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Main points

The Department of Health’s mandate is to protect and improve the health of Saskatchewan people. This chapter reports on two audits.

In the first audit, we assessed if the Department’s Saskatchewan Health Workforce Action Plan and related documents contain the key elements of a sound human resource plan. The health sector faces high workforce risks due to a variety of factors. These risks affect health agencies’ processes to manage their human resources. A sound human resource plan helps reduce these risks. We report that the Saskatchewan Health Workforce Action Plan and related documents contain most elements of a sound human resource plan for the four health provider groups it covers: doctors, nurses, pharmacists, and technologists.

In the second audit, we assessed the Department’s and other health agencies’ public information on key infrastructure they use to provide services. Health agencies’ facilities and equipment are important for the delivery of health services. Health agencies rely on their equipment to provide health care services and their facilities to provide comfort and safety to all patients. The public needs to know if the infrastructure available helped or hindered the Department’s and other health agencies’ ability to achieve their planned results. We report that the Department and other health agencies need to improve the information that they publish about key infrastructure.

Introduction

The Department of Health's mandate is to protect and improve the health of Saskatchewan people. To do this, the Department provides policy direction, direct services, and funding to health providers and health agencies.

In Chapter 2 of our 2005 Report – Volume 3, we reported the results of our audits of the Department and related Crown agencies for the year ended March 31, 2005 except for the financial statement audits of the Board of Governors of Uranium City Hospital (Board) and of the Saskatchewan Association of Health Organizations (SAHO) and its benefits plans. The Board and SAHO had not prepared financial statements for the year ended March 31, 2005, and SAHO had not completed financial statements for its benefits plans for the year ended December 31, 2004. We have since completed the audits of the financial statements of the Board, SAHO, and SAHO's benefits plans and determined that the financial statements are reliable.

This chapter describes the results of two audits. The first audit assesses whether the Department of Health's Saskatchewan Workforce Action Plan and related documents contain the key elements of a sound human resource plan. The second audit assesses the adequacy of the written information that the Department and other health agencies publish about the key infrastructure they use to provide services as at July 31, 2005.

Saskatchewan Workforce Action Plan

The Saskatchewan Workforce Action Plan was created to set direction for health human resource planning in the Province. The Plan was developed by the Department through broad consultation from health and learning stakeholders in 2005.

The health sector faces high workforce risks due to shortages in specific skills, an aging workforce, ability to attract and retain staff, competition from other jurisdictions, high injury rates, and an increasing need for supportive workplaces that promote learning. These risks affect health agencies' processes to manage their human resources. A sound human resource plan helps reduce these risks.

The health system in Saskatchewan employs over 37,000 people. In 2004, the Canadian Institute for Health Information¹ estimated that public and private health spending on physicians and other health professionals in Saskatchewan was just over \$4 billion.

Background

In 2004, the First Ministers across Canada agreed to a 10-year plan to strengthen health care. The plan recognizes the need to increase the supply of health care professionals in Canada including doctors, nurses, pharmacists, and technologists. These shortages are particularly acute in some parts of the country.

As part of efforts to reduce wait times, the 10-year plan expects provinces to accelerate their work on an adequate supply and mix of health care professionals. Initiatives are expected to build on current work in the areas of health labour relations, interdisciplinary training, investments in post-secondary education, and the credentials of health professionals. First Ministers committed to involving health care providers to improve the planning and management of health human resources. First Ministers also acknowledged the need to foster closer collaboration among health, post-secondary education, and labour sectors.

Federal, Provincial and Territorial governments agreed to make their action plans public by December 31, 2005 including targets to train, recruit, and retain health care professionals. Saskatchewan was one of the first provinces to produce a public, health-human-resource action plan. Saskatchewan's plan follows the collaborative pan-Canadian health human resource framework set by the advisory committee to the Conference of Deputy Ministers of Health.² A member of the Health Council of Canada³ said that Saskatchewan ranked highest of all the

¹ The Canadian Institute for Health Information is a not-for-profit organization that collects and reports statistics and analysis on Canadians' health and the health care system.

² The Conference of Deputy Ministers of Health is a group comprised of all jurisdictions in Canada who collectively promote action on commonly held healthcare issues. One of the main actions is to promote action on the First Ministers' *2003 Accord on Health Care Renewal* and in the *2004 10-Year Plan to Strengthen Health Care*.

³ The Health Council of Canada is mandated to monitor and report on the progress of health care renewal as set out in the *2003 Accord on Health Care Renewal* and in the *2004 10-Year Plan to Strengthen Health Care*.

provinces and territories that reported health human resources action plans.

Objective and criteria

The objective of this audit was to determine whether the Saskatchewan Health Workforce Action Plan⁴ and related documents contain the key elements of a sound human resource plan.

Our work was limited to examining the content of the Saskatchewan Health Workforce Action Plan (Workforce Plan) published on December 14, 2005 and related documents provided to us by the Department. This plan covers doctors, nurses, pharmacists, and technologists. The Department intends to cover other health care providers in future plans. The Workforce Plan provides high level guidance and direction to health care agencies and providers for preparing their individual human resource plans.

Our audit did not provide assurance that the information in the reports is relevant and reliable. For example, we did not assess the accuracy, completeness, or validity of underlying information systems or data used to prepare the plan.

The criteria used for this audit describes the essential content for an adequate human resource plan. The criteria are listed in *italics* at the beginning of each criterion in the key findings by criteria section. Saskatchewan Health supports the criteria. We followed the *Standards for Assurance Engagements* established by The Canadian Institute of Chartered Accountants for this audit.

Conclusion

The Workforce Plan for doctors, nurses, pharmacists, and technologists contains most elements of a sound human resource plan.

The Workforce Plan should include information on the significant shortfalls or surpluses in human resources. Also, the plan should include

⁴ Copy is available at http://www.health.gov.sk.ca/hplan_health_workforce_action_plan.pdf.

information on strategies to bridge human resource gaps, such as succession planning and development strategies for the current workforce. This information would help the Legislative Assembly and the public understand the guidance that the Department is giving health agencies and providers in identifying their human resource gaps and preparing operating plans to manage the gaps.

Key findings by criteria

Human resource priorities and strategic direction

The plan should highlight how human resource priorities support the Government's strategic direction. It should also describe how human resource priorities support the sector's strategic direction.

The Government identifies its human resource priorities in its annual Summary Performance Plan document as part of its budget documents. The Government's priorities include: being an employer of choice, creating a representative workforce, aiding in the successful transition to the workforce for aboriginals and youth, and rural revitalization.

In 2002, Saskatchewan Health publicly set out its strategic plan in the *Action Plan for Saskatchewan Health Care* (strategic plan). The strategic plan highlights seven priorities. One of the priorities, creating a representative workforce, relates directly to the Government's human resource priorities. The other six priorities have more limited links to the Government's priorities.

The Workforce Plan states that it is the beginning of a province-wide health human resources plan. It covers each of the priorities noted in the Department's strategic plan and supports that strategic direction. The Workforce Plan includes objectives, proposed actions, and some measures of success. Directional targets are set in most cases, but the specific amount of improvement sought is not given. It would be useful if the Workforce Plan included the Government's equity targets, e.g., employment of Aboriginal people, the disabled, and women in management.

Key human resource risks

The plan should describe human resource risks within the sector and from outside of the sector. It should also prioritize identified human resource risks.

The strategic plan states, "...supporting, attracting, and keeping skilled personnel is the single largest challenge for Saskatchewan's health care system." Both the strategic plan and the Workforce Plan describe the key human resource risks within the health sector. The risks include increasing costs, diminishing worker supply, aging workforce, future patient types, and intensity of the care they will require. There is little public discussion on risks from outside the sector such as economic trends, specific technological advancements, or environmental trends, although the Department's internal documents describe these risks.

Gaps in human resources

The plan should project future human resource needs for new and on-going activities, describe the profile of the current workforce, and identify significant shortfalls or surpluses of human resources (gaps).

The Workforce Plan states that the Department will develop forecasting and workforce projection models in conjunction with other Canadian jurisdictions. Currently, the Department has limited tools to project future human resource needs for new and on-going activities.

The Department's *environmental scan report*, prepared as part of the consultations used to create the Workforce Plan, provides a list of gap issues, e.g., training staff for new roles, rural retention and recruitment. These issues were collected from the main healthcare providers as part of their annual operational planning process with the Department. The report does not provide an analysis on the magnitude of each gap issue.

The Department has done a high level analysis to identify human resource gaps but has not made this information public. The Workforce Plan provides limited information about the current workforce. The information included sets out the current number of health care providers registered in Saskatchewan. It states that more health care providers will be needed to replace retiring workers but provides few details. For

example, the Workforce Plan indicates that approximately 1,800 nurses will retire between 2003 and 2008. No information was provided about gaps in nursing speciality groups such as the expected supply and demand of operating room nurses, occupational health nurses, or cardiac care nurses.

Also, the Workforce Plan does not provide information on staffing gaps by region due to expected turnover or retirement. More information would clarify the nature and extent of shortages and provide guidance to health care agencies and providers for preparing their operating plans to manage gaps.

The Workforce Plan needs to outline the gaps in human resources faced by the health sector. The plan describes potential gaps in staffing. Explaining future practice patterns that may impact current trends would strengthen the plan and help show how significant these shortfalls might become.

- 1. We recommend that the Department of Health present information on significant shortfalls or surpluses in human resources in its health sector human resource plan.**

Strategies to bridge human resource gaps

The plan should describe strategies necessary to bridge gaps or address HR risks or priorities. It should also highlight:

- ◆ *key employee learning and professional development strategies necessary to bridge gaps or address HR risks or priorities*
- ◆ *how support systems help to identify gaps or measure progress on HR risks or priorities*
- ◆ *strategies for other personnel-related areas necessary to bridge gaps or address HR risks or priorities*
- ◆ *inter-provincial education strategies.*

The Workforce Plan outlines key learning and professional development strategies in the area of recruitment and retention but provides few details on the proposed actions. For example, the plan proposes to establish a provincial recruitment agency to attract hard-to-recruit professionals. The Workforce Plan does not describe strategies in other key learning and professional development areas such as succession planning to fill critical

positions or continuing education needs of the current workforce. The Department has done a high level analysis to identify human resource gaps but has not made this information public.

As mentioned earlier, the Department plans to develop support systems to help identify human resource gaps. The support systems will include forecasting and workforce projection models to help measure labour market needs.

The Workforce Plan proposes strategies to address the education of students who may enter the health sector workforce. For example, several planned actions relate to promoting and improving the education systems that train new health care professionals.

The Workforce Plan mentions several initiatives relating to increasing aboriginal representation in front-line health delivery. These initiatives should complement the Department's planned actions.

The Workforce Plan provides some information on inter-provincial education strategies by describing purchased training seats in specific Alberta educational institutions. One of the future actions set out in the collaborative pan-Canadian health human resource framework is to determine health education and training opportunities and align curricula with health system needs. The Department plans to work with other jurisdictions to complete this work.

- 2. We recommend that the Department of Health present information on succession planning and development strategies for its current workforce in its health sector human resource plan.**

Implementation of major strategies

The plan should list actions to implement major strategies. Information should include a general timetable and financial resources necessary to implement major strategies particularly where the costs are not part of annual budgets. The plan should identify the role of various groups responsible for implementing major strategies and outline processes used to build commitment. The plan should also outline how progress and achievement of planned results will be monitored.

The Workforce Plan outlines general actions to implement its strategies. The Department has prepared a timetable and budget to implement the plan, but the Workforce Plan does not provide this information. The individual agency responsible to carry out the actions is not identified. The plan outlines the general role of the Department, the regional health authorities, unions, and regulatory bodies.

The Workforce Plan was developed through broad consultations with stakeholders in the health and education sectors. These consultations should increase the commitment of the various groups to work together to implement the plan. The Department can only carry out many of the actions set out in the Workforce Plan through its stakeholders, e.g., regional health authorities.

The Workforce Plan outlines the role of a workforce steering committee to develop further details for the plan and to monitor ongoing progress. The Workforce Plan should describe to whom the committee will report. The Department told us it plans to set up this committee and refine its terms of reference in the summer of 2006.

Public information on infrastructure

Governments use public infrastructure to provide a wide range of public services. The nature of government infrastructure varies (e.g., roads, gas lines, power plants, hospitals, major equipment such as MRIs, CT scanners, and communications networks).

In recent years, our Office has encouraged the Government to assess its management of infrastructure and improve the information about infrastructure that it gives to the public.

In Chapter 4 of our 2000 Fall Report – Volume 3, we discussed the key risks that governments face related to their investment in infrastructure. To reduce these risks, governments must adequately manage how they:

1. Plan for infrastructure needs
2. Set clear responsibility for infrastructure
3. Maintain the capacity of infrastructure
4. Maintain good information
5. Keep the public informed

In this section, we report on the adequacy of the information on infrastructure that the Saskatchewan health sector provides to the public.

Background

The infrastructure owned by the health sector is integral to its operation and supports its delivery of public services. In Saskatchewan, the Government has over \$2 billion invested in infrastructure in the health sector and spends significant resources each year to buy, improve, operate, and maintain it.

The Department of Health's (Department) mandate is to support Saskatchewan residents in achieving their best possible health and well-being. The Department provides the majority of health services through 12 regional health authorities⁵ and the Saskatchewan Cancer Foundation. It also provides some direct services such as the Provincial Laboratory and Saskatchewan Prescription Drug Plan.

The 12 regional health authorities (RHAs) deliver health services in the province. The RHAs provide acute care services, public health services, alcohol and addictions services, mental health services, home care services, and long-term care.

The RHA's key infrastructure includes health facilities located around the Province such as hospitals, health centres, and nursing homes. Key Infrastructure also includes major equipment such as beds, information technology systems (IT systems), and diagnostic imagery equipment (e.g., MRIs, CT scanners, x-ray machines).

Saskatchewan Cancer Foundation treats and prevents cancer primarily through the Allan Blair Cancer Centre, the Saskatoon Cancer Centre, and their respective patient lodges. The Cancer Centres provide diagnostic services, treatment services in radiotherapy and chemotherapy, and follow-up services.

⁵ The 12 Regional Health Authorities are: Cypress, Five Hills, Heartland, Kelsey Trail, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, Sun Country, and Sunrise.

Saskatchewan Health Information Network owns and operates the health information network. All 12 regions and more than 800 health service locations are connected to the health information network through CommunityNet and other telecommunication technologies. The network provides access to clinical information systems and supports the telehealth network which enables health providers to consult and treat patients remotely. It also provides e-mail infrastructure to all health regions and retail pharmacies.

Saskatchewan Health Information Network also hosts 20 IT systems for health agencies. These include the long-term care assessment system, renal management systems, and a long-term care electronic patient record.

Objective and criteria

The objective of this audit was to assess the adequacy of the written information (i.e., annual reports and websites) that the Department Health and other health agencies publish about key infrastructure used to provide public services as at July 31, 2005.

The other health agencies we examined were the 12 Regional Health Authorities, Saskatchewan Health Information Network, and Saskatchewan Cancer Foundation.

The Department and health agencies used their annual reports and websites as the primary way to provide information on their key infrastructure to the public.

Throughout our audit, we followed *The Standards for Assurance Engagements* established by The Canadian Institute of Chartered Accountants.

The criteria, set out in Exhibit 1, describe the essential content for adequate public reports about the Government's infrastructure.

Exhibit 1

Adequate public information about key infrastructure that a government agency uses to provide public services should briefly describe:

1. the capacity of each major category of infrastructure
2. the extent to which the use of key infrastructure achieved planned results
3. the strategies used to manage major risks of the key infrastructure

We used these criteria in similar audits of information on other agencies in previous years. Saskatchewan Health (Health) supports the criteria.

Conclusion

The Department of Health and each of the other health agencies we examined provided the public with adequate information about their key infrastructure except that they need to provide additional information about the capacity of their key infrastructure, the extent it achieved their objectives, and the strategies used to manage major risks facing their infrastructure.

Key findings by criteria

For each criterion, we set out our expectations (in italics) and our key audit findings for each agency.

Capacity of each major category of infrastructure

Information about infrastructure will describe capacity including:

- ◆ *the nature and location of key infrastructure available for use*
- ◆ *the cost of the infrastructure and the method used to measure the cost*
- ◆ *the processes used for maintaining the infrastructure in good working condition and the average remaining lifespan of each major category of infrastructure*
- ◆ *the maximum service capacity of the infrastructure*

We found that the Department and health agencies provide good information about the nature and location of their facilities such as hospitals and nursing homes. For example, website maps of the Regions provide basic information about the location of the different types of

facilities. Health agency websites provide more detail on the location along with the services provided by each facility.

The Department provides some additional information on equipment and IT systems available for use by agencies where it has provided funds in the last several years. For example, the Department's website includes a *Diagnostic imaging review and framework report* that shows this type of equipment at each health region in the province. Health has also implemented the Saskatchewan Surgical Care Network's surgical patient registry⁶ in all health regions. The individual agencies in the health sector report the purchase of new equipment during the year. However, information is limited on other existing equipment such as beds, MRIs, and CT scanners. This makes it difficult for the public to understand fully what equipment is available for use and the service potential of this equipment.

Health agencies comply with the Department's guidelines for financial reporting. They adequately set out the original cost, accumulated amortization, and net book value (i.e., depreciated value) by category, the cost of repairs and maintenance, and the amount of additional infrastructure purchased during the year. The Department also sets out the replacement value of all diagnostic imaging equipment in the province. However, it does not disclose this information for any other infrastructure in the health system such as facilities and IT systems.

The Department provides adequate information on the age of diagnostic imaging equipment in the health sector. Each agency also sets out a range of estimated useful lives for each major category of its infrastructure in their financial statements (e.g., buildings 10 to 40 years, equipment 5 to 10 years). As a result, the reader can get a general idea of the average remaining lifespan. However, the Department does not provide this information on infrastructure it uses to provide services directly. The Department and health agencies should consider publishing the remaining lifespan of their infrastructure to increase the public's understanding.

⁶ The surgical patient registry is a province-wide computerized system that tracks people waiting for surgery in the Province.

The Department's website states that it has a capital asset planning unit that oversees strategies, policies, procedures, standards, and processes related to health system assets (i.e., facilities and equipment). The Department provides few details on how it will carry out this work. In addition, the *2005-06 Health Performance plan* details key actions that it intends to undertake in the upcoming fiscal year. For example, the Department states that it will implement a surgical operating room scheduling system, invest in equipment in surgical operating rooms, recovery rooms and surgical wards, continue with the multi-year equipment replacement plan, and begin construction on several new facilities. The replacement plan is not presented in annual reports or websites.

Most agencies also provide some information about the key processes they use to maintain their key infrastructure. For example, public information for a few agencies includes the responsibilities of various positions within the RHA (i.e., capital planners, maintenance employees). For other agencies, public information stated plans were in place to maintain their key infrastructure. Health agencies provided limited information on the current condition of key infrastructure. Without consistent information about the condition of each agency's infrastructure (e.g., average remaining service life and the key processes used to maintain infrastructure), it is difficult for the public to understand the condition of key infrastructure.

Public information is available on the types of services that the health sector infrastructure can provide. For example, most agencies describe the services provided by types of facility (e.g., primary health services, acute care services). Some information is also available on the volume of services at each agency. For example, the Department sets out the actual number of surgery cases for each type of hospital and the number of diagnostic imaging services by type of equipment in each of the health regions and the Saskatchewan Cancer Foundation.

All RHAs describe the utilization rates for certain key infrastructure, e.g., the number of beds for most facilities (e.g., hospitals, special-care homes), the annual number of CT exams, and the annual number of MRI exams. However, information on whether this infrastructure will be able to meet future demand e.g., the volume of services that public sector infrastructure can provide over its remaining lifespan is limited. In

addition, the Department does not describe the volume of services it provides through its branches. To increase the public understanding of the infrastructure's capacity, agencies could provide the average wait time for their specific services and the number of clients it plans to serve annually by its key equipment. This additional information would help the public understand the health agencies' infrastructure capacity.

- 3. We recommend that the Department of Health and other health agencies publish adequate information about the condition and potential volume of service of their facilities and key equipment.**

Extent to which the use of key infrastructure achieved planned results

Government agencies should provide the public with sufficient information to decide whether the use of public infrastructure helped the Government to achieve its planned operating and financial results. Government agencies should compare actual results to targets for key operational information (e.g., service volumes, number and duration of service interruptions or down times, public safety, and reliability).

Agencies should also compare actual financial results to key financial targets (e.g., budgeted acquisition, operating or maintenance costs). We also expect agencies to report the reasons for significant differences between planned and actual results for both operational and financial information.

In its *Performance plan* and its *Annual report*, the Department provides performance measures and results for most of its objectives. These objectives are set at the health sector level. Services provided directly by the Department are not included in the performance measures. None of the performance measures are directly linked to infrastructure. Therefore, the Department does not describe performance measures and results in a way that would allow the public to determine if infrastructure helped or hindered the sector in achieving the planned results.

The Department and health agencies provide the public with their organizational effectiveness indicators and the results for the current year in their annual reports. Health agencies provide limited information on key

operating activities (e.g., number of MRI scans and surgical cases). The majority of the performance results are not compared to plans as targets have not been set. Without targets, the Department is unable to provide the public with a comparison of its planned results to actual results with differences explained.

The Department provides some information about the achievement of its financial plans. For facility and equipment purchases outlined in the budget, the Department compares its planned expenditures to its actual results but does not provide adequate explanations for significant differences.

Health agencies provide some information about the achievement of their financial plans. For example, some agencies compare planned expenses to actual results. They also provide a brief explanation for differences between planned and actual results in their annual reports. The explanations do not consistently tie in infrastructure use. In their financial statements, health agencies state the nature and amount of infrastructure purchased each year. However, they do not set out the planned amount of purchases. Health agencies' financial results also set out the cost for repairs and maintenance compared to plans but do not provide reasons for the differences.

- 4. We recommend that the Department of Health and other health agencies publish performance measures, targets, and results that show the extent to which the use of their key infrastructure achieved their operational and financial plans.**

Strategies used to manage major risks of the key infrastructure

Government agencies should describe the major risks that affect each major category of their infrastructure. Risks may include those common to the industry, risks related to deferred maintenance, physical loss resulting in financial loss, changes in technology, and health or safety concerns. Agencies should also outline their actions to reduce these risks to acceptable levels.

In its public documents, the Department describes the challenges facing health sector equipment. For example, the Department indicates that one

challenge relates to aging equipment. The Department publicly explains the impact of the risk but does not clearly explain what it plans to do to reduce these risks. The Department provides limited information about risks facing the facilities and equipment it uses to provide services directly.

Similarly, most health agencies describe some of the challenges facing their facilities and key equipment. A common risk identified relates to annual funding not being sufficient to address fully, maintenance and capital renewal. Most health agencies do not describe the impact of risks on their operations nor what they plan to do to reduce these risks to an acceptable level.

The Department and health agencies do not provide details on the infrastructure's ability to meet health and safety standards. Nor do they describe any key strategies to protect the infrastructure from physical loss resulting in financial loss. The Department and health agencies need to disclose this information to increase the public's understanding.

- 5. We recommend that the Department of Health and other health agencies publish adequate information about the strategies used to manage major risks facing their infrastructure and their actions to reduce those risks to an acceptable level.**