

**Public Hearing: Department of Health**

**The Chair:** — Good morning, ladies and gentlemen. I would like to welcome you all here. As you recall, we left off last meeting on page 166 of the spring '96 report, having completed recommendation .79.

The way we were proceeding at the last meeting is that we had moved quite efficiently into the recommendations and as we went to them we asked the deputy minister to comment on the department's response to the recommendation and then the committee had, in a number of the recommendations, concurred with the Provincial Auditor's recommendation and noted the progress that the department had outlined.

So if that's acceptable for us to continue in that methodology, I will ask us to move forward to recommendation .85 on page 167 and ask the deputy minister for comments.

**Mr. Adams:** — We were talking about . . . this refers to one district specifically and the district health board has told us it will obtain the required information from the municipalities in 1996.

**The Chair:** — So that would suggest that for '96 the district health board has compliance with .85 and .86?

**Mr. Adams:** — Yes.

**The Chair:** — All right. Would someone move that we concur with .85 and .86 and note the progress is outlined by the department. Mr. Thompson. Any discussion on the motion?

**Mr. Sonntag:** — You can just concur; we don't have to require a motion.

**The Chair:** — Okay. Okay. That's agreed? Agreed. Thank you. Point .91.

**Mr. Adams:** — The department has a written policy requiring approval for hospital equipment purchases beyond the specified limits, that is \$1,000 for less than 50 beds; 2,500 for 50 to 299 beds; and \$4,000 for 300 or more beds.

Most districts in fact did obtain the necessary approvals but there were about 13 that were cited. And they will certainly be obtaining approval in the future.

There is a problem here. The current limits were set a number of years ago and they're no longer really appropriate. The Health Districts Amendment Act includes a provision, as section 11, amending section 28 of the Act to allow for regulating the purchase, lease, or sale of personal property that exceeds the prescribed amount. The department will work to develop the regulations over the coming months to ensure that this is enforced.

**The Chair:** — Thank you. Is it agreed that we concur with the recommendation .91?

**Mr. Flavel:** — Could I get Mr. Adams to go through that again? Was it 50 bed was a thousand dollars; anything over that you have to get approval from the minister? We're talking acute care, what?

**Mr. Adams:** — Yes.

**Mr. Flavel:** — Fifty. And then 2,500 was how many?

**Mr. Adams:** — For 50 to 299 beds; and \$4,000 for 300 beds or more. Obviously those limits are too low. I mean this is very, very old stuff. We're updating regulations and standards as we . . .

**Mr. Flavel:** — Is there a hospital outside of the city of Regina or Saskatoon that has 50 or more beds?

**Mr. Adams:** — Oh, yes. All the regional hospitals have more than 50.

**Mr. Flavel:** — Okay. It would seem to me that it would be very low. A thousand dollars is not . . . (inaudible) . . . spending a thousand dollars any more.

**Mr. Adams:** — No. Right.

**Mr. Flavel:** — It would appear to me to be tying the hands of some of these boards if they come across a deal where they can pick it up and have to wait for the approval of the minister.

**Mr. Adams:** — We agree. And these are very old. I mean this stuff dates back 20 years or more. And as we're getting into some of the changes on standards and rules, we're trying to update them as well. But in this particular case, we need the amendment.

**The Chair:** — Any other comments? Otherwise we concur with the recommendation .91 and note the progress as outlined. Agreed. Point .94.

**Mr. Adams:** — Well we agree. If you . . . I have a long defence here in case we get into a scramble. But we obviously agree. Although health districts do submit health plans pursuant to section 31 of the Act and these documents are proven to be extremely valuable planning tools for districts, the time lines specified in the Act were virtually impossible for district health boards to meet.

And this section of the Act has been revised . . . or is being revised in the recently introduced amendments to read this way; well you probably know since you've got the Act:

Prior to the day fixed by the minister, a district health board shall, for each fiscal year, prepare and deliver to the minister a statement setting out . . .

Then the rest of that section is remaining as it was in the Act which is:

(a) setting out the detailed estimated expenditures of the

district health board;

(b) the sources of any revenues and the estimated revenue from each source; and

(c) the details of any proposed services or activities and their estimated costs.

So it will give a complete overview. But the date, the time frames, were just not practical.

I've just been reminded that one of the problems with the dates that we had is, for a board to be able to submit this, they have to know what the budget is. And the budgets have been coming down a little bit later. And the time frame between when a budget is delivered, when we can tell the boards, and when they can submit their plans, don't fit well on the fiscal year time frames that had been identified.

**The Chair:** — Thank you. Any other comment, not on .94? Are we agreed? Agreed. Note the progress. Point .99.

**Mr. Adams:** — On May 14, 1996, an order in council setting rates of remuneration and reimbursement of expenses for members of district boards was approved by the cabinet. The OC (order in council) specifies the maximum rates of remuneration and reimbursement of expenses and clarifies application of the rates. Previously we had established guidelines and that we felt those initially were the place to start, but we firmed that up with the OC.

**The Chair:** — .99. Is it agreed we concur, no progress. .105.

**Mr. Adams:** — This issue was going to be followed up as a part of financial management review.

**The Chair:** — I'm sorry.

**Mr. Adams:** — I said that this . . . we agree with this particular recommendation and it's going to be followed up as a part of the financial management review that I spoke about last meeting.

**The Chair:** — Okay, thank you. Are we agreed then with .105? Progress is noted — .108.

**Mr. Adams:** — This applies only to two districts, this recommendation. And one district has already resolved the issue, and the department will follow up with the other district to ensure that residents' funds are kept in separate bank accounts as required by the Act.

**The Chair:** — Thank you — .108, are we in agreement? Are we agreed? Thank you; .112.

**Mr. Flavel:** — Can I get some clarification on that? Mr. Chair, before you go, what are we talking about here? Are we saying if my mother goes into a home that the board gets all her money into an account or something or what . . . I guess I don't understand. What residents' money are we talking about and why has it got anything to do with it?

**Mr. Adams:** — Yes, what happens is that the OAS (old age security), GIS (guaranteed income supplement), and SIP (Saskatchewan Income Plan) payments and pension money often comes directly to the residents in the home. And so what they do is they sometimes have relatives who can't manage the money for them although that's usually risky. And at times the . . . most often the home itself handles the residents' money. They sign it over to the home, and the residents manage that money . . . or the home manages that money. And what is being suggested is that there should be separate accounts for this, and we agree.

**Mr. Flavel:** — I didn't realize this was taking place; that's why I wanted some clarification.

**Mr. Adams:** — Yes, it only applies to two districts where they didn't have separate accounts, but you understand what the concern has been in the past. You've probably heard about some of these stories where the older folk get their cheques and sometimes relatives ask them to sign it over to them, and then there are some difficulties about that.

**Mr. Flavel:** — Okay, thank you.

**The Chair:** — No. .112.

**Mr. Adams:** — This applies again, .109 to .112 applies to two boards as well. And that one district again has resolved this issue, and the other district, they will be following up with them to make sure they comply with the recommendation.

**The Chair:** — We're agreed with .112. Thank you. .117?

**Mr. Adams:** — On this one, this applied to one district, I believe, only. And the department will follow up on this issue as a part of the financial management review.

**The Chair:** — Is that agreed — .117? Thank you. No. .120.

**Mr. Adams:** — This is just another archaic reporting requirement. And these are not really required by the minister, and the section in the Act will be repealed as a part of The Health Districts Amendment Act which we've recently introduced. And the department now does require quarterly financial reporting from health districts.

**The Chair:** — Okay, I think perhaps this one is a little different, than that maybe we recognize the fact that there are quarterly requirements of reporting, and that we note that, or something of that nature.

**Mr. Sonntag:** — Or how about noting the auditor's recommendation and the changes that are being made in the . . . both changes to the Act, something like that.

**Ms. Stanger:** — I mean it's our view that we at least try to make these regulations workable. I mean it would seem that a quarterly requirement would be more than adequate for Heaven's sakes.

**Mr. Adams:** — First of all, quarterly is what we need and

that's what we're doing.

**Ms. Stanger:** — Yes.

**Mr. Adams:** — And the old monthly stuff is not appropriate. And we're repealing that section as a part of the amendments to the district health Act.

**The Chair:** — Maybe in this instance, in regard to, we can mention, in regard to .120 that we note that the new district health Act is proposing that quarterly reporting is happening and we concur with that direction. Something of that . . .

**Ms. Stanger:** — Agreed to that.

**The Chair:** — Agreed?

**Mr. Flavel:** — Then we would not agree with recommendation .120.

**The Chair:** — No. But we reference it so that we . . .

**Mr. Flavel:** — There's something taking place, you know.

**The Chair:** — Exactly.

**Mr. Adams:** — Mr. Chair, there is one other point that's relevant here, and that is that the particular citation refers to hospitals, and we're reporting hospitals. Our quarterly reporting requires everything. And so we wanted to go beyond just the hospital reporting.

**The Chair:** — Okay, thank you. .134?

**Mr. Adams:** — The answer to this particular remark is fairly extensive and we've been talking about it for the last meeting that we were here as well. And that has to do with generally our financial accountability and how up to date it is and what we're doing to improve it. And I'm going to just highlight this, and if you want to come back on more specifics, we'll do precisely that.

Certainly we're as anxious about the submission of delayed audited statements as others are as well. Part of this has to do with the fact that the financial systems had to be integrated. They weren't done that way in the past and it's a much more complex and complicated piece of activity.

We have a process that I can give you, which is detailed, if you want to hear about it, but I'll skip it for now. But in 1995-96, the department expects that the timeliness of statements will improve considerably. In fact there was some improvement — well, we've noticed that quite dramatically actually.

Audit planning meetings have been held involving the health district and the appointed auditor and the Provincial Auditor and the department to develop mutually agreeable and achievable time lines for completing financial statements. So we're not saying that this is . . . we're not saying we're satisfied here at all, but we're doing everything we can with the districts to help them move along more quickly, and we see progress.

Now with regard to . . . okay, that's .134. Do you have anything more that you'd like to ask on .134?

**Mr. Thomson:** — It seems like what we should do is simply note that we support the recommendation and recommend that health boards work towards submitting their audited financial statements to the Minister of Health in a timely manner.

**Mr. Strelieff:** — Chair and members, the progress of '95 and '96 have been quite remarkable in terms of improving the time lines, the rigour, and the comparability of district health board financial statements. Our office has been quite surprised, and overwhelmed too, in terms of the advancement of the deadlines that is occurring out there right now.

**The Chair:** — So then we concur with the auditor's recommendation and note the progress as outlined, similar to what we have done? .134 then we're agreed; .135?

**Mr. Adams:** — The process has been clarified for the 1995-96 financial statements. Health districts will submit their draft statements to the department and Health is working with the comptroller's branch in Finance to ensure the proper approvals are given. The Provincial Auditor's office is aware of this revised process, so we're moving ahead with this.

**The Chair:** — Again we agree with the Provincial Auditor's recommendation and note progress. Agreed?

**Mr. Thomson:** — I worry a little bit about where exactly that's going to lead us. The auditor's recommendation is very specific, saying they should be reviewed by the Treasury Board. I mean there's an ongoing debate of course in the legislature as to what exactly the relationship of the boards to the government is. And I don't think it's necessarily helpful for that debate to be dealt with through an accounting or auditor's perspective.

So rather what I think we may be better off doing is recommending the Department of Health and Finance work together to clarify the approval process for financial statement formats and communicate that process to the district health boards.

**The Chair:** — We're going to need for the Clerk's purposes for you . . . (inaudible) . . . Mr. Thomson, does this cover .135 only or does this kind of serve a grouping here?

**Mr. Thomson:** — I think just on .135.

**The Chair:** — Okay, the suggested motion is:

That the Public Accounts recommends that the Department of Health and Finance work together to clarify the approval process for the financial statement formats and communicate the process to district health boards.

Is there any comment on that? If not, are you in agreement? Do you want that as a motion or a consensus?

**Mr. Thomson:** — I think if you say consensus, that's fine.

**The Chair:** — Okay, then it's agreed; .136, Mr. Adams.

**Mr. Adams:** — Yes, as I've spoken to you before, the reporting requirements are being firmed up and defined more precisely. And in time, as we can get down to program standards that are meaningful, those will be included in our requirements as well.

With respect to the costs of health services for '95-96, in those financial statements, they will be prepared on the basis of broad program areas such as acute care, home-based services, and mental health services, alcohol and drug services, etc., to reflect the costs of programs rather than an object code based on the past — things like salaries, benefits, and supplies. This will provide a more meaningful breakdown of health district costs.

What you want and what we want are the same thing actually. We're trying to get at the cost of a program and then relate that to benefits and outcomes. So as we can work this through with the districts, we're trying to adjust the statements and the reporting patterns to reflect that.

I should say also that as a part of all this that, you know, we are requiring the districts to adopt — for us to find and for them to adopt — more useful management and accountability information systems and practices. And this is all a part of that larger discussion that we've been having with you and with them. Some of these things can be done fairly quickly and others will take a good deal more time. But the bottom line is they are already more transparently accountable than any programs of their sort elsewhere in Canada.

**The Chair:** — Are we in agreement with .136 and note progress? Is that agreed?

**A Member:** — Agreed.

**The Chair:** — Thank you — .141.

**Mr. Adams:** — The district health boards have already addressed this problem which led to the reservation of opinion by the auditor.

**The Chair:** — This is agreed. .146.

**Mr. Adams:** — For '95-96, all district health boards' annual financial statements will present a comparison of budget to the actual cost as well as show expenses by program, which I've just mentioned.

The 1995-96 financial reporting guide was developed by a working group of the district health boards and the Provincial Auditor's office and the department staff to ensure that the format and guidelines are reasonable and acceptable to all parties. So I think we're on that one.

**The Chair:** — We're agreed. .149.

**Mr. Adams:** — This is a point that your committee raised last year with us as well. We've taken the matter up with the district health boards, and we've had discussions of course with the

Provincial Auditor's office as well. It's not resolved yet.

The district health boards, some of the boards have expressed concern about the recommendation, noting that they have not noticed any public demand for this type of information; that the districts already have to meet very significant reporting requirements, and public disclosures of payee involves considerable work; and that the publication of this information could detract attention from the larger issues surrounding health renewal.

Now that's a statement of their concern. I know that as a matter of course our government discloses all these individual payments all the time, and has for as long as I remember. So I think what I can say to you only is that we've got to have a lot more discussion with the districts about this matter. We've got to have them onside on this and we can report back to you after we've had more discussions with them about this.

**Mr. Thomson:** — I think that generally we would agree, or certainly I agree that health boards should be making this information public. But the question, I think the concern with this recommendation, is that the reference in paragraph .148 I'm not sure is particularly the correct one as these agencies I'm not convinced do report to Treasury Board.

So what I'd recommend instead is that we might consider wording along the lines of . . . (inaudible) . . . recommends that the department consult with district health boards on the issue of preparing the list of payees and report back to the committee.

**The Chair:** — Okay.

**Mr. Aldridge:** — Could you just elaborate a little bit more about which health boards in particular had the most concern in this regard?

**Mr. Adams:** — The way we started this discussion, we have a Health Districts Advisory Committee, Mr. Aldridge, which is a group selected from SAHO (Saskatchewan Association of Health Organizations). And then we have seven specific districts selected by SAHO to sit on this advisory committee to us. I can give you the list of those seven districts, if you like.

We took the question up with them and their view about wanting more discussion of this and some of the concerns that they expressed was a unanimous opinion of that advisory committee. We have not discussed this in an open session . . . well, open or closed session. We have not taken this to a meeting of all 30 districts because we haven't had the opportunity of doing that yet.

Sometimes we can get policy questions like this resolved through the advisory committee and then SAHO taking it up with their board and moving the answer along. But if it's highly contentious, we have to wait for an opportunity to talk to all the districts together and then they'll decide together what they're going to do.

The districts specifically on that advisory committee include Rolling Hills, Regina, Saskatoon, Moose Mountain, North

Valley, Midwest, and Assiniboine Valley.

**The Chair:** — You've heard the wording of the recommendation, or the agreement or consensus proposed by Mr. Thomson. Is there any comment on that? If not, are you in agreement with the proposed consensus? Agreed.

Thank you. That concludes section C. I would like us to move to chapter 9, part D on the district health boards annual report on page 177 of your spring '96 report, and focus on recommendation .08.

**Mr. Adams:** — In general, I'm supportive of the Provincial Auditor's observations and recommendations resulting from his audit of the health district boards annual reports. The department does agree that it is important for health districts to report in an effective manner so the public and the minister can assess their performance.

The department has begun, in conjunction with the districts, a process which will lead to the development of annual report guidelines for the health districts. And in preparing those guidelines of course the Provincial Auditor's report will be quite helpful to us.

Do you want me to speak to some of the other points raised here, or is that sufficient for the moment? We generally agree with what he's saying on this issue.

**The Chair:** — I think, Mr. Adams, if there's any points that you particularly want to focus on in relationship to this recommendation .08, which is the nature and the guidelines for this reporting, please feel free to do so. You probably would have better knowledge of what points are relevant to the discussion perhaps.

**Mr. Adams:** — Well I think that again my main concern here has to do with time to do everything. I mean we're turning this thing upside down, and all you do is read the newspapers to know we have a few problems other than some of these annual report matters.

So that it's also important to remember that these districts are trying to pull together information from what were formerly 400 health corporations. So getting this all together does take time, and we are trying to get to a higher standard of information than what previously existed in the 400-plus boards of health.

Also in the past, many of these boards did not have the kind of public sense that they had to account publicly. And that what they were reporting or what they were collecting for reporting purposes was quite different from what we expect today; so that new systems have to be put in place to get some of the information that would make the public better informed.

I think that what we can say here is that all of the information that you've been talking about and the financial information as well as the program information, that taken together with new systems which are being put in place, will yield a better quality annual report. And that it is simply a question of how quickly

can we (a) develop the guidelines with them and how quickly can they put it all together.

So I think you'll just see improvement year by year, and next year you'll see a lot of improvement from what you have this year. That's about all I have to say, Mr. Chair, on that issue.

**The Chair:** — Can we note . . . can we perhaps as a suggestion agree with the recommendation and note the time constraints that the department faces in implementing these recommendations, so that we at least indicate our sensitivity that there is a limitation how much can be done how quickly.

**Mr. Thomson:** — I think that's not a bad idea. The one other thing we should do is recognize that district health boards are in fact more accountable and have significantly more responsibility than the 400-plus organizations that they replaced — I think that's a very important point — and furthermore that it will take the district boards some time to implement the appropriate systems.

Beyond that, the only thing I would recommend is that perhaps we simply leave it as:

That the department should work with district health boards to develop and issue annual report guidelines.

**The Chair:** — What's the other members' feeling?

**Mr. Sonntag:** — I think the comments made by the deputy, I think, summarize it quite well too and we'll have it in the notes that Gregory makes as well.

**The Chair:** — Okay. Any other comments? You've heard the suggested consensus by Mr. Thomson. Are we in agreement with that? Agreed. Thank you. Point .09.

**Mr. Adams:** — This is essentially the same answer as what I've given previously. We agree with the recommendation. And it's a matter simply of trying to get the information and the guidelines and the process in place to be speedily prepared by the districts so that these kind of time lines can be met. So I think you'll see again improvement as we can do that.

**The Chair:** — Are we in agreement and note progress is reported? It's agreed.

**A Member:** — Agreed.

**The Chair:** — Well thank you very much, ladies and gentlemen. Unless I've missed something, I think that that deals with the recommendations of the auditor in regard to chapter 9, district health boards. And I would particularly like to thank you, Mr. Adams, and your officials for your cooperation and support in our deliberations over the last two or three meetings.

I recognize and you recognize of course that there are outstanding chapters of the Provincial Auditor's report that we intend to deal with intersessionally, and we'll work with your department in terms of finding a rainy day or something of that nature in the summer or fall that will be appropriate for

everyone and look forward to continuing our deliberations. So thank you very much.

**Mr. Adams:** — Thank you very much.

**Mr. Strelloff:** — Mr. Chair, members, I'd just like to formally thank the deputy and his staff as well as the staff in the district health boards for the tremendous cooperation that has happened over this past year in getting all this audit work and reports done and moving the standards significantly ahead.

The part E that has all the comparative financial information was not possible before. And we were working with financial information from individual health care institutions that wasn't very rigorous or comparable. And there's been a tremendous improvement in that respect. And again I see the same happening this year. So thank you very much.

Also I'd like to formally thank some of the senior staff in my office, led by Mike Heffernan, who's not here right now — he's attending his daughter's graduation — and Dale Markewich and Ray Bohn who have led the charge in our office to coordinate, help coordinate, the work of the 29 or 30 district health boards. So thank you.

**Mr. Sonntag:** — Thank you very much. In the interests of time, I won't be long, though I certainly could be, in thanking you as well. I know when we first started . . . or when I first started on Public Accounts here I know that some of the work that had to be done with respect to the district health boards specifically, also within the whole Department of Health, as we were going through this change. But I really want to acknowledge, from the government members anyway, the amount of work that you've done has been absolutely phenomenal and I want to thank you very much for that.

**Ms. Stanger:** — I just want to add, to thank the Health officials and the deputy for all the work they've done; and the Provincial Auditor and the work that he's done with some of the district health boards. I think a team approach like this has really helped us move on to where we are today. Thank you very much everyone.

**Mr. Adams** — Thank you very much.

**The Chair:** — I would like to briefly, although it wasn't on your agenda, just outline where I see us heading . . .

**Mr. Sonntag:** — Mr. Chair, just before the deputy leaves, we should note also that we may be calling him back for the last chapter, for chapter 8. We have the department yet to deal with.

**The Chair:** — Yes.

**Mr. Sonntag:** — Okay, they know that? Okay.

**The Chair:** — I believe I did.

**Mr. Sonntag:** — Okay, I'm sorry.

**Ms. Stanger:** — He said that.

**Mr. Sonntag:** — Oh, okay, I'm sorry. I missed that.

**The Chair:** — Now I'm nervous about how much else you've been missing.

**Mr. Sonntag:** — And I usually listen so attentively to what you say.

**The Chair:** — Hang on every word.

The Clerk has circulated a draft of our report up until the last meeting. What we propose to do is to complete it over the next two days in a format that's very similar to what we left off at on part C, chapter 9. And that I would like us, because I believe it's appropriate that we can't approve something that isn't completed even in draft form, so I'd like us to have an opportunity even for 15 minutes or so on Thursday morning to get together in camera — and the Clerk has informed me that he still does not have any idea where we can do that because there's so many things going on all over — at which time we would have the final draft for approval. And it would be my hope that we would be able to be in a position to table that in the House on Thursday, subject to your approval.

**Mr. Thomson:** — I think Thursday is one of the briefing sessions for government members on McDowell.

**The Chair:** — You could have come last week.

**Mr. Thomson:** — I know, I tried to join you guys last week.

**The Chair:** — Well I'm struggling for a time then, whatever is most convenient. We will not need a large block of time but we have to meet outside of House hours.

**Ms. Stanger:** — How about from 5 to 5:15?

**Mr. Sonntag:** — Except that we wanted to table it . . . you would table it about 2 o'clock, right, in the reports?

**Ms. Stanger:** — Yes, but couldn't you do it Wednesday at 5:15?

**Mr. Sonntag:** — No, Thursday.

**The Chair:** — Well it's a question of how much time . . .

**Ms. Stanger:** — Well could we have it done. That's my question.

**The Chair:** — What about 5:15 Wednesday?

**Ms. Stanger:** — How about 5?

**The Chair:** — 5 to 5:15 Wednesday. Do you think that we can make that? Can we table it on Friday?

**Ms. Stanger:** — We will be here. We can't possibly do . . . okay, Thursday at 5 then?

**The Chair:** — We could then give Greg a little more time and

have it Thursday at 5, and then we could table the report on Friday.

**Mr. Sonntag:** — I can't be here on Thursday at 5. We've got two committees going from 5:15 to 6:30.

**The Chair:** — Wednesday at 5 — should we shoot for that?

**Mr. Sonntag:** — What about . . . Our meeting starts at 5:15 downtown. What about meeting Thursday morning at 9 or 9:30 for 15 minutes.

**Ms. Stanger:** — For 15 minutes; that's all we need.

**The Chair:** — I'm open to whatever is available to the members.

**Mr. Sonntag:** — Well may I suggest 9 on Thursday, 9 o'clock on Thursday morning for 15 minutes.

**Ms. Stanger:** — 15 minutes.

**Mr. Sonntag:** — Well it shouldn't be more than that.

**Ms. Stanger:** — Unless somebody has a lot of questions.

**The Chair:** — And would it be possible to attempt to get the draft in members' hands Wednesday evening?

**Mr. Putz:** — You said there were some minor corrections.

**Mr. Sonntag:** — I actually have a couple of suggestions even right now.

**The Chair:** — Okay, if there are we have a little time so if there are any kind of things that we can get it right up to snuff in terms of what we have. Are they minor or are they substantive?

**Mr. Sonntag:** — Well there's one . . . I don't know whether you'd say it's substantive. It's some extra wording. This one is minor, line 78. I think that's a typo — committees.

**Mr. Flavel:** — Mr. Chairman, can I interrupt here?

**The Chair:** — Yes.

**Mr. Flavel:** — This changing of a draft report right now. Does it have to be in verbatim? Can we not adjourn and then do that now? And get it off record? That would be my suggestion. I don't know if there's any reason to put verbatim down for this.

**The Chair:** — This is a draft that'll be approved and tabled anyway.

**Mr. Flavel:** — That's right. That's right. That would be my suggestion, that if we are formally done the meeting that we would adjourn and stay in camera.

**Mr. Sonntag:** — Well just a motion to go in camera then.

**The Chair:** — Okay, then what we do is we'll first of all agree to go to the in camera meeting on Thursday at 9. Do we need a motion now or at that meeting in terms of future meetings or is the motion at the next meeting at the call of the Chair still stand? So it stands. Thank you.

Then we need a motion that this meeting adjourn, Greg?

**Mr. Flavel:** — So moved.

**The Chair:** — Mr. Flavel. Is that agreed? Thank you.

The committee adjourned at 9:47 a.m.