committee should be aware that when appearing before a legislative committee your testimony is entitled to have the protection of parliamentary privilege, which means that the evidence that you provide to this committee cannot be used against you as a subject of a civil action. In addition I wish to advise you that you are protected by section 13. of the Canadian Charter of Rights and Freedoms which provides that:

> A witness who testifies in any proceedings has the right not to have any incriminating evidence so given used to incriminate that witness in any other proceedings, except in a prosecution for perjury or for the giving of contradictory evidence.

A witness must answer all questions put by the committee. Where a member of the committee requests written information of your department or of some responses that you would forward to us later, we would like to have 20 copies, or one copy sent so that we can make a copy and provide that to rest of the members of the committee here.

What we will do this morning is ask the auditor to lead off and give you an overview of his expectations. Then we will have the Department of Health give us their expectations of audit, and then we'd like to have each of you respond from Regina and from Pipestone regarding your feelings in relation to that.

We want you to be comfortable. What we also want you to do . . . this is recorded and that's not here to intimidate you either; we do that in order to have a record of what it was that went on. Just feel comfortable to talk about the issues that you want to, and when you do that,

would you identify yourself because your voice is being recorded and it's being identified up here. And if we don't know who you are, then it might be suggested that someone else said that and you may want to take credit for it.

Having said that, I believe what we'll do is ask . . . Pipestone, I believe, is here and we will ask you to introduce yourself; if you have other people along with you, introduce them. And then we'll go to the Department of Health and then we'll go to Regina board.

I'll just say the members of the Assembly are sitting over here, and Ms. Bergman is on this side, and we have Joanne Crofford from Regina, Maynard Sonntag from Meadow Lake, Eric Cline from Saskatoon, Clay Serby from Yorkton, and then we have the Provincial Auditor's office, and I've already introduced myself. Anita Bergman is from Regina here.

And would you start your introductions?

Mr. Gallinger: — I'm Alvin Gallinger; I'm the chief executive officer for Pipestone Health District.

Mr. McCall: — I'm Dave McCall, the chairman of the Pipestone Health District Board.

Mr. Gallinger: — And with us here today is Arthur Colclough who is the director of finance.

Mr. Adams: — And I'm Duane Adams, the deputy minister of Health, and I'll introduce our contingent for you, Mr. Chairman. This is Kathy Langlois whom you've met before who is our executive director of our finance and management services branch. Next to her is Barry Lacey who is the director of administration for our department; Mr. Steve Petz who is our associate deputy minister in charge of the integrated health services, and that includes all the district piece.

Behind me . . . normally I come fairly unprotected as you know with just a couple of people but today, not knowing how far you wanted to go into detail, we brought with us other staff from the department who support and work with the auditor and with the districts. And I'll just try and identify these in order starting right directly behind me. This is Deb Jordan who is the district support director for the Regina area; and next to her is Dawn Davis who is the consultant for that area for the department as well; and next to her is Frances Bast who is the district financial consultant for our whole integrated services division; and next to her is Heather Decterow who is the consultant for the Pipestone District area. And we're very pleased to be able to come today and share with you our experiences over this past year.

And then over to Regina.

Mr. Gill: — I'm Royce Gill, president/CEO (chief executive officer), the Regina Health District.

Ms. Alecxe: — Good morning, my name is Linda Alecxe; I'm vice-chair of the Regina Health District Board. And our chairman, Dan de Vlieger, will be joining us shortly. I believe he's teaching a class right now.

Mr. Gill: — And also with us this morning is vice-president of finance for the district, John Allen, and vice-president of community services, Duncan Fisher.

The Chairperson: — Now your turn, Mr. Strelioff.

Mr. Strelioff: — Thank you, Mr. Chair and members. Last November we had a one-day meeting reviewing some of the transitional changes that were happening with the Department of Health or the district health boards, and focusing on some of the new accountability requirements attached to the district health boards, and our initial work with the department and the districts, to move that forward. Well that was nearly one year ago and today we're going to provide our perspective on how it's developing.

With me today is Mike Heffernan and Ray Bohn, Dale Markewich, and Jane Knox — all who are working, or are responsible for our efforts, in the health community.

Mike is going to begin by reviewing with you where we were a year ago, what in general has been developing, and what to look forward to.

Mr. Heffernan: — To assist you in your consideration of the accountability issues for Regina and Pipestone district health boards, I want to discuss our audit process, future audit plans, and our work with the Department of

Health. Also we want to talk about the importance of service agreements in holding the health boards accountable to the minister.

At your meeting on November 25 we outlined the accountability reports we believe the health board should prepare for the Minister of Health. I'll describe those reports in a minute. We also described the audit process that we would undertake for the health boards for 1993-94.

Since the government had stated it plans to have a majority of the health boards elected, we decided to focus our work on six health boards for the year ended March 1994, and those are Regina, Saskatoon, Prince Albert, Moose Jaw, Pipestone, and Twin Rivers.

You may recall that we planned to hire the existing auditors as agents to do the work because we thought that would be the most efficient and the least disruptive way to do the audits. The audits have gone quite well. We've had good cooperation with the auditors and with the districts.

In 1994-95 we may look at one or two other, additional districts. If we do, we'll rely on the work of the appointed auditor. We'll talk to the department in making a selection of any additional health boards. Our criteria for selection will include, for example, a board that's having problems meeting the reporting requirements of the department.

In the past year we've helped the department and health districts during the transition to elected boards. We're providing advice in various forms where the department and health boards and auditors exchange information and ideas in auditing, reporting, and other matters related to accountability and effective management.

Last year we worked with the Department of Health and health boards to prepare an accountability guide to help the health boards meet their accountability requirements, and an audit guide to help the public accounting firms meet the department's auditing requirements.

We also helped the department prepare a seminar held last March for health boards and public accounting firms to orient the boards and the firms with the requirements of the guides.

The accountability guide requires the health boards to issue the following report to the Minister of Health: audited financial statements; audit reports on the health boards' internal controls in compliance with authorities; reports and costs of services and effectiveness of programs. The guide recognized that it would be some time before the districts could report fully on cost of services and effectiveness of programs, but encouraged the new districts to work with the department and other districts.

The accountability guide sets out how to tender for a primary auditor and how to coordinate the work of auditors and accountants in consolidating the financial reports of all the facilities and programs in preparing the district's consolidated financial statements.

The audit guide provides guidance to auditors, particularly on reporting on internal controls and compliance with authorities. We've had many conversations and meetings with public accounting firms from across the province to discuss the auditing and accounting requirements of the health boards. As the transition to elected boards progresses, we're starting to focus our examinations on issues common to all health boards and how the department and the boards manage these issues.

For example we plan to do the following projects in the coming year. We want to do an examination to determine whether the annual reports of health boards provide the Minister of Health and health district residents with the information they need to assess the performance of the health districts. We also want to do an examination to determine whether health boards have adequate systems and procedures to assess the health care needs of their residents and to report these needs to local residents and to the department.

The annual report project is a continuation of projects we've already done on annual reports of departments and Crown agencies. We report on annual reports of departments in chapter 8 of our 1992 annual report, and we're reporting on the annual reports of Crown agencies in chapter 4 of our 1994 fall reports which will be issued soon.

We think the annual report project is

particularly important for health districts because of the extensive reporting requirements of The Health Districts Act. The Health Districts Act requires health boards to submit annually to the Minister of Health a report on the health board's services and activities and their costs, audited financial statements, and a report on the health status of residents of the health district and effectiveness of the health board's programs. The Act also requires a health board to hold at least two public meetings a year, and in one of those public meetings the board must present an operation and expenditure plan for the next fiscal year and a report on the health status of the residents of the health district and effectiveness of the health board's programs. So we think the annual report project will assist the health boards in meeting their substantial and important reporting requirements.

The other project that we'd like to do in the health boards is the needs assessment project. The Health Districts Act provides for health boards to periodically assess the health needs of persons to whom the board provides services. The department has issued a guide to health districts to assist them in doing the health assessments. The health needs assessment is an essential first step which provides a basis for health district planning and decision making. It leads to the development of desired health goals or outcomes of health services and the identification of priority services. A needs assessment is critical prior to decisions about what health programs and services are needed in the district, what are the best methods of program delivery and service delivery, and what information do the districts need to monitor.

We've discussed both the annual report and the health needs assessment audit project with department officials, and we plan to start work late this fall or early in the new year. A public report on these projects will not deal with individual districts but will report summarized findings and recommendations.

The final topic that I wanted to discuss is service agreements. The department is currently drafting service agreements to be signed with health boards. The purpose of the agreements, as we understand them, is to delegate authority to health boards to deliver health services, to clarify the roles and responsibilities of the department and each health board, and to set the funding. The department recognizes, and we agree, that the service agreements are very important in enabling the department to achieve its long-term health reform goals by delegating to the health boards the delivery of health care.

The department has asked us to comment on a draft service agreement and we appreciate that opportunity. We believe the following criteria are essential for a service agreement with the health boards. First of all, as outlined in this overhead, the service agreement should clearly set out the financial, operational, and compliance with the authority's objectives needed to manage the delivery of health care successfully. The agreement should require each health board to carry out the work so the objectives will be achieved.

Next, the department needs to be satisfied that each health board establishes adequate systems and practices and carries them out. Therefore the service agreement should require the health boards to report periodically to the department on the systems and practices used to achieve the objectives.

And finally, the agreement should allow the department access to the records and personnel of the health board to verify the health board's report on the systems and practices to achieve the objectives. Alternatively, or in addition to any direct verification of work by the department, the health board's performance could be verified using its independent auditor. The agreements could require a report from the auditor on the adequacy of and compliance with the health board’s established systems and practices.

Just to give a quick recap of that, the service agreements should set the district health boards' financial operation and compliance objectives. They should require the districts to report on the systems and ensure the objectives are met and it should provide for the verification of reports by the department or independent auditor.

Now the accountability guide already requires for reports on systems related to financial and compliance objectives. So that part should be relatively simple to carry out. The difficult part is the operational part which really deals with effectiveness.

What we think should happen, in that case, is that the agreement should still make that requirement. But it should set in place a process and a time frame actually for when the boards will start to report on their operational effectiveness. I think the reason for that is just to send a very clear message or direction to the health boards initially that this kind of information will be needed.

Okay, in our audit of the department for next year, as part of a regular audit of the funding to the health boards, we're going to examine the service agreements to determine whether they're adequate to ensure the health boards are properly accountable to the minister. Thank you.

Mr. Strelioff: — Thank you, Mike. Last year I mentioned our office is also beginning to initiate contact across Canada through other legislative audit offices on issues and common concerns. That has been taking place. Mike Heffernan is on a working group — a task force we call it — under the auspices of a group of legislative auditors that are all the provincial legislative auditors plus the Auditor General of Canada.

Discussions have taken place. Some key issues have been identified, and in a week or two we go back to the table to decide what to do next. I think the first approach will be just to make sure that we're sharing information on common issues and approaches and experiences. And perhaps sometime in the future there may be a joint project of legislative auditors across Canada, focusing on specific issues.

Mr. Chair, that summarizes our work and perspectives.

The Chairperson: — Okay. Mr. Adams, would you outline from your perspective the work that you've accomplished so far.

Mr. Adams: — Thank you very much, Mr. Chair, and members of the committee. I'm very pleased actually to be here today to report positively about what I think is one of the most far-reaching and innovative partnerships in public accountability in Canada.

Last year we were at the very beginning of this process, and the auditor and the department and the districts were searching for the right approaches and right relationships. We began and will continue this role in future years and probably expand this relationship. It has been helpful to the districts. It has been very helpful to the department. And I think it has added value beyond those relationships or even your needs.

The partnership and the close relationships which have developed between the staff of your committee, the districts, and the department is an important aspect. This is a non-threatening aspect of how we're doing our business, where we're all trying to put something together to be able to elevate the level of public accountability and report on those kinds of things to the public which are more meaningful to them and which assure the public that they are getting value for their investments and to assure that we have a solid way of reporting on the most integrated health system in North America.

And as we move through so many changes, it's very important that we continue to create, enrich, and refine the kind of information, the kind of issues, and the kind of processes which allow all of us to be accountable to the many stakeholders, legislative and otherwise, to whom we must account.

We are in agreement with the auditor's approach on this process. We are in agreement on the approach on financial statements, the internal control systems, and the compliance with the legislation that he has spoken about and to which we are committed.

I think the important work that's been done this year has been to lay out guides for the districts and for ourselves that give help and give more specificity to what's expected by the public and by the legislature and the department in the accountability process.

I want to reflect on the two or three efforts of the Provincial Auditor and how the department . . . how successful the department believes those activities have been this year. Because I think it's noteworthy. If the processes don't work, I know that you would want to change them, just as we would.

With regard to the accountability guide, as you know, this is intended to assist district health boards to meet their accountability requirements under the district health boards

Act. And the major sections of that guide, which have been alluded to, are the district health board reporting and auditing requirements; and the federal reporting requirements, including the annual returns that have to be submitted; the appointment of an auditor; the information systems; and the role of the Provincial Auditor. That's contained in the accountability guide.

Now these were worked out, as you understand, with the Provincial Auditor very cooperatively, and jointly with the districts as well. The audit guide is intended to assist auditors of the district health boards in audit planning.

This is quite an important invention, that we need to get some consistency throughout the 30 districts, and we need some of the local auditors to understand how it is that the new system should account, and the objectives of those audits, to get some consistency to the approach and to understand legislative compliance and to lay out some guidelines that are needed for them in bringing consistency and standardization to the audit process throughout the province. That audit guide has been very helpful.

The seminar that the Provincial Auditor provided to familiarize the boards with reporting requirements and expectations for '93-94 was well done and well received. It also generated a lot of thought from the participants on not only the current but the future accountability requirements. That kind of seminar should be repeated, probably repeated again soon; and the material, as new requirements and new processes are created, we should continue to update the auditors and the districts as well as ourselves by continuing to run those seminars.

Our own experience with health reform has been that the more involvement from the districts and the consumers of the services that one can arrange, the more understanding and buy-in you get. But also that our system is so different from the old ways that a lot of education and discussion has to take place. And that applies to the audit and financial management of districts and the department just as it does to the clinical parts of our work.

The reports I've had from the districts have been very appreciative of the auditor's work, the Provincial Auditor's work, and in fact have urged that it continue.

I can tell you also that the work that the auditor is doing and the processes established here are noted well outside of Saskatchewan. And we have now received requests to share some of that documentation with other jurisdictions and to advise some of the other provincial jurisdictions how this is coming together and how they might do it as well. So we have in fact specific requests for the guide and the accompanying audit package.

The feedback from the seminar was excellent. As I said, I think it should be offered again this winter or spring. And I think we will want to continue that and continue to update the information and processes year by year and bring more and more people into the process.

I wanted to remind the committee once again about the general division of responsibilities and expectations for accountability. The district health Act, as you know, are that . . . The districts were created to be accountable in two ways: to the legislature — through the minister, and to the public of the districts through public meetings and elections at the local level.

The district health Act actually requires the district health boards to remain accountable to the residents of their district by using, as a minimum, the following accountability mechanisms.

First, to hold two public meetings a year — and I say that at the minimum — and at one of these meetings the board must present an operating and expenditure plan for the next fiscal year, and secondly, a report on the health status of its residents of a district and the effectiveness of the district health board's programs. In that regard, that's something that will evolve and be refined year by year as new information systems are built and as the evaluative mechanisms can be brought in place. What they're reporting to the public already is more than is reported to the public in any other jurisdiction in Canada.

Secondly, the Act requires that public elections of eight members to the board will occur.

And thirdly, that the board has to make available to the public its by-laws. The by-law issue is important as, once again in

Saskatchewan, by-laws tended to apply only to hospitals in the past. And now the by-laws have to be reconceptualized and redeveloped to apply to all aspects of health service, and they had to be totally redeveloped and redefined. A lot of work has gone into that. Boards of course are functioning under by-laws now, but they are evolving into a more refined and inclusive state.

The district health Act also requires that the boards are accountable to the Minister of Health by using as a minimum the following accountability mechanisms: a statement on the detailed estimate of expenditures of the district boards annually, the sources of any revenues and the estimated revenue from each source, and thirdly the details of any proposed services or activities and their estimated costs, and after each year end a report of the board's services and activities and their costs; secondly, a detailed, audited set of financial statements; thirdly, a detailed audit schedule of investments; and fourthly, a report of the health status of the residents of the district and the effectiveness of the district health board's programs.

Of course, we've been asked from time to time whether the minister in some way is less accountable than previously. The answer is no. We're trying to make the minister and parliament accountable for the right things, the things that really count: benefits, the costs and inputs of the service, but certainly the outcomes. But the minister also, under the Act, can ask for any report she wishes from the boards on any subject. And the minister . . . of course the Act also allows the minister to enter into any agreements with the districts that are deemed necessary, and there are accountability provisions tied to those agreements.

We are open to discussing with the auditor whatever appropriate process or level of auditing he feels he can engage in for the upcoming year with the districts. We would not discourage his involvement. And while the boards that are present will speak for themselves in terms of their relationship, it has been sufficiently useful and positive that we're not discouraging a continued effort there.

I think that from the department's point of view, I would find it helpful if the auditor was to be able to find some time to spend with some of the smaller districts, some of the newer ones, so that he can get them on track or help them get on track early on. Obviously the level of expertise available in Saskatchewan is different depending on which communities we're talking about, and it's more readily available in the urban centres than it is in the rural centres. And if we can help the rural centres get on track early on and the local auditors out there understand our needs and requirements a bit better, that would be, I think, helpful over the coming year.

There's no doubt that the Provincial Auditor and his staff have brought a level of expertise to the process which is appreciated by local auditors as well as by the department. References made to the issue in his report, the auditor's report, about cross-organizational value audits . . . I think that as a statement of principle, we would agree that that is an important field for the auditor to engage in. I think it's really important that the areas be thoroughly discussed with the department and the districts first so that we get what is thought to be the priority areas, so that we get cross-district and cross-organizational information on the matters that can benefit in a near term as well as a long term.

And I think that my only caution in all this is the boards and the department are revising and changing and upgrading so much policy and so many procedures and so many activities all at the same point in time that we just have to be careful about stimulating more work of clear value.

But we have to get the work of the auditor in priority with the work of maintaining public service because we're doing all of this, of course, to maintain and improve services to patients and clients in the public. And if, regardless of all the other things we do, if we can't sustain that we've really lost sight of the object of our efforts.

So I'll just offer a word of caution about how much more cross-agency or cross organizational study can be done in the upcoming few months, but I urge the auditor's involvement in the work of boards in more communities. I think that as you can see, my general reaction to the work of the auditor is quite positive. Sometimes there's a good deal of scepticism about whether we're on a positive future planning track or whether we've

been on a sort of a retroactive inspection. And I think that we have the right approach, right attitude, and the right vision has been created in this past year, and so I am encouraged by that.

No one wants to be in a situation where we are counting or worrying overly about history if it is really getting our systems in place to assure we have done the right thing in, well, in recent history and also we're prepared well for the future. And that's what we are trying to work in partnerships with, in order to create a process and a framework for accountability which is utterly reassuring to the public and to the legislature. Thank you very much, Mr. Chairman.

The Chairperson: — Thank you, Mr. Adams. Mr. McCall from the Pipestone district, are you going to give the report, or you decide what you're going to do.

Mr. McCall: — Well, Mr. Chairman, I don't think I came prepared today to give an opening statement or a prepared speech of any kind. My understanding was we were here to answer any specific questions or anything like that, so I did not prepare a general statement.

As to the auditor's involvement with our board, I can make a general statement about that, and that is I guess the word delighted would be the word that would come to my mind when they told us we were going to be selected to have that assistance. Let's face it; we were people from all walks of life. Many of us had not a great deal of experience in audit process or understanding audit process, and so we were delighted when we were informed that the Provincial Auditor would be, you know, going through our records and so on and being of assistance to us.

And they've met with us. They've given us some good outlines of things to do. I guess I could sort of leave it at that point. We are very happy to have them onside. And are they of assistance to us? Absolutely. We are very, very, pleased. I would think that having talked to members of some of the other boards they are somewhat envious of the fact that we are getting this assistance from the Provincial Auditor. They feel that somehow they've been cheated; we got them and they didn't. And maybe you would not expect that, but I think if you think about it you should expect that. I mean these people on these district boards are trying to do a job, and they're trying to do it to the best of their ability, and I think most of them felt they need a little help. And we are very pleased to have the help that we've gotten from the Provincial Auditor's office. Is that sufficient?

The Chairperson: — Thank you, and now we'll hear from Regina.

Mr. de Vlieger: — Mr. Chairman, first of all my apologies for having arrived late. I was however teaching a class, and I'm not sure my students would have been terribly impressed if I had suddenly cancelled a class on them. However I very much would like to echo the remarks just made by my colleague from Pipestone district in that we too have found that our experience with respect to the audit has been extremely helpful.

First of all we obviously already had a great deal of experience with respect to the public audit in terms of a number of our institutions which have come to be contained within the Regina Health District already had been subject to that kind of a public audit before. So it has largely been in that sense an incremental element that has been added to it. But in terms of what the administrators within the Regina Health District have told me, the process that now envelops the total district, in terms of being involved with the auditor, has been a very useful and a very positive one. And I'm sure that Mr. Gill will be able to fill that out in some detail, should that be necessary. But yes, the experience has been useful and very positive.

The Chairperson: — Thank you. At this point would you like to add anything to what has been said? Mr. Strelioff, if you want to, you may.

Mr. Strelioff: — Thank you, Mr. Chair, members. Just that we plan to continue our involvement and hope that it continues in a successful way. Thank you.

The Chairperson: — I will entertain questions from members. I'll take a speaking order. Mr. Sonntag?

Mr. Sonntag: — Thank you very much, Mr. Muirhead. We're even.

I was going to start out by saying to our Provincial Auditor, after two days of compliments you must feel you've landed on another planet.

Mr. Strelioff: — Very unusual.

Mr. Sonntag: — Anyway, just first of all I know in the original presentation that was made . . . I'm curious, with respect to the health and needs assessment, how . . . You explained it to someone here, but I want just a little bit more detail on how you feel you would do a qualified analysis of health needs assessment. Because I'm . . . that's not really . . . I know you were speaking about controls and those sorts of things, and I wanted you to just talk a bit more about that. I want to feel a little more comfortable with that.

Mr. Heffernan: — I think we would concentrate on the process. I guess what we'd be looking for is that health needs assessment idea or process is clearly defined, so everyone knows what that means. We'd be looking for, I guess, you know: what's the objective? What is the objective of the health needs assessment? What practices, process had been put in place to actually carry it out? What reporting was expected to come out of this? To whom we would . . .

I think perhaps what you're alluding to is what expertise do we have in this area. We do have some people with health backgrounds, including myself. In addition, we would no doubt hire whatever consultants we needed to advise us on the more technical aspects.

But the approach with the auditor would basically be a common sense kind of approach. Like what would the average health resident expect. Having looked at this process, what would the average person think? Does that make sense; does it seem to be well defined; were the objectives set out clearly; was there a good process that may seem to make sense to everybody? Were the local residents properly involved in the process right from the very beginning and not just told what the health needs assessment results are after it's completed? That sort of thing.

Mr. Sonntag: — Okay. So then you wouldn't really be dealing so much with the actual needs assessment itself as in sort of the goals and objectives that they've set out.

Mr. Heffernan: — How did they arrive at it, yes.

Mr. Sonntag: — Okay. Good, as I understand it.

The only other question I had was for Mr. Adams, is with respect to the consistency of audits. Were you suggesting that there is a fairly divergent range of audits out there right now?

Mr. Adams: — Mr. Sonntag, I think it's not that so much as that I think the level of financial experience and to some extent understanding of what the legislature might need is different in some places. It's a question of getting everybody to understand the requirements which in fact are laid out. So it's a matter of getting people to understand how to present that and also to format it consistently and to understand the importance of adhering to all the processes, not from the traditional auditor's perspective. I mean all accountants are trained in those steps you go through. And if they don't follow those procedures, then of course they're not credible.

It's more than that. The auditor's into far more now with these reviews and audits. And what I'm saying to you is I think this is where the continuation of seminars for local auditors as well as boards is useful. This is where teaching them and for our department to help them well in advance to ensure standardization of format, standardization of process . . . to ensure that when we get all this together that the department as well as the committee here easily can look across the spectrum of 30 boards and understand what is being said about certain points quite easily. It's to get information in a user-friendly and consistent way so that we have a comprehension of what all that audit has said to us other than that simply they didn't misuse their money. Normally that is never found. It's these other questions that are broader now that we are trying to review.

Since I am speaking though, I would like to comment from the department's point of view on auditing the needs assessments and to reconfirm that my understanding is that the Provincial Auditor might review a process but is not in a position to audit or qualify the outcome of the needs assessment. That outcome of the needs assessment is a public

expression of what it is they need coupled with scientific information and public opinion about what is wanted in the district. So you can hardly audit for that. All you can do is audit that various sources of opinion, expertise, evidence, information, and discussion took place in order to yield up that plan and also that provincial laws and standards are the foundation for the mandated programs.

Mr. Sonntag: — Good. Thank you very much.

Ms. Crofford: — Thank you, Mr. Chair.

I was just going to mention this question of the cross-organizational audits. It reminds me a little bit of this task force report we just looked at when we were looking at the respective roles of private and public sector auditors along with the various departments and bodies involved in that.

I guess what I wonder, is there going to be some kind of document coming out of that process, like the kind we just looked at in the last few days, that explains those rules and relationships, or is that really already in place?

The other comment would be again one that we made during that discussion, that we have to be careful as we start to count stuff that we know why we're counting that stuff. I'd hate to see us get absorbed in the total paper chase when we really want to be focusing on the health care. And I know that wouldn't be the direction but just to highlight that.

The other thing I was wondering, from the auditor's point of view, will we at the end of this process have that kind of overview of health spending? Because I know you're always concerned of whether we're able to pull our information together so that we not only understand the pieces but we understand the broad scope. Thank you.

Mr. Strelioff: — Thank you. Mr. Chair, members. Your first question related to the cross-board reviews. Mr. Heffernan mentioned one type of examination related to the annual reports of district health boards, one of the key documents that the district uses to express how its accomplishments . . . with the resources that it was provided. We would be looking at those reports from an across-the-province perspective and then coming back to you in the form of a report summarizing some of the key issues and concerns and recommendations that apply in a general sense and also communicating in a more specific sense with some of the issues and concerns that we would have examined when we looked at individual district health reports. But that communication would go directly to the districts. What would come to the Assembly would be more of a summarized portrait of how the annual reports of districts are moving forward.

The second item, in terms of the overview of health spending, I think one of the key parts of this is going to be what the department comes forward with to the Assembly in terms of their plan with the resources that are going to be used to carry out that plan in the overview sense and then at the end of the year with the report on what the accomplishments have been from the department.

The way the current structures are taking place, my understanding is that the district health boards individually will not be reporting to the Assembly in a direct sense. They'll be moving to the department, and then the department through its reporting responsibilities must summarize and provide the overview of how the individual districts are doing and also how the province in a general sense is moving forward.

That report is going to be very important to the members, because that's the information that you get in a direct sense.

Ms. Crofford: — Okay, thank you.

The Chairperson: — Would anyone else like to respond as well?

Mr. Adams: — I'm sorry, were you asking . . .

Ms. Crofford: — Oh, two conversations at once. No, I was just wondering if you wanted to comment on the overview aspect of the reporting.

Mr. Adams: — Yes, I will do that, Mr. Chairman, if you wish. The auditor has stated quite accurately the law and also the operational understanding that exists that the districts will report to the department, not directly to the legislature; and the department will report to the legislature on behalf of the districts, as it is contained in the legislation.

Now there are two aspects of this reporting and information need. The districts obviously are required to report to their public and that some work is going on to refine what information will be required then by districts to do this and to make sure this is built into the information re-engineering that is going on in our information system, so the districts have that information available. Some things are required by law that they will report to their district public, and some districts have already found formats that seem to be acceptable. Others are still working on that. So there is that part of it.

We of course will have our specified requirements of the districts in reporting to us, which may or may not be identical to the format they use in addressing their public.

In so far as the roll-up of all of this for the legislature, the department is working now to find a way that's acceptable and is informative for the legislature. We're focusing our first thoughts of that principally on the annual report. And of course we will be in a much stronger position to be much more inclusive and embracing of outcome statements when the new information system is in place.

And we spoke at some length about that system last year. It's coming along quite well but it is a huge overhaul. And along with that is tied the effort that has been moving ahead as well to find new outcome measurements and tools that will be of reliability in measuring health status outcomes which we can then build into the reports to the legislature . . . or the results of which we can build into the legislature, and be more explicit about what population health impact is felt as a consequence of investing money in this field.

We know also that SAHO, the Saskatchewan Association of Health Organizations, is also involved in helping to define the reporting requirements of districts with us. There's a team that's in place to talk about this and SAHO's been asked to find four to six district representatives to help work this through with us. So that I believe that we are talking about already meeting the legislative requirements and certainly any of the old requirements of being able to report collectively, comprehensively, and to our various publics.

But we feel we can do better in making this information more intelligible, obviously for the use of the public as well as the legislature, as the information system is in place, as the measurement tools are defined and built in, and as we become more aware of, from you and others, what kind of information the public really wants to hear about.

I'd like to just spend a moment on that point as well. We think that the public is becoming far more informed and more interested in health status issues — although not using that language — issues of what works better to hold their health or what works better in treatment. Where are the sources where they can get the best help? What can they do to help themselves?

And that while it makes for an interesting story in the newspaper or other to be commenting positively or negatively on a pencil or a contract in some district board that somebody likes or doesn't like, that's really not what the reporting requirements of the 21st century health system ought to be concentrating on. I mean there's a public accounts process to deal with that but as a matter of building a system it should be building on health issues, health status issues and issues of value to the education, information, and the formation of personal opinions of the public.

And that I don't think we've come as far as we need in working with the public to find out what kind of information they need to begin to form informed judgements about their own health. So that if when we talk of this matter, I would hope that your committee as well as public committees on other groups could work away at this a bit better to find what it is that can be done to deliver the information in the format and in the way that the public can be more independent by making informed judgements for themselves. And then we would help as a department to facilitate that process.

Ms. Crofford: — Thank you.

Mr. Koenker: — I just found the last comments very fascinating, especially if we're talking about really moving to a wellness model. You really have to have that kind of public accountability on health status issues.

I'm just trying to clarify in my own mind the relationship between the auditor then and the department in terms of public accounting. And

I think I'm hearing that on the front end the auditor deals with the needs assessment, and that is basically, as Mr. Heffernan said, how do they arrive at a needs assessment. But if I'm hearing things correctly, or understanding things correctly, the department is more concerned, as Mr. Adams says, with the back end and the accounting at that point for the outcome statements, for reporting or measuring the impact of the activities of the health boards.

So we have the health boards doing their needs assessments, the auditor checking out . . . Are you checking out what the individual districts need? And you're measuring or assessing whether that's adequately done. But when it comes to assessing whether the needs assessment itself is producing certain results, in terms of health in the district, that's a responsibility that's left more to the department. And as you're saying, implicitly the public gets involved at that point. Am I understanding that?

Mr. Adams: — Well actually you've got it in your mind right, but I want to go back and clarify some words for the record. You've actually got it right.

The department is in business to facilitate and improve health outcome or health status for the public, and if that can't be done, then we ought to revisit why governments are involved in the health field at all. So what all of our activities should be measured against, outcome, not measured so much against input. Inputs lead to economic opportunities, lead to employment, lead to medical and health establishment and employment, and all that kind of thing. But that's like a little industry. That's the way health was visualized in Canada for the past 100 years, especially the last 40 years. It's the inputs everybody was worried about.

But what we're doing in the Saskatchewan reform is changing that, and that's what's being picked up across Canada. It is the outcomes that count. And then when you look at the outcomes you can track back and say what inputs really affected that outcome.

Now we can tell you from evidence — this is not speculation; we can tell you from evidence — that things like food and nourishment of children will have . . . by having it in appropriate measure and balance will have more impact on positive outcomes of health than will investing millions more in paying an insurance bill, that education levels and income levels of individuals and families are directly related to improved health measured physically — you actually clinically measure people — and can relate it back to the other determinants of health that surround that individual or community.

We know, with evidence, that if you have healthy environments, that you are not spilling wastes into the water, that you're cleaning up your sewage and making sure that it's out of the way, that just doing that will have direct impacts on positive health and lower health costs than again paying insurance bills or paying drug bills or paying doctors.

So that from the Health department's . . . And incidentally this view that I'm expressing is not a made-in-Saskatchewan or Saskatchewan only view. It is the view of those societies and communities around the world that have taken time to think this through and check the evidence. And it is behind some of the Prime Minister's instructions to the new forum on health to look at the broader picture and the future and get at the determinants of health — environment, income, poverty, education, and a number of other things — as factors which are every bit as important or in some cases more important than what we have traditionally thought was the health system.

Now having said that, when you talk about accountability, the Minister of Health of this province for the next generation has got to be focusing attention on the outcomes and developing tools of measuring that in order to know what it is public policy ought to do to improve or to speed up some enhancements of personal health status.

So if we find out through our studies and research and activities that a feeding program in the North is more important than building a bridge over the highway near Regina here as you go out to Lumsden, if that's more important to feed the kids in the North, then that's where public policy ought to put its investment from a health point of view.

It may be more important, for example, to train local communities to know how to visit with the elderly in their home before they're ever

institutionalized. It may be more important to do that and to keep elderly folk gathering together for their meals so that they can socialize. That that . . . there's more positive health impact on that than making arrangements to pay their drugs, their drug bill in all cases because if you keep them healthy they don't go to the doctor in order to get drugs to correct things that shouldn't have occurred.

We know that once people of any age — but certainly by the time they're my age — once you are in bed for 24 hours, you don't get up so easy the next morning. And if you do that for 30 days, you may never get out of the bed again. So why would you put people into institutions. Even if you humanely want to look after the housing problem, why would you house them in a place where the concentration is a bed? Why would you not concentrate on housing support where they're ambulatory. So go at a different approach to looking after the issue of housing.

And from the point of view of health, would it not be better to put some kind of sheltered or protected housing arrangement and local security systems for the elderly in place, as opposed to building more nursing homes.

Now why do you . . . then I take this back to the very point you made. What are we concerned about in the Health department? What are we concerned about in terms of the future direction of public policy? It is to be ultimately and primarily concerned with the outcome and then to track that back with our information systems and other tools to find out what really is affecting the outcome — whether it is in our department, another department, or in the private sector, or in somebody's family life — and then to give guidance to the government about what to do in policy and where to spend the money.

Now what is the auditor's responsibility, in my view, relative to this process? Well obviously we have legislated responsibilities for the department and for him to make sure that any public monies that are being spent are being spent correctly, wisely, and according to acceptable accounting and public standards. So there's a core of services we're always going to have to perform in the auditing field.

But on the assumption that that's handled, then what is the auditor proposing to look at? Well although he's not required to look at very much more — a few pieces but not much more — he is offering as a part of the partnership for improving public accountability in our whole society, to become involved in looking at issues of the process, of involving the public and the boards in creating the needs assessments, and the process of reporting on financial accountability within the district. He is offering to become a bit of an educator for a sector of our industry that needs some help. He's offering to lay out . . . to facilitate a consensus around the definition of public accountability, from your perspective, which we can share and put forward for the next decade.

He's going beyond, in my view, what he's legislatively required to do; but he's doing, in my view, what is helpful at a point in time when we are totally changing our view and our vision of what government is supposed to be doing in the health industry. So I find that part helpful.

In short, he's more . . . The auditor is attending to process and to legislated requirements; the department must deal with that as well, but is focusing on outcomes, health status, the tools and measurements to affect that, and therefore public policy.

Now I told you I wanted to spend just a moment to clarify your clear understanding of this process. I'm sorry it has taken me this long to do that, but thank you for the time.

Mr. Koenker: — Well I thank you for those remarks because I think that's really the bottom line in terms of what we're looking at today. The things that really count are the benefits to the public at the end of all this.

I just wanted to follow up and question whether this relationship between the auditor and the department that you've just described is evolving in other jurisdictions at the present time, or is this really new ground that is being paved here in Saskatchewan in this regard, not only to have the auditor involved in the needs assessment but this whole new relationship in terms of public accountability as a management system almost. Is this the new wave in the country?

Mr. Adams: — Well I'll answer part of that and then let the auditor speak for himself. Most of this is new wave, and the reason is nobody

else in the country is asking the people what their needs are. So we're the first place in the country to undertake a universal needs assessment of the public. There are spotty cases across the country where a district or a region has gone out and done this, but there's never been a universal approach like this. So that's the first thing.

Secondly, there is no other Act, legislative Act, in the country that is anywhere near our district health Act either in the authority that it gives to districts, the requirements it lays on the health system, or as a consequence the change in the mandate that an auditor would need to have to account and do his duty for the legislature. So all of that's new. There is no other place in Canada where they've put all the pieces of this system together and then turned the necessity for new kinds of audit procedures all upside down. We're the only people who've done that.

So yes, this is all leading edge. The only question that I would . . . and maybe you should sell your product but give us a share, Mr. Auditor. The only part that I'm not certain about is the matter of cordiality between partners elsewhere in Canada. And I'll let the auditor speak about that.

We have found the partnership is helpful and in fact see it as a collaborative, positive relationship while no one forgets their independent responsibilities. I'm sure if the department were found wanting in some field, the auditor would not hesitate to see that in capital letters in his annual report. And if I didn't like it and I thought he was wrong, I would be the first to tell you publicly in a recorded meeting and with the press present.

So we haven't forgotten our obligations, but we are looking to the future in a collaborative way. Now with regard to the collegiality in other jurisdictions, perhaps the auditor would speak for himself in that regard.

Mr. Strelioff: — Thank you Mr. Chair, members. A couple of things on your discussion of needs assessment. We're not going to be doing needs assessments, our office. What we're trying to do is make sure that the processes are in place across the waterfront for carrying out good needs assessments.

In terms of what's going on across Canada, most legislative auditors are carrying out broader looks at health care or more in-depth looks at health care issues.

Another thing that sometimes gets confused about where our office fits, we're not going to be out there trying to assess value for money. That's the public's responsibility; that's your responsibility. What we would like to contribute — and we think we have to some extent in the past — is that do you get the information that you need as legislators, as the public, and as managers to assess whether you're delivering value. So it's more are you receiving the information necessary to assess the performance of the department, of the districts, in terms of whether they're achieving what they want to achieve in a reasonable manner.

Mr. Koenker: — I'll just conclude by saying I think this explanation has only reinforced the importance of some of the comments that the Pipestone district has had in terms of the importance or the value of the auditor being on the ground and the need for your auditor's office to try to contact as many of the smaller boards as possible to offer your assistance.

Mr. Strelioff: — Well we have been. Our people over here get numerous calls from districts and public accounting firms and financial managers right across the province, and we will be trying to encourage the seminars and other educational initiatives.

Mr. Koenker: — Thank you very much.

Mrs. Bergman: — Mr. Chair, Mr. Strelioff, after reviewing your comments it's my understanding that the requirements for accountability for tax dollars with regard to the districts is in a state of transition. You described some of that.

And I wondered about the relationship of the auditor and the district boards as this transition continues, and I'm curious to know whether you will continue to be able to audit individual boards under the Act once elections take place, especially since a plurality of those board members will continue to be appointed.

Mr. Strelioff: — Mr. Chair, and members, we are examining what exactly we should be doing once they go to an elected because you're right; the majority of the board

membership would be consisting — at least my understanding — consisting of members appointed . . . or elected rather than appointed.

Where we in a longer-term sense are trying to serve you is move away from examining individual boards, try to ensure that the public accounting firms that are examining those boards — we're keeping them up to date with what's going on across the province and with new requirements — but move more to how the department is managing the health care in a broad sense.

So, for example, the examination of needs assessment processes is an example of, now is the department making sure that the needs assessments that are going on are appropriate, or the annual reports that are prepared by district health boards, are they providing you with the necessary information to assess the performance.

But on a cross-board basis and as far as the individual district health boards are, as they move into an election, we would be moving away from there. We're not sure exactly how that moving away is going to take place.

Mrs. Bergman: — I'm wondering if, you know, if the situation would be unique to Saskatchewan, that we would have mixed appointed and elected boards. I'm concerned about that issue because in fact it isn't . . . to me it doesn't make it completely accountable to the people of the district if indeed they continue to be appointed unless there is some further accountability to the legislature.

I'm asking if there are other districts or other places where there are combined elected/appointed boards.

Mr. Strelioff: — I think you'd have to ask that to the department officials.

You were mentioning your concern was what information do you get from the individual district health boards to fulfil your responsibilities. The way it's moving is that the district health boards provide the information to the department and then you hear from the department, but you miss the link to the district health board and you know that you're responsible for raising revenue and deciding how much money goes out to the districts in a general sense.

That's a tough issue but maybe the department would like to comment further on that.

Mr. Adams: — Yes I'd like to remark on both of the points you've raised. I think that we've got to make a distinction here between what is required by law for the auditor to do and what he's doing as a service to the public. And that this is evolving to some extent here, so that the auditor is involved in these audits currently because of the law and his interpretation of the law of being required to do them while we have appointed members.

We have had a debate last year and an ongoing debate about whether he is required to do it in the future when the boards will be elected and that's the point you're raising. I think that whether or not we've absolutely resolved the issue, we're coming to the point that is not . . . it would be seen as not a requirement that he do it after the boards are elected and that the dominant number of members is elected.

That's a different issue from the issue of whether as a service to the public, and because he's got a unique expertise and has provided such an important help to public institutions, that they continue to do this as a service to the public. And that what you're hearing around the table today is he may not be required to be as involved as he is in the public education of local auditors and districts and doing a lot of other things, but in fact it seems to be sufficiently helpful and essential that he's being asked to continue it. So that's one issue.

Now with regard to division of elected and appointed members of the new boards, the boards, when the election is coming in, will have eight elected members and that's mandated by law. They've got to. The other number of four appointed members is not a requirement. It's permissive. The Act says the minister may appoint up to four more, or, in the cities of Saskatoon and Regina, up to six. So that whether the minister will appoint remains to be seen.

And I would have to take the position at this point in time that we should not prejudge what is going to be legislatively required in future years about the auditor's role in all this. It's working and evolving and it's a harmonious relationship right now, so let's not break up

something that's working. And if we want to get into a big debate after the elections have taken place as to whether he has to be doing the audits, we'll get our lawyers out and go at it.

I'm always mindful of two or three points though I want to make about this: a) the Act requires each district to appoint an independent auditor. So they do that regardless of anything else and they have every right to appoint the Provincial Auditor as their independent auditor if they wish.

The second point about this is whatever we do, I don't want to create duplicated systems for auditing our financial management, either by accident or by design. I have always thought that the way we conduct audits collectively should be as efficient as we are requiring the districts to be in every other regard.

And the third point that I'd like to make is I feel like a client out here or the district speaking to the deputy when we want to do more and do it faster and all that kind of stuff and we haven't yet started talking money and how much. And you know we haven't got any free dollars in this system and we don't have any loose dollars to sort of be spending without very, very careful considerations. So how we do all this additional work and how it's paid for is yet another matter to discuss.

Mrs. Bergman: — Thank you, Mr. Chair. I have a question for Mr. de Vlieger or Mr. Gill. When it comes to accountability as far as how the government boards spend our tax money, labour is a key issue. And that's because medical services are labour intensive and the quality and the competency and the management and morale of labour determines how those health programs are delivered. And when that organization is ineffective, more than any other factor, it's an obstacle to achieving the outcomes that Mr. Adams was speaking of and improvements. And also in the Regina District Board over half of all expenses to the particular tier board with a budget of $253 million was $143 million for labour for the payment of employees.

And I'm concerned — I know you're aware of this issue as well, of the accountability to the health workers. In your values statement in your goals you stated, encourages the participation of health workers in the design of the system to create a climate that enables health consumers and health providers to work together to improve the health system. And my experience in my constituency and in this district has been a feeling amongst health care workers, that indeed there has been a lot of input from the board to them, but not a lot of listening to their concerns and what they . . . how they could contribute to the design of the system. And I wondered if you would make a comment on that situation?

Mr. de Vlieger: — Mr. Chairman, members of the committee, I'm very pleased to comment with respect to that question.

First of all I think I very much share the concern that we ought to, as much as possible, involve not only the public at large in terms of ensuring that they're going to be able to receive the best quality of care in the areas for which we are responsible. But also that within the Regina Health District, all of the active stakeholders have input into how we might most effectively be able to deliver those services for which we are responsible. And that not only includes the individuals who are members of the board or members of the senior administration or who are salaried employees of the health district, but obviously also such individuals as medical personnel who operate privately but obviously very much in association with the Regina Health District.

And as a matter of fact, recently in order for us to be able to assess the way in which all of the stakeholders related to what obviously in many ways is a totally new organization in terms of its particular administrative structure and the way in which the various parts had come together and were integrated, how all of the stakeholders perceived that new structure and how they felt . . . how their place in it really fitted with respect to being able to be effectively involved, not only in terms of doing effective work but also in terms of feeling how they might be able to contribute to the betterment of the services that we provide, we undertook, with the cooperation of the many stakeholders involved, a survey, and we shared the results of that survey with all of the participants and certainly we found a number of things, some which we certainly took note of in terms of saying, here are particular areas in which obviously we need to improve.

At the same time we were also very, very much encouraged by some of the results in

that survey which indicated that for the most part the individuals employed by the Regina Health District in terms of their own particular work unit — not the particular area they happen to be working in — on the whole . . . and certainly a proportion felt that in their particular units they were really able to deliver fairly effectively the services for which they were responsible.

Yes, obviously we also found that there were areas where they felt that they were not sufficiently involved. That is precisely as a result of that kind of a survey and getting that kind of information that we will be able to more effectively ensure that all of the individuals who are involved in the delivery of health care in the Regina Health District will be more able to be effectively involved.

Mrs. Bergman: — Thank you, Mr. de Vlieger. I understand that the district board has been in existence for a very short period of time. And I understand that it's difficult to do everything that has to be done. But I am also . . . I continue to be concerned about the accountability of the district board and I don't just want to focus on this board.

In the general sense the accountability to the people of the province and to the health workers seems to me, perhaps because it's the beginning of this process, that there has been a compliance with the letter of the law which indicates that there needs to be public meetings. The Regina District Board has given out a lot of information, has been . . . there's lots and lots of information to stakeholders.

But what it appears to me is that somehow it needs to be built into the system a real accountability to people that when there are public meetings there's a responsiveness and a willingness to answer questions to the best ability, to actually be accountable to the people and to the workers. And to, as the values and the goals state, help them to buy into it and not only to buy into it but to . . . actually their contribution be respected. And I think this is an issue of accountability that I think the auditor expressed, of assessing how accountable in the larger sense of the district boards are to their stakeholders and to their clients.

Mr. de Vlieger: — Mr. Chairman, in terms of responding to that question, I think it might be useful for the members of the committee to just hear a little bit about the way which we in the Regina Health Board have felt that we ought to and should undertake that duty of ensuring that we are publicly accountable.

Just reflecting on the activities for instance of the past year, in June we advertised and conducted a public meeting at which time we laid out for the members of the public who came to that meeting our management plan for the 1994-95 year. We also conducted a total of nine meetings in the rural part of the Regina Health District and we also, through newsletters, goes to employees as well as a general newsletter that went out to all of the households in the district, informed members of the district, residents of the district, about the particular activities of the Regina Health District.

We certainly have held also numerous meetings with a variety of interest groups who indicated to us a desire to meet with us about particular elements relating to their primary interest. And I think, if I'm not mistaken, over the last year we met something like 40 different special interest groups who indicated such a desire to meet with us.

And yes, obviously with respect to those kinds of activities, it is not immediately possible to respond immediately, positively, and precisely in the way in which those particular individuals or groups came forward with requests. But we certainly have a very active process of ensuring that we are open to requests and concerns that are expressed to us, and obviously also we very much feel it is our responsibility to be able to ultimately effectively deal with concerns and requests that are made to us.

It's not an easy process and certainly it's not an immediate process. Obviously some of those requests that do come to us do involve further expenditures, and we obviously cannot simply say yes, we will manufacture some dollars in order to be able to meet those particular requests no matter how valid the motives are that are being expressed through those particular requests.

Mr. Adams: — I want to supplement that answer for the member because I do understand the point you're making. And it applies not only to the workers and organized labour, but to all other interest groups in the

industry. I've had extensive discussions in the last few weeks and months with physicians who are feeling that they haven't been heard or involved as well by districts or by the department. And the kind of tone and the kind of comment you hear that I think you're alluding to is not something that we haven't heard as well.

And what it is really all talking about is coping with change. And there are . . . I think there has to be in our thoughts a division here between accountability, which is one set of words, and maybe even the accountability which is under the purview of an auditor, and the issue of involvement in decision making in the whole system.

And what I'm hearing from workers and affected interest groups is not the accountability side at all; it's the involvement side. And that many people . . . There are so many more processes for involvement that I'm being told that in some cases they can't be staffed by the people who want the involvement. In other cases, involvement means to some interest groups that the board or the government will do exactly what that particular interest group wants. And when they don't get what they want they say, we're not involved and you're not accountable to us. In other cases, it's that the systems that are required for participatory decision making haven't been put in place effectively.

And the experience we've had in over the 30 districts, and even in the department, in our own processes, there's a great diversity. Some districts are doing just fine in a participatory way, with all of the workers and doctors and others; and other groups are having some difficulty getting started. And in the department I think it is quite clear that what we're doing is evolving the techniques and the amount of involvement as we move through this process. And when you involve more people, it takes more time. So we get into a trade-off between extensive involvement and consultation and the need to bring finality to certain issues in order to be able to move ahead. And so there's a trade-off here.

The department as you know, in starting the reform, had very few time lines set. And at a point in time there had been enough discussion. It was in fact . . . There was no way to bring finality to certain decisions, and it was destructive not to do that so that the minister then concluded that for a certain range of issues time lines had to be set and a finality brought to those issues. Then we move into the next piece.

This is ongoing. Many issues out there are not resolved yet today. Discussions are ongoing, and at some point or other a final conclusion has to be reached which the majority can get behind.

Some of those issues have to deal with unions. A lot of them, almost all of them, have to deal with labour. And labour I define broadly at this point to be not just organized labour in the traditional sense, but all others who labour in the health system which includes middle managers as well as doctors and others.

Now I wanted to . . . not to surprise my colleagues from the boards here, but we do have these service agreements that we have been working through with representatives from the districts and having a draft stage at this point in time, that the agreements . . . and have discussed in a draft stage with the auditor, the Provincial Auditor. We are stating more expectations in these service agreements than you would normally find in sort of the traditional or old-fashioned contracts. So we hope to include in the service agreement statements of intent about relationships as well as financial accountability and program specifics.

And although this is a draft and we have not finalized it yet, there is an intention by the department to include in the service agreements one clause which in draft form says that the boards would agree with the department that they would foster and maintain a positive and participatory labour relation environment compatible with the interests of the districts and the needs of health reform. Now those are draft phrases, but the intent and the spirit is there that we see that a positive and participatory environment for input and decision making for interest groups, including labour, is a necessary part of this reform.

Now my problem about this is not the intent or the spirit, but if you look at it from an auditing point of view — and if that's what you're thinking about asking your auditor to do — I don't know how he would take that agreement, if that is left in, and go out and audit for

whether the board fostered and maintained a positive, participatory labour relations environment. What's he going to do, undertake public opinion polls? If you took a public opinion poll on the deputy minister of Health from one day to the next about how his employees see him, I would not always want to see the response.

So you know, management is frequently unpopular if you're doing the right thing. So what's the measure for that that is a healthy way to go at assessing labour relations and is not an unhealthy or destructive way? I don't know the answer to that.

I can tell you that it is in all of our interests to sponsor and nurture an open environment, one where workers are involved. And while you've used the word accountable, I think I would use the word involved and participatory. I think the workers want involvement up front in the decision making as opposed to be at the back end of the process saying, well this is what we've decided and we're accounting to you; we've done it.

And I think that as we work through some of the more stressful and important issues of the reform, I think it'll be a little easier to be clear about what is wanted from the point of view of participation in decision making and what is wanted from the accountability point of view. And I just don't think we're at a point yet you can divide that line all that easily.

For the boards though, I do . . . no one . . . and even the minister, in speaking to all the districts this week, made reference to this issue of harmonious environments for allowing labour and physicians to participate. No one is trying to make it otherwise, except that it's just a very difficult thing to manage change at the rate that it's occurring and with the impact it is having.

And I think that it's . . . we just have to be constantly conscious that more and more information and processes to let workers express themselves are needed. I think that's important.

Mrs. Bergman: — Thank you, Mr. Adams. Mr. Strelioff, do you have any comments on this issue?

Mr. Strelioff: — No, I don't.

Mrs. Bergman: — Okay. Last year in the Public Accounts Committee record, Mr. Deputy Minister, you discussed how program effectiveness through the health status reports and the new information system would be coming to all the boards in the system. I would like to know whether you have given any thought to measuring the effectiveness of the accountability systems. You were discussing this to some extent.

Does the public feel that the district boards are more accountable after the public meetings and after all the reports? Do groups like health care providers feel there is any . . . you are making the distinction between the accountability and the involvement, but is there any way of assessing this? When I talked to the health care workers in my seat and attended the public meetings of which Mr. de Vlieger spoke, I would say the accountability system needs improvement, and it has to do with a dialogue in accountability.

There's a difference between having a flood of information which is difficult to digest and a short question period, and a real dialogue with the people of the district. I'm concerned about the public meetings as well, having attended the city one and then one in the rural district. In fact it followed the letter of the law and it was publicly advertised for the three to five days before the event, and there were approximately 90 people there, wouldn't you say? And approximately half of them were health care consumers coming and the other half were members of the department, members of the district board.

And I'm concerned that in a district that has 200,000 people, more effort wasn't made to make a real public accountability session and in the session that the presentations went on for about an hour and a quarter and then here was a half-hour for questions, and then they were cut off. You know, I could speak about the rural one too.

But I'm concerned that this evolve into a much more accountable session to the public. Especially as we come to elections in the district boards, are accountable, I think that will make a difference, but I'm concerned about that issue in particular. Mr. de Vlieger, do you want to say anything about that?

Mr. Adams: — Could I open with an overview

and then move to Regina? To answer a question about whether there's more or less accountability in the system today than there was say three years ago, there is absolutely no doubt that the health system and its entities are vastly more accountable at all levels. They are more accountable to the public, to the legislature. The information that is coming and being asked for is more extensive. They are being challenged in every conceivable way.

We are more accountable to the press. We are more open throughout the whole system to the press. We are more clinically accountable. The Health Services Utilization and Research Commission has done things in this province that have opened up issues that have never been discussed with evidence anywhere else before and continue to do this. The provincial council on dealing with the issue of healthy social policy has now got in excess of a thousand people throughout Saskatchewan discussing these issues and debating public policy from that point of view.

I think that the public meetings . . . the department is in a format itself which it has never experienced in history, that is to say we see ourselves as facilitators and as helpers, and the consequence is we are out in the field. We are dealing with the public as well, constantly. There have been hundreds and hundreds of public meetings and many, many ways for the public to get . . . due to us. As a matter of fact, if anybody burped anywhere in Saskatchewan I'm supposed to know about it within about an hour if I'm not on a plane somewhere, and then supposed to do something about it if it was an unpleasant burp. So you know I think that there is an openness that is unprecedented.

Now the point you're making though, whether the word is accountable or whether it is the involvement of more people, whether it's the average consumer or it's an interest group or it's workers or someone else, from our view in the department, you make a good point. And with regard to consumers, one of the concerns that . . . not concerns. I'd say one of the observations we have is we are amazed at how little consumer involvement is being demanded — actual consumer involvement.

We hear of demands by interest groups for certain causes to be heard. We hear organized labour over a variety of terms and conditions of work or conditions in their workplace asking for more input. We've got the doctors who are being very clear about this. We have municipal governments having certain issues to put forward, and they are making a lot of comment in various public meetings, but the average consumer saying, demanding, I want better value for my tax dollars spent on health or I want more feeding programs as opposed to drug insurance programs or something like that, we don't see much of that.

Now what I would . . . This is where the public education comes in. I think we would all like to encourage a more active interchange and dialogue amongst the stakeholder groups, the interest groups, as well as the general public. How to do that and not make it simply a dialogue between competing interest groups, I'm a little uncertain how to do that. I rather enjoy public discussions and public debate like that. So I think it can be facilitated if you get the people out to a meeting like that.

Now with regard to the micro side of the discussion, so I'm trying to give you sort of the picture from the department and the provincial perspective, I think it is . . . the experience at the district level is highly variable. The large urban districts have had relatively small turnouts to meetings even if they were well advertised, and there has not been a high level of contention in those meetings.

Some of the districts . . . And I visited one district just close by us here recently that had open public meetings throughout the whole summer. They were jammed. Every hall they went to all summer long was jammed with people who had an excited, involved discussion of health, not controversially in the sense that they were community bashing, but they were just superb — all summer when no one expected to see that kind of involvement.

Mrs. Bergman: — How did they do it?

Mr. Adams: — Well I'm going to go back and be more specific about that with them because it is partly the communities were interested, but — I'm not sure — I think there was a lot of talking up about public meetings on an individual basis before they occurred. And I'm not quite sure how you do that in a community of . . . in this district with a couple of hundred thousand people in it. You can't do everything on a talk-it-up basis.

So I just want to give you that overview, and I don't want to think that all boards are perfect in this. And we can do better. But there are limits to what activity they can draw out of the public if the public doesn't show up to participate.

Now maybe Dr. de Vlieger . . .

Mr. de Vlieger: — Mr. Chairman, if I may, just to continue with respect to this issue in relation to the Regina Health District. First of all, we are far from perfect in terms of being able to generate a great deal of interest and enthusiasm among the public at large about the issues that concern the health status and the health programs in the Regina Health District. We certainly were disappointed with respect to the public turnout at a number of the particular events which we scheduled.

I would like to, first of all however, correct what I think is a misconception, and that is with respect to when we advertised our upcoming meetings. The advertisements went out a couple of weeks before the events took place.

Secondly, in addition to that, we certainly, in order to ensure that individuals who obviously in our view would have some real interest in the affairs of the Regina Health District, we also sent out individual letters to a number of individuals, including members of the Legislative Assembly who happened to reside within the district.

It is my understanding that for some of them the mail inside the offices somehow got mislaid or not opened in time, and so perhaps they felt that this was general and therefore only three or four days beforehand were any invitations sent out. So that obviously was a mistaken impression that was left as a result of that.

I think if one reflects back — and I would like to echo I think what Mr. Adams was alluding to — if you compared interest and public openness with respect to affairs pertaining to health in Saskatchewan, and in other provinces as I understand it, to what it used to be . . . I have been involved in the health care field for quite a few years and certainly I remember being on boards such as that of the Regina General Hospital when it was an independent entity, such as that of the South Saskatchewan Hospital Centre, and knowing also what took place in other parts of the province, it was frankly unheard of to have public meetings with respect to such large facilities in terms of public involvement. That simply was never done. Certainly it is now being done and that is a great change, and in my view, very much a positive change.

I think the other thing that needs to happen, and that is that the public itself has to get used to the ability to be able to be involved and to involve itself in a continuing dialogue with members of the board and members of the administration of a health district.

Obviously that is probably taking place in some of the rural areas of the province, and I think that's all to the good. I certainly look forward to seeing that kind of more intensive involvement in the more urban areas of the province. Knowing what took place in Saskatoon when it had its first major public meeting, and what our own experience was, and again despite the fact that advertisements went out beforehand, despite the fact that a newsletter went out beforehand indicating the place and date of the event to take place, regardless of the fact that individual letters were sent out to a number of interested parties, the turnout, in my view, was somewhat disappointing. I would assume that when time goes on, that in fact there will be a greater interest and participation on the part of the public, and I would certainly welcome it.

Mrs. Bergman: — Mr. Chair, thank you both. I do have some questions on a more factual basis here. In last year's *Public Accounts* the accountability measures like reporting, said reporting wouldn't cost any more than it cost in the past for the 400 districts. But I just wondered if, in terms of the Regina Health District, I might be able to find out what does it cost to prepare the annual report and the financial statements, hold public meetings, do a health status report, including all the per diem costs.

Mr. de Vlieger: — Mr. Chairman, I couldn't give you an answer on that just off the top of my head. I don't have that information at my fingertips. I think one obviously has to, however, be aware of the fact that, number one, what used to be a number of different facilities and a number of different areas are now comprised within the Regina Health District. If you were to look at the individual cost that those individual audits would have had, I am sure that obviously they would've

amounted to a fair amount of money, and I don't know what the comparison would be to having a single more comprehensive audit that is now being done. As I said, I don't have that information. But just looking at it in terms of the generality of the thing, if you have something like 12 or more independent entities that previously report as separately, you now have one more comprehensive one, I'm sure there is a relative cost equality if not in fact a saving now compared to the past.

In terms of what it would have cost to prepare the various reports that were handed out to the members of the public, information to what took place in the past, I have no idea. But in terms of any per diems here we are talking about obviously the cost that was involved in the preparation of the various reports and those are not paid on a per diem; those are staff costs.

Mrs. Bergman: — Mr. de Vlieger, would it be possible for me to have these particular things: the cost to prepare the report, and the financial statements, hold the public meetings, and do the health status report including the per diems for the public meetings, is what I was referring to. I wondered if I might be able to get that from you sometime.

Mr. de Vlieger: — Mr. Chairman, to respond to that, I'll try and see what it is that we'll be able to do in terms of being able to extract those precise costs. As I indicated, some of those costs would be part of a general, ongoing thing and might be very difficult to extract, but I'll do my best to put together as much as I can. I certainly have obviously no objection to sharing that.

The Chairperson: — Thank you.

Mr. Adams: — Just a moment ,folks. With regard to remarks made last year about relative costs, my memory says that what we spoke about in this room was the cost of auditing, and that we talked about auditing, not wanting new reporting or auditing requirements to end up costing more than the old system taken as a whole. Now that's where my . . . that's what my recollection of a year ago says we discussed here. Now that's point one.

Point two here is, I want to be quite clear what the member needs by way of an answer to reporting requirements, so I'm going to give some specific illustrations and then she can clarify it for us.

There is the audit report itself which, in the case of Regina, is paid for by the Provincial Auditor, not the board, because they've been doing that historically for years. And so there's that kind of report.

There are the overall reports that the department requires for a number of issues and the systems that have traditionally been fed. My expectation of that part of overall reporting is that when a new system is in place collectively the cost of reporting will be less than it was previously because we will have deregulated a lot of the junk out of the system and we will have streamlined the information processing capability of the districts as well as ourselves, so that we can get overall reporting requirements through the system certainly at not more cost I would hope, and hopefully much less, unless the public wants a lot more information. You have to build a lot more things into the process to be able to get the answers out that they're looking for.

The issue of the needs assessment process itself in the districts — the department overall has some information about that, but remember districts took this on as just one of their duties. And other than costing say the rental of a hall for a public meeting and a few things like this, the actual work of putting out information, assessing various options, and talking to communities is built into the entire staff of all the districts. So you can't sort of single it out and cost-account it unless you decide as a committee to do this and put the auditor on a special cost-accounting study which can be done because I'm sure people kept track of most of their time spent on these events, but that is vastly expensive to cost-account the time of regular staff doing all these things to yield up a needs study. Now printing it will be a unique item of cost, and you could do that. You can certainly pull those items out.

So with regard to things like other items of the detailed public accounts, they will come forward in due course. They are reported in the auditing statements. The auditor will be reviewing them, and they'll be reported to the department. So issues of total per diems and all that kind of stuff will come forward in the regular way. And even if the auditor forgets,

I'm sure that members won't forget to ask the Minister of Health that question in the legislature.

So we're ready. We're getting ready to make sure we have those answers, and we would like to make sure that they are audited statements, not speculative statements, and that we can do it for all parts of the system.

So I turn the question back to you, member, to help us be more clear. Which part of the reporting requirement are you looking for an answer on now? And which part can we deliver information on sort of soon? And which part has to come a little latter?

Mrs. Bergman: — I guess the question I was asking, it has to do with the new requirement for public meetings. It has to do with the cost associated with travelling around a district, the cost of the per diems for the board members who are not regular employees of the district.

Mr. Adams: — Okay.

Mrs. Bergman: — It has to do with the type of report you chose. I mean, in fact I think your statement was a general statement last year, and I was just trying to get a sense of the actual costs, whether we can actually go back and see what the old costs were, to have a sense of what the costs for this whole new process of public accountability is.

Mr. Adams: — I hear you and on that point in general terms, that helps a great deal. I would expect by the time we get through this in a couple more years and get it regularized, I would expect the cost of accounting from that legal and narrow point of view to be less than it was before and not more, but on the cost of public accountability in the broad sense to be more, considerably more. It costs to consult with people. It costs to inform people, and it costs to print materials. And in the last component, the technical cost of reporting requirements, which are the bureaucratic requirements, I would expect to be less so that there's three components of that.

Mrs. Bergman: — Yes, and you've clarified that well. On another issue of accountability to the people of the district, the people of my community are part of the Regina district. And at this point I believe the Regina District Board has 13 members and that the area that where I'm from still does not have a member appointed. And on behalf of the people of my community, though they aren't part of my constituency, I have asked the district board at public meetings about the issue of a representative for that area and was told it was the minister's call. And the community wrote to the minister and said, we'll have elections, and then you'll have a representative. But here is a substantial portion of the rural part of the district that does not have a representative yet. And I'm wondering if you might comment on that.

Mr. Adams: — Yes, I'd be glad to share some information on that. The matter of appointing members to the boards of course is the prerogative of the minister and the Lieutenant Governor in Council.

In some initial appointments the boards were not . . . all of the appointments were made because some spaces were protected for interest groups that at that point didn't want to commit to being on the boards but wanted to protect the spot that they would be . . . Let me . . . at a future date.

Let me give you an example. The tribal councils didn't want to be ruled out, but they didn't have an accord signed with us that would allow them to get onside right away. So we protected in some . . . on some of the boards we protected space to include Indian and Metis representation at a later date when a larger agreement was signed. To give a concrete example of that would be the Meadow Lake board, for example, where we protect a space there. The same thing we did in Prince Albert and others.

Now in the other, we've noticed also that a natural turnover, about 10 per cent a year, of board members is occurring which is consistent — people move, they relocate, some die, apparently, and about 10 per cent a year is what is needed.

As you have mentioned, the question of the elections has entered into the judgement of the department in advising the minister about filling the vacancies. I think it's a little bit unnecessary to fill a vacancy immediately. If you thought the election was going to occur very, very shortly and you say, please, you know, Mrs. Jones, will you join this board; we get them all tuned up for that and three months

later say , you know, there's an election and thanks very much but go away.

So there has been some hesitancy on that. I can tell you that we're aware of the situation there and the government is committed to elections, but enough time has elapsed now that we think that the minister should be advised to fill vacancies, not only in Regina but elsewhere, and she has asked for advice on that. So that I expect that the problem that you make reference to will be corrected soon, but I don't know what date because that'll be the minister's call. But it won't apply just to Regina, it'll be province wide.

Mrs. Bergman: — Thank you. I believe that's all I have.

Mr. Serby: — Thank you very much, Mr. Chairman, and thank you to our guests that are here today from the two districts and the department.

I have two or three questions and a comment. My first question is in relationship to . . . and I know that I'm hearing today the wonderful marriage that exists between the district boards and the Provincial Auditor and the department, and so I'm wondering how it is that there were only six boards that were selected and that this marriage couldn't be for the entire 30 boards. And so I'd be interested in learning how it is that these six boards were selected to be part of the review. And maybe the Provincial Auditor could provide me with that information, or maybe the department.

Mr. Adams: — Well do you want to speak first . . .

The Chairperson: — I'll ask Mr. Strelioff to speak first.

Mr. Strelioff: — Thank you, Mr. Chair, member. Prior to this year we were doing the audits at the three health districts that were created under The Crown Corporations Act, — Prince Albert, Saskatoon, and Regina — and then just continued that practice. And then when the 30 districts were created, we had to decide how best to use our resources. We understood that they were going to be elected soon, and we thought that within the context of the resources that were provided us by the Assembly, we thought that a reasonable mix would be to continue with the larger ones which is Prince Albert, Saskatoon, Regina, and Moose Jaw, and also to examine two of the smaller ones which is Pipestone and Twin Rivers. We thought that through getting some experience in those organizations, we would be able to keep track of what was going on and perhaps begin to establish some best practices and then spread that information throughout the province.

We also met with the officials of the department to get their advice on which districts they thought would be particularly useful to be present at, particularly in the smaller areas. And their advice we acted on, and that's why we went to Pipestone, Moose Jaw, and Twin Rivers. Does that answer . . .

Mr. Serby: — That does. Thank you very much. In respect to a comment made earlier — and I think it was maybe by Mr. de Vlieger — where he talked about a number of agencies, organizations who were responsible for the delivery of health care in each of the communities had of course their own auditing structures as they reported on the work of their particular organizations financially. Is there in Saskatoon and Regina and Prince Albert . . . was there an auditor, or is there a private auditing sector there that's responsible to provide the audit system for those particular communities, prior to or shortly after the development of the district boards? Is there somebody assigned there? Is there an audit firm assigned to each of those?

Mr. Strelioff: — Mr. Chair, members, I probably can answer that in a fuller way. In Regina where we are, as Mr. de Vlieger mentioned before, we were examining most of the health institutions prior to the district health board being formed, and we just continued with doing the audit of the whole district. We found, by the way, that the audit costs for, as it formed, were less than examining the individual organizations.

In Moose Jaw we work through the audit . . . the public accounting firms that are there, so we're not doing the direct work in Moose Jaw; we're working through existing auditors. Prince Albert is the same. Pipestone is the same, that we're working through existing auditors. Saskatoon is a bit of a mixture. We were, prior to the Saskatoon Health Board being formed, we were auditing several of the health institutions there in a direct sense. And over

the past year we've continued with some of that direct work and also using public accounting firms that were examining health institutions already, so there's a bit of a mixture. My understanding is that that district health board will be tendering the whole audit out, and we will be just . . . our communication after that or our responsibilities after that will be moving through the centralized auditor.

Mr. Serby: — So is it . . . thank you, Mr. Strelioff. Is it fair then to say that in the communities, particularly Regina, Saskatoon, that the auditing of the affairs of those health departments, the cost of that was assumed by the government or through your department? Would that be fair?

Mr. Strelioff: — The starting point of that is that the government, the taxpayer, pays for the whole audit costs. Now which pocket do they provide the funds for carrying that cost? For Regina it comes out of our vote. In total?

Mr. Heffernan: — Pretty much. Just a couple of small entities, but pretty much.

Mr. Strelioff: — In Saskatoon the cost of our work comes out of our vote. And for the individual institutions that have public accounting firms, that already had public accounting firms, we arranged contracts with those institutions. They pay us and then we pay the public accounting firm.

So the cost for those institutions in Saskatoon would be coming out of the budget of the individual institutions and therefore the district health board, other than our costs.

Mr. Serby: — For the two new rural communities that you're involved in in terms of providing some overseer and some assistance, is there an auditing team, a private auditing team assigned to you folks in Pipestone that are overseeing that? Or is that provided through the Provincial Auditor's office?

Mr. Heffernan: — For Pipestone we do the overall audit of the board. But the individual institutions — hospitals and so on — are audited by private auditors who have been auditing them all along. And that will change as time goes on. As the systems become integrated, Pipestone will likely hire an auditor who will do all the work. Does that help?

Mr. Serby: — Yes, that helps, yes.

The Chairperson: — Would you like to respond?

Mr. Gallinger: — Well I guess the process this year that we engaged in is we hired an accounting firm to help us prepare the consolidated statements which were audited by the Provincial Auditor. The Provincial Auditor is our primary auditor. As stated before, the Provincial Auditor engaged public accounting firms that were already doing the audits for those institutions that we amalgamated with in the fiscal year. And that was the basis of the total audit.

In this coming year, we have now centralized our accounting into district office. And so in the coming year we will have one audit in essence, one auditor, or one accounting firm which will prepare the statements for the Provincial Auditor. And the Provincial Auditor will do the audit, we hope.

Mr. Serby: — Okay, thank you. In the case then of Regina and Saskatoon, in comparison to the other districts that are in place across the province, is it fair to assume that in those two districts there isn't a line in their budget that addresses itself to an expenditure for an audit? Would that be fair to assume that, that that cost is covered by the Provincial Auditor's department?

The Chairperson: — Mr. Gill, would you like to respond?

Mr. Gill: — In terms of the four facilities in Regina, home care and community health, they are part of the Provincial Auditor's budget. At the moment the facilities in Cupar and Imperial are still being audited by a private auditor and there's a small fee that's included in the budget for those two particular audits.

Mr. Adams: — Speaking for the Saskatoon case, the Provincial Auditor only handles the Royal University Hospital and the Parkridge facility. And then the district employs independent auditors for all the other facilities and programs that they have. And the Provincial Auditor then does the consolidated statement of everything up there, pulls it all together.

So I'm trying to get the thrust of your

questioning. If we only pay for what we get and we don't pay money out, and if you can get a freebie from the Provincial Auditor, then there's extra money there. That doesn't happen.

Mr. Serby: — Well my question is this — and I'm heading in that direction, Mr. Adams, you're right — I'm wondering, with the districts that have regional centres, regional hospital centres — and I think there's six or seven around the province — it's my assumption that their budgets include a line that addresses itself to a cost of an audit. That would be an expenditure against those district boards.

I'm wondering how it is — and I think that's correct — I wonder how it is then that in the centres that you've indicated that the audits are done in a consolidated basis, there isn't any cost assigned for an audit to the district boards. But in some of the regional centres, in their budgets there is a line cost for the audit. And the difference being that the audits in these centres are being provided by the Provincial Auditor, and he's correct that I mean the money comes out of the same pocket, but it's charged differently.

So I'd be interested in knowing how it is that these districts that you talk about here whose audit is conducted by the Provincial Auditor, don't have an assignment of cost for their district boards.

Mr. Adams: — I'm just seeking some advice on this particular point here. To some extent, what you say is . . . depends on which year you're talking about. And that has to do with which year did we move to the needs-based funding, so what money are we recognizing and what is the arrangement that each district has provided.

I'm just asking my associate, David, if he knows more precisely about this money flow. Do you, can you add anything to this? Because I don't know the specifics of a regional centre on this issue.

The Chairperson: — Sure, you just go ahead, Mr. Petz.

Mr. Petz: — I think the Provincial Auditor indicated that where the institution had a private auditor before, you've entered into a contract with that auditor and you're using that money, you're not adding money into the system. There's no cost change and there's no advantage. Regardless if the Provincial Auditor does it or you're using a private auditor, that same amount of money is being spent the same way.

Mr. Serby: — I appreciate that comment, Mr. Petz, I accept that. And I think that's correct, as I understand it. The point I'm searching for is this, is that it seems to me that in some of the district boards you have a line in the expenditure column that speaks, that addresses itself, to a cost for an audit. And we have here some communities or some district boards who don't have a cost for an audit to the same degree that other parts of the province district boards have, because those costs are being picked up for the audit by the Provincial Auditor's office.

If that's the case, then what we have is we have a number of districts around the province who have fairly significant health care operations within them that are audited, that have been consolidated; that remains a cost to them. And I'm asking the question how it is that we have some district boards in the province who in fact are getting their auditing costs covered by the Provincial Auditor's office. Other districts don't.

Mr. Adams: — I would like to respond in a general way. The point you're making is understood by us now, and you're discussing an equity issue. And the extent to which there is an inequity I cannot answer today because I don't know the extent of the inequity.

What we are doing, of course, is we are first of all paying money out on a more equitable basis now because we're paying on a needs-based funding formula. We are not paying line by line. And the boards have not substantially changed the expenditure pattern for auditing in the year that you're talking about from what it was previously.

It seems to me that your point may be entirely right or it may be partially right. And I think the auditor's office and my department would want to look at it in precise terms, and if there is an inequity, there are a couple of obvious approaches that one can take whether it's worthwhile doing it.

And that is charge the centres that aren't being charged with the Provincial Auditor's costs or

lift all the costs of the districts and push them back to a central vote for auditing purposes.

And I'm not sure that I would want to recommend either one of those approaches right now without finding out whether there's a real problem or simply a theoretical problem here.

Mr. Serby: — Thank you very much, Mr. Adams. I appreciate that that undertaking will occur.

I'm interested in learning, as the process evolves, whether or not . . . Considering that now we have arrangements where district boards go directly to the Provincial Auditor and have him perform that function, or they have the option of course of entering into an agreement with a private auditing firm, can it be viewed that in the future — and I'm sure this discussion has already taken place — that there may be an opportunity for our district boards to enter into arrangements with the Provincial Auditor directly and have his office do the audit of the district boards? Will that option be there as time evolves or do we view that as being a sector that the private auditing firms will provide most of the functions within?

Mr. Adams: — The boards can, from their point of view, choose that option, choose the option now of using the Provincial Auditor as their independent auditor because the district health Act specifically gives boards the power to name an auditor and requires them to do it. I think that on the other hand you would presumably . . . The auditor here will need to tell us whether you are trying to expand the role of the Provincial Auditor as a service agency to the public sector, or private sector for that matter, and allow him to take on service contracts for whatever firm came to him and asked for help.

So that if you see the Provincial Auditor as a service entity as to the public and perhaps private sector, as well as an officer of the legislature, then the district boards have a free hand to contract with him. If, on the other hand, his role is limited and he can't do that, then even if the district boards wanted him and are willing to pay him, he wouldn't be in a position to take that on. So I think that part of the equation should be answered by your staff.

Mr. Serby: — I would be interested — thank you very much — in the auditor's response to what his role might be in terms of a request from a district board in the future in terms of taking that function on.

Mr. Strelioff: — Mr. Chair, members, we don't have a record of responding to requests of organizations that are separately elected. I'm not sure how that would take place. My general view right now is that the most effective use of our office is to be the coordinator for the district, which was described here as doing the consolidation of the information that comes in from the various institutions within a district health board. And in terms of the total audit requirement there, that might be 10 to 15 per cent or something of the effort required. But we would be there overseeing it rather than doing the direct work in the individual institutions and programs. That seems to be the most effective positioning for our office, and that way we are able to maintain that cross-the-province perspective. And as far as I can see, at least from the auditing side or the accountability side, our office is in the best position to take that perspective, that cross-province perspective.

Right now if districts came to us and asked us to be their primary auditor, I think that's the role that I would propose, that you continue with utilizing the services of accounting firms within your district. If you want us to participate, we would participate in terms of . . . as the information gets rolled up and gets contained in the annual reports of the districts and the financial statements . . . and more serve as sort of the oversight responsibility.

Mr. Serby: — I appreciate that comment from the point of view that I understand what direction you might want to achieve. And I ask it only because your office has already had a multiple function as has been described here already today. And that is that not only do you provide that overseer as a Provincial Auditor to those folks who are having their audits conducted by private firms, but I understand today that you're also involved in direct audits and have been doing the direct audits for a number of folks across the province for many years.

So if the focus is that you're moving towards being a consolidated body to ensure that there's some consistency across the province

and that will be . . . and consultative, conciliatory, and maybe educational, I think that's one thing. But if you're going to continue to provide some direct service in terms of audit as a Provincial Auditor's office to institutions as you have in the past, then I guess I ask the question, is that option then open to all the districts across the province? And if it is, then I think there needs to be some equity, as Mr. Adams talked about earlier, in terms of what those costs are and that they're distributed evenly across all of the districts.

Mr. Strelioff: — Mr. Chair, members, we don't do very many direct audits of the health system any more other than in Regina and Saskatoon at the Royal and Parkridge. But in Regina we do a lot of direct audit work. I think over time it's probably useful for our office to periodically go in and do a direct audit just to keep track of what's going on in a more hands-on sense rather than always being at the . . . so that as it comes together. But that would . . . as this whole health care sector is going, it's evolving and it's moving and we just hope that we're positioning ourselves in the most effective way.

Mr. Serby: — I raise those questions by and large from a great deal of discussion this committee has had over the last two years, three years that I've been on it, that begs the question of what is the role of the Provincial Auditor in terms of audit., and obviously the private sector of auditing, and more so from the degree of how much more can you ask the Provincial Auditor to do with the resources that they have.

So from the discussion that you people have raised today certainly will assist, and maybe it's from a selfish perspective that I ask the questions . . . will have some broader discussion in the future in terms of the costs of doing audit through the Provincial Auditor's department and whether or not he has sufficient resources and how much in fact he does outside of his office for them that could be done by the private sector. So that was part of why I asked those questions.

I just in closing wanted to make one other comment and that is that I heard Mr. Adams say that if you laid in bed for 24 hours, it's a lot harder to get out of bed. And I would say to him that most of the people who are in this room, if we had a chance to lay in bed for 24 hours, I can tell you it would be a lot easier to get out.

Thank you, Mr. Chairman.

The Chairperson: — Thank you, Mr. Serby. It's my turn at this point. I have a few comments and then I'd like to have a response from the different health care districts and from Mr. Adams and from Mr. Strelioff. I'll put it succinctly.

The Legislative Assembly provides the funding for health care districts. The Legislative Assembly collects the money for distribution to the health districts. The health districts spend the money. Now the question is: who is accountable and who holds you accountable for the money that we collect and give to you? And we have had a description here this morning of two groups of people, the district board and the public.

Now I understand this system reasonably well, and my overall question is: at what point in time does the public assume that responsibility for accountability, and do they understand enough about it to assume that responsibility? On the other hand, is it our responsibilities as legislators to assume that responsibility until that is assumed by someone else? And we're not talking here about a legal requirement; we're talking about a public requirement for accountability.

Now I'd like to have some response on those issues from each of you because I think that's really what we need to address in a formal way so that we have an understanding what our roles are going to be and what your roles are going to be in relation to that, what the auditor's role is going to be in relation to that, and what the department's role to us is and to the auditor.

I'd like to have some responses from the boards in how they expect that to happen and maybe given a period of time that is required to have that be accomplished. From Pipestone, what would you say?

Mr. McCall: — First of all, I'm not absolutely sure I understand the intent of the question. I guess right now I feel that the district boards, because they're appointed boards, are responsible to the people who appointed us in that sense. There is always a public

accountability in the fact that you live in those communities and face those people every day and you're accountable in that sense when you walk down the street, and certainly people will let you know if they don't think you're doing the job.

So I think . . . but you know, if that answers your question, I suppose technically we are accountable to the people who appointed us at the moment. When you get to the elected board I would assume you would be responsible to the electorate who put you there. On the issue of, you know, somewhat along the same vein, who were the previous boards responsible to? By and large there were appointed boards. They were boards appointed by municipal government.

So the previous hospital boards, were they responsible to the local town council, the local RM (rural municipality) council and so on who put them in place? They were appointed boards too. They were never elected to my knowledge, you know, so to me the system now is such that the appointment is coming from a different place in the interim period until the boards become elected.

Those will become the first elected boards in history in health care, in my understanding, when they reach that point, you know. I don't know if that answers your question but that's how I see it anyway at the present time. I feel accountable to the people who appointed, but I bear a certain moral responsibility to the people in my community too who I face every day.

Mr. de Vlieger: — I would respond very much in the same way. First of all with respect to the accountability relative to funding, obviously the Regina District Board very much is answerable for the way in which those funds are used that we receive from the Department of Health, which obviously receives the authority from the legislature. And so in that sense we are very much accountable to the legislature but through the Department of Health and the Minister of Health who, after all, appointed the board.

And I very much also am aware that obviously in the district health Act because of the requirement, which is a new requirement, that the district boards also at public meetings inform the public about the general management plan, the financial management plan that the district has provided, that that information is provided to the public at large.

So in that sense it is a shared responsibility, that we are accountable with respect to the financing and operations to the Minister of Health but also we have the responsibility of providing certain information to the public at large. And I would very much go further, and obviously I think every district board would also feel it is accountable to the public at large in terms of being able to and willing to provide answers to a request for information and also about the general observations.

And I stress that they're general operations of the programs for which a district health board is responsible. Obviously certain information which no district health board would be able to provide publicly, when it comes to information pertaining to individuals that might have certain procedures done, etc., but apart from that in terms of general programs, obviously we would give that kind of information to the public at large.

The Chairperson: — I guess the reason why I asked the question is from this perspective of providing the funding. You're now appointed. I understand all of the dynamics and I, by the way, agree with those dynamics. I'm not against them.

Tomorrow though we're going to have . . . or in the future we're going to have elected boards. You're going to be receiving funding from the Department of Health under a line from the Legislative Assembly. I go out on a line and that revenue from that budget will bring the money in and you will disperse it.

School boards are different. They have an ability to raise their own funds and then they're accountable directly to the taxpayer. I'm accountable to the taxpayer to have with getting elected, but I also have to tell them where I'm going to get the revenue. Now you tell me who you're accountable to in the funding and when you're elected, then who are you accountable to?

And there's a different dynamic there and I think that that's a part of what we want to talk about in the near future because those are things that are going to have to be addressed. And I'd like to have . . . maybe you don't have

a thought on it today, but you are going to have to come, not only to this committee at some point in time, and tell us about that but you're going to have to tell the Department of Health. And we in the Assembly are going to have to have an understanding of what your perception of this is as well.

Mr. de Vlieger: — Mr. Chairman, if I just might respond. I think we are going to be sailing in somewhat uncharted waters in the future with respect to that. Certainly it is the case that the legislation pertaining to district health boards, even when elected, contains a prohibition on such district health boards to raise funds through taxation. And obviously the Legislative Assembly in its wisdom decided that was the correct way to go. I certainly am not going to be in a position to speak for the Regina District Health Board once the majority of its members are elected by the public at large within the district.

But if I may just speculate far into the future, Mr. Chairman, and not with respect to my own position, I think that ultimately there is going to be a fair degree of pressure, public pressure and perhaps legislative pressure, that district health boards once in a majority or perhaps completely elected, that they be also given taxation room. I think ultimately that pressure will come. And neither you nor I may wish to see that happen, but I think once you have elected boards eventually it's going to be the pressure for them to also raise funds directly.

The Chairperson: — Do we have an observation from Pipestone?

Mr. McCall: — Well I think we're all aware that both urban and rural municipal government is hotly opposed to the idea of continuing the tax. And having just recently taken on one of those responsibilities as of Wednesday, I've already heard from a couple members of the council I'll be sitting with. So I know that those levels of government feel that within two years that power of taxation now given to the health boards had better disappear. So it's going to be a highly contentious issue I can tell you that. And I guess I'm one of those people right at the moment that sit on both sides of the fence.

I guess it would really come down to, the monies that are being raised from the municipal mill rate at the moment are essential to continuing the operations of the boards as we see them today. Now if you can replace that funding in some other measure, municipal governments will be infinitely grateful, I'm sure, for that. But I guess that's a matter of the provincial legislature to determine whether they will have the funding to replace the funding coming in from the municipal mill rate or not. But it's a real hot issue in the rural areas, and I'm sure I don't need to tell anybody in this room that.

Mr. Adams: — Yes, the debate about taxation policy is very, very interesting, and I just wanted to go back to the point you raised and also remind myself that the question of future taxation policy presumably will be discussed in the future.

But with regard to the question of accountability and where you started on this issue, I would say to you, remind you again from my point of view, that there is more accountability today than there was previously and that the district health Act has enlarged the scope of accountability of this public money spent for health and through the district structure. It's enlarged it; there's a dual accountability by legislation. That is enlarging it, not narrowing it. And while at this particular point the ways to express that dual accountability . . . the ways have been defined, but the enthusiasm of some of the public to participate in that have not been fully expressed yet.

On the other side, the accountability through the minister is more intense today than it was before. There is no less responsibility, no less accountability, no less relationship to the legislature than there previously was. Indeed in almost all areas, through the minister's line of accountability, which relates to the instruments of the legislature including the Provincial Auditor, there is a greater involvement of objective observers.

So if I hear you wondering or questioning whether there is a vacuum for the second line of accountability — namely the board to its own public — if there's a vacuum there and that somehow the legislature needs to step into that vacuum, I would answer the question . . . I see no reason for that, no need for that. It is working, but it is the first year that it has been in place. And there is no less accountability.

And I would remind you also that the department historically has paid the majority of its money out in third-party grants. And the methods put in place to hold third-party agencies accountable in fact have been tightened, but they have basically been integrated.

So while you may be concerned or alarmed when you see three-quarters of a billion or a billion dollars going out to 30 districts because you may think we've done something that has given them a lot of money that you currently . . . that you previously had more control over, that's not actually right. What has happened is we put together money which you previously had various controls over, put it in together, and we're passing it through fewer centres.

So the global control over that billion dollars is in fact tighter today than it was previously, and your influence over it is no less. Indeed it might be more, and the public involvement or accountability in that relationship is enormously greater because it's dual accountability, not single accountability through the legislature.

The Chairperson: — I think I have at least two more people on the speaking list besides myself, and I have a few more questions. Is it the wish of the committee to reconvene at 1:15?

Mr. Cline: — I think we should just keep going.

The Chairperson: — Okay, I don't have a problem with that.

The question I would raise is this, in lieu of this: if I go and ask, as a member of Assembly, for accountability from the health district board, I will get it. I'm not challenging that at all. In fact I believe I'll get as much today as I would've from the hospital board or from another agency.

The formal way of doing it is for me to ask the minister to give me this. The minister can, and may, avoid the question by saying that the responsibility for that decision is within the framework of the district boards, so I have no jurisdiction over that. And that's the way it tends in reality to project itself today. What it'll be tomorrow may be different than that. And I'm not trying to shift that happening because I believe that the district boards should be accountable to the public there.

But there's one thing that I am concerned about. And that is that the public, number one, don't understand all the dynamics of what the health district board has to go through. And they don't understand that nor can the district provide sufficient information in relation to that. And I've spoken to numerous health district board members who say it takes just about a year for them to get their feet on the ground, to get an understanding of the dynamics of what they have to deal with.

The general public don't have that luxury of getting that. So then when there is a lack of interest in certain areas to be involved in, in accountability, from the public's perspective, there is none, because they don't want to go meet the board who knows obviously many times more than what they know. And then they sit there and say, well I have just been told what I'm supposed to be accepting and what I'm supposed to be responsible for but have no way of communicating anything other than their limited information and knowledge of the information that they've been given.

And so the result is, who takes the responsibility for that accountability? I'll tell you who takes that responsibility. It's the people who raise the taxes to generate the money to go into those health district boards. And that's where the influence will come. And so when there's a problem, they come to me. They don't necessarily go to the health district board because they don't understand the dynamic of that. They come to other members of the Assembly to do that.

And so the accountability goes back to where the taxes are collected, and that's the Legislative Assembly. And I believe, as much as I want to get to the place where the district is that accountability, I don't see that happening in one year or two years; it's going to take a significant period of time for that to happen.

And I just wrote down some of the dynamics of . . . Health district board accountability will relate to a public understanding and also the department understanding what the public want to have out of that health district board. That's one set of accountabilities.

And I will go into another one, is the public

demand for change. And interest groups will have certain demands — doctors, nurses, labour — but the public have certain demands that they want to have. So that's another dynamic of this health district board accountability.

Another one is the change. Health district board on accountability is going to be the entity that is going to have to deliver change from the public perspective and from the department perspective. And that is going to be difficult because sometimes the dynamic of the department perspective is not the same as the public. And that is going to be difficult, to hold the health district board responsible for the dynamic of the Legislative Assembly providing the money for the health district board. And that is a big, big responsibility. And that accountability is going to be in the hands of the health district boards, and it's going to cause some concern.

And then we have the side of the client of the health district board who is going to require money and who is going to require a needs assessment. Those are just four of the things that I picked up in this morning's discussion about the accountability for the health district boards. And some of that is going to be placed in the hands of the health district board, and some of that's going to be placed in the hands of the Legislative Assembly.

And to pull that all together is, I think, a part of what we need to be discussing in the future as not only as a part of accountability on how we deliver from this committee, but how those people deliver back to the Provincial Auditor just those four things that I suggested.

How the Provincial Auditor and the audits done within the framework of your health district boards and people who don't even understand the dynamics of Legislative Assembly and law as it relates to the compliance requirements . . . Those are things that are going to have to be all put together, and it's going to take a lot of working together to make that happen.

And it isn't, I believe, our role to facilitate this, but I believe our auditor has facilitated this to a large extent through the Department of Health and through the willingness to participate on the part of the health district boards.

So having said that, I think you begin to understand the dynamic of what the Public Accounts Committee is wrestling with when we are going to start to ask questions of the Department of Health, whether you have complied with the legal requirements within the framework of the law, whether you met the demands of the public and them understanding what those requirements are, and then turning around and saying, have we spent the money in the needs that have been assessed by you in a needs assessment rather than a monetary assessment?

Those are the kinds of dynamics we're talking about as to having to assess in this committee. And we're not the ultimate authority to deliver that, but we do discuss those kinds of entities and relationships that are going to be there.

That focuses in on one other thing that I wanted to point out. And that is that, again who is this accountability going to fall on in this period of transition? And is it going to be on the Legislative Assembly? Fine, I have no problem with that. Is it going to be on you? Or do we have to assign the different roles of this accountability?

Is it our accountability for the money to be collected? Is it your accountability for the spending of the money? Is it the department's requirement to set the needs? Is it the public's requirement to set the needs for the district? And who holds all this accountable? And who takes the responsibility for this?

I've been a politician in municipal politics since 1972 and in provincial politics, so I'm completely aware of the dynamics of the ability to shift the responsibility when it isn't specifically assigned. And the public get to be more and more cynical of that as the days go by, and they don't like that. And then they say, well if they want to handle it, then we'll let them go ahead; we'll just change them the next time they come around. And I'm completely aware of those dynamics as well.

So having said that, we need to have in this committee . . . like if I . . . I appreciate very much that you came in here, and this isn't a lecture. I appreciate that very much. However the next time we ask the Provincial Auditor and the Department of Health to come in here, and then we say — and I'll use Rolling Hills because I'm in Rolling Hills Health District and they're in my constituency — I'll say to them: I

want to have you on this committee and express to us some . . . or answer the questions about some of the dynamics of the things I've talked about, will they accept that? Or do they have the freedom to say no? Do I have the freedom to ask?

We haven't come to the conclusions of those kinds of questions in this committee, nor has the department, nor has the Legislative Assembly. And those are the questions we need to ask and get some answers for in the next year and a half, in order to give us an assurance that the direction that we're going is the direction that the government said they were going to take.

So those are the concerns. And those are some of the questions why I asked, and I initiated your coming here, and I wanted you to understand that these were some of the dynamics that we were concerned about.

And it isn't a matter for you to deal with today. However what I would like you to do is through the Saskatchewan health organization, Saskatchewan Association of Health Organizations, to go to discuss some of those dynamics within the framework of you as individuals. Because tomorrow you're likely going to be, some of you, elected to that. And when you are, you're going to have to answer that question.

And you need to have . . . and this is where I'm asking you, the public, to give us some answers to what our role should be and what you expect your role to be and the Provincial Auditor's. Because under his rules, when you are an elected board, then he is no longer responsible. But I still collect the money, and that's what worries me. And it needs to worry you too, because I could soon shut the door and then where would you be? And then you run the dynamic you talked about, about having to collect the tax yourself. You haven't got the legal ability to do that.

All of this is very important to sustaining good health, and that's what we want to have. And I just thought I'd like to express these concerns.

Yesterday, Mr. Bundon, who is the representative on behalf of all the private sector auditors in the province and was asked by them to come here, made an interesting remark. And I will point this out, when you deal with your private sector auditors and the Provincial Auditor, he made this point, he said: private auditors know business and have an expertise in business, but they need help in legislative compliance requirements. The Provincial Auditor knows legislative compliance and may need to have the business expertise from private sector auditors.

So the auditors that you have within the framework of the audits that you do within your health districts will, as the Provincial Auditor said earlier, need that oversight that requires compliance. Because this group of men and women in this committee require compliance with the legislative authority given to you, and it's not onerous but you need to know what it is. And that gap that private sector auditors have in understanding that, can be provided by the Provincial Auditor. The gap that may exist — and I'm not sure that it does — with them being able to understand what happens in the dynamics of the health district board need to be supplied so that the Provincial Auditor understands the dynamics there.

I thought it was a very candid observation about what each individual roles were. I guess I will defer to Ms. Crofford who was next on the speaking list.

Ms. Crofford: — One minute. That was very profound, Mr. Chair. I think you've gotten to the crux of the problem with community-based democracy, is that rights and responsibilities get a little bit clouded. And no doubt this debate will be ongoing for the next few years.

But I will have to mention, after three years of experience myself of accountability processes — because we're required in our own party's constitution to have two public meetings a year — if the issues are hot, you get 150 people; if they're not, you get 10. And the only way you can increase that is through participatory models of management and delivery, because then you're spending so much time interacting that those accountabilities are coming through in those discussions and through in those processes.

Because you might, for example, know because you've seen letters to the editor that there's a problem with some of the seniors' areas, so rather than calling a big meeting of everybody and anything to discuss it, you

might just do some outreach into that particular community in the vein of offering yourselves up to accountability.

I want to mention that we have had school boards for a long time, and yet I was very dismayed to see in the newspaper a photograph — people in Regina might have seen that — of all the people who were running for school board putting themselves before the electorate to be held accountable. And if anything was noticeable about the picture, it was the empty chairs in the audience.

And of course voters have a responsibility too in the accountability process, and that's to get themselves organized to be concerned about the things they care about; likewise the press, the opposition. Everybody plays a role in this. We've sat in this committee this week and haven't seen the press once, and yet they'll no doubt have an article on Monday about accountability.

So take heart. You can be as available as you want, but there has to be some uptake on behalf of those who cry accountability. And I do think people are busy, you know. They have participatory day cares, schools, workplaces, and a person's energy only goes so far. But I do think the questions you raised are really the pertinent ones, and I appreciate you for pulling that all together. Thank you.

The Chairperson: — I was listening.

Mrs. Bergman: — Mr. Chair, I would second the endorsement of the member's statement about what you had to say. Those are the issues we have to struggle with.

I have a smaller issue to deal with for Mr. Adams. Last year you spoke, as you were introducing the materials that you gave the committee, you spoke about the freedom of information Act. And what you said, the boards are already more accountable because they're required to have public meetings, and you reiterated that. And you say at that time you had given them information on the freedom of information Act and you would give them an in-depth briefing on it as they will certainly be involved in a much more transparent accountability.

And I have an accountability issue about the Regina board. In the public meeting on July 21 in Lumsden, Mr. Gill did say — he was speaking about the Hay consulting report, and a question was asked when it might be available — and he said that it would be available to the unions during August and then to the public in October. And so a request was made for that report through the freedom of information Act and a letter was received September 29 denying access to a member of the district.

And in the summary report of the Hay consulting report there was a suggestion that this report was available in the health science libraries and the district facility staff rooms or by contacting Chris. And in the meantime I've also heard that some managers in some Regina facilities have been told not to encourage people to access this report.

So in terms of accountability I'd like your opinion on the freedom of information Act and its role in assisting that accountability.

Mr. Adams: — Well the bottom line on freedom of information for me is that anything that's written down is basically going to become public at some point or other anyway, so just treat it that way. And I work from that ground rule.

And if I ever presume that something is not going to work in that way, I normally am surprised or it hits me in the face anyway because it's exactly on the third page of the newspaper.

So in regard to freedom of information, I have that the law is complex and there are people who are trained to interpret that and there are appeals processes in it. And the thing that . . . There are very few documents the department, when asked, does not release. There are very few. And we only deny on very strong grounds that comply with the legislation.

Our general approach is, even if we didn't have to, we might as well; unless there is something that's going to be a major problem for an individual, like a human resources case or something that is clearly privileged in respect to the development of policy, that you don't deny it.

Now with regard to . . . Let me give you a couple of examples. There was one particular

request that I recall coming in that would have required the department to have spent hundreds of hours photocopying at enormous public expense something which was a piece of nonsense anyway; it was almost a frivolous request.

And we certainly didn't want to deny it, but why would you put the taxpayer to such an enormous cost of staff time and paper and transmission costs to do what they were asking, or to sort files in a certain way that it made it easy for the requester for information but it was going to cost a lot of money to deliver it.

And I think that one has to look at some of these cases — not very many of them but some of these cases — as to the cost of delivering the material. Even if you're not trying to . . . even if you want the material out, it is a cost in the format of delivering it.

Now I don't know this particular issue in the Regina district and I'll let the district speak for itself on that point. But you asked the department's general philosophy is . . . is general openness and unless there's an awful good reason not to make it public, do so.

Mr. Gill: — In responding to the question, when we developed the questionnaire, my understanding was that the request was for the questionnaire and not for the results. And we had a private firm involved in the development, along with union and management, in developing the questionnaire and there was some propriety in relation to that particular questionnaire. And there was concern by the private company that what we would be doing is we provided the actual questionnaire, that it could be utilized by other jurisdictions, and therefore we agreed that the actual questionnaire would not provided.

However, the results of the opinion survey are available to everyone. However again, if you look at the document it's probably about that thick, and in order to provide a copy to every household in this district would be very expensive. There's no reason why people cannot go to the libraries to have access to it. I'm not aware that anyone has suggested that they not look at this.

I can tell you that I'm somewhat disappointed in that when we looked at the results and had our consultants provide the results, that again we set up special sessions for all our employees, which number approximately 5,600, and less than 200 people showed up to the presentations that were being made. And if there is a request for the actual results, those will be provided but the actual questionnaire, at this point in time, is the thing that is debated in terms of being held in confidence.

Mrs. Bergman: — Mr. Chair. I have your letter here, Mr. Gill, in which you denied access to the survey and its results.

Mr. Gill: — The survey questionnaire. So there's a misunderstanding in terms of what you're after.

Mrs. Bergman: — Well in fact it does say in your letter: deny access to the results. And so that's why I brought up the question. I am concerned about the issue of accountability, perhaps in the larger sense than what just this committee speaks about, of the accountability on financial issues. And I think this is one of the things that encourages the participation of the public if indeed they feel that they, as Mr. Adams has said, that they have access to documents and sense that it's part of the public record.

Mr. Gallinger: — It's Alvin Gallinger. I'm concerned that we're leaving the impression that there's a lack of interest in our communities. And that has not been our experience. In about February last year, I met with staff, both afternoons and evenings. I was in every community, in every facility, and probably met initially with 70 or 80 per cent of our staff. We set up needs . . . the board set up a needs assessment process. We had 11 public meetings throughout the district, all of the communities that we could find a decent facility for. We saw a total of 6 to 700 people in those meetings. They were very involved. They were a workshop setting. They went through a standard series of questions. There was some very enthusiastic involvement. And it wasn't just one segment, it was . . . yes there were health care workers there, there were seniors there, there were business people, there was municipal government people, and it was a very dynamic kind of a process.

Right now, in November, we've got a series of four reporting-back meetings set up that meet the requirements of the Act and at that

meetings we'll be talking about our annual report for '93-94, we'll be talking about our program management and expenditure plans during the current year, and we'll be doing the report back on needs assessment. I have no idea what kind of turnout we're going to get for it but I expect, based on I think the expectations that were set up in those needs assessment meetings, that we will get a lot of people out.

And we get just a lot of interest expressed as you travel around and get around to the different facilities. I think there's a tremendous interest in this reform process and I really believe the people out there have a pretty darn good idea of what's going on. They ask some very interesting questions, very incisive questions at times, and they have some intriguing ideas.

I think what needs assessment did for us, I believe, is that it opened the dialogue with the communities and it set the stage. And we've set some expectations up out there now and we're going to be hard pressed to respond to all those expectations we've established. But I think it's the only way we're going to accomplish a change of this magnitude is that we've simply got to have that ongoing dialogue every day.

And to that extent we will be allowed to go ahead and do a lot of the things that need to be done. But if we don't have the alternatives in place, have people understand why we're doing certain things, we will not be allowed to go ahead because the public will challenge us at every turn. And so there's a whole lot of pieces of the puzzle that have to come together but I don't believe part of the problem, for us at least, is public involvement.

The Chairperson: — I think that that's an interesting dynamic and I'm not sure that I can give all the reasons but I think the rural dynamic is definitely different than an urban dynamic and I think that that's one of the things that I wanted a rural and an urban setting in this meeting here today, to get that focus.

I don't have any more items or members wishing to speak and therefore I will take the liberty of saying to our guests here today that it's a pleasure for me to have sat here and listened. I have, I think, understood a little bit more about the dynamics of the accountability process in the health district boards and I just know that there are going to be more discussions like this and if, as I said earlier, they're as productive as I believe this one was, I think we will all learn.

But we need to have at the end a goal in mind and that is probably two things. One is the client of the health care service has to be looked after, that's goal number one. And then the revenue and disbursement of funds in relation to that client is goal number two. And those two things needs to be very clearly set out as goals. We may have different methods of getting there and reaching those objectives, but we have to get there.

I want to say thank you to you for coming in. I'm not sure what you expected. I hope you have learned a few things about the things that we have and the dynamics that we have to deal with. And I challenge you to be productive in your health district boards and meet the challenges that are out there, because they're large and there are more every day because of the shortfall in individuals providing tax dollars for all the things that could be done. And to be creative and imaginative in dealing with that is a great responsibility, and you're going to take that on, and I want to just encourage you in that area.

Having said that, I would entertain a motion to adjourn. I believe that's all the business that we had to . . .

Mr. Cline: — Actually, Mr. Chairman, I think there's some housekeeping things that we have to discuss.

The Chairperson: — Okay, then we will say thank you very much and wish you well in your work.

In order the facilitate the discussion I think we need to direct our attention to some housekeeping things that Mr. Cline would like to discuss, and I'm open for that.

Mr. Cline: — Okay. Well mainly all I'm thinking about is that we should discuss the dates when we would meet again to go through the departments. And also, Mr. Chairman, I think that the parties are going to have to decide what departments they want to call forward and perhaps let you and I know so that we can

discuss it and work with the Clerk to schedule accordingly.

The Chairperson: — I don't have a list as of today because we're doing other things that are of significant interest to members of this committee, and so I haven't had time to do that. But I will take it upon myself to get a list from our caucus and I'd like to have it from the Liberal caucus as well. If you have any, then you can give them to me and we'll give them to the Clerk to call. Now the scheduling is basically done, I believe, by who can be there on certain days. And we generally leave that up to the Clerk to follow that up.

Mr. Cline: — Okay.

The Chairperson: — But the dates are of significance. I would say sometime in January, which we did last year, was a reasonable time. I'd be interested if there is . . . let's say after the 15th, the week after the 15th. I don't know what days those are.

Mr. Strelioff: — Monday is the 16th.

The Chairperson: — Monday is the 16th. We could probably take the week of the 16th as a preliminary kind of a setting and then go from there.

Mr. Koenker: — Yes, I would like to speak very strongly for an early identification of the dates. I think that in some respects some of our individual caucuses may know of prior commitments already that we have that would preclude certain dates. The auditor as well may have certain dates that preclude his attendance. The same with others that would be appearing before the committee.

And just in the interest of good planning, I would like to see the chair and the vice-chair certainly be working actively with Mr. Putz to secure dates so that everyone can begin to block the time out on their calendars; otherwise other events will intrude.

The Chairperson: — Does the week of the 16th in a general way kind of suit? Or is that not a good time?

Mr. Cline: — No, it's not a good time for us, but the last week in January.

The Chairperson: — The last week which would be . . .

Mr. Strelioff: — The 23rd is the Monday, or the 30th which is a Monday as well.

Mr. Cline: — I would say beginning on the 23rd.

The Chairperson: — The 23rd. I'm not sure when the legislature is going to resume sitting but I would expect it could be . . . last year it was, what, the 10th?

A Member: — 7th.

The Chairperson: — 7th? Okay. I don't have a problem with the 23rd, the week of the 23rd. Would you circulate that information with the membership that isn't here and you could do the same thing, and tentatively we'll set that date for the beginning and then the rest of the week.

Mr. Cline: — And I think people should try to get the lists of who they want to you, Mr. Chair, within the near future. I don't think we should worry too much about the government members because the opposition probably will want to call, you know, sufficient number of departments that will . . .

The Chairperson: — Right. By the end of November or middle of November I'd be able to have a list of them for you, I think.

Mr. Koenker: — If that's the case I would very much like to receive a listing of those departments then that we're going to be reviewing, such that I can come to the meeting with some reasonable sense of what it is that we're going to be dealing with in advance. And even well in advance so that if I have an island of opportunity to look at things, I can do that more than a day or two before the meeting or even a week or two before the meeting.

The Chairperson: — Understood. I think we're in agreement with that. Okay. Is there anything else that you needed to bring to our attention? Okay. I'll coordinate it through the Clerk's office.

Thank you very much for your attention and I think this has been an interesting week. It's had different dynamics to it and I think, at least speaking for myself, I've learned a lot from the different dynamics that we've had and I hope

that you did, and I guess we'll be looking forward to January to visit about this again. Have a good Christmas.

A motion to adjourn. Mr. Sonntag. Agreed? Agreed.

The committee adjourned at 12:40 p.m.