



PROVINCIAL AUDITOR
of Saskatchewan

2023 Report – Volume 2
Report of the Provincial Auditor to the
Legislative Assembly of Saskatchewan



PROVINCIAL AUDITOR *of Saskatchewan*

Vision:

A valued legislative audit office, advancing excellence and inspiring confidence in the public sector.

Mission:

Preserving independence, we promote accountability and better management of public resources.

📍 1500–1920 Broad Street, Regina, SK S4P 3V2

☎ 306.787.6398 fax: 306.787.6383

✉ info@auditor.sk.ca   auditor.sk.ca

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PROVINCIAL AUDITOR
of Saskatchewan

December 2023

The Honourable R. Weekes
Speaker of the Legislative Assembly
of Saskatchewan
Room 129, Legislative Building
Regina, SK S4S 0B3

Dear Honourable R. Weekes:

I have the honour of submitting my *2023 Report – Volume 2*, to be laid before the Legislative Assembly in accordance with the provisions of section 14.1 of *The Provincial Auditor Act*.

Respectfully yours,

A handwritten signature in black ink that reads "Tara Clemett".

Tara Clemett, CPA, CA, CISA
Provincial Auditor



The image shows the interior of a grand, ornate dome. At the top is a large circular skylight with a radial pattern of blue lines. The dome's surface is decorated with intricate carvings and a repeating pattern of square panels, each containing a circular floral motif. Below the dome, a large archway frames a mural. The mural depicts a serene lake scene with two people in a red canoe, a forest of evergreen trees, and a small airplane flying in the sky. The archway is flanked by two large, ornate golden sculptures. The overall atmosphere is one of classical elegance and natural beauty.

2023 Report—Volume 2

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The Provincial Auditor's Overview

1.0 PREAMBLE

The Office of the Provincial Auditor is the external, independent auditor of the Government of Saskatchewan. Our Office's mission is to promote accountability and better management of public resources, by providing legislators and the public with an independent assessment of the Government's use of public resources.

The Provincial Auditor Act makes the Office responsible for auditing the Government of Saskatchewan and approximately 260 agencies. **Appendix 1** lists each agency along with its year-end date, whether matters are reported, and, if so, in which Report.

This *2023 Report – Volume 2* provides legislators and the public critical information on whether the Government issued reliable financial statements, used effective processes to administer programs and services, and complied with governing authorities. It includes the results of examinations of different agencies completed by November 3, 2023, with details on annual integrated and performance audits, as well as our follow-up audit work on previously issued recommendations by our Office and agreed to by the Standing Committee on Public Accounts or Standing Committee on Crown and Central Agencies.

Section 2 of this Overview defines integrated, performance, and follow-up audits, and highlights key findings of each section.

2.0 HIGHLIGHTS OF EACH SECTION

2.1 Annual Integrated Audits

Integrated audits are annual audits of agencies that examine:

- The effectiveness of their financial-related controls (e.g., processes to plan, evaluate, and coordinate financial activities) to safeguard public resources with which they are entrusted
- Their compliance with authorities governing their activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing
- The reliability of the financial statements (where applicable)

Since our *2023 Report – Volume 1*, our Office, along with appointed auditors (if in place), completed annual integrated audits of 179 different agencies with fiscal year-ends between January and June 2023.¹ These include integrated audits of 19 ministries, 116 Crown corporations and agencies, 8 pension and employee benefit plans, and 36 healthcare affiliates.

This section includes concerns at 10 agencies, which means most agencies had effective financial-related controls, complied with financial and governance-related legislative authorities, and prepared reliable financial statements.

¹ **Appendix 1** outlines all agencies we examine. **Appendix 2** lists agencies examined using an appointed auditor.



There are a few agencies lacking adequate review and approval of financial information, such as bank reconciliations and journal entries, which increases the risk of errors in financial information and misappropriation of public funds. As a result, these agencies are also experiencing difficulties in preparing adequate financial statements for audit. We found these concerns at the Western Development Museum ([Chapter 10](#)), Prairie Agricultural Machinery Institute ([Chapter 7](#)), and Government Relations' Northern Municipal Trust Account ([Chapter 3](#)).

In March 2023, the Ministry of Highways ([Chapter 5](#)) incorrectly paid more than \$500,000 to an individual impersonating one of the Ministry's suppliers. It later recovered about \$400,000. In response to this incident, the Ministry changed its processes in August 2023 to require a second individual to verify and authorize any requested changes to supplier banking information. The Ministry of Highways follows the Ministry of Finance's guidance for maintaining and changing supplier information. Highways needs to work with Finance in strengthening their guidance to all ministries for verifying changes to supplier information, which will minimize the likelihood of other ministries making inappropriate payments to illegitimate suppliers.

One of the primary benefits of having robust financial and IT controls is that they support government agencies in maintaining accurate records while also preventing losses due to errors or fraud.

eHealth Saskatchewan ([Chapter 1](#)) has to sufficiently test its recovery plans to ensure it can restore critical IT systems it manages for the health sector when a disaster occurs. As ransomware and cyberattacks steadily increase, IT service providers like eHealth need tested disaster recovery plans to enable speedy and easy recovery of key systems and data from the point of attack.

Disaster recovery plans must work when needed to help to minimize consequences when a disaster occurs and resume business as soon as possible. This is especially important in the health sector where an IT failure can endanger patient health.

The Saskatchewan Health Authority ([Chapter 8](#)) spent nearly \$157 million by March 31, 2023, on its business-wide IT transformation project (AIMS) originally expected to cost \$86 million to implement by March 2021. By March 2023, the Authority still has neither implemented this IT system nor established a new AIMS implementation date following a paused attempt to "go live" in November 2022. It will be important for the Authority to coordinate and share a formal lessons learned report with other government agencies once the IT project is complete to help avoid IT system implementation failures on similar projects in government. At March 2023, the Ministry of Health and the Authority forecasted \$240 million total cost to get the IT system implemented.

By not learning from project failures, government agencies can be destined to repeat similar situations and incur significant cost overruns.

2.2 Performance Audits

Performance audits take a more in-depth look at processes related to the management of public resources or compliance with legislative authorities. Performance audits span various topics and government sectors. In selecting which areas to audit, we attempt to identify topics with the greatest financial, social, health, or environmental impact on Saskatchewan.

This section of the Report includes the results of four non-financial, performance audits completed since our last Report (*2023 Report – Volume 1*).

Chapter 12: Agriculture—Conserving Agricultural Crown Land

What our Office examined:

The Ministry of Agriculture’s processes to manage the conservation of agricultural Crown land in Saskatchewan. The Ministry owns and is responsible for 2.8 million hectares of Crown land, the majority of which is made up of hay, native prairie, and pasture land and is leased to pasture associations and individuals.

Why our Office examined this area:

Properly managing and protecting portions of Saskatchewan’s agricultural land helps maintain natural ecosystems. It helps to sustain biological diversity and results in a more resilient ecosystem. For example, land under permanent soil cover can be more resilient to drought and floods, and can also support invasive weed prevention. Additionally, good land management contributes to wildlife habitat conservation.

Sufficiently monitoring land trends and the use of Crown land over time, keeps agricultural landscapes healthy and productive as well as sustains biodiversity.

What our Office found:

The Ministry of Agriculture needs to:

- Complete land health assessments and communicate results to pasture associations in a timely way
- Conduct timely inspections on agricultural Crown land leased by individuals and centrally track results
- Monitor the implementation of land health assessment recommendations and required actions from inspections
- Formalize factors to consider when identifying Indigenous communities to consult with when proposing to lease or sell Crown land
- Track all critical habitat on Crown land

- 2.8 million hectares of agricultural Crown land in Saskatchewan
- Over 7,000 leases on agricultural Crown land (with individuals and pasture associations)
- Inspections of individually-leased land conducted every 21–33 years instead of every 10 years recommended
- **Over 500,000 hectares (44%) of leased land to pasture associations without land health assessments**
- When health assessments find land to be ‘healthy with problems’ recommendations for improvement not mandatory or enforced



Chapter 13: eHealth—Maintaining Key Healthcare IT Servers

What our Office examined:

eHealth Saskatchewan's practices to maintain IT servers that host key healthcare systems and data to protect against known vulnerabilities.

Cyber-attackers exploit vulnerabilities within servers to breach networks and compromise data. IT maintenance ensures IT systems remain secure and operational to help prevent such breaches.

- eHealth's network includes more than 5,000 servers and 1,000 applications
- 97% of servers we tested that receive ongoing updates from vendors were up-to-date
- **20 of 341 servers tested ran unsupported operating systems**
- 16 servers were not included in vulnerability scans

Why our Office examined this area:

eHealth manages the health sector IT network. Without proper maintenance of IT servers, eHealth may be at risk of system failures and security breaches. The availability and integrity of critical IT systems is integral to healthcare providers making medical decisions for their patients.

What our Office found:

eHealth needs to:

- Track which critical IT systems are on which servers
- Detect and remove any unauthorized IT servers on the network
- Implement security measures for unsupported servers
- Periodically review privileged-user access to IT servers
- Regularly analyze and report security information logged for key IT servers

Chapter 15: Saskatchewan Apprenticeship and Trade Certification Commission—Increasing Apprentices from Underrepresented Groups

What our Office examined:

The Saskatchewan Apprenticeship and Trade Certification Commission's strategies to increase apprentices from underrepresented groups in skilled trades.

Apprentices from underrepresented groups contribute to a workforce with a broad range of skills, talents, and experiences, and are vital to building diversity in organizations and supporting economic growth.

Why our Office examined this area:

Saskatchewan will need more than 8,000 new apprentices and 5,000 new journeypersons to meet labour demand requirements between now and 2026, yet the Saskatchewan Apprenticeship and Trade Certification Commission projects new apprenticeship

registrations and completions will be below market demand (at about 7,000 and 4,000 respectively). This will leave a market gap of about 1,000 new apprentices and 1,000 new journeypersons.

Without effective processes to increase apprentices from underrepresented groups, Saskatchewan may be unable to meet industry demand for skilled workers.

What our Office found:

The Commission needs to:

- Revise its current targets related to female apprentices and identify actions to increase the number of female apprentices
- Seek more input from underrepresented apprentices to help identify and address barriers they face
- Implement actions to address key barriers (e.g., sexual harassment/discrimination in the workplace) underrepresented apprentices face
- Expand its targets to include all key milestones of the apprenticeship program for underrepresented groups (e.g. expected number of new registrants and expected exam pass rates)
- Analyze why underrepresented group targets are not met
- Pursue visible minority representation on the Commission's Board

- Underrepresented groups include: women, Indigenous persons, visible minorities, people with disabilities
- Targeting for 11% female apprentices in skilled trades, yet females represent 49% of provincial workforce
- 14 Commission staff work to support apprentices
- Analysis showed less than 40% of Indigenous apprentices received certification
- Of 2,788 participants in Saskatchewan Youth Apprenticeship program, 20.2% self-identified as Indigenous, 31.1% as female, 4.1% as persons experiencing disability, and 6.7% as a visible minority

Chapter 14: Health—Providing Timely Neurosurgery Services

What our Office examined:

The Ministry of Health's coordination efforts to provide timely neurosurgery services in Saskatchewan.

Legislation makes the Ministry of Health responsible for the healthcare system, including neurosurgery services. Using funding from the Ministry, the Saskatchewan Health Authority provides neurosurgery services to patients. From April 1, 2022, to April 30, 2023, the Ministry and the Authority paid \$18.4 million to neurosurgery physicians.

Why our Office examined this area:

At April 2023, more than 700 Saskatchewan patients were waiting for a neurosurgeon to provide surgery related to the brain, spine, or nervous system with about 240 patients waiting more than a year. Overall, the total wait list for spine surgery in Regina doubled since 2019–20, while Saskatoon remain unchanged.



Prolonged wait times to see a neurosurgeon increases the risk a patient's health condition will worsen or become irreversible. Patients can face economic losses and experience increased pain, suffering, and mental anguish not only while they wait to see specialists, but also while waiting for surgery that may follow diagnosis.

What our Office found:

The Ministry of Health needs to:

- Analyze the appropriate number of physicians and staff needed to meet neurosurgery service expectations and establish actions to address workforce gaps
- Communicate clear performance expectations to neurosurgery physicians and monitor whether these expectations are met
- Assess direct and pooled patient referral systems for first neurosurgical consultation
- Increase the use of Spine Pathway clinic referrals as many spine patients' conditions will resolve in time with clinic supports without surgery
- Document clear surgery prioritization criteria to support consistent and fair access
- Determine enhancements to surgical scheduling to ensure efficient use of operating rooms

- From January 1, 2022, to April 30, 2023, there were 3,347 neurosurgeries performed by 20 surgeons, with one neurosurgeon completing 362 (11%) of these surgeries
- Overall 1,033 patients waiting for spine surgery at March 2023 compared to 589 at March 2020
- Less than 20% of patients initially assessed through a Spine Pathway were deemed surgical candidates
- Pooled referral system: 43.4 average days for neurosurgery consultation; direct referral system: 151.7 days

2.3 Follow-Up Audits

Follow-up audits assess the sufficiency of actions taken to address recommendations made in our past performance audits, and those made by the Standing Committees on Public Accounts and on Crown and Central Agencies from their review of our Reports.

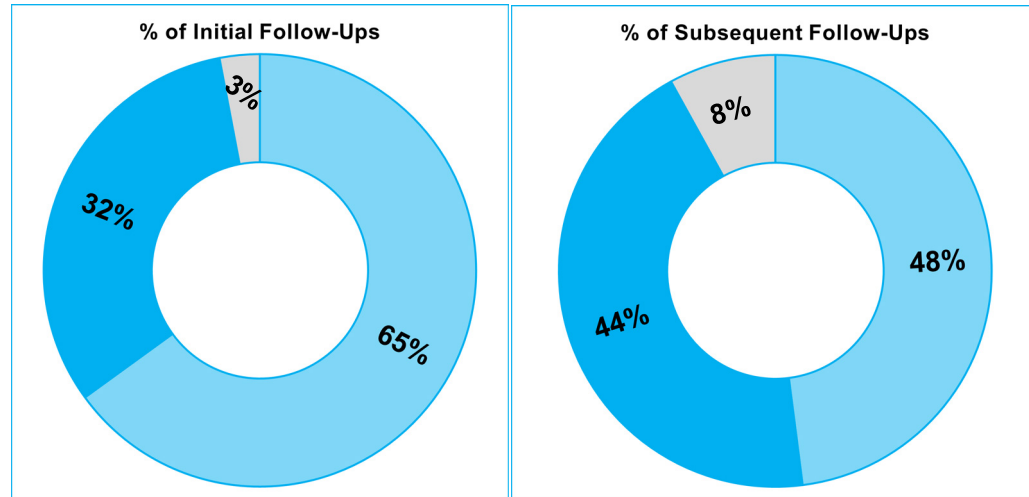
Our Office systematically assesses the status of outstanding recommendations to determine whether agencies made recommended improvements.

This section of the Report highlights the results of 15 follow-up audits, as well as summarizes how quickly government agencies addressed our recommendations and made process improvements.

The extent to which agencies implement recommendations demonstrates whether the recommendations reflect areas that are important to improve public sector management, and whether agencies act on them quick enough. We do our first follow-up either two or three years after the initial audit, and every two or three years thereafter until the agency either implements the recommendations or we identify them as no longer relevant. We expect some recommendations will take government agencies a longer period to implement (e.g., five years).

As shown in **Figure 1**, 32% of the audit recommendations in this Report were fully implemented after the initial follow up (i.e., 2–3 years after original audit) at the various agencies. For agencies with subsequent follow-ups (i.e., >3 years after original audit) in this Report, 44% of audit recommendations have been fully implemented. This is well below our previous Report (*2023 Report – Volume 1*) where the rate overall was 62%.

Figure 1—Percentage of Implemented Recommendations



Grey: Not Implemented/No Longer Relevant
 Light blue: Partially Implemented
 Blue: Fully Implemented

The following table details the results of the 15 follow-up audits in this Report. It sets out the status of recommendations by agency, grouped by initial and subsequent follow-up audits. As evident from the table, some agencies like the Coroners Service succeeded in making the majority of necessary process improvements in a relatively short period, while other agencies take more than five years. There were only three out of nine agencies that fully implemented recommendations after our most recent subsequent follow-up (our second or third follow-ups).

By July 2023, the Saskatchewan Health Authority ([Chapter 25](#)) had made little progress on addressing the recommendations we first made in 2017 about overseeing contracted special-care homes. The Saskatchewan Health Authority contracts with private-sector operators for 15 special-care homes in Saskatoon and surrounding area. Special-care homes continue to not meet established performance measures and service expectations related to quality of care. For example, the number of residents on antipsychotic drugs without a diagnosis has not met expectations. This is often an indicator that special-care home staff chemically manage their residents. Not taking timely actions to address non-compliance can negatively impact special-care home residents' quality of life.

Sick leave also continues to increase at the Saskatchewan Health Authority ([Chapter 24](#)), with actual sick time reaching about 13.4 sick days per employee in 2022–23. The Authority neither monitors actions taken by managers to work with those employees with excessive absenteeism nor sufficiently analyzes and identifies strategies to address employee absenteeism. Excessive employee absenteeism can impact employee well-being, costs, and quality of health services delivered to the public.



The Ministry of Environment ([Chapter 19](#)) made progress on regulating eight waste diversion recycling programs but expedited changes to program operating reporting is needed to see whether programs are working effectively to reduce waste. The Ministry is still far from having each resident generate about 592 kilograms of waste yearly (its goal), with each resident generating about 793 kilograms in 2020. Obtaining the necessary information to assess incremental progress to its overall waste reduction goal will allow the Ministry to adjust strategies and programs sooner for identified concerns.

The Ministry of Social Services ([Chapter 29](#)) has more work to do in regards to investigating allegations of child abuse and neglect. By June 2023, it implemented one recommendation and continues to work on three of the outstanding recommendations we made in 2018. Our testing found the Ministry did not, within the timeframes required, always attempt face-to-face contact with the child and family under investigation, complete family risk assessments, or finalize investigations. Also, the Ministry's Quality Assurance Unit assesses each of three service areas' compliance with the Ministry's policies and procedures, but it did not require service areas to develop action plans to address untimely completion of risk assessments—the Ministry had 944 suspected child abuse investigations outstanding for more than 45 days at May 2023.

Chapter Name	Related Report ^{A,B}	Status of Recommendations				
		Recommendations	Implemented	Partially Implemented	Not Implemented	No Longer Relevant
Initial Follow-Ups						
Agriculture—Mitigating Pests in Crops and Pastures	2020 V2	5	2	3	0	0
Education—Evaluating the Early Learning Intensive Support Program	2021 V1	2	1	1	0	0
Environment—Regulating Waste Diversion through Recycling	2020 V2	5	0	5	0	0
Health—Monitoring Enforcement of Tobacco and Vapour Products' Legislative Requirements	2021 V2	8	2	6	0	0
Justice and Attorney General—Conducting Timely and Accurate Coroners Investigations	2021 V2	8	6	2	0	0
Saskatchewan Cancer Agency—Delivering the Screening Program for Colorectal Cancer	2020 V2	6	0	5	1	0
Initial Follow-Ups Subtotal		34	11	22	1	0
% of Initial Follow-Ups Subtotal		100%	32%	65%	3%	0%
Subsequent Follow-Up Audits ^C						
Advanced Education—Working with the Advanced Education Sector to Achieve Ministry Strategies	2015 V1 2021 V2	1	1	0	0	0
Health—Providing Special Needs Equipment for Persons with Disabilities	2016 V2 2019 V1 2021 V1	2	1	1	0	0
Saskatchewan Health Authority—Minimizing Employee Absenteeism in Kindersley and Surrounding Areas	2017 V2 2020 V1	4	1	2	1	0
Saskatchewan Health Authority—Overseeing Contracted Special-Care Homes in Saskatoon and Surrounding Area	2017 V1 2020 V1	5	0	4	0	1

Chapter Name	Related Report ^{A,B}	Status of Recommendations				
		Recommendations	Implemented	Partially Implemented	Not Implemented	No Longer Relevant
Saskatchewan Health Authority—Providing Timely Access to Mental Health and Addictions Services in Prince Albert and Surrounding Areas	2018 V1 2021 V1	5	3	2	0	0
Saskatchewan Public Safety Agency—Alerting the Public about Imminently Dangerous Events	2019 V1 2021 V2	3	3	0	0	0
Saskatchewan Public Safety Agency—Detecting Wildfires	2017 V2 2019 V2 2021 V2	1	0	1	0	0
Social Services—Investigating Allegations of Child Abuse and Neglect	2018 V2 2020 V2	4	1	3	0	0
Technical Safety Authority of Saskatchewan—Inspecting Elevating Devices	2017 V1 2019 V1 2021 V2	2	2	0	0	0
Subsequent Follow-Ups Subtotal		27	12	13	1	1
% of Subsequent Follow-Ups Subtotal		100%	44%	48%	4%	4%
Overall Total		61	23	35	2	1
% of Overall Total		100%	38%	57%	3%	2%

Source: Compiled by the Provincial Auditor of Saskatchewan.

^A V—means Volume.

^B The related Report reflects the report in which the Office first made the recommendation(s) (for initial follow-ups) and subsequent reports (for subsequent follow-ups).

^C For subsequent follow-ups, the number of recommendations is the number of outstanding recommendations that remained not implemented after the previous follow-up audit.

3.0 ACKNOWLEDGEMENTS

Our Office continuously values the cooperation from the staff and management of government agencies, along with their appointed auditors, in the completion of the work included in this Report. We are grateful to the many experts who shared their knowledge and advice during the course of our work.

We also appreciate the ongoing support of the all-party Standing Committees on Public Accounts and on Crown and Central Agencies, and acknowledge their commitment in helping to hold the Government to account. Our Office remains focused on serving the Legislative Assembly and the people of Saskatchewan.

As Provincial Auditor, I am honoured to lead the Office, and our team of professionals. I am truly proud of their diligence and commitment to quality work. Our team's steadfast professionalism helps us fulfill our mission—to promote accountability and better management by providing legislators and Saskatchewan residents with an independent assessment of the Government's use of public resources.



Provincial Auditor Team		
Abdul Shaikh	Jeanie Kim	Nicole Dressler
Amanda Iles	Jennifer Robertson	Nikhil Kumar
Angel Matyjanka	Jessica Carrier	Peter Awala
Angèle Borys	Jonathan Pituley	Philip Bogopolsky
Angie Kater	Jordan McNaughton	Rahat Tahir
April Serink	Jordan Spitzke	Rouzbeh Talebi
Ashpreet Singh	Kari Fiset	Saad Warraich
Candice Pattullo	Kathleen Berenik	Sahar Tahir
Carolyn O'Quinn	Kayla Forbes	Sarah Mumby
Charlene Drotar	Kevin Wog	Selina Tam
Chelsea MacDonald	Khay Na	Shahfina Ridi
Corine Dionglay	Kim Lowe	Tara Kucher
Dallas Monroe	Kiran Khalid	Tashaun Thompson
Dane Reimer	Lesia Lazurko	Tea Anaka
Dean Fischer	Maro Ojaide	Titilope Adewale
Deann Dickin	Mason Merriman	Toyin Soyinka
Dillon Zimmer	Matthew Kidder	Trevor St. John
Eric Grad	Maygen Ring	Victor Schwab
Heather Tomlin	Melanie Heebner	Vishwa Patel
Jason Shaw	Michelle Lindenbach	Zac East
Jason Wandy	Mohammed Amer	

4.0 ABOUT THE OFFICE OF THE PROVINCIAL AUDITOR

The Office of the Provincial Auditor is the external, independent auditor of the Government. Through *The Provincial Auditor Act*, the Provincial Auditor, the Office, and staff are independent from the Government. *The Provincial Auditor Act* makes us responsible for auditing the Government of Saskatchewan and approximately 260 agencies.

Our Office promotes accountability and better management of the Government's administration of its programs and services. We do this through our audit work and publicly reported results, along with our involvement with the legislative committees charged with reviewing our Reports (i.e., the Standing Committees on Public Accounts and on Crown and Central Agencies).

Our Office uses Canadian professional auditing standards published by CPA Canada to conduct our audits. As required by the Act, the Provincial Auditor reports directly to the Legislative Assembly on the results of all examinations, and highlights matters that require the attention of legislators.

Our Office strives to complete audits of value to legislators and the public. This means selecting audit topics of importance and with higher risk, and sharing the results (whether positive or negative) within a reasonable time. We aim to complete larger and more complex audits within a year of their initiation.

In addition to our Reports on our audit work results, we give legislators two key accountability reports each year—a business and financial plan, and an annual report on operations. These describe the Office, including our purpose, accountability mechanisms, staffing, and key systems and practices. These reports are publicly available on our website, as well as further details about the Office of the Provincial Auditor at auditor.sk.ca.

Annual Integrated Audits



Interest	Principal	Ending Balance
		\$ 100,000.00
\$ 1,558.33	\$ 2,092.12	\$ 97,907.88
\$ 1,525.73	\$ 2,124.72	\$ 95,783.16
\$ 1,492.62	\$ 2,157.83	\$ 93,625.33
\$ 1,458.99	\$ 2,191.46	\$ 91,433.87
\$ 1,424.84	\$ 2,225.61	\$ 89,208.27
\$ 1,390.16	\$ 2,260.29	\$ 86,947.98
\$ 1,354.94	\$ 2,295.51	\$ 84,652.46
\$ 1,319.17	\$ 2,331.28	\$ 82,321.18
\$ 1,282.84	\$ 2,367.61	\$ 79,953.57
\$ 1,245.94		\$ 77,549.06
\$ 1,208.47		
\$ 1,170.42		
\$ 1,131.77		
\$ 1,092.52		
\$ 1,052.66		
\$ 1,012.18		
\$ 971.07		
\$ 929.31		
\$ 886.91		
\$ 843.89		
\$ 800.17		
\$ 755.75		
\$ 710.66		
\$ 665.00		
\$ 618.80		
\$ 571.07		
\$ 522.83		
\$ 474.09		
\$ 424.86		
\$ 375.14		
\$ 324.94		
\$ 274.26		
\$ 223.11		
\$ 171.49		
\$ 119.41		
\$ 66.88		
\$ 14.00		



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Chapter 1

eHealth Saskatchewan

1.0 MAIN POINTS

This chapter reports the result of the 2022–23 annual audit of eHealth Saskatchewan. eHealth is the provincial health sector's primary IT service provider, including disaster recovery service provider.

eHealth's 2022–23 financial statements are reliable. During 2022–23, eHealth complied with the authorities governing its activities related to financial reporting and safeguarding public resources. Other than the following areas, eHealth had effective rules and procedures to safeguard public resources for the year ended March 31, 2023.

At March 2023, eHealth did not yet have an adequate IT service level agreement in place with the Saskatchewan Health Authority. eHealth and the Authority have not finalized key aspects (e.g., security and disaster recovery requirements) of the agreement. Adequate service level agreements clearly outline key IT service expectations. Without a clear understanding of expectations and whether they are fulfilled, the Authority's systems may be breached or unavailable.

Additionally, eHealth had disaster recovery playbooks for all 35 critical IT systems identified as critical to the health sector, but had yet to fully complete disaster recovery testing (e.g., full backup restores) for these systems.¹ Testing recovery plans ensures that eHealth can restore critical IT systems in a reasonable time if a disaster occurs.

eHealth also continued to work on controlling access to its IT network and enhancing its network monitoring. Effective network access controls and monitoring helps in preventing and detecting malicious activity timely, such as a successful attack on its network.

2.0 INTRODUCTION

2.1 Background

eHealth Saskatchewan's mandate is to procure, implement, own, operate, and manage critical IT services used to administer and deliver provincial healthcare services including Saskatchewan's electronic health record and health information systems, and IT systems in use at the Saskatchewan Health Authority, Saskatchewan Cancer Agency, 3sHealth, and the Ministry of Health.^{2,3,4} eHealth also manages Saskatchewan's vital statistics registry and health registrations.^{5,6}

¹ A recovery playbook is a document typically part of the overall IT recovery plan documenting key aspects and recovery steps to enact the recovery plans during a crisis. Since early 2020, eHealth began writing a recovery playbook for each critical IT system it manages.

² An electronic health record is a private, lifetime record of an individual's medical information providing healthcare professionals with immediate access to a patient's test results, past treatments, and medication.

³ Order in Council 734/2010 issued under *The Crown Corporations Act, 1993*.

⁴ In January 2017, the Minister of Health directed eHealth to consolidate IT services into a single service that the Saskatchewan Health Authority, Saskatchewan Cancer Agency, and 3sHealth previously provided.

⁵ The vital statistics registry registers all births, marriages, deaths, stillbirths, legal name changes, and changes of sex designation that occur in Saskatchewan.

⁶ eHealth's registration branch registers new Saskatchewan residents for provincial health coverage and maintains the registry of residents who are eligible for benefits. eHealth issues health service cards to residents approved for Saskatchewan's basic health coverage.



2.2 Financial Overview

During 2022–23, eHealth had revenues of approximately \$175 million (of which \$154 million were grants from the Ministry of Health), and expenses of \$167 million. At March 31, 2023, it held tangible capital assets with a net book value of \$14 million consisting primarily of computer hardware and software costs.

Figure 1—Financial Overview

	Actual 2022–23	Actual 2021–22
	(in millions)	
Grant from the Ministry of Health	\$ 154.4	\$ 151.8
Other Revenues	<u>20.2</u>	<u>15.9</u>
Total Revenue	<u>174.6</u>	<u>167.7</u>
Operational and Other Expenses	162.8	144.2
Amortization	<u>4.1</u>	<u>3.9</u>
Total Expense	<u>166.9</u>	<u>148.1</u>
Annual Surplus	<u>\$ 7.7</u>	<u>\$ 19.6</u>
Total Financial Assets ^A	\$ 45.7	\$ 38.9
Total Liabilities ^B	<u>18.8</u>	<u>19.4</u>
Net Financial Assets	<u>\$ 26.9</u>	<u>\$ 19.5</u>
Tangible Capital Assets	<u>\$ 14.0</u>	<u>\$ 11.4</u>

Source: eHealth Saskatchewan 2022–23 audited financial statements.

^A Total Financial Assets include due from General Revenue Fund, receivables, etc.

^B Total Liabilities includes accounts payable, obligations under capital lease, etc.

3.0 AUDIT CONCLUSIONS

In our opinion, for the year ended March 31, 2023, we found, in all material respects:

- **eHealth Saskatchewan had effective rules and procedures to safeguard public resources except for the matters identified in this chapter**
- **eHealth Saskatchewan complied with the following authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing:**

eHealth Saskatchewan's governing Orders in Council
The Crown Corporations Act, 1993
The Executive Government Administration Act
The Financial Administration Act, 1993
The Vital Statistics Act, 2009
 Regulations and Orders in Council issued pursuant to the above legislation

- **eHealth Saskatchewan had reliable financial statements**

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audit. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of eHealth's controls. The control framework

defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

We focused our audit efforts on the following areas:

- The sufficiency of its IT service level agreement with the Saskatchewan Health Authority
- Progress on testing disaster recovery plans for critical IT systems
- The completeness and accuracy of tangible capital assets
- The reasonableness of significant estimates (such as accrued payroll and vacation liabilities)
- eHealth's IT controls over network access, user access, and change management for financial-related IT systems.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Key Aspects of IT Service Level Agreement Incomplete

We recommended eHealth Saskatchewan sign an adequate service level agreement with the Saskatchewan Health Authority. (2018 Report – Volume 2; p. 25, Recommendation 1, Public Accounts Committee agreement January 12, 2022)

Status—Partially Implemented

At March 2023, eHealth Saskatchewan and the Saskatchewan Health Authority had yet to finalize remaining key aspects of their master services agreement for IT services.

eHealth became responsible for the majority of the Authority's IT systems when the Authority moved them to eHealth's data centre in 2017–18, and signed an interim operating agreement in 2017. We found the interim agreement to be inadequate in allowing for appropriate monitoring of IT services. eHealth signed a new master services agreement with the Authority in May 2022.

Our review of the new master services agreement found it included a number of key aspects for the delivery of IT services, such as IT service governance, payments and funding, quarterly reporting, and dispute resolution. However, we found eHealth and the Authority have yet to finalize other key aspects of the agreement—disaster recovery, service levels (e.g., response times, system availability), security requirements, and IT change management. **Figure 2** describes the risks associated with these aspects of the master services agreement still undefined.

**Figure 2—Risks Associated with Undefined and Unmonitored Aspects of Master Services Agreement**

Key Aspect of IT Service Agreement	Associated Risk
Disaster Recovery	Significant IT applications not available when needed, or loss of data in the event of a disaster. At March 2023, eHealth had not completed or tested disaster recovery plans for certain critical IT systems and data of the Authority (e.g., lab system, hospital admissions system). The Authority depends on these IT systems and data to deliver related services.
Service Levels	Inability to determine whether a service provider meets client needs and whether gaps in service exist (e.g., data backups not occurring as expected, expected response times to incident tickets not met).
Security Requirements	Systems and data not adequately secured (e.g., patches not applied in a timely manner).
IT Change Management	Changes to applications may be executed inappropriately, increasing the risk of an adverse effect on the integrity and availability of IT systems and data.

Source: Developed by the Office of the Provincial Auditor of Saskatchewan.

eHealth expects to finalize the remaining key aspects of the master services agreement with the Authority during 2023–24.

IT systems (e.g., lab systems, payroll systems) are an integral part of delivering and managing healthcare services. The Authority depends on its IT data and systems to deliver healthcare services to the public. Not having an adequate service level agreement increases the risk that eHealth fails to meet the Authority's IT needs. This could, in turn, impact the likelihood the Authority's systems are breached or unavailable for long periods of time.

4.2 Disaster Recovery Plan Testing Required

We recommended eHealth Saskatchewan have an approved and tested disaster recovery plan for systems and data. (2007 Report – Volume 3; p. 248, Recommendation 6; Public Accounts Committee agreement January 8, 2008)

Status—Partially Implemented

eHealth Saskatchewan is responsible for 35 critical IT systems—these are critical for the delivery of healthcare in the province. eHealth has completed disaster recovery plans, but has not fully conducted recovery testing of those plans for these critical IT systems.⁷ Disaster recovery testing verifies eHealth can successfully implement plans and restore critical IT systems after a disruption or disaster.

As of March 2023, eHealth has disaster recovery playbooks for all 35 critical IT systems, but has yet to fully complete disaster recovery testing (e.g., full backup restores) for these systems.⁸ Critical IT systems include patient health information related to diagnostic imaging, drug prescriptions, laboratory results, hospital admissions, and public health records.

⁷ Disaster recovery plans outline how to quickly recover from some event that compromises an organization's IT infrastructure (e.g., network).

⁸ A recovery playbook is a document typically part of the overall IT recovery plan documenting key aspects and recovery steps to enact the recovery plans during a crisis. Since early 2020, eHealth began writing a recovery playbook for each critical IT system it manages.

During 2022–23, eHealth focused its efforts on developing a five-year Disaster Recovery Roadmap that includes assessing potential risks to IT systems and establishing appropriate measures for recovery (e.g., the total length of time an IT system can be down after a failure or disaster occurs). eHealth management expected to finalize the Roadmap in 2023–24. eHealth needs to begin disaster recovery testing when its Roadmap is complete.

Effective disaster recovery planning processes includes requiring organizations to validate backup of their data periodically. Occasionally, organizations simulate an actual disaster by doing a full restore at an off-site location and check whether backups are fully functional (i.e., disaster recovery test).

Without fully tested disaster recovery plans, eHealth, the Saskatchewan Health Authority, Saskatchewan Cancer Agency, and the Ministry of Health may not be able to restore their critical IT systems and data (such as the personal health registration system or provincial lab systems) in a timely manner in the event of a disaster. These entities rely on the availability of those systems to deliver time-sensitive health services. For example, laboratory test results in provincial lab systems provide information to help clinicians provide better and more effective care for their patients, including timely diagnosis of diseases.

As ransomware and cyberattacks are steadily rising and evolving, organizations (like eHealth) need disaster recovery plans that enable speedy and easy recovery of data from the point of attack.⁹

4.3 Better Control Over and Monitoring of eHealth IT Network Needed

While eHealth Saskatchewan continues to make progress toward implementing effective network access controls and improved monitoring of the eHealth IT network, further work is needed.

As **Figure 3** outlines, eHealth has partially implemented two recommendations about its IT network we first made in our *2020 Report—Volume 1*, Chapter 6.¹⁰ We made these two recommendations during our 2019 audit of eHealth’s processes for securing portable computing devices and assess eHealth’s progress to implement them annually.

Figure 3—Recommendations Related to eHealth’s IT Network

Outstanding Recommendations	Status at March 31, 2023 with Key Actions Taken in Year
<p>We recommended eHealth Saskatchewan implement a risk-based plan for controlling network access to mitigate the impact of security breaches. (<i>2020 Report—Volume 1</i>, p. 61, Recommendation 6, Public Accounts Committee agreement January 12, 2022)</p>	<p>Partially Implemented</p> <p>eHealth is working toward centralized Network Access Controls (NAC) for all health sector agencies and network access ports.¹¹ It planned to pilot NAC in one medium and one large healthcare facility (e.g., hospitals) by March 31, 2023.</p> <p>However, eHealth paused this pilot project during 2022–23 to focus its efforts on data centre network controls. It anticipates completing the NAC pilot project in 2024–25.</p> <p>Controlling IT network access helps to mitigate the risk of security breaches, and the extent of breaches.</p>

⁹ In 2019–20, eHealth experienced an IT disaster when its IT network was subject to a ransomware attack. eHealth recovered its systems and related data from backups made prior to the attack.

¹⁰ *2020 Report—Volume 1, Chapter 6*, pp. 47–63.

¹¹ Network Access Control (NAC) is the process of restricting unauthorized users and devices from gaining access to a corporate network. NAC ensures that only authenticated users and devices that are authorized and compliant with security policies can enter the network. www.fortinet.com/resources/cyberglossary/what-is-network-access-control (19 June 2023).



Outstanding Recommendations	Status at March 31, 2023 with Key Actions Taken in Year
<p>We recommended eHealth Saskatchewan utilize key network security logs and scans to effectively monitor the eHealth IT network and detect malicious activity. (2020 Report – Volume 1, p. 62, Recommendation 7, Public Accounts Committee agreement January 12, 2022)</p>	<p>Partially Implemented</p> <p>eHealth is working toward establishing relationships with service providers to help manage the security of various aspects (e.g., endpoint detection and response, intrusion prevention system) of the eHealth IT network.</p> <p>eHealth selected one security service provider. It is also in the process of finalizing a statement of work with another security service provider and has an RFP underway for a third provider.</p> <p>It expects these providers will monitor network security on a 24/7 basis and focus on preventing, detecting, analyzing, and responding to cybersecurity incidents.</p> <p>Without effective IT network monitoring, eHealth may not detect malicious activity and mitigate risks of a successful attack on its corporate network within sufficient time to prevent a security breach.</p>

Source: 2022 Report—Volume 2, Chapter 15, eHealth—Securing Portable Computing Devices.

eHealth controlling IT network access helps mitigate the risk of security breaches, and the extent of breaches. Effective IT network monitoring helps timely detection of malicious activity and mitigate the risks of a successful attack on its corporate network.

Chapter 2 Executive Council

1.0 MAIN POINTS

During 2022–23, the Office of the Executive Council had effective rules and procedures to safeguard public resources and it complied with authorities governing its activities other than in the following area.

Executive Council continued to set remuneration rates inconsistent with the Board of Internal Economy directives. *The Legislative Assembly Act, 2007*, gives the Board of Internal Economy clear authority to set remuneration rates of legislative secretaries through directives, and the Board has done so. Executive Council needs to work with the Board to remunerate legislative secretaries at rates consistent with the Board’s approved rates. Not operating within laws and directives increases the risk of decreasing public confidence in government.

2.0 INTRODUCTION

2.1 Background

The Office of the Executive Council provides support to the Premier, Cabinet and Cabinet Committees.¹ It develops and advances the Government’s plan for Saskatchewan, and manages the plan’s implementation across government.

Its other functions include coordinating government business in the Legislative Assembly; maintaining Cabinet documents, Orders in Council, and regulations on behalf of the Government of Saskatchewan; providing strategic direction in communications throughout the Government; administering policies on communications, procurement, visual identity, and online development; and operating the Government’s web, mobile and social media presence.²

2.2 Financial Overview

The Office of the Executive Council spent about \$12.1 million in 2022–23. Its website details its programs and services.³ **Figure 1** outlines spending details for Executive Council. It does not prepare or table an annual report.

¹ The *Executive Government Administration Act* section 26 establishes the Office of the Executive Council.

² www.saskatchewan.ca/government/government-structure/ministries/executive-council-and-office-of-the-premier (22 August 2023).

³ Ibid.



Figure 1—Financial Results for 2022–23

	Estimates 2022–23	Actual 2022–23
	(in thousands)	
Central Management and Services	\$ 6,031	\$ 5,901
Premier's Office	492	502
Cabinet Planning	1,118	456
Cabinet Secretariat	512	522
Communications Office	1,094	1,147
House Business and Research	248	185
Members of the Executive Council	143	81
Intergovernmental Affairs	2,783	2,509
Lieutenant Governor's Office	725	804
Total Expense	\$ 13,146	\$ 12,107

Source: Saskatchewan Provincial Budget 2022–23 Estimates (vote 10); Office of Executive Council 2022–23 financial records.

3.0 AUDIT CONCLUSIONS

In our opinion, for the year ended March 31, 2023, we found, in all material respects:

- **The Office of the Executive Council had effective rules and procedures to safeguard public resources**
- **The Office of the Executive Council complied with the following authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing, except for the matter related to authority to set remuneration rates for legislative secretaries described below:**

The Executive Government Administration Act
The Members of the Executive Council Expense Regulations, 1988
The Financial Administration Act, 1993
The Provincial Secretary's Act (clause 3d.1)
The Appropriations Act
The Public Service Act, 1998
The Public Service Regulations, 1999
The Crown Employment Contracts Act
 Orders in Council issued pursuant to the above legislation

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audit. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of the Office of the Executive Council's controls. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

We examined the effectiveness of Executive Council's controls to keep reliable financial records and prepare reliable financial reports. This included examining its financial-related controls used to administer its spending, including travel and business expense claims. We also assessed its processes to prepare accurate, public semi-annual reports on ministerial travel expenses.

4.0 KEY FINDING AND RECOMMENDATION

4.1 Unclear Authority for Remuneration Paid to Legislative Secretaries

We recommended Executive Council work with the Board of Internal Economy to remunerate legislative secretaries at rates consistent with Board of Internal Economy approved rates. (2018 Report – Volume 2, p. 30, Recommendation 2; Public Accounts Committee agreement February 26, 2020)

Status—Not Implemented

During 2022–23, the Office of the Executive Council (Cabinet) continued to set legislative secretaries' remuneration rates without clear legislated authority to do so. Its rates differ from rates the Board of Internal Economy approved in its directives.⁴

While *The Executive Government Administration Act* gives the Lieutenant Governor in Council (Cabinet) clear authority to appoint Members of the Legislative Assembly as legislative secretaries, with or without remuneration, it does not give Cabinet the authority to set remuneration rates for the legislative secretaries (the Board of Internal Economy's responsibility).⁵

The *Legislative Assembly Act, 2007*, gives the Board of Internal Economy clear authority to set legislative secretaries' remuneration rates through directives, and the Board did so. *The Board of Internal Economy Directive #21—Annual Indemnity and Allowances* directed an annual allowance of \$15,367 for legislative secretaries in 2022–23.⁶ Effective April 1, 2023, the Board increased the annual allowance to \$15,828 for legislative secretaries.

Cabinet, through various Orders in Council, both appointed various legislative secretaries and set their remuneration rates (i.e., without remuneration or \$3,000 per year). In 2022–23, there were 10 Members of the Legislative Assembly appointed as legislative secretaries by Cabinet with pay set at a rate of \$3,000 per year instead of the Board-directed \$15,367.⁷

In August 2023, there were seven Members of the Legislative Assembly appointed as legislative secretaries with pay set at a rate of \$3,000 per year.⁸

During 2022–23, we did not see evidence of Executive Council working with the Board of Internal Economy (e.g., ask the Board to reconsider how the rate is set out in its directive) to ensure remuneration rates for legislative secretaries align with the Board's directive.

Not working with appropriate agencies to clearly operate within laws and directives, increases the risk of decreasing public confidence in government.

⁴ Per *The Legislative Assembly Act, 2007*, section 67, the Board of Internal Economy is comprised of the Speaker of the Legislative Assembly (Chair), two Executive Council-nominated Cabinet members, two Government caucus-nominated members, and two opposition caucus-nominated members.

⁵ *The Executive Government Administration Act*, section 7(1).

⁶ Annual allowance is set in the *Board of Internal Economy Directive #21—Annual Indemnity and Allowances* issued under section 62 of *The Legislative Assembly Act, 2007*. Directives available at www.legassembly.sk.ca/media/1172/directive-21-annual-indemnity-and-allowances.pdf (22 August 2023).

⁷ Orders in Council 233-2022, 234-2022, 235-2022, 236-2022, 237-2022, 238-2022, 239-2022, 240-2022, 241-2022, and 441-2022 issued in 2022-23 under *The Executive Government Administration Act*.

⁸ Orders in Council 430-2023, 431-2023, 432-2023, 433-2023, 434-2023, 435-2023 and 436-2023 issued in 2023-2024 under *The Executive Government Administration Act*.

Chapter 3

Government Relations—Northern Municipal Trust Account

1.0 MAIN POINTS

The Ministry of Government Relations did not adequately support management of the Northern Municipal Trust Account to prepare timely and accurate financial information and statements for the year ended December 31, 2022. As a result, the Trust Account did not table its 2022 annual report by the timeline set out in law. The Trust Account has not tabled its annual report on time in the past eight years.

The Ministry of Government Relations did not:

- Adequately supervise staff responsible for recording Trust Account financial information, including making sure they had complete and accurate information to prepare accurate financial statements.
- Sufficiently support Trust Account management in readying them to implement a new accounting standard related to asset retirement obligations. The Trust Account is not sufficiently prepared to obtain and record reliable costs related to asset retirement obligations in its 2023 financial statements.

We expected to complete the 2022 audit in April 2023, but did not complete it until October 2023 because Trust Account management did not provide financial support in a timely manner.

The Ministry of Government Relations also did not:

- Obtain updated engineering information to accurately estimate the cost to decommission the Trust Account's landfills.
- Have clear legislated authority to make grants from the Northern Municipal Trust Account to northern municipalities for landfills not wholly owned by the Ministry.

Other than those areas mentioned above, the Ministry had effective rules and procedures to safeguard the Trust Account's public resources and complied with authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing for the year ended December 31, 2022.

The Trust Account's 2022 financial statements are reliable.



2.0 INTRODUCTION

2.1 Background

The Ministry of Government Relations is responsible for administering the Northern Municipal Trust Account.^{1,2} The Trust Account provides for the administration of funds and property held for the following two main purposes:

- To administer and finance the municipal functions and operations (e.g., provide water) of the northern Saskatchewan Administration District.³ The Ministry, through the Trust Account, administers all revenues relating to the Northern Saskatchewan Administration District and all moneys appropriated by the Legislature for the purposes of northern revenue sharing and other grant programs. The Trust Account also acts as a municipal operating fund for the unincorporated areas in the district (i.e., northern settlements and resort subdivisions).
- To assist northern municipalities in providing quality services to their residents through operating and capital grants (e.g., for funding water and sewer systems to provide residents access to a safe, potable water supply, as well as municipal facilities and equipment).

The Ministry, through the Trust Account, levies and collects taxes for itself and northern hamlets. It remits these taxes, upon receipt, to the respective entities.

At October 2023, the Ministry had six staff located in La Ronge to administer the Trust Account. An additional seven staff, located primarily in La Ronge, provide assistance in addition to their regular municipal advisory, community planning, policy analysis, and management responsibilities.

2.2 Financial Overview

In 2022, as shown in **Figure 1**, the Trust Account had an annual surplus of \$5.4 million (2021: surplus of \$1.3 million). It managed capital assets of \$7.7 million (2021: \$6.7 million) (e.g., water treatment plants, sewer systems and buildings).

Figure 1—Financial Overview Highlights

	Actual 2022	Actual 2021
	(in millions)	
Grants from the Ministry of Government Relations (General Revenue Fund)	\$ 25.4	\$ 25.7
Taxation Revenue	3.5	3.5
Lease Fees Revenue	7.1	4.7
Revenue – Other Sources	4.2	2.1
Total Revenue	40.2	36.0

¹ *The Northern Municipalities Act, 2010*, established the Northern Municipal Trust Account and its purposes.

² *The Northern Municipalities Act, 2010*, makes a Cabinet-appointed Board responsible for giving the Minister of Government Relations advice on the allocations of northern operating and capital grants, and changes to laws concerning the Trust Account.

³ The Northern Saskatchewan Administration District is a geographical area defined under *The Northern Municipalities Regulations*, s. 74, that includes 11 northern settlements and 14 resort subdivisions.

	Actual 2022	Actual 2021
	(in millions)	
Grants (e.g., Northern Revenue sharing, Water and Sewer)	27.1	27.1
Municipal Services	4.8	4.9
Other Expenses	2.9	2.7
Total Expense	34.8	34.7
Annual Surplus	\$ 5.4	\$ 1.3
Total Financial Assets (e.g., Cash, Investments, Accounts Receivables)	\$ 59.5	\$ 61.4
Capital Assets (e.g., water and sewer, buildings, machinery)	\$ 7.7	\$ 6.7
Total Liabilities	\$ 8.3	\$ 14.6

Source: Adapted from the Northern Municipal Trust Account audited consolidated financial statements for the year ended December 31, 2022.

3.0 AUDIT CONCLUSIONS

In our opinion, for the year ended December 31, 2022, we found, in all material respects:

- **The Ministry of Government Relations had effective rules and procedures to safeguard the Northern Municipal Trust Account's public resources except for the matters described in this chapter**
- **The Ministry of Government Relations complied with the following authorities governing the Northern Municipal Trust Account's activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing except for the matters described in this chapter:**

The Northern Municipalities Act, 2010
The Northern Municipalities Regulations
The Financial Administration Act, 1993

The Executive Government Administration Act
 Orders in Council issued pursuant to the above
 legislation

- **The Northern Municipal Trust Account had reliable financial statements**

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audit. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of the Ministry's controls over the Trust Account. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

The audit focused on key revenue sources (e.g., taxation, utility, leases, and fuel sales). It included assessing the Ministry's monitoring of the Trust Account's lease and land sales revenues, and the accuracy of the Trust Account's tax calculations and fuel sales.⁴ In addition, the audit assessed the reasonability of management's estimates of lease receivables, accrued landfill decommissioning costs, and liability for contaminated sites. It also assessed whether the Ministry properly recorded the Trust Account's fuel inventory

⁴ The Ministry of Environment collects lease and land sales revenue on the Trust Account's behalf.



on hand at year-end and its share of the Lac La Ronge Regional Waste Management Corporation.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Adequate Support and Supervision of Financial Staff Needed to Prepare Timely and Accurate Financial Information

We recommended the Ministry of Government Relations require management to carry out a detailed review of quarterly and year-end financial information (e.g., financial reports, journal entries, reconciliations) prepared by the staff responsible for recording Northern Municipal Trust Account financial information. (2015 Report – Volume 1, p. 18, Recommendation 2; Public Accounts Committee agreement September 15, 2016)

Status—Partially Implemented

The Ministry of Government Relations management does not adequately support management of the Northern Municipal Trust Account to prepare timely and accurate financial information and statements. This includes supporting Trust Account management to adequately prepare them to implement a new accounting standard (e.g., identify legal obligations associated with cleaning up or removing hazardous materials at a future date).

The Ministry maintains sufficiently robust policies and related procedures to guide staff administering the Trust Account's day-to-day financial activities, and for preparing financial reports (including year-end financial statements).

However, in December 2022, the Director of Finance and Accounting the Ministry had hired to assist with preparing and reviewing the Trust Account's financial information and annual financial statements left the Ministry. As of October 2023, that position remained vacant. At October 2023, this left one staff member responsible for key Trust Account accounting functions and providing necessary information for purposes of the financial audit. The Trust Account is at significant risk of negative impacts if this remaining key position becomes vacant.

Ministry management carrying out a timely, detailed review of the Trust Account's financial information helps to reduce the risk of errors in accounting records and in financial statements presented for audit. In addition, timely review reduces the risk of delays in the completion of the annual audit and delays in tabling the Trust Account's annual report (see **Section 4.3**).

While we found fewer errors in the financial statements prepared for audit compared to prior years, we did not initially receive complete and accurate financial information from the Ministry for the 2022 audit. For example, there was an error of about \$50,000 related to prepaid expenses and the financial statements did not include the Trust Account's share of the Lac La Ronge Waste Management Corporation.

Also, a new Canadian public sector accounting standard for recording asset retirement obligations is effective for fiscal years beginning on or after April 1, 2022. The Ministry has not sufficiently supported Trust Account management to be ready to implement the new accounting standard.

Asset retirement obligations exist for tangible capital assets if there exists a legally enforceable or contractual obligation to remediate the asset on its retirement (i.e., no longer using the asset to provide services). Examples of asset retirement obligations are costs for remediation of asbestos in buildings, decommissioning fuel tanks, decommissioning water and sewage facilities, and decommissioning landfills (see **Section 4.2**).

The Trust Account's December 2023 financial statements will be expected to comply with accounting standards and record asset retirement obligations. As of October 2023, the Ministry had not obtained adequate information to estimate the costs related to asset retirement obligations for the Trust Account. Without sufficient analysis, the Ministry does not know what it will need to pay to clean up these capital assets (e.g., buildings) once they are no longer needed.

Without determining the extent of asset retirement obligations and obtaining adequate information to estimate the costs related to those asset retirement obligations, the Trust Account will not be able to prepare complete and accurate financial statements for December 31, 2023. Complete and accurate financial reporting of the liabilities for asset retirement obligations is important to reflect the full amount of public resources required to clean up these assets in the future.

1. We recommend the Ministry of Government Relations obtain the necessary information to adopt Canadian Public Sector Accounting Standard 3280 – Asset Retirement Obligations for the year ending December 31, 2023.

4.2 Updated Information to Accurately Estimate Landfill Decommissioning Costs Needed

We recommended the Ministry of Government Relations regularly update its cost estimates to decommission landfills the Northern Municipal Trust Account is responsible for. (2023 Report – Volume 1, p. 18, Recommendation 1; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Not Implemented

The Ministry of Government Relations has not obtained updated information to accurately estimate landfill decommissioning costs for six of the landfills under Northern Municipal Trust Account responsibility.

The Trust Account is responsible for decommissioning 12 different landfills in various communities within the Northern Saskatchewan Administration District.⁵ Canadian public

⁵ The 12 landfills are located in Bear Creak, Deschambe Lake, Garson Lake, Sled Lake, Brabant Lake, Missinipe, Little Bear, East Trout, Whelan Bay, Uranium City, Camsell Portage, and Kinoosao/Sturgeon.



sector accounting standards require the Trust Account to record a liability in its financial statements for the expected costs associated with decommissioning landfills.

The Ministry increased its estimate for the landfill decommissioning liability by over \$900,000 in the Trust Account's 2021 financial statements based on updated information (i.e., engineering reports) for six of the 12 landfills that the Trust Account is responsible for (i.e., Brabant Lake, Missinipe, Bear Creek, Descharme Lake, Garson Lake, and Sled Lake).

As of October 2023, the Trust Account has not obtained updated engineering reports to sufficiently estimate costs for the remaining six landfills that it is responsible for (i.e., Little Bear, East Trout, Whelan Bay, Camsell Portage, and Kinoosao/Sturgeon). Given the significant increase in cost estimates for the six landfills with recent engineering reports completed, there is a significant risk that the costs of the remaining six landfills are incomplete or inaccurate.

Landfill decommissioning liabilities are longer term in nature, and the associated costs tend to change over time (e.g., due to changing costs of labour and materials needed, changes to standards used for estimating costs, and/or changes in the levels of contamination).

Not periodically obtaining and communicating to relevant staff updated cost information related to landfill decommissioning liabilities increases the risk the amounts recorded for decommissioning landfills in the Trust Account's financial statements are incorrect.

4.3 Timely Tabling of Annual Reports Needed

We recommended the Ministry of Government Relations provide the Northern Municipal Trust Account's annual report to the Legislative Assembly in accordance with timelines set in The Executive Government Administration Act. (2017 Report – Volume 2, p. 45, Recommendation 1; Public Accounts

Committee agreement October 10, 2018)

Status—Not Implemented

The Ministry of Government Relations continues not to table the Northern Municipal Trust Account's annual report to the Legislative Assembly within the timeframes required by *The Executive Government Administration Act*.⁶ The Trust Account has not tabled its annual report on time since its 2014 annual report.

According to the Act, it is expected agencies with December year-ends table their annual reports by the end of April each year (four months after year-end).

The Trust Account's annual reports include its audited financial statements. Difficulties in preparing accurate financial statements delay completion of its annual reports.

⁶ *The Executive Government Administration Act*, s.13, requires the Minister responsible to table annual reports within 120 days after the agency's year-end. The Northern Municipal Trust Account has a December 31 year-end. The Minister of Government Relations is assigned responsibility for this Trust Account.

The Assembly received the Trust Account's 2020 annual report on April 25, 2022. As of October 16, 2023, the Ministry has not yet tabled the Trust Account's 2021 annual report. We issued our audit opinion on the 2021 financial statements on March 7, 2023.

Delays in the completion of the 2022 annual audit of the financial statements contributed to the Ministry's inability to finalize the Trust Account's 2022 annual report by April 2023.

Not tabling the Trust Account's annual report within the timelines set in legislation results in legislators having insufficient information to monitor the Trust Account's operations and make informed decisions.

4.4 Unclear Authority for Landfill Expansion Grant Payments

We recommended the Ministry of Government Relations clarify the legislated authority to make grants from the Northern Municipal Trust Account to northern municipalities for landfills not wholly owned by the Ministry. (2021 Report – Volume 2, p. 37, Recommendation 2; Public Accounts Committee agreement September 6, 2022)

Status—Not Implemented

The Ministry of Government Relations continues to make grant payments from the Northern Municipal Trust Account for a landfill expansion without clear legislative authority to do so.

In January 2019, the Minister of Government Relations approved a program to fund (through the Trust Account) up to \$4.9 million for the costs related to expanding the Lac La Ronge regional landfill.⁷ It refers to this program as the Regional Solid Waste Management program.

The regional landfill currently provides waste management services to three northern municipalities, including the Northern Saskatchewan Administration District, and the Lac La Ronge Indian Band. The Ministry expects to benefit from the planned landfill expansion as it owns part of this landfill.

During 2022, the Ministry paid \$0.7 million (2021: \$0.3 million) from the Trust Account for this program. Of the amount paid, \$0.6 million (2021: \$0.2 million) is a grant (government transfer) because the amount paid benefits municipalities that are not part of the Northern Saskatchewan Administration District.

As of October 2023, neither *The Northern Municipalities Act, 2010*, nor *The Northern Municipalities Regulations* provide authority for the Trust Account to make grants for landfills. In October 2020, the Ministry consulted with legal counsel who indicated this legislation was likely not sufficient authority to make these landfill grant payments. Ministry management indicated they are working on preparing updated regulations to provide clear authority to make landfill grants, but no changes were made by October 2023.

⁷ The total estimated capital cost of the regional landfill expansion is \$12.4 million. The Federal Government agreed to fund up to \$7.1 million (for the Lac La Ronge Indian Band), the Provincial Government agreed to fund up to \$4.9 million, and other participating northern municipalities agreed to fund the remaining \$0.4 million.



Making grant payments without clear legislative authority increases the risk of making payments that are inconsistent with the mandate of the Trust Account. Up to December 2022, the Trust Account had paid \$3.7 million in grants under the Regional Solid Waste Management program.

4.5 Segregation of Incompatible Duties Improved

We recommended the Ministry of Government Relations adequately segregate duties of employees responsible for key accounting functions of the Northern Municipal Trust Account. (2018 Report – Volume 2, p. 68, Recommendation 1; Public Accounts Committee agreement February 26, 2020)

Status—Implemented

The Ministry of Government Relations adequately segregated incompatible duties of staff responsible for making and approving transactions.

During our audit, we found only one instance of inappropriate segregation of duties. We found the same employee prepared and approved three of the 35 journal entries that we tested. As a result, the employee could have made inappropriate journal entries without detection. However, we reviewed the support for these three journal entries and all appeared to be appropriate and reasonable.

Properly segregating responsibilities assigned to staff responsible for key accounting functions reduces the risk of undetected fraud and error, including inappropriate adjustments to accounting records. This also reduces the risk of errors in the Trust Account's financial information.

Chapter 4 Healthcare Affiliates

1.0 MAIN POINTS

For each of the 2022–23 annual audits of 36 healthcare affiliates, all had effective rules and procedures to safeguard public resources. The 2022–23 financial statements for each of the healthcare affiliates are reliable.

However, during 2022–23, one of the 36 healthcare affiliates (All Nations' Healing Hospital Inc.) did not seek approval from the Minister of Health for two capital projects exceeding \$100,000 each as required by law.

2.0 INTRODUCTION

The Provincial Health Authority Act and related regulations set out the roles and responsibility of the Ministry of Health, the Saskatchewan Health Authority, and Saskatchewan's 37 healthcare affiliates.¹ **Appendix 1** of this Report includes a list of the 37 healthcare affiliates.

The Provincial Health Authority Administration Regulations designates healthcare affiliates, and makes them responsible for providing contracted health services on behalf of the Saskatchewan Health Authority. Most affiliates provide health services for long-term care patients in the healthcare system; several others also provide hospital services in certain areas of the province. These healthcare affiliates employ approximately 6,650 staff.²

Figure 1 provides the combined financial results of 36 healthcare affiliates for 2021–22 and 2022–23.

Figure 1—Healthcare Affiliates' Combined Financial Results

	2022–23	2021–22
	(in millions)	
Grants from the Saskatchewan Health Authority	\$ 237.3	\$ 247.0
Other Revenue (e.g., Federal Government grants, food service revenue)	63.4	61.4
Total Revenue	<u>300.7</u>	<u>308.4</u>
Total Expense	<u>309.7</u>	<u>304.3</u>
Annual Surplus (Deficit)	<u>\$ (9.0)</u>	<u>\$ 4.1</u>
Net Financial Liabilities ^A	<u>\$ (21.1)</u>	<u>\$ (13.7)</u>
Non-financial Assets ^B	<u>\$ 140.6</u>	<u>\$ 142.0</u>

Source: Adapted from audited healthcare affiliates' financial statements for the years ending March 31.

^A Financial assets (e.g., cash, receivables) less liabilities (e.g., accounts payable, debt).

^B Non-financial assets include tangible capital assets (e.g., buildings).

¹ St. Paul's Hospital is not included in this chapter because it is consolidated into the financial statements of the Saskatchewan Health Authority.

² Affiliates' staff headcount (i.e., full-time, part-time, casual) provided by the Ministry of Health.



Each year, the Saskatchewan Health Authority contracts healthcare affiliates to supply about 3,000 beds and health services.³ The Saskatchewan Health Authority paid \$237.3 million in 2022–23 (2021–22: \$247.0 million) to 36 healthcare affiliates.

3.0 AUDIT CONCLUSIONS

Our Office worked with appointed auditors (see **Appendix 2**) to carry out the audits of the healthcare affiliates. We followed the framework in the *Report of the Task Force on Roles, Responsibilities and Duties of Auditors*.⁴

In our opinion, for the year ended March 31, 2023, we found, in all material respects:⁵

- **Each healthcare affiliate had effective rules and procedures to safeguard public resources**
- **Each healthcare affiliate complied with the following authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing, except for the matter related to All Nations' Healing Hospital Inc. below:**

The Provincial Health Authority Act

The Facility Designation Regulations

The Provincial Health Authority Administration Regulations

The Special-Care Homes Rates Regulations, 2011

The Housing & Special-Care Homes Regulations

The Trustees Act, 2009

The Health Labour Relations Reorganization (Commissioner) Regulations

Orders in Council pursuant to the above legislation

- **Each healthcare affiliate had reliable financial statements**

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audits. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of each healthcare affiliate's controls. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

As healthcare affiliates' expenses consist primarily of payroll and other goods and services, each audit included examining processes for preparing and processing payroll, and ordering, paying for, and receiving goods and services.

4.0 KEY FINDING AND RECOMMENDATION

4.1 All Nations' Healing Hospital Inc.—Minister Approval for Projects Over \$100,000 Required

During 2022–23, All Nations' Healing Hospital Inc. did not seek approval from the Minister of Health for two capital projects exceeding \$100,000 each (i.e., renovations of cafeteria

³ Information provided by the Ministry of Health.

⁴ *Report of the Task Force on Roles, Responsibilities and Duties of Auditors* available on our website.

⁵ This chapter does not include the results of the annual audit of the St. Paul's Hospital because it is included in the annual audit of the Saskatchewan Health Authority. See Chapter 8 for the results of the annual audit of the Authority.

and office space) as required under *The Provincial Health Authority Act* and *The Provincial Health Authority Administration Regulations*. We found the Ministry of Health sent letters to all affiliates in February 2023 reminding them about these legislative requirements.

Capital projects (e.g., wing expansion increasing bed capacity) can impact the level of future operating funding affiliates require from the Ministry of Health. Not seeking the Minister of Health's approval for larger renovation projects increases the risk money may be spent on items not considered a priority for the healthcare system.

- 1. We recommend the All Nations' Healing Hospital Inc. seek the responsible Minister's approval required by law when undertaking capital projects valued at greater than \$100,000.**

Chapter 5 Highways

1.0 MAIN POINTS

The Ministry of Highways had effective rules and procedures to safeguard public resources for the year ended March 31, 2023. However, the Ministry incurred a loss relating to inappropriate supplier payments.

In March 2023, the Ministry incorrectly paid more than \$500,000 to an individual impersonating one of the Ministry's suppliers; it later recovered about \$400,000.

In August 2023, the Ministry strengthened its processes by requiring a second individual to verify and authorize changes to supplier banking information. Having a second individual review requested changes to supplier banking information provides additional scrutiny to the information provided and lowers the risk of inappropriate changes occurring.

During 2022–23, the Ministry and the Transportation Partnerships Fund complied with the authorities governing their activities relating to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing. The 2022–23 financial statements of the Transportation Partnerships Fund are reliable.

2.0 INTRODUCTION

2.1 Background

The Ministry of Highways is responsible for managing the provincial transportation network, which consists of 26,455 kilometers of highways. The Ministry also operates and maintains 692 bridges, more than 62,000 culverts, 12 ferries, 16 northern airports, and one barge.¹

The Ministry is to provide the public with a safe, reliable transportation system, as well as manage and provide for future development of an integrated provincial transportation system.²

2.2 Financial Overview

At March 31, 2023, the Ministry of Highways managed tangible capital assets (comprised primarily of the provincial transportation system) with a net book value of \$5.9 billion. In 2022–23, it incurred \$580 million in expenses, and acquired tangible capital assets of \$405 million comprised primarily of roads and bridges (see **Figure 1**).

¹ Ministry of Highways, *Annual Report for 2022–23*, p. 3.

² *Ibid.*

**Figure 1—Major Programs and Spending**

	Estimates 2022–23	Actual 2022–23
	(in millions)	
Central Management and Services	\$ 17.3	\$ 16.5
Strategic Municipal Infrastructure	32.7	31.0
Operation of Transportation System	219.2	248.6
Preservation of Transportation System	118.2	123.1
Transportation Planning and Policy	4.0	4.0
Infrastructure and Equipment Capital	454.6	410.1
Total Appropriation	\$ 846.0	\$ 833.3
Asset Retirement Obligation Adjustment to Opening Accumulated Deficit	(2.1)	(4.9)
Remediation of Contaminated Sites	(88.5)	(88.6)
Capital Asset Acquisitions	(452.6)	(405.2)
Capital Asset Amortization	259.2	245.3
Total Expense	\$ 562.0	\$ 579.9

Source: *Government of Saskatchewan – 2022–23 Estimates (Vote 16)*, pp. 71–75, and *Ministry of Highways, Annual Report for 2022–23*, p. 23.

In 2022–23, the Ministry had revenues of \$18.5 million including federal transfers of \$11.1 million.³

The Ministry is also responsible for the Transportation Partnerships Fund (Fund).

3.0 AUDIT CONCLUSIONS

In our opinion, for the year ended March 31, 2023, we found, in all material respects:

- **The Ministry of Highways had effective rules and procedures to safeguard public resources; however, the Ministry incurred a loss relating to inappropriate supplier payments (see Section 4.0)**
- **The financial statements of the Transportation Partnerships Fund are reliable**
- **The Ministry of Highways and the Fund complied with the following authorities governing their activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing:**

The Highways and Transportation Act, 1997
The Railway Line (Short Line) Financial Assistance Regulations
The Ministry of Highways Regulations, 2020
The Fuel Tax Accountability Act
The Executive Government Administration Act
The Environmental Management and Protection Act, 2010 (section 9)
The Financial Administration Act, 1993
The Public Works and Services Act
The Purchasing Act, 2004, and Regulations
 Orders in Council issued pursuant to the above legislation

³ Ministry of Highways, *Annual Report for 2022–23*, p. 24.

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audit. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of the Ministry of Highways' controls. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

Because the Ministry uses contractors to maintain and construct its highways and bridges, the audit paid particular attention to the Ministry's controls over managing its contracts. This included assessing its processes for awarding, approving, and adjusting contracts; retaining appropriate security and holdbacks; approving estimates; obtaining appropriate clearance from the Workers' Compensation Board and tax authorities before making final payments; and tracking its related contractual obligations.

We also evaluated the Ministry's:

- Controls over purchases using purchase cards
- Controls for estimating the value of aggregate stockpile inventory
- Processes for estimating and recording its contaminated sites liabilities and asset retirement obligations
- Controls over key IT systems used to manage the transportation system (e.g., appropriate service level agreements, change management, user access)

4.0 KEY FINDINGS

4.1 Scrutiny of Supplier Changes Strengthened

In March 2023, the Ministry of Highways incorrectly paid more than \$500,000 to an individual impersonating one of the Ministry's suppliers.⁴ In August 2023, the Ministry strengthened its processes by requiring a second individual verify and authorize changes to supplier banking information.

The Ministry of Highways follows the Ministry of Finance's guidance for maintaining and changing supplier information, such as banking information, in the Government's key financial system (MIDAS Financials) used to pay suppliers.^{5,6} Finance guidance requires staff at ministries to verify and authorize changes to supplier information (including banking information) before Finance staff update MIDAS Financials. At March 2023, Finance's guidance did not outline expectations on how to verify supplier banking information changes.⁷ For example, Finance's guidance did not explain that ministry staff should use

⁴ The Government reported this matter on May 1, 2023, in its *2022–23 Fourth Quarter Report of Public Losses for Ministries and Treasury Board Crowns*. www.saskatchewan.ca/government/newsmedia/2023/may/01/lossreportstabled (4 October 2023).

⁵ Suppliers provide banking information in order to receive payments electronically.

⁶ The Ministry of Finance is responsible for administering the financial system used primarily by ministries and as the general ledger for Public Accounts called the Multi-Informational Database Applications System—Financials (MIDAS Financials).

⁷ The Ministry of Finance provides ministries with guidance for completing a Supplier Maintenance Form (i.e., for initial set up of a supplier in the MIDAS system or for changes to supplier information such as address or name). The Supplier Maintenance Form requires two Ministry staff to sign off the form. Finance does not require staff to include a Supplier Maintenance Form when submitting banking information changes.



a different method of communication with a supplier requesting changes to banking information (e.g., phone the supplier if change request submitted via email) or require two staff to authorize the change.

If a supplier wants to change their banking information, they must contact the Ministry of Highways (e.g., via phone or email) to make their request. Suppliers are required to fill out and sign a Direct Deposit Payment Request Form that includes their banking information. One Ministry staff is then expected to check the authenticity of the supplier and supporting documentation (e.g., by assessing whether the supplier contact who signed the form is a known supplier representative), authorize the change, and send the form to the Ministry of Finance to update the information in MIDAS Financials.

In March 2023, the Ministry of Highways received an email request to change banking information from an imposter claiming to represent one of its suppliers. The imposter filled out the Direct Deposit Payment Request Form as required and included contact information on the form. To verify the appropriateness of the banking information change, Ministry staff used contact information provided on the form to communicate with the imposter, rather than using a reliable source, such as the supplier's website. This resulted in staff verifying the change with the imposter, instead of contacting the legitimate supplier. The same staff approved the change to the banking information and submitted the change to the Ministry of Finance.

For a few days in March 2023, the Ministry of Highways incorrectly paid about \$509,000 using the new banking information. In March 2023, the Ministry became aware that the payment was to an imposter and not its legitimate supplier. By August 2023, the Ministry recovered \$404,000 of the amount paid.

In August 2023, the Ministry of Highways implemented further steps for verifying supplier banking information changes. This included having separate staff verify the banking information change request came from reliable sources (e.g., phone contact based on information from company website) and approve the change before submitting the change request to the Ministry of Finance. We assessed one supplier banking information change requested after the Ministry of Highways changed its process. We found the Ministry appropriately verified and authorized the change, including having a second staff involved.

Having a second individual review the requested banking information change provides additional scrutiny to the information provided and lowers the risk of an inappropriate change occurring.

Having other ministries follow a similar process requiring independent staff verify and authorize changes to supplier banking information, would also reduce the risk of Government making inappropriate payments to illegitimate suppliers. We suggest the Ministry of Highways work with the Ministry of Finance to strengthen Finance's guidance to ministries for verifying supplier changes, and requiring a second individual to appropriately verify and authorize changes to suppliers' banking information. Finance may also want to provide ministries with training on how to verify supplier banking change requests.

Not having proper scrutiny of changes to supplier banking information can continue to result in a loss of public funds from making inappropriate payments to illegitimate suppliers.

Chapter 6 Northlands College

1.0 MAIN POINTS

In 2022–23, Northlands College had effective rules and procedures to safeguard public resources other than it did not always review and approve credit card reconciliations, and it did not adequately segregate access to its electronic cheque-signing system. This increases the risk of staff making inappropriate credit card purchases or the College not detecting fraudulent payments.

The 2022–23 financial statements of Northlands College are reliable. Northlands College complied with the authorities governing its activities related to financial reporting and safeguarding public resources in 2022–23.

2.0 INTRODUCTION

Northlands College, one of Saskatchewan's six regional colleges, offers classes in communities across northern Saskatchewan with campuses in Buffalo Narrows, Creighton, and La Ronge. The College offers Adult Basic Education, skills training, and university courses to around 840 students each year.¹

As shown in **Figure 1**, in 2022–23, the College had revenues of \$18.6 million and expenses of \$17.5 million. Approximately 60% of the College's expenses relate to salaries and benefits.

Figure 1—Financial Overview

	Budget 2022–23	Actuals 2022–23
	(in millions)	
Provincial grants	\$ 15.6	\$ 15.6
Other revenue	3.2	3.0
Total Revenues	\$ 18.8	\$ 18.6
General	7.3	6.7
Skills training	5.5	4.2
Basic education	2.8	2.1
University	4.1	3.0
Services	0.5	0.7
Scholarships	0.1	0.1
Student housing	0.8	0.7
Total Expenses	\$ 21.1	\$ 17.5
Annual Surplus (Deficit)	\$ (2.3)	\$ 1.1

Source: Northlands College audited financial statements for the year ended June 30, 2023.

¹ Northlands College, *Annual Report, 2021–22*, p. 33.



3.0 AUDIT CONCLUSIONS

Our Office worked with the appointed auditor, MNP LLP, to carry out the audit of Northlands College. We followed the framework in the *Report of the Task Force on Roles, Responsibilities and Duties of Auditors*.²

In our opinion, for the year ended June 30, 2023:

- **Northlands College had effective rules and procedures to safeguard public resources except for the matters described in this chapter**
- **Northlands College complied with the following authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing:**

The Regional Colleges Act
The Regional Colleges Regulations
The Regional Colleges Program Designation Regulations
The Regional Colleges Programs and Services Regulations

The Financial Administration Act, 1993
The Executive Government Administration Act
The Income Tax Act, 2000 (Saskatchewan)
The Financial Administration Manual
The Regional Colleges Accounting and Reporting Manual

- **Northlands College had reliable financial statements**

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audit. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of Northlands College's controls. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

Through our review of work carried out by the appointed auditor, we examined the effectiveness of the College's processes for preparing and processing payroll, and paying for and receiving goods and services. We also examined the effectiveness of the controls used to safeguard financial-related IT systems and data.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Review and Approval of Credit Card Reconciliations Needed

Northlands College did not follow its policy regarding review and approval of credit card reconciliations.

The College's credit card policy requires each credit cardholder to submit a monthly transaction log reconciled to supporting receipts for approval by the Vice President of Finance or a designate. The College did not approve 11 out of 25 monthly transaction logs tested.

² *Report of the Task Force on Roles, Responsibilities and Duties of Auditors* available on our website.

Not approving credit card transactions increases the risk of inappropriate credit card purchases.

1. **We recommend Northlands College review and approve credit card reconciliations as required by its policy.**

4.2 Restricted Access to Cheque-Signing System Needed

Northlands College has not restricted access to its cheque-signing system to adequately separate duties related to making payments.

The College uses software to electronically sign cheques for payment, and restricts access to this software to certain accounting and payroll staff. However, some College staff who can approve payments also have access to the cheque-signing system.

The College's procurement policy requires adequate segregation of duties between purchasing, receiving and payment approval. These certain College staff could not only create and approve a payment, but also process a cheque for payment. Testing did not find any instances in which the same person approved a payment and then used the system to electronically sign a cheque.

Allowing the same individual to approve payments and electronically sign cheques increases the risk of fraudulent payments going undetected.

2. **We recommend Northlands College restrict access to its cheque-signing system to appropriately segregate duties.**

Chapter 7

Prairie Agricultural Machinery Institute

1.0 MAIN POINTS

The Prairie Agricultural Machinery Institute (PAMI) complied with its legislative authorities. Other than the following concerns, PAMI had effective rules and procedures to safeguard public resources for the year ended March 31, 2023. PAMI did not:

- Adequately review and approve financial information once prepared (e.g., journal entries, bank reconciliations).
- Prepare adequate financial statements for the 2022–23 audit. The financial statements presented for audit contained significant errors. Management corrected these errors; PAMI's financial statements are reliable.

Appropriate review of financial information helps ensure management and the Board have quality and accurate financial information to make decisions.

During the year, PAMI improved its processes to accurately track its fee-for-service projects and record the amounts invoiced to customers for work completed.

2.0 INTRODUCTION

2.1 Background

The Prairie Agricultural Machinery Institute provides product development, testing, and design to both prairie farmers and agricultural machinery manufacturers, as well as to the mining and transportation industries. Its mission is to “enhance sustainability and profitability in agriculture and other sectors through research, innovation, adaptation and knowledge transfer”.¹ At March 31, 2023, PAMI employed over 20 employees in Humboldt, Saskatchewan and Portage la Prairie, Manitoba.

2.2 Financial Overview

As shown in **Figure 1**, PAMI had a surplus of \$1.2 million for the year ended March 31, 2023 (2022: deficit of \$0.9 million).

Figure 1—Financial Overview

	Actual 2023	Actual 2022
	(in millions)	
Provincial Transfers		
Government of Saskatchewan Ministry of Agriculture – Operating	\$ 1.4	\$ 0.6
Government of Saskatchewan Ministry of Agriculture – Capital	1.5	-
Government of Manitoba Department of Agriculture, Food and Rural Development – Operating	0.3	0.3

¹ Prairie Agricultural Machinery Institute, 2021–2022 Annual Report, p. 6.



	Actual 2023	Actual 2022
	(in millions)	
Fee for Service	4.4	3.7
Other Income	0.1	0.6
Gain on sale of asset	0.1	-
Total Revenues	7.8	5.2
Personnel	2.6	3.3
Fee for Service Direct Costs	0.7	0.8
Administration	2.1	1.1
Operating	0.7	0.4
Amortization	0.5	0.5
Total Expense	6.6	6.1
Annual surplus (deficit)	\$ 1.2	\$ (0.9)
Total Financial Assets (e.g., cash, due from General Revenue Fund, accounts receivable)	\$ 4.6	\$ 2.6
Total Non-Financial Assets (e.g., tangible capital assets, prepaid expenses)	\$ 6.3	\$ 6.4
Total Liabilities	\$ 1.8	\$ 1.2

Source: Adapted from the Prairie Agricultural Machinery Institute audited financial statements for the year ended March 31, 2023.

3.0 AUDIT CONCLUSIONS

In our opinion, for the year ended March 31, 2023, we found, in all material respects:

- **PAMI had effective rules and procedures to safeguard public resources except for the matters described in this chapter**
- **PAMI complied with the following authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing:**

The Prairie Agricultural Machinery Institute Act, 1999
The Prairie Agricultural Machinery Institute Regulations, 1999
The Financial Administration Act, 1993
The Executive Government Administration Act
 Orders in Council pursuant to the above Acts
 Minister Orders pursuant to the above Acts

- **PAMI had reliable financial statements**

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audit. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of PAMI's controls. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

We carried out audit procedures to address the significant audit areas identified throughout the audit. Significant audit areas included assessing PAMI's processes to record fee-for-service revenue and associated expenses (i.e., its projects), forecast its financial activities, and calculate and record work-in-progress and deferred revenue related to projects. We also assessed PAMI's conversion of its general ledger between two financial systems and determined the opening April 1, 2022 balances were complete and accurate.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Accurately Tracking Fee-for-Service Projects

We recommended the Prairie Agricultural Machinery Institute accurately track its fee-for-service projects to enable it to properly record related revenue in its financial statements. (2022 Report – Volume 2, p. 25, Recommendation 1;

Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Implemented

The Prairie Agricultural Machinery Institute accurately tracked the status of its fee-for-service projects and properly recorded the amounts invoiced to customers for work completed.

PAMI completes projects for various industries and earns fee-for-service revenue (2022–23: \$4.4 million according to **Figure 1**). Beginning in November 2022, PAMI began tracking when it invoiced all projects using a spreadsheet. In addition, employees keep invoices in either the financial system or on the network with all supporting project information (e.g., contracts).

For all invoices not in the spreadsheet prior to November 2022, we were able to view them in the financial system or project folder on the network.

Having an effective process to track fee-for-service projects allows PAMI to appropriately invoice customers for work completed and correctly record fee-for-service revenue in its financial statements.

4.2 Proper Review of Financial Information Needed

We recommended the Prairie Agricultural Machinery Institute require management to conduct a detailed review of financial information (e.g., financial reports, journal entries, reconciliations, payroll registers) prepared by staff responsible for carrying out these duties. (2021 Report – Volume 2, p. 53, Recommendation 1; Public Accounts Committee has not yet considered this

recommendation as of November 3, 2023)

Status—Not Implemented

The Prairie Agricultural Machinery Institute did not adequately review and approve financial information once prepared.



Adequate segregation of duties includes timely and independent review and approval of key transactions and entries. We found management neither consistently reviews and approves financial reporting information nor consistently documents approval. For example, we found:

- Four of nine receipts tested did not have formal documentation of the approver of the deposit slip. Another receipt tested did not have segregation of duties between the preparer and approver of the deposit slip. This increases the risk of not correctly recording or depositing cash receipts in the bank account.
- Five monthly task checklists reviewed did not have proper review and approval after another individual prepared certain financial information (e.g., bank reconciliations, monthly amortization).²
- For one accounts receivable report tested, it did not have evidence of senior management's review and approval of the report. By not having formal review, management may not be aware of accounts outstanding that need to be collected or followed up on.
- Five of six bank reconciliations tested did not note who prepared it. In addition, for all 12 bank reconciliations completed for the year, there was only one bank reconciliation that was reviewed and approved in a timely manner. Not reviewing bank reconciliations timely increases the risk of errors going undetected.
- For all 10 journal entries tested, we were unable to see evidence of review and approval of the entries.
- For two of the monthly financial statements tested, the year-to-date budget numbers for operating and administration expenses did not agree to the Board-approved budget. In addition, management did not use the Board-approved budget consistently during the year (i.e., different budget used in the monthly statements). Not using the Board-approved budget increases the risk of not sufficiently monitoring PAMI's financial position.

Not having an independent review of financial information increases the risk of inaccuracies. Consistent review of the financial information (e.g., review of reconciliations, journal entries) identifies issues and allows for corrective actions in a timely manner. Without adequate review, errors in PAMI's financial information may occur without detection.

4.3 Detailed Review of Financial Statements Needed

We recommended the Prairie Agricultural Machinery Institute require a full review of the year-end financial statements by management. (2021 Report – Volume 2, p. 54, Recommendation 2; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Not Implemented

² PAMI started this checklist and review process in October 2022.

The Prairie Agricultural Machinery Institute did not prepare adequate financial statements for audit; the 2022–23 audit identified significant errors. Management did not review financial information presented for audit in sufficient detail to identify issues.

The financial statements initially presented for the audit contained numerous errors and were incomplete.

We found:

- PAMI understated its annual surplus by \$637,000 from the first version of the draft financial statements to the final version. For example, PAMI understated its provincial transfers—Government of Saskatchewan Ministry of Agriculture—operating revenue by \$590,000.
- The cash flow statement in the first several versions of the financial statements received did not balance, and did not agree to the cash balance on the statement of financial position.
- The notes to the financial statements required revisions to provide appropriate and complete note disclosures. For example, PAMI understated contractual rights by \$600,000, and understated contractual obligations by \$111,000 due to not reviewing contracts to determine amounts extending past year-end.

Having a full review of the draft statements and supporting materials helps to identify potential errors, make informed decisions, as well as confirms the financial statements are appropriate and align with Canadian public sector accounting standards.

Chapter 8

Saskatchewan Health Authority

1.0 MAIN POINTS

This chapter reports the results of the 2022–23 annual audit of the Saskatchewan Health Authority.

The Authority's 2022–23 financial statements are reliable. In 2022–23, the Authority complied with the authorities governing its activities related to financial reporting and safeguarding public resources. The Authority had, other than the following areas, effective rules and procedures to safeguard public resources for the year ended March 31, 2023.

At March 2023, the Authority did not have an adequate IT service level agreement in place with its main IT service provider—eHealth Saskatchewan. The Authority and eHealth signed a new master services agreement in May 2022, but have yet to finalize remaining key aspects (e.g., security and disaster recovery requirements) of the agreement. Without an adequate agreement, the Authority risks being unable to effectively monitor the quality and timeliness of IT services delivered by eHealth, or know whether its critical IT systems and data are secure and will be restored in a reasonable timeframe in the event of a disaster.

The Authority made progress during 2022–23 by adequately separating incompatible duties related to processing journal entries and employee pay increments. However, it needs to do more work to segregate incompatible duties related to paying vendors and staff. Without acceptable segregation of duties, the Authority faces a higher risk of fraud and undetected errors in its financial information.

The Authority began developing a new business-wide IT system called Administrative Information Management System (AIMS) in 2018. It anticipated implementing the system by March 31, 2021, at a total cost of about \$86 million. However, the AIMS project has not met its expected deadlines and budget. At March 2023, the forecasted costs to implement AIMS was almost \$240 million and the Authority had yet to establish a new AIMS implementation date following a paused attempt to “go live” in November 2022.

While we found the AIMS Executive Steering Committee took appropriate steps to identify factors (e.g., lessons learned) contributing to the system's implementation failure experienced in November 2022, it will be important for the Committee to facilitate completion of a formal lessons learned report for the AIMS project as a whole. Documenting and sharing such information with other government agencies leading significant projects can help to avoid system implementation failures on similar projects.

2.0 INTRODUCTION

2.1 Background

The *Provincial Health Authority Act* makes the Saskatchewan Health Authority responsible for planning, organizing, delivering, and evaluating health services within Saskatchewan. The Authority's Board is responsible for administering its affairs and conducting the business of the Authority.



The Authority's mission is to improve Saskatchewan's health and well-being, every day, for everyone.¹ The Authority uses many affiliates and healthcare organizations to help deliver health services in the province.

2.2 Financial Overview

As set out in **Figure 1** below, in 2022–23, the Authority had revenue and expenses of \$5.01 billion and \$5.02 billion, respectively, resulting in a deficit of \$10 million. During the year, the Authority received approximately 90% of its revenue from the Ministry of Health. At March 31, 2023, it held assets of \$2.4 billion, including capital assets of \$1.8 billion.

Figure 1—Revenue and Expenses of the Saskatchewan Health Authority

	Actual 2022–23	Actual 2021–22 (restated ^A)
	(in millions)	
Revenue		
Ministry of Health—General Revenue Fund	\$ 4,573	\$ 4,563
Other revenue	438	454
Total Revenue	<u>5,011</u>	<u>5,017</u>
Expenses		
Salaries and benefits	3,010	2,968
Medical remuneration and benefits	479	486
Grants to ambulance services, healthcare organizations, and affiliates	360	374
Medical and surgical supplies	199	199
Amortization	149	143
Other expenses	824	813
Total Expense	<u>\$ 5,021</u>	<u>\$ 4,983</u>
Annual (Deficit) Surplus	<u>\$ (10)</u>	<u>\$ 34</u>

Source: Adapted from the Saskatchewan Health Authority audited financial statements for the year ended March 31, 2023.

^A The Authority restated its 2021–22 financial results due to its adoption of Public Sector Accounting Standards PS 3280 – Asset Retirement Obligations, effective April 1, 2022. This new accounting standard addresses the reporting of legal obligations associated with the retirement of certain tangible capital assets and other contractual obligations, such as the removal of asbestos in buildings owned by the Authority.

3.0 AUDIT CONCLUSIONS

In our opinion, for the year ended March 31, 2023, we found, in all material respects:

- **The Saskatchewan Health Authority had reliable financial statements**
- **The Saskatchewan Health Authority had effective rules and procedures to safeguard public resources except as noted in this chapter**

¹ Saskatchewan Health Authority, *Annual Report to the Legislature 2021–2022*, p. 5.

- **The Saskatchewan Health Authority complied with the following authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing:**

The Provincial Health Authority Act
The Provincial Health Authority Administration Regulations
The Special-care Homes Rates Regulations, 2011
The Medical Laboratory Licensing Act, 1994
The Trustee Act, 2009
The Health Labour Relations Reorganization (Commissioner) Regulations
The Health Administration Act

The Housing & Special-care Homes Regulations
The Narcotic Control Regulations (Canada)
The Executive Government Administration Act
The Financial Administration Act, 1993
The Government Service Organization (Provincial Sales Tax) Remission Regulations
 Orders in Council issued pursuant to the above legislation

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audit. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of the Saskatchewan Health Authority's controls. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

Because salaries and benefits are the Authority's primary expense, our audit included testing processes for preparing and processing payroll (including overtime). It also included testing the Authority's processes for ordering, paying for, and receiving goods and services. We examined processes to safeguard financial-related IT systems and data. The audit assessed the reasonableness of key estimates recorded in the financial statements (e.g., accumulated sick leave liability, asset retirement obligations). The audit also assessed the reasonableness of information disclosed about the Authority's pension plans and acquisition of long-term care homes from Extendicare.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 IT Service Level Agreement Not Finalized

We recommended the Saskatchewan Health Authority sign an adequate service level agreement with eHealth Saskatchewan to enable monitoring of the quality and timeliness of eHealth's provision of IT services.

(2018 Report – Volume 2, p. 80, Recommendation 1; Public Accounts Committee agreement March 1, 2022)

Status—Partially Implemented

At March 2023, the Saskatchewan Health Authority and eHealth Saskatchewan have yet to finalize remaining key aspects of their master services agreement for IT services.

The Authority moved the majority of its IT systems into eHealth's data centre in 2017–18, and signed an interim operating agreement with eHealth in 2017. The Authority signed a new master services agreement with eHealth in May 2022.

Our review of the master services agreement found it included a number of key aspects for the delivery of IT services, such as IT service governance, payments and funding,



quarterly reporting, and dispute resolution. However, we found the Authority and eHealth have yet to finalize other key aspects of the agreement—disaster recovery, service levels (e.g., response times, system availability), security requirements, and IT change management. **Figure 2** describes the risks associated with these aspects of the master services agreement still undefined.

Figure 2—Risks Associated with Undefined and Unmonitored Aspects of Master Services Agreement

Key Aspect of IT Service Agreement	Associated Risk
Disaster Recovery	Significant IT applications not available when needed, or loss of data in the event of a disaster. At March 2023, eHealth had not completed or tested disaster recovery plans for certain critical IT systems (e.g., lab system, hospital admissions system) and data of the Authority. The Authority depends on these IT systems and data to deliver related services.
Service Levels	Inability to determine whether a service provider meets client needs and whether gaps in service exist (e.g., data backups not occurring as expected, expected response times to incident tickets not met).
Security Requirements	Systems and data not adequately secured (e.g., patches not applied in a timely manner).
IT Change Management	Changes to applications may be executed inappropriately, increasing the risk of an adverse effect on the integrity and availability of IT systems and data.

Source: Developed by the Office of the Provincial Auditor of Saskatchewan.

The Authority expects to finalize the remaining key aspects of the master services agreement with eHealth during 2023–24.

Not having an adequate service level agreement increases the risk of the Authority not effectively monitoring whether eHealth is meeting the Authority’s IT needs. For example, eHealth not having completed and tested disaster recovery plans of critical IT systems increases the risk the Authority may be unable to restore, within a reasonable time, its critical IT systems and data in the event of a disaster.^{2,3} This may adversely impact the Authority’s ability to deliver healthcare services.

4.2 Separation of Incompatible Duties Still Needed

We recommended the Saskatchewan Health Authority separate incompatible duties. (2019 Report – Volume 2, p. 86, Recommendation 3; Public Accounts Committee agreement March 1, 2022)

Status—Partially Implemented

The Saskatchewan Health Authority made progress toward adequately separating incompatible duties related to processing journal entries and employee pay increments; however, it needs to do more work to adequately separate incompatible duties related to paying vendors and staff.

² At March 31, 2023, eHealth had completed disaster recovery plans, but had not fully conducted recovery testing of those plans for critical IT systems.

³ A ransomware attack at eHealth in January 2020 resulted in a number of Authority IT systems being unavailable for extended periods.

The Authority uses journal entries extensively to record payroll, capital asset additions and disposals, and cash receipts. In February 2023, the Authority implemented a work standard requiring secondary approval of journal entries exceeding specified limits (e.g., \$25,000). We tested a sample of journal entries the Authority processed during 2022–23 and found a second individual approved all entries tested.

We also found the Authority implemented a semi-annual review of changes to employee pay increments in the payroll system. By March 2023, we found the Authority had conducted one such review and did not identify any employees adjusting their own pay increments. Our testing also confirmed this finding.

Figure 3 summarizes findings related to inadequate separation of incompatible duties in the areas of payments and payroll. Our findings were similar to those in the prior year.

Figure 3—Summary of 2022–23 Audit Findings about Inadequate Separation of Incompatible Duties

Audit Testing Found:	Related Risk
Payments	
Certain staff have the ability to both enter new vendors into the financial system and create purchase orders. We found three such instances.	Not separating the ability to make vendor changes from the ability to create purchase orders increases the risk of making payments to fictitious vendors and not detecting errors or mistakes.
Numerous staff located throughout the province have the authority to change information about vendors in financial systems. Changes to vendor information cannot always be identified when made. The Authority implemented a vendor-change form policy in 2020–21, expecting independent approval on the form to assess legitimacy of new vendors before making changes. However, we found staff are not always following the policy. For six new or changed vendors we tested, staff did not approve the vendor-change form as required by policy. For four of these new vendors, staff did not use the vendor-change form at all.	Not confirming the validity of vendors before adding or updating them in the financial system increases the risk of making payments to fictitious vendors.
Payroll	
Certain payroll staff have the ability to set up new employees in the payroll system instead of separating responsibility to set up new employees to human resources personnel. We found four of the Authority's payroll departments had this ability.	Not appropriately separating payroll processing increases the risk of fraud and not detecting errors.
Payroll staff paid 16 employees (at the same facility) without approved timecards.	Not approving timecards increases the risk of inappropriately paying employees for time not worked.

Source: Developed by the Office of the Provincial Auditor of Saskatchewan.

Separating incompatible duties decreases the risk of not catching errors and situations where expected processes are not followed. In addition, involving more than one individual in making purchases and paying employees decreases the risk of undetected fraud.

In 2022–23, the Authority planned to implement a new ERP system called Administrative Information Management System (AIMS) to address a number of these concerns.⁴ Roles developed in the new AIMS system are expected to separate duties for payment and payroll processing.

⁴ An Enterprise Resource Planning (ERP) system is a type of IT system that connects day-to-day business processes, including inventory and order management, supply chain, accounting, human resources, and procurement.



4.3 Administrative Information Management System (AIMS) Project Lessons Learned Report Needed

The Saskatchewan Health Authority's AIMS project has not met expected deadlines and budget. The Authority needs a lessons learned report at the end of the project to establish what worked well and not well, and to identify how to improve outcomes of future projects.

The Saskatchewan Health Authority attempted to “go live” with AIMS during 2022–23 but it paused its system implementation in November 2022 after experiencing numerous issues (e.g., failed staff scheduling, payroll time entry) and system defects.

The Authority's implementation of AIMS has continued for a number of years (i.e., almost five years) with costs continuing to grow more than expected.

The Authority signed a capital and operating project agreement with the Ministry of Health in November 2018 regarding the implementation of AIMS. The agreement required the Ministry to provide provincial funding for the project at a total cost of about \$86 million. The original agreement anticipated implementing AIMS by March 31, 2021.

The Authority had spent almost \$127 million on AIMS by March 31, 2022.

The Authority and the Ministry amended the agreement in 2022, increasing provincial funding for the project to a total cost of \$144 million to March 31, 2023, but changing nothing in relation to the scope of the project. The Authority went live with AIMS in November 2022, but unsuccessful implementation caused the Authority to revert to its existing systems.

The Authority had spent nearly \$157 million on AIMS by March 31, 2023.

At March 2023, the Ministry and the Authority updated the forecasted costs of the AIMS project to almost \$240 million (with no changes to the project's scope), and they have neither amended the agreement further nor established a new AIMS implementation date.

We found the AIMS Executive Steering Committee took appropriate steps to identify factors (e.g., lessons learned) contributing to the system's implementation failure experienced in November 2022.⁵ Factors identified included issues with staff scheduling, payroll time entry, and system performance. The Committee communicated this information to the Authority's Board of Directors in March 2023. The Committee expected an updated AIMS implementation plan and “go live” date in June 2023.

Upon project completion, it will be important for the Committee to coordinate a formal lessons learned report for the AIMS project as a whole. The purpose of documenting and applying the lessons learned is to improve future projects (e.g., effective leadership, incremental approach). Sharing such information with other government agencies (e.g., Ministry of SaskBuilds and Procurement) leading significant projects can help to avoid system implementation failures on similar projects—removing potential impediments before they happen.

- 1. We recommend the Saskatchewan Health Authority document and share an overall lessons learned report for the AIMS project with other government agencies.**

⁵ To facilitate support of AIMS at the most senior levels, the AIMS Executive Steering Committee membership includes senior leaders from among various healthcare organizations (e.g., Deputy Minister of Health, CEO of the Saskatchewan Health Authority, CEO of 3sHealth, CEO of Saskatchewan Cancer Agency, CEO of eHealth).

Chapter 9 Social Services

1.0 MAIN POINTS

This chapter reports the results of our annual audit of the Ministry of Social Services and its three special purpose funds for the year ended March 31, 2023. Each fund complied with authorities governing their activities and their 2022–23 financial statements are reliable.

The Ministry complied with authorities governing its activities and had effective rules and procedures to safeguard public resources other than it needs to improve its processes to administer the Saskatchewan Income Support (SIS) Program by:

- Reinforcing with staff the legislative and policy requirements for paying correct shelter benefits
- Verifying the accuracy of clients' income information with third-party sources (e.g., Federal Government)
- Adequately recording overpayments and recovering them in a timely manner

The Saskatchewan Income Support (SIS) Program provided support of \$216 million to clients in 2022–23. Not complying with legislative and policy requirements, or not regularly verifying SIS client income with third-party sources, increases the risk of the Ministry paying clients incorrect income assistance amounts. This can result in not only the Ministry overpaying clients, but also difficulty in collecting overpayments if clients leave SIS. At March 31, 2023, the Ministry recorded \$7.06 million related to SIS overpayments.

During 2022–23, a flaw in a vendor software update resulted in the Ministry processing about \$14 million in income support benefits to 175 SIS clients in error. By March 31, 2023, the Ministry recovered over 95% of the payments made in error. To mitigate similar errors in the future, we found the Ministry appropriately implemented a new control requiring staff to review payment information related to electronic funds transfers (i.e., reconciling electronic fund details to the SIS IT system) prior to payment.

2.0 INTRODUCTION

The mandate of the Ministry of Social Services is to help children be safe from abuse and neglect, and to help individuals meet their basic needs and participate in their community.¹ The Ministry provides support through income assistance, child and family services, affordable housing, and supports for people with disabilities.² Key programs and services include child care subsidies, adoption services, child protection, foster care, financial assistance, and housing programs. The Ministry also builds capacity of community-based organizations.

¹ Ministry of Social Services, *Annual Report for 2022–23*, p. 3.

² Ibid.



2.1 Financial Overview

In 2022–23, the Ministry of Social Services spent more than \$1.36 billion delivering its programs (see **Figure 1**). It also reported revenues totalling about \$48 million primarily from Federal Government transfers (e.g., special allowances for children in care).³

Figure 1—Expenses by Program

	Estimates 2022–23	Actual 2022–23
	(in millions)	
Central Management and Services	\$ 58.1	\$ 57.0
Income Assistance Services	637.3	598.9
Child and Family Services	363.6	370.4
Client Support	13.0	13.7
Housing	17.6	32.1
Disability Programs and Services	295.9	290.7
Total Appropriation	\$ 1,385.5	\$ 1,362.8
Capital Asset Acquisitions	(7.1)	(5.9)
Capital Asset Amortization	7.4	8.7
Total Expense	\$ 1,385.8	\$ 1,365.6

Source: Ministry of Social Services, *Annual Report for 2022–23*, pp. 21–22.

2.2 Crown Agency and Special Purpose Funds

The Ministry of Social Services is responsible for the Saskatchewan Housing Corporation, which has a December 31 year-end. We reported the results of our 2022 audit of the Saskatchewan Housing Corporation in our *2023 Report – Volume 1*.

The Ministry is also responsible for the following funds with March 31 year-ends:

- Social Services Central Trust Account
- Social Services Valley View Centre Grants and Donations Trust Account and Institutional Collective Benefit Fund
- Social Services Valley View Centre Residents' Trust Account

3.0 AUDIT CONCLUSIONS

In our opinion, for the year ended March 31, 2023, we found, in all material respects:

- **The Ministry of Social Services had effective rules and procedures to safeguard public resources except for the matters described in this chapter**

³ Ministry of Social Services, *Annual Report for 2022–23*, p. 23.

- **The Ministry of Social Services and each of its funds complied with the following authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing except for the matters described in this chapter:**

<i>The Child and Family Services Act</i>	<i>The Saskatchewan Assistance Act</i>
<i>The Child Care Act, 2014</i>	<i>The Saskatchewan Income Support Regulations</i>
<i>The Child Care Regulations, 2015</i>	<i>The Disability Housing Supplement Regulations</i>
<i>The Social Services Administration Act</i>	<i>The Employment Supplement Regulations</i>
<i>The Department of Social Services Central Trust Account Regulations</i>	<i>The Personal Care Home Benefit Regulations</i>
<i>The Social Services Rehabilitation Institutional Collective Benefit and Trust Account Regulations</i>	<i>The Rental Housing Supplement Regulations</i>
<i>The Rehabilitation Act</i>	<i>The Saskatchewan Assured Income for Disability Regulations, 2012</i>
<i>The Rehabilitation Regulations</i>	<i>The Saskatchewan Income Plan Act</i>
<i>The Vocational Rehabilitation Regulations</i>	<i>The Seniors Income Plan Regulations</i>
<i>The Residential Services Act</i>	<i>The Training Allowance Regulations</i>
<i>The Private-Service Homes Regulations</i>	<i>The Executive Government Administration Act</i>
<i>The Residential-Service Facilities Regulations</i>	<i>The Ministry of Social Services Regulations, 2007</i>
<i>The Residential Services Regulations</i>	<i>The Financial Administration Act, 1993</i>
	<i>The Purchasing Act, 2004</i>
	Orders in Council issued pursuant to the above Legislation

- **The financial statements of each fund are reliable**

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audits. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of the Ministry's controls. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

We focused our Ministry audit on the following areas:

- Administration of the various programs (e.g., Saskatchewan Income Support [SIS], Saskatchewan Assured Income for Disability [SAID], Autism Individualized Funding) as prescribed by the legislation and policy manuals
- Processes to verify client income information for its income assistance programs
- Processes for identifying, approving, and properly recording all contractual payments and obligations
- Addressing the SIS payment error that occurred in October 2022

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Not Always Complying with Requirements for SIS Shelter Benefits

We recommended the Ministry of Social Services reinforce with staff the requirements for paying shelter benefits under the Saskatchewan Income Support Program. (2022 Report – Volume 2, p. 44, Recommendation 1; Public Accounts Committee agreement February 27, 2023)

Status—Partially Implemented



The Ministry of Social Services does not consistently comply with legislative and policy requirements associated with paying shelter benefits to clients under the Saskatchewan Income Support (SIS) Program.⁴ We found three instances (2022: two instances) where it paid shelter benefits at incorrect rates.

Section 13 of the Ministry’s SIS policy manual sets out the legislative and policy requirements for shelter benefits under SIS. The Ministry provides clients with shelter benefits to cover the cost of shelter-related items such as rent, mortgage, utilities, property taxes, homeowners’ insurance, home repairs, and security deposits.⁵ **Figure 2** sets out the Program’s monthly shelter benefit rates for 2022–23.

Figure 2—2022–23 Monthly Shelter Benefit Rates for the Saskatchewan Income Support (SIS) Program

Location	Singles	Couples	Families (1 or 2 children)	Families (3 or more children)
Saskatoon or Regina	\$600	\$775	\$1,000	\$1,175
Rest of the province	\$540	\$665	\$765	\$865

Source: *Saskatchewan Income Support Program Policy Manual—February 2023*, p. 43.

To be eligible for the monthly shelter benefit, clients must submit relevant documentation (e.g., proof of rent or ownership) and resubmit documentation upon a change in circumstances (e.g., lease expiry, change in residence). The Ministry expects staff to follow up with clients to obtain all necessary documentation, or suspend client benefits.

Shelter benefits represented about two-thirds of the Ministry’s SIS payments in 2022–23—about \$140 million out of \$216 million.⁶

We tested 54 payments that included shelter benefits under SIS and found:

- One instance where the Ministry did not pay a client in accordance with the rates set out in **Figure 2**. The client cared for two children but received the shelter benefit for a single individual (\$600) rather than the family benefit (\$1,000). Ministry staff rectified the error once identified.
- Two instances where clients did not provide appropriate documentation supporting their shelter benefits (e.g., current tenancy agreement, rent receipts), resulting in overpayments of over \$7,000 in shelter benefits. Ministry staff began collecting overpayments from these clients once identified. Not obtaining appropriate support increases the risk of paying clients incorrect shelter benefits.

The Ministry provides staff with ongoing training about the SIS program. It is working to further improve communication with staff regarding required documentation from clients to support shelter benefits, including the development of visual aids reminding staff of shelter benefit requirements. The Ministry expects to provide staff with training about SIS shelter benefits in November 2023.

⁴ *The Saskatchewan Income Support Regulations* outline income assistance benefits the Ministry may pay to eligible clients under the SIS Program.

⁵ *Saskatchewan Income Support Program Policy Manual—February 2023*, p. 43.

⁶ Adapted from information provided by the Ministry of Social Services.

Not complying with legislative and policy requirements increases the risk of the Ministry paying clients incorrect income assistance amounts. Providing staff with additional training or guidance about the shelter benefits available within the SIS Program should help enhance staff understanding of and compliance with the various requirements.

4.2 Income Verification Needed For SIS Clients

We recommended the Ministry of Social Services verify client income information for its Saskatchewan Income Support Program. (2020 Report – Volume 2, p. 94, Recommendation 1; Public Accounts Committee agreement March 2, 2022)

Status—Not Implemented

The Ministry of Social Services does not yet verify the accuracy of Saskatchewan Income Support (SIS) Program clients' income information with third-party sources (e.g., Federal Government).

In 2022–23, the Ministry averaged 17,316 clients on SIS each month, spending an annual total of \$216.4 million.

The Ministry requires SIS clients to report their income and provide supporting documentation. Unlike its other major income assistance programs (e.g., Saskatchewan Assured Income for Disability), the Ministry has not set up a process to confirm proof of income for SIS clients with third parties (e.g., the Federal Government). Therefore, the Ministry has neither independently verified clients' reported incomes nor verified their need for income assistance, which increases the risk of providing SIS clients with incorrect income support amounts.

Some of the Ministry's other income assistance programs electronically screen clients against information provided by third parties to identify clients who receive income from other sources (e.g., employment insurance, student loans, workers' compensation). The Ministry indicated it began screening SIS clients against similar information on a case-by-case basis in September 2023. Receipt of other income can either reduce benefit amounts clients can claim under SIS or impact their overall eligibility for income assistance.

The Ministry received access to income tax data from the Federal Government in fall 2023 and expects to begin reviewing this data during 2023–24.

Regular use of third-party confirmations verifies the accuracy of key information (e.g., income) reported by clients. Not obtaining and checking third-party information to confirm client income increases the risk of providing income assistance through SIS to ineligible clients, or the Ministry paying incorrect SIS benefits.

4.3 Inconsistent Recording and Recovery of SIS Overpayments

We recommended the Ministry of Social Services record and recover overpayments related to its Saskatchewan Income Support Program in a timely manner. (2020 Report – Volume 2, p. 95, Recommendation 2; Public Accounts Committee agreement March 2, 2022)

Status—Partially Implemented



The Ministry of Social Services continued to inconsistently record, and inadequately recover, Saskatchewan Income Support (SIS) Program overpayments during 2022–23.

An overpayment occurs when the Ministry pays a SIS client before receiving all information necessary to confirm a client's eligibility for benefits, where it makes an error in determining a benefit amount, or when a client potentially provides inaccurate information to the Ministry. At March 31, 2023, the Ministry had \$7.06 million accounts receivable (March 31, 2022: \$3.8 million) recorded related to SIS overpayments.

The Ministry expects staff to initiate recovery of overpayments in the month following payment. Additionally, the Ministry can pay clients' housing security deposits (i.e., deemed an overpayment) with the understanding that clients will repay these benefits beginning the following month of receiving payment.^{7,8}

Starting in February 2020, the Ministry's IT system used to administer SIS Program benefits allows staff to establish automatic payment recovery (beginning the following month) and record the related amount due (i.e., accounts receivable) for overpayments from future SIS benefits.

We found staff were not always setting up an automatic recovery for known overpayments. A number of these known overpayments related to recoverable security deposits, where the Ministry recorded the overpayment, but did not appropriately set up the collection from future benefits through the automatic payment recovery process in the IT system.

For 10 SIS client files we tested with known overpayments:

- Ministry staff did not record the overpayments for eight files and did not set up the collection from future benefits through the automatic payment recovery process
- Ministry staff set up the overpayment for two files, but did not do so timely (i.e., collection started between 7–10 months after the overpayment occurred)

Ministry staff updated relevant information in the IT system once we notified them of the errors, and the IT system properly recorded the overpaid amounts (i.e., through an automated process).

Not recording amounts due and not initiating automatic payment recovery delays timely overpayment recovery. In addition, the Ministry will have limited ability to collect on overpayments if clients leave SIS.

4.4 Appropriate Measures Taken to Address SIS Payment Error

In October 2022, the Ministry of Social Services experienced a technical issue with the IT system it uses to administer the Saskatchewan Income Support (SIS) Program. A flaw in a vendor software update resulted in the Ministry processing about \$14 million in income support benefits to 175 SIS clients in error.

⁷ The Ministry considers security deposits to be recoverable payments. We include these with overpayments in this section.

⁸ The Ministry's policies allow SIS clients to request and receive security deposit payments, which they pay back to the Ministry at a rate of \$50 per month. Similarly, the Ministry's policies require it to recover any benefits overpaid to a SIS client at a rate of \$50 per month.

By March 31, 2023, the Ministry worked with various financial institutions to recover over 95% of the payments made in error and it continued to take steps to recover the remaining amounts.

In response to the payment error, we found the Ministry implemented an additional control to mitigate similar errors in the future. Since October 2022, Ministry staff review payment information related to electronic funds transfers (i.e., reconciling electronic fund details to the SIS IT system) prior to payment. For a sample of 10 days, we found the Ministry reconciled the payment details to the IT system before sending them to their financial institution for processing.

Having this control will mitigate the likelihood of similar SIS payment errors happening again.

Chapter 10

Western Development Museum

1.0 MAIN POINTS

Other than the following concerns, the Western Development Museum had effective rules and procedures to safeguard public resources for the year ended March 31, 2023. The Museum did not:

- Adequately review and approve financial information (e.g., journal entries, bank reconciliations, admission records) once prepared.
- Adequately prepare and review financial statements for the 2022–23 audit. The financial statements presented for audit contained significant errors. Management corrected these errors; the Western Development Museum 2022–23 financial statements are reliable.

The Museum complied with its legislative authorities, apart from providing its 2022-23 annual report to the Legislative Assembly after the date required by law.

Effective financial controls help to ensure management has quality and accurate financial information to make decisions.

2.0 INTRODUCTION

2.1 Background

The Western Development Museum Act contains the authority for the Western Development Museum. The Museum is a corporate body that operates exhibit branches in North Battleford, Saskatoon, Moose Jaw, and Yorkton.

The Museum's main objectives are:

- To procure artifacts by gift, donation, bequest or loan wherever possible; and by purchase, where necessary and desirable, tools, machinery, implements, engines, devices, and other goods and chattels of historical value and importance connected with the economic and cultural development of western Canada
- To collect, arrange, catalogue, recondition, preserve and exhibit to the public the artifacts listed above
- To stimulate interest in the history of the economic and cultural development of western Canada
- To cooperate with organizations having similar objectives¹

¹ Western Development Museum, *2021–22 Annual Report*, p. 3.



2.2 Financial Overview

As shown in **Figure 1**, the Western Development Museum had a deficit of \$0.9 million for the year ended March 31, 2023 (2022: \$0.5 million surplus). The Museum's *Annual Report for 2022–23* will provide information about its revenues and expenses including reasons for differences between actual and planned.

Figure 1—Financial Overview

	Actual 2022–23	Actual 2021–22 restated ^A
	(in thousands)	
Rentals, concessions, souvenir sales	\$ 1,810	\$ 889
Less: Cost of Sales	<u>1,775</u>	<u>1,143</u>
Gross Profit (Loss)	35	(254)
Admissions	649	486
Donations	193	188
Interest	84	10
Other income	320	143
Province of Saskatchewan grant – operating	4,181	4,291
Other grants	<u>423</u>	<u>1,766</u>
Total Revenue	<u>5,885</u>	<u>6,630</u>
Curatorial Programs	1,942	1,806
Visitor Services	1,084	1,052
Support Programs and Services	<u>3,732</u>	<u>3,305</u>
Total Expense	<u>6,758</u>	<u>6,163</u>
Annual (Deficit) Surplus	<u>\$ (873)</u>	<u>\$ 467</u>
Total Financial Assets (e.g., cash, accounts receivable, inventory)	\$ 3,755	\$ 4,614
Total Non-Financial Assets (e.g., tangible capital assets)	\$ 7,440	\$ 7,213
Total Liabilities	\$ 4,028	\$ 3,787

Source: Adapted from the Western Development Museum audited financial statements for the year ended March 31, 2023.

^A Restated prior year due to implementation of a new account standard on asset retirement obligation in 2022–23 that required restating comparative values.

3.0 AUDIT CONCLUSIONS

In our opinion, for the year ended March 31, 2023, we found, in all material respects:

- The Western Development Museum had effective rules and procedures to safeguard public resources except for the matters described in this chapter
- The Western Development Museum complied with the following authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing except for the matter described in this chapter:

The Western Development Museum Act
The Financial Administration Act, 1993
The Executive Government Administration Act
 Orders in Council issued pursuant to the above legislation

- The Western Development Museum had reliable financial statements

We used standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (including CSAE 3001 and 3531) to conduct our audit. We used the control framework included in COSO's *Internal Control—Integrated Framework* to make our judgments about the effectiveness of the Western Development Museum's controls. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

We carried out audit procedures to address the significant audit areas identified throughout the audit. Significant audit areas pose a higher risk and are areas where we focused our audit efforts. The audit included assessing internal controls for properly recording revenue (e.g., admissions, donations, and self-generated revenue) and inventory, and evaluating the Museum's estimate of its asset retirement obligations in accordance with Canadian public sector accounting standards.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Proper Review of Financial Information Needed

The Western Development Museum did not adequately review and approve financial information once prepared.

We found management neither consistently reviews and approves financial reporting information in a timely manner nor formally documents their approval. Adequate segregation of duties requires timely and independent review and approval of key transactions and entries. We found several instances where staff did not approve financial information, including:

- For seven of the 12 months, staff did not prepare a bank reconciliation. Staff prepared the remaining five reconciliations, however management did not approve three reconciliations timely (i.e., up to 4 months after staff prepared the reconciliation). Not reviewing bank reconciliations timely increases the risk of errors going undetected.
- All six journal entries tested did not have evidence of review and approval before staff entered the journal entry into the financial system. Recording entries in the financial system before staff review and approve them increases the risk of not identifying errors in the financial information.
- For 19 of the 30 catering revenue entries tested, we did not find evidence of review and approval. For example, the catering event documents were missing evidence of review (e.g., confirming revenue recorded correctly). Untimely review increases the risk of errors occurring when recording catering revenue in the financial system.
- Two monthly museum admission records tested had no evidence of review. Lack of review of the admission records could result in recording admission revenue incorrectly.



Not having an independent review of financial information increases the risk of inaccuracies. Consistent review of the financial information (e.g., journal entries, bank reconciliations) identifies potential issues and allows for corrective actions in a timely manner. Without adequate review, errors in the Museum's financial information may occur without detection.

We found numerous errors in the financial information presented for audit. See details of errors found in **Section 4.2**.

1. **We recommend the Western Development Museum require management to conduct a detailed review of financial information (e.g., financial reports, journal entries, bank reconciliations) prepared by staff.**

4.2 Detailed Review of Financial Statements Needed

The Western Development Museum did not prepare adequate financial statements for audit; our 2022–23 audit identified significant errors. Management did not review the financial statements and information presented for audit in sufficient detail to identify issues.

The financial statements initially presented for the audit contained numerous errors and were incomplete. The Museum eventually corrected all significant errors.

We found:

- The financial statements did not include the correct amount for various accounts. The Museum understated its annual deficit by a significant amount, about \$0.19 million. The most significant error was the financial statements did not include the required information for asset retirement obligations. The Museum understated the asset retirement obligation liability by \$3.2 million. Because of this, and other errors, the Museum understated total liabilities by \$3.5 million and understated tangible capital assets by \$0.8 million.
- The notes to the financial statements required revisions to provide appropriate and complete note disclosure. Examples include:
 - The notes did not include the required disclosure for asset retirement obligations
 - Certain prior year amounts did not align with the amounts in the 2021–22 audited financial statements
 - The designated asset disclosure was overstated by about \$0.9 million
 - The budget amount of tangible capital asset acquisitions was understated by about \$0.5 million
- Management was unable to provide timely and accurate support (listings, reports) for the amounts recorded in the financial statements. This required us to perform further testing. Based on our work, management made significant adjustments to the financial statements and support.

Having a full review of the financial statements and supporting materials helps to identify potential errors, as well as confirms the financial statements are appropriate and align with Canadian public sector accounting standards.

Because of the numerous changes required to its financial statements during the audit, the Museum did not table its 2022–23 annual report and financial statements within 120 days from year-end (i.e., by the end of July 2023) as required by *The Executive Government Administration Act*.

- 2. We recommend the Western Development Museum require management complete a full review of its year-end financial statements.**

Chapter 11

Summary of Implemented Recommendations

1.0 MAIN POINTS

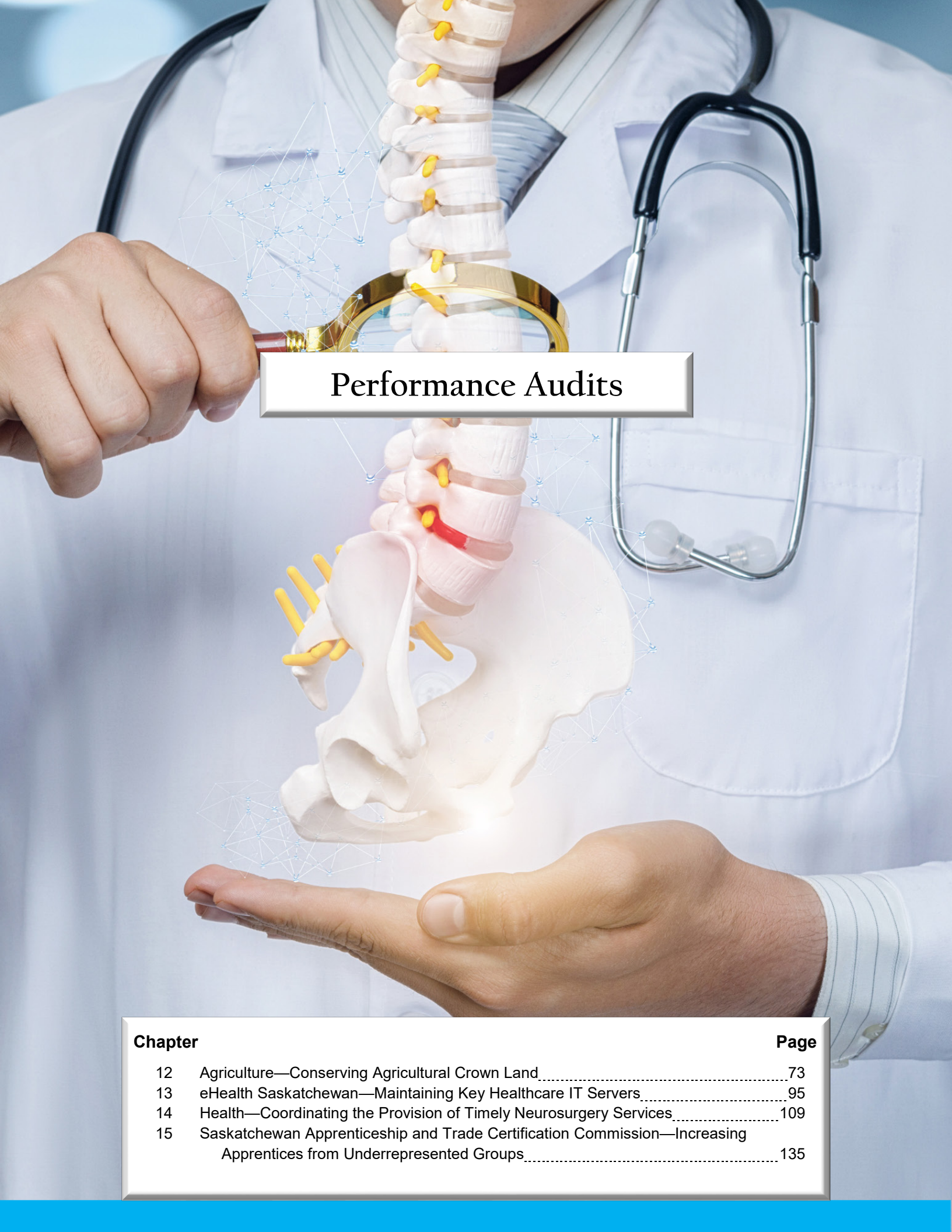
This chapter lists agencies that implemented recommendations from previous annual integrated audits or IT audit work with no other significant findings included as a chapter in this Report.

2.0 SUMMARY OF IMPLEMENTED RECOMMENDATIONS

The table below sets out, by agency, the recommendation as well as highlights key actions taken by the agency to implement its recommendation.

Past Recommendation (Initial PAS Report, Date of Agreement of PAC) ^A	Key Actions Taken During 2022–23 to Implement Recommendation
Saskatchewan Liquor and Gaming Authority	
We recommended the Saskatchewan Liquor and Gaming Authority follow its established policy for protecting credit card information it receives from liquor retailers and regulatory clients (e.g., for liquor purchases, permit fees). (<i>2022 Report – Volume 2</i> , p. 38, Recommendation 1, Public Accounts Committee agreement February 6, 2023)	<p>In June 2022, Saskatchewan Liquor and Gaming Authority changed its process for receiving credit card information. It provided access to 10 additional employees to enter credit card information received (e.g., via the phone) directly into the Authority's financial system. The financial system stores this information securely (i.e., Moneris Vault). Once stored, Authority staff can only see the last four digits of the credit card number. We confirmed Moneris Vault is compliant with payment card industry requirements. The Authority then uses credit card information entered to process ongoing customer payments.</p> <p>The Authority also provided additional training to staff on its credit card policy, reminding staff to promote receipt of credit card information via phone. If staff receive credit card information via email, they enter the information directly into the Authority's financial system and delete the email. All staff are annually required to confirm they reviewed the Authority's policies, including its credit card policy. We found for 2022–23, all staff, except one, had evidenced review of policies.</p>

^A PAS: Provincial Auditor of Saskatchewan
PAC: Standing Committee on Public Accounts



Performance Audits

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Chapter 12 Agriculture—Conserving Agricultural Crown Land

1.0 MAIN POINTS

The Ministry of Agriculture owns and is responsible for managing the conservation of 2.8 million hectares of agricultural Crown land. The Ministry has over 7,000 leases on this managed land (with individuals and pasture associations).

Maintaining the health of agricultural Crown land can result in land that is more resilient to drought and floods, and can also help prevent the spread of weeds. Therefore, the Ministry monitoring the health and use of agricultural Crown land is important to keeping agricultural landscapes healthy and productive, and preventing depletion or exploitation.

We assessed the Ministry of Agriculture's processes to manage the conservation of agricultural Crown land under its responsibility. At July 2023, we found the Ministry had effective processes, except it needs to:

- Complete land health assessments and communicate results to pasture associations timely, make implementation of key recommendations in health assessments mandatory, and determine consequences of non-compliance. The Ministry has not yet assessed 44% of its 1.16 million hectares of Crown land leased by pasture associations. Not completing these assessments and not communicating results to pasture associations timely increases the risk that pastures with land health issues will further deteriorate.

At July 2023, the Ministry only makes implementation of recommendations mandatory for pastures assessed as unhealthy. However, for three of the four assessments we reviewed, the Ministry assessed the pasture as 'healthy with problems' meaning that sections of a pasture are unhealthy and may further deteriorate without appropriate action.

- Conduct timely inspections on agricultural Crown land leased by individuals and centrally track results. Without frequent inspections (e.g., every 10 years), the Ministry may be unaware of changes to land health and not take steps to conserve and protect the land.
- Monitor the implementation of land health assessment recommendations and required actions from its lease inspections. Not centrally tracking non-compliance and recommended actions increases the risk that information is lost when there is staff turnover and the Ministry does not know whether lessees addressed issues.
- Formalize factors in determining which Indigenous communities to consult with when proposing the lease or sale of Crown land to help establish transparency and consistency in the Ministry's processes.



- Track in its IT system all critical habitat on Crown land under its responsibility. Not tracking land with critical habitat increases the risk of lessees insufficiently protecting habitat for species at risk.

Good land management impacts biodiversity and natural processes necessary to sustain clean and adequate water supplies, a stable climate, and other values important to people and the economy.

2.0 INTRODUCTION

The Ministry of Agriculture owns and is responsible for conservation of 2.8 million hectares of native prairie, pasture, and tame hay Crown land (i.e., pastures) and cultivated Crown land.^{1,2,3} Conservation is the planned use and management of a natural resource (e.g., crop rotation, number of livestock in a pasture) to prevent depletion or exploitation.⁴

2.1 Agricultural Land in Saskatchewan

Saskatchewan covers approximately 65 million hectares of various terrain including woodlands, wetlands, grasslands and agricultural land. Of this, as of 2022, 9.8% is provincially-protected wildlife habitat.⁵

Agricultural land makes up the highest amount (49%) of non-forested land in Saskatchewan (29% of total land in Saskatchewan). **Figure 1** depicts the type and amount of hectares of land in Saskatchewan. The land types under the Ministry of Agriculture's responsibility are within agricultural land and grassland.

Figure 1—Area of Forested and Non-forested Land Types in Saskatchewan

Land Type	Amount in Hectares (millions)	Percentage
Forests/Woodland	26	40%
Agricultural land	19	29%
Wetland	7	11%
Water	7	11%
Grassland	5	7%
Other ^A	1	2%
Total	65	100%

Source: Government of Saskatchewan, *Saskatchewan State of the Environment 2019: A Focus of Forests*, p. 2.

^A Other land is made up of anthropogenic (i.e., polluted), rock and sand, or had no data.

Agricultural land is used for the production of crops and livestock. It occupies most of the southern part of the province. Some types of agricultural grasslands, such as hay and pasture lands, not only provide forage and grazing for livestock, but also help to maintain wildlife habitat and act as carbon storage.

¹ Native prairie refers to a grassland ecosystem that is in its original or natural state (i.e., not cultivated for crops).

² Cultivated land is Crown land the Ministry owns and leases to producers to grow crops.

³ A hectare is 2.47 acres.

⁴ Government of Saskatchewan, *Protected and Conserved Areas Roadmap*, p. 25.

⁵ www.canada.ca/en/environment-climate-change/services/national-wildlife-areas/protected-conserved-areas-database.html (26 September 2023).

Section 5.0 shows changes in agricultural land use in Saskatchewan from 2011 to 2021, including the increased usage of agricultural land in crop production and the reduction of natural land and pasture land.

2.2 Responsibilities for Managing Land Including Conservation

Under *The Provincial Lands Act, 2016*, the Ministry of Agriculture is responsible for developing, promoting, and implementing policies and programs related to the sustainability of agriculture in Saskatchewan and for the management of provincial lands. This includes managing conservation of 2.8 million hectares of Crown land that it owns. The Federal Government deemed about 20% of this as critical habitat land (e.g., known sensitive lands important for species at risk).⁶

Under *The Sale or Lease of Certain Lands Act*, the Ministry leases land to the public. The lessees are responsible for using the land within the requirements the Ministry establishes within lease agreements and for complying with legislative requirements (e.g., federal *Species at Risk Act*).

The Ministry may also sell agricultural Crown land to the public. For example, in March 2023, it sold 2,967 hectares for \$7.8 million.

The Ministry employs 23 staff who conduct land assessments (for pasture land) on its Crown land. These assessments consider whether the Ministry and its lessees comply with federal and provincial requirements, follow lease requirements, and appropriately manage the land (e.g., may result in changed requirements for pasture users).

The Ministry spent \$4.8 million on land management services in the Lands Branch in 2022–23 (2021–22: \$4.9 million).⁷ The Lands Branch's responsibilities include managing conservation, conducting land assessments, and selling and leasing Crown land. The Ministry plans to spend \$5.7 million on land management services in 2023–24.⁸

2.3 Risk of Ineffective Conservation of Crown Land

Protecting portions of Saskatchewan's land helps to maintain natural ecosystems. It helps sustain biological diversity and results in a more resilient system. Protecting unique and representative ecosystems sustains habitat for fish, wildlife, plants and people while supporting recreation and economic opportunities for the future.

Good land management contributes to biodiversity and wildlife habitat conservation. While the main intent of farming is food or forage production, land management impacts biodiversity and natural processes necessary to sustain clean and adequate water supplies, a stable climate, and other values important to people and the economy. For example, land under permanent cover can be more resilient to drought and floods, and can also help prevent the spread of weeds. Without monitoring trends in the health and use of Crown land management over time, the Ministry may be unable to evaluate whether it is keeping agricultural landscapes healthy and productive as well as sustaining biodiversity. Having a risk-based plan to complete periodic assessments could serve as an effective land management practice in order to manage conservation of Crown land.

⁶ Adapted from information provided by the Ministry of Agriculture.

⁷ Ibid.

⁸ Ministry of Agriculture, *Business Plan 2023–24*, p. 8.



3.0 AUDIT CONCLUSION

We concluded, for the 12-month period ending July 31, 2023, the Ministry of Agriculture has effective processes, except in the following areas, to manage the conservation of Crown land in Saskatchewan.

The Ministry needs to:

- Track all critical habitat (e.g., for species at risk) on Crown land it is responsible for in its IT system
- Formalize factors it considers when determining which Indigenous communities to consult with when proposing the lease or sale of Crown land
- Complete baseline range health assessments and communicate results to pasture associations timely, make key recommendations in range health assessments mandatory, and determine consequences of non-compliance
- Complete timely inspections on individually-leased Crown land and centrally track results
- Monitor the implementation of range health assessment recommendations and required actions from lease utilization plans
- Track and evaluate trends of non-compliance it observes when completing range health assessments or inspections

Figure 2—Audit Objective, Criteria, and Approach

Audit Objective: Assess the effectiveness of the Ministry of Agriculture's processes, for the 12-month period ending July 31, 2023, to manage the conservation of Crown land under the Ministry's responsibility.

Audit Criteria:

Processes to:

1. **Plan to manage conservation of Crown land**
 - Maintain inventory of land it is responsible for managing (e.g., type of land, habitat, whether land is protected)
 - Work with key partners (e.g., lessees, other federal and provincial government agencies, Indigenous communities) to set plan
 - Establish a plan to sustainably manage land
2. **Sustainably manage Crown land**
 - Communicate land conservation requirements to lessees (e.g., what laws exist and what is needed to comply with them)
 - Obtain reliable data on Crown land by completing land assessments (e.g., frequency of assessments, using good practice to complete assessments)
 - Carry out management activities consistent with plan (e.g., monitor pasture users comply with requirements, change requirements of pasture users)
 - Use mechanisms available to protect areas when selling Crown land (e.g., assess land for ecologically sensitive areas before putting up for sale, use easements, duty to consult)
3. **Monitor management of Crown land conservation**
 - Evaluate the effectiveness of the plan to manage conservation (assess measures and data)
 - Adjust plan and/or management activities as required
 - Report to senior management, the public, and other agencies on significant findings (e.g., progress on managing Crown land conservation)

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry's processes, we used the above criteria based on our related work, reviews of literature including reports of other auditors, and consultations with management. Ministry management agreed with the above criteria.

We examined the Ministry's criteria, policies, and procedures relating to managing the conservation of Crown land. We interviewed key staff responsible for performing activities related to managing the conservation of Crown land. We assessed the Ministry's processes for updating its IT system with critical habitat data, performing range health assessments, and verifying the saleability of land parcels for auction. We tested samples of lease agreements, range health assessment reports, lease renewal inspections, and reports to senior management and the public on the management of Crown lands. We used an external consultant with expertise in the area to help us identify good practice and to assess the Ministry's processes.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Key Actions Used to Manage Land Conservation

The Ministry of Agriculture uses key actions (e.g., lease agreements, weed management plans) to manage the conservation of land. We describe how the Ministry uses these key actions to manage land conservation in the following sections.

See **Figure 3** for a description of the Ministry's Crown land, amount of land, leaseholders, risks to land conservation, and the Ministry's key actions to manage conservation. Actions are tools the Ministry uses to address the risks associated with conserving land (e.g., invasive weeds).

Figure 3—Ministry of Agriculture's Crown Land

Land Use	Amount of Land (in hectares)	Leaseholders	What can impact conservation of land?	Ministry's key actions to manage conservation
Hay, Native Prairie, and Pasture	1.16 million	Pasture associations (about 230 leases)	<ul style="list-style-type: none"> ➤ Weeds ➤ Drought or flooding ➤ Overgrazing, which may lead to permanent reduction in forage or reduced habitat for species at risk 	<ul style="list-style-type: none"> ➤ Lease agreements ➤ Range health assessments ➤ Weed management plans ➤ Conservation easements
	1.62 million	Individuals (about 6,400 leases)		<ul style="list-style-type: none"> ➤ Lease agreements ➤ Lease inspections ➤ Weed management plans ➤ Conservation easements ➤ Ecological assessment before selling land
Subtotal	2.78 million			



Land Use	Amount of Land (in hectares)	Leaseholders	What can impact conservation of land?	Ministry's key actions to manage conservation
Cultivated	0.05 million	Individuals (about 1,030 leases)	<ul style="list-style-type: none"> ➤ Weeds ➤ No crop rotation ➤ Other things that reduce crop yield, such as poor nutrients in soil 	<ul style="list-style-type: none"> ➤ Lease agreements ➤ Lease inspections ➤ Weed management plans ➤ Conservation easements ➤ Ecological assessment before selling land
Total	2.83 million	About 7,660 leases		

Source: Adapted from information provided by the Ministry of Agriculture.

Having risk-based actions allows the Ministry to appropriately manage conservation of its Crown land.

4.2 Collaboration with Key Partners

The Ministry of Agriculture appropriately collaborates with key partners (e.g., the Federal Government, the Ministry of Environment, lessees, working groups, and committees) responsible for the conservation of agricultural Crown land.

There are a number of legislative requirements and parties involved in managing the conservation of Crown land. Lessees are one of these key partners; see **Section 4.7** for details about lease agreements.

Environment and Climate Change Canada is responsible for the federal *Species at Risk Act*, which sets out which wildlife species and ecosystems (e.g., land where bank swallows live) require legal protection to help ensure sustainability. This federal Act makes Saskatchewan's Ministry of Environment responsible for provincial compliance.⁹ However, the Ministry of Agriculture also needs to comply with the *Species at Risk Act* requirements on the Crown land under its responsibility.

In 2021, led by the Ministry of Environment, the provincial government created a *Protected and Conserved Areas Roadmap* to identify goals, objectives, and actions for 2021–25. This Roadmap guides the Government's strategies toward achieving the following outcomes outlined in its *Prairie Resilience: A Made-in-Saskatchewan Climate Change Strategy*:

- Protect and conserve 12% of Saskatchewan's land and water
- Protected and conserved areas are managed to retain, improve, and restore the ecological, natural, and cultural values for which they were established

The Ministry of Agriculture is one of the provincial government agencies responsible for helping achieve these two outcomes and the targets in **Figure 4**.¹⁰

⁹ The Ministry of Environment is responsible for managing the use of all wildlife habitats, as well as for the health of Saskatchewan's environment to support sustainable growth through objective, transparent, and informed decision-making and stewardship. Ministry of Environment, *Business Plan 2023–24*, p. 3.

¹⁰ Other provincial government agencies that contribute to achieving these outcomes include the Ministry of Parks, Culture and Sport through its responsibility for provincial parks, and the Fish and Wildlife Development Fund, which owns land for the protection of wildlife habitat.

Two groups developed this Roadmap: the Protected and Conserved Areas Working Group comprised of various ministries including the Ministry of Agriculture, and the Habitat Advisory Committee.¹¹ For example, the Ministry participated in the Protected and Conserved Areas Working Group by recommending land to mark as protected, which contributed toward the Government of Saskatchewan's overall goal to protect 12% of Saskatchewan's land. See **Figure 4** for the status of the Government's land conservation measures and targets.

Figure 4—Status of the Government of Saskatchewan's Land Conservation Measures and Targets

Measure	Target	Status
Total protected areas in Saskatchewan	By 2025, 7.8 million hectares (12%) protected	As at January 2023, 6.6 million hectares (10%) protected. ^A Of this, the Ministry of Agriculture protected 2.2 million hectares. ^B
Total area of agricultural land under permanent cover in Saskatchewan (i.e., total area of native prairie, tame or seeded pasture, and tame hay)	Maintain total area of agricultural land at 8.06 million hectares	As at 2021, 7.9 million hectares of agricultural land under permanent cover. ^C

Source: Measures and Targets: Government of Saskatchewan's 2023 Report: *Climate Resilience in Saskatchewan*, p. 5.

^A Government of Saskatchewan's 2023 Report: *Climate Resilience in Saskatchewan*, p. 5.

^B Adapted from information provided by the Ministry of Agriculture.

^C Ministry of Agriculture, *Annual Report for 2022–23*, p. 9.

The Ministry participates in approximately 20 working groups and committees (13 federal; 7 provincial) that involve other ministries and provincial agencies responsible for conserving Crown land. We found the Ministry centrally tracks its participation in these groups/committees (i.e., keeps records of minutes and key action items).

In 2022, the Ministry conducted a critical habitat project to determine how well lessees manage land with critical habitat, and to identify policy options to address gaps in protecting critical habitat on Saskatchewan's agricultural Crown land. The Ministry collaborated with lessees and other key partners (e.g., Ministry of Environment) to obtain information on critical habitat on leased land (e.g., presence of species at risk habitat features and threats [e.g., coyotes]). As of July 2023, the Ministry had a draft report of its key recommendations (e.g., need to provide workshops to lessees on managing land with critical habitat). It expects to finalize this report in fall 2023 and start to work on implementing the recommendations.

Effectively collaborating with key partners responsible for different aspects of land conservation can assist the Ministry in contributing to the achievement of the Government's goals.

4.3 Land Inventory IT System Did Not Include All Critical Habitat

The Ministry of Agriculture uses an IT system to maintain a list of land that it is responsible for managing. We found the Ministry did not update the system to include all necessary information about the land (e.g., critical habitats). Without this information, staff cannot take

¹¹ The Habitat Advisory Committee includes representatives from industry, non-government conservation organizations, landowner stakeholders, the Federation of Sovereign Indigenous Nations, and Métis Nation – Saskatchewan. The Protected and Conserved Areas Working Group includes representatives from several ministries (Agriculture; Energy and Resources; Environment; Government Relations; and Parks, Culture and Sport).



a risk-based approach to identify appropriate strategies and activities for lessees to manage the land.

The Ministry uses its IT system to track leases, lessees, and types and amount of land. The Ministry also uses the IT system to track land with wildlife habitat. Wildlife habitat includes land listed in *The Wildlife Habitat Protection Act* and related regulations (i.e., provincially-protected land), land subject to emergency protection orders issued by the Federal Government to protect certain wildlife species (e.g., greater sage-grouse), and federally-designated critical habitat for species at risk (e.g., bank swallows).¹²

The Federal Government provides the Ministry of Environment with updates to critical habitat under *The Species at Risk Act*. The Ministry of Environment provides the Ministry of Agriculture with updates to wildlife habitat under provincial and federal legislation a few times a year.

The Ministry of Agriculture appropriately tracks land locations in its IT system designated as provincially-protected wildlife habitat under Saskatchewan's *The Wildlife Habitat and Ecological Lands Designation Regulations*. We tested 30 land locations listed in the regulations and found the Ministry appropriately marked each one in its IT system as having provincially-protected wildlife habitat.

However, the Ministry needs to update its IT system to track land that the Federal Government identifies as critical habitat. We tested 14 locations the Federal Government identified as critical habitat for species at risk (e.g., greater sage-grouse, bank swallows) and found two locations the Ministry did not appropriately mark in its IT system as having critical habitat.

Without an accurate and complete list of land with critical habitat, Ministry staff may be working with incomplete data and lessees may not take appropriate actions to protect land with critical habitat.

- 1. We recommend the Ministry of Agriculture track all critical habitat on Crown land it is responsible for in its IT system.**

4.4 Sufficient Guidance Provided to Qualified Staff

The Ministry of Agriculture has sufficient documented policies, processes, and templates to help guide staff on managing agricultural Crown land (e.g., completing land health assessments). The Ministry also uses qualified staff to manage Crown land under its responsibility.

4.4.1 Sufficient Guidance to Staff

The Ministry of Agriculture's Lands Branch is responsible for developing policies, guidelines, templates, and process maps for staff to use when assessing Crown land (e.g., sustainability, when to lease or sell). The Ministry also makes its policies available to the public on its website.¹³

¹² The Federal Government makes emergency protection orders to protect certain wildlife species.

¹³ publications.saskatchewan.ca/#/categories/1383 (25 September 2023).

Additionally, Ministry staff use templates when assessing the range health of pastures on leased Crown land to evaluate the overall land health and identify potential concerns (e.g., invasive weeds).¹⁴ We found the range health assessment template consistent with good practice, which includes:

- Pasture overview (e.g., land location, pasture size, land with critical habitat)
- Grazing data (e.g., number of livestock)
- Assessment methodology (processes staff use to assess land health)
- Health assessment (e.g., land use and health rating)
- Challenges (e.g., livestock stocking rate, invasive weeds, water quality and quantity)
- Recommendations (actions pasture associations can take to improve land health)

The Ministry appropriately works with its legal counsel as well as other relevant ministries (e.g., Ministry of Government Relations) and agencies (e.g., Water Security Agency) when developing or updating policies related to Crown land. For example, we noted that the Ministry consulted with both the Water Security Agency and the Ministry of Environment when developing Irrigation Development Guidelines in 2022.

Having clear guidance and policies supports staff in consistently following processes when assessing and managing Crown land.

4.4.2 Qualified Staff Manage Crown Land

The Ministry of Agriculture uses staff from both its Lands Branch and Regional Services Branch to assess Crown land. Approximately 23 staff complete agrological (i.e., the application of science to agriculture) activities (e.g., range health assessments) to manage the Ministry's land leases. The Ministry requires these staff to be professional agrologists or working toward this designation.

We tested the qualifications of seven staff and found they were all active agrologists or articling agrologists registered with the Saskatchewan Institute of Agrologists. Maintaining active status means they are knowledgeable (e.g., up-to-date professional development) and experienced to conduct fieldwork.

We found the Lands Branch supports staff with internal and external training opportunities, including internal training on processes, and external collaboration with applicable Ministry branches (e.g., Regional Services Branch). The Ministry also provides annual on-site field training to staff for identifying plants and completing range health assessments. We found the Ministry appropriately tracked the training type and staff attendance.

For example, in June 2022, staff participated in plant identification training provided by an external agency that we found relevant to the Ministry's work on invasive weed species as well as to conducting range health monitoring.

¹⁴ Per Saskatchewan's *Invasive Plant Species Identification Guide*, invasive weeds are non-native plants that can adapt to its habitat very quickly and expand in range. Examples include plumeless thistle, creeping yellowcress, and woody burdock.



Training and using qualified staff for key land management activities (e.g., conducting range health monitoring) allows the Ministry to appropriately identify key risks related to Crown land it is responsible to manage.

4.5 Land Assessed for Ecologically Sensitive Areas Before Sale

The Ministry of Agriculture appropriately consults with the Ministry of Environment regarding ecologically sensitive areas before deciding to sell Crown land.

The Ministry of Environment assesses land for ecological sensitivity (e.g., whether it contains provincially-protected wildlife habitat, amount of natural cover, magnitude of impact) and lets the Ministry of Agriculture know the results. The Ministry of Environment assigns one of three ratings to the land:

- Low – Can sell land without protection.
- Moderate – Contains some sensitive land. The Ministry of Environment can remove the land from the list of provincially-protected wildlife habitat land in *The Wildlife Habitat and Ecological Lands Designation Regulations* and the Ministry of Agriculture can sell it with a conservation easement.¹⁵
- High – Cannot sell land.

We found in our testing of seven land parcels proposed for sale, the Ministry of Agriculture received the Ministry of Environment's rating on the ecological sensitivity of the land. Four of the land parcels had a low rating, so were eligible for sale. The other three land parcels had a moderate rating, so the Ministry of Agriculture worked with the Ministry of Environment to include a conservation easement before selling the land.

Considering land for ecologically sensitive areas allows the Ministry to appropriately assess the risks of selling land, and helps ensure it conserves ecologically sensitive land.

4.6 Need to Improve Indigenous Consultation Process When Considering Land Lease or Sale

The Ministry of Agriculture needs to formalize factors in determining which Indigenous communities it consults with before leasing or selling Crown land under its responsibility to the public.

The Ministry of Government Relations requires ministries to follow the Government of Saskatchewan's *First Nation and Métis Consultative Policy Framework* when determining which Indigenous communities may be impacted by decisions to lease or auction vacant Crown land for sale.¹⁶

¹⁵ *The Conservation Easements Act*, section 3, defines conservation easements as voluntary agreements between the Government of Saskatchewan and the owner of the rest of the land. It restricts use of the land subject to conservation easements (e.g., to ensure wildlife habitat is conserved). The Ministry of Environment is responsible for regulating compliance with conservation easements to protect wildlife habitats, including Crown land under the Ministry of Agriculture's responsibility.

¹⁶ The 2010 *First Nation and Métis Consultative Policy Framework* was the Framework in place at the time of our audit.

The Ministry of Agriculture, during its consultations in 2021 for land proposed for sale or lease in March 2023, used a map system and guidance from Government Relations to identify which Indigenous communities it should consult with. We found the Ministry of Agriculture used a radius of at least 100 kilometers surrounding the land it planned to lease or sell (as a starting point) to identify the Indigenous communities (i.e., First Nation and Métis communities) it would consult with.

We found the Ministry did not have documented rationale for using a 100 kilometer radius. The Government's Framework did not prescribe any radius. Management indicated it consulted with its legal counsel and Government Relations to determine this distance, but it did not have documented support for these consultations.

The Ministry of Agriculture consulted with various Indigenous communities in 2021 on 11 agricultural Crown land parcels proposed for sale or lease in March 2023. We tested two land parcels to verify the Ministry appropriately followed its policy to consult with Indigenous communities within at least 100 kilometers. The Ministry notified all First Nation communities within that radius for both parcels of land. For one land parcel, we found that the Ministry did not communicate with two Métis Locals as those locals did not have a president (position was vacant) during the consultation period.¹⁷ Not requiring notification to Métis Locals with vacant positions aligns with Ministry of Government Relations' guidance established by consultation with the Ministry of Justice and Attorney General.

Transparent consultation is important because the Ministry of Agriculture's decisions to lease or sell land may lead to Indigenous communities' inability to exercise their Treaty rights to hunt, fish, trap for food, and carry out traditional uses.

In 2022, the Ministry began consultation for agricultural Crown land it originally planned to lease or sell in fall 2023 or later.¹⁸ In August 2022, it sent notification letters to about 160 Indigenous communities notifying them of its general intent to sell or lease land (i.e., did not limit this notification to the 100 kilometer radius). It referred to the Government's website for further information on specific land locations and requested a response by November 2022. For the 2022 consultations, the Ministry also sent specific consultation notification letters to Indigenous communities within approximately 100 kilometers notifying them of the Ministry's intent to sell or lease land they might use.

The Ministry did not receive any responses from the general notification letter sent to Indigenous communities; however, it did receive 14 responses from Indigenous communities that received specific consultation letters. The Ministry did not formalize its processes for sending letters to all Indigenous communities notifying them of its intent to sell or lease land. Formalization would support the Ministry using consistent processes for future consultations.

At September 2023, the Ministry of Government Relations told us it is currently working to expand its guidance to ministries to provide more detailed factors to consider when determining which Indigenous communities to consult.¹⁹ Some examples of other factors

¹⁷ A Métis Local is a community-level governance organization. Each Métis Local consists of at least nine Métis people.

¹⁸ In August 2023, the Government paused agricultural Crown land sales and lease auctions for two years. www.saskatchewan.ca/government/news-and-media/2023/august/11/revisted-2023-first-nation-and-metis-consultation-policy-framework-released-%20 (12 October 2023).

¹⁹ The Government of Saskatchewan anticipates its 2023 version of the *First Nation and Métis Consultative Policy Framework* released in August 2023 to be implemented in January 2024. This updated Framework does not provide additional guidance on which Indigenous communities to consult.



include historical Indigenous ties (e.g., historical hunting land) to the area, even if those communities are not within 100 kilometers, and those Indigenous communities with potential Treaty rights in the area.

Formalizing consultation processes with Indigenous communities who may be significantly affected by the leasing or selling of vacant agricultural Crown land can help to promote understanding, transparency and credibility of the Ministry's processes.

2. We recommend the Ministry of Agriculture formalize factors it considers when determining which Indigenous communities to consult with when proposing the lease or sale of Crown land.

After the Ministry sends notification letters to Indigenous communities about proposed land sale or leases, it receives responses by letter or has discussions within timelines set in the Government's Framework (e.g., 30 days for long-term disturbance to land). The Ministry considers and assesses these responses to determine whether the Indigenous communities indicated use of the Crown land for Treaty and Indigenous rights and traditional uses. If a use is indicated, then the Ministry considers whether nearby Crown land can be used for similar purposes. If not, the Ministry will either leave the land vacant, or will lease it with clauses in the agreement to allow for Indigenous use of the land.

After the Ministry makes a decision, it sends each relevant Indigenous community a decision letter that outlines its decision on the land use (e.g., sale, lease) and how it made its decision (e.g., reports submitted by the Indigenous community did not indicate use of the specific lands to exercise Treaty and Indigenous rights and traditional uses).

We found, for the consultation related to agricultural Crown land auctioned in March 2023, the Ministry documented its consideration of Indigenous use from First Nation communities and Métis Locals. The Ministry provided these communities with the time to respond as outlined in the Government's Framework. Two staff appropriately reviewed and considered all of the responses and determined the Ministry's decision related to the land use.

4.7 Requirements in Lease Agreements Clearly Communicated

The Ministry of Agriculture uses lease agreements as tools to clearly communicate its requirements for lessees to follow in conserving Crown land.

The Ministry uses lease agreement templates for its land leases (e.g., grazing, cultivation, sand and gravel, and oil and gas surface leases). We found the lease agreement templates clearly establish requirements (e.g., grazing limitations, changes to structures on the land) and responsibilities (e.g., use land for intended purpose), and are consistent with good practice.

The lease agreement templates include important legislation (e.g., *The Provincial Lands Act, 2016*; *The Wildlife Habitat Protection Act*). The templates also state that the lessee must comply with all relevant federal, provincial, and municipal laws.

Communicating clear requirements helps lessees to understand what activities they are responsible for in conserving the Crown land they leased.

4.8 Need to Complete and Report Results of Range Health Assessments Timely

The Ministry of Agriculture started assessing the health of its agricultural Crown land in 2018; however, it has not yet assessed 44% of its 1.16 million hectares of Crown land leased by pasture associations. The Ministry also needs to communicate the results of range health assessments to pasture associations in a timely way.

The Ministry started completing baseline range health assessments in 2018 on higher priority pasture association leases under its responsibility. These leases consist of former Prairie Farm Rehabilitation Administration community pastures, former Saskatchewan Pasture Program community pastures, and grazing co-ops.²⁰ The Ministry appropriately assessed the priority of pasture association leases based on factors such as known invasive weeds, species at risk, or pasture manager role vacancies.

The Ministry does not complete range health assessments on about 1.6 million hectares of land that it leases to individuals. Rather, it conducts lease inspections when leases expire (see **Section 4.10** for discussion of the Ministry's need to complete these inspections more timely). We found it reasonable the Ministry completes inspections on this leased land instead of more detailed range health assessments because:

- The average size of the leased land is much smaller (i.e., pasture association leases average 5,000 hectares compared to individual leases averaging 250 hectares); therefore individual leases have a lower risk for land health changes
- The Ministry's inspections consider similar factors about land as range health assessments, however, inspections are somewhat less formal and detailed, and do not result in a formal assessment report
- Practice is consistent with other Canadian jurisdictions (e.g., Alberta performs inspections on individual lease renewals)

The Ministry uses range health assessments to evaluate productivity of land and to develop strategies to maintain the health of land. For example, staff use the assessments to identify invasive weeds, overpopulation of non-native species, or evidence of overgrazing. Staff will evaluate the pastures as either healthy, healthy with problems, or unhealthy.²¹ A healthy pasture is able to sustain livestock. A pasture that is healthy with problems is able to sustain livestock, but still requires actions to improve land health. An unhealthy pasture may not be able to support as many livestock due to invasive weeds, grazing distribution issues, too little moisture, and lower quality forage. The Ministry communicates its findings with the pasture association managing each pasture.

Figure 5 depicts the number of range health assessments the Ministry completed each year from 2018–22. The Ministry assessed the land health of 91 (39%) of about 230 pasture association leases.

²⁰ Prairie Farm Rehabilitation Administration was a former federal agency under Agriculture and Agri-Food Canada. In 2013, the Federal Government transferred this land to the provincial Ministry of Agriculture.

²¹ Staff evaluate pastures on a scale out of 100. A score less than 50 is unhealthy; a score from 50–74 is healthy with problems; a score from 75–100 is healthy.

**Figure 5—Range Health Assessments Performed on Land Leased to Pasture Associations, 2018–22**

Assessment Year	Pasture Association Type					
	Grazing Co-op ^A		Former PFRA ^B		Former SPP ^C	
	Lease Count	Hectares	Lease Count	Hectares	Lease Count	Hectares
2018	-	-	12	88,262	-	-
2019	-	-	9	79,829	5	19,499
2020	9	19,448	19	219,153	2	5,737
2021	2	3,334	11	94,496	2	4,724
2022	3	4,386	5	54,095	12	60,332
Total	14	27,168	56	535,835	21	90,292

Source: Adapted from information provided by the Ministry of Agriculture.

^A Grazing co-op is a group of farmers who lease land for pasture use.

^B Former PFRA is a community pasture that used to be part of the Prairie Farm Rehabilitation Administration.

^C Former SPP is a community pasture that used to be part of the Saskatchewan Pasture Program.

Figure 6 depicts the number of hectares of pasture association lands, the number and percentage of leased hectares the Ministry assessed the health of, and the number of hectares unassessed. The Ministry assessed the land health of 56% of pasture association leased hectares by 2022.

Figure 6—Number of Leased Hectares Assessed 2018–22 and Remaining

Pasture Association Type	Total Leased Hectares	Total Leased Hectares Assessed (2018–22)	Percentage of Leased Hectares Assessed (2018–22)	Total Leased Hectares to be Assessed
Former Prairie Farm Rehabilitation Administration Community Pastures	589,127	535,835	91%	53,292
Former Saskatchewan Pasture Program Community Pastures	318,107	90,292	28%	227,815
Grazing Co-ops	254,371	27,168	11%	227,203
Overall Total	1,161,605	653,295	56%	508,310

Source: Adapted from information provided by the Ministry of Agriculture.

The Ministry plans to complete all baseline range health assessments for the three types of pasture association leases within 10 years (i.e., completed by 2028). Depending on the size of the pasture association lease, it may take staff a few weeks to complete a range health assessment.

We found the Ministry looked at the frequency other jurisdictions use when completing range health assessments. North Dakota completes range health assessments every five years and Alberta every 10 years. The Ministry plans to conduct ongoing assessments (after completing initial baseline assessments) every 10 years.

The Ministry needs to finish assessing the health of all pasture association leases to assess the current condition of the land. The Ministry told us that the majority of the land of former community pastures is already provincially protected, but the land of grazing co-op pastures is not. Assessing grazing co-op pastures may help the Ministry to further identify land that should be protected. The Ministry plans to assess the health of this land by 2028,

which is too late to contribute to the Government's 2025 land conservation goals outlined in **Section 4.2**.

3. We recommend the Ministry of Agriculture complete baseline range health assessments of pasture association leases.

In our testing of four range health assessments, we found the Ministry consistently used sufficient checklists to document these assessments. We found qualified staff completed the assessments and reviewed the reports timely (i.e., the winter after the assessment). For the assessments tested, we found staff rated one pasture as healthy, and the other three as healthy with problems.

Although we found staff completed the four range health assessments reports discussed above timely (within a year), the Ministry did not consistently communicate its findings to pasture associations in a timely way. Further analysis found staff conducted eight range health assessments in 2020 and 2021, but they had not yet finalized and communicated findings to the relevant pasture association as of August 2023. If an assessment reports the presence of invasive weeds, for example, the problem may get worse if the Ministry does not communicate results to the pasture association timely and the pasture association does not take action.

Without timely communication of range health assessment findings to pasture associations (i.e., within a year), issues the Ministry identifies may go unaddressed and the health of the pasture may deteriorate.

4. We recommend the Ministry of Agriculture communicate the results of range health assessments to pasture associations timely.

4.9 Key Recommendations from Range Health Assessments Should Be Mandatory and Have Consequences for Non-Compliance

While the Ministry of Agriculture makes recommendations as part of range health assessments, it does not make key recommendations (e.g., follow weed management plans) mandatory or establish consequences for non-compliance.

As discussed in **Section 4.8**, Ministry staff assess the overall health of land as healthy, healthy with problems, or unhealthy. The Ministry's assessment report to the pasture association includes a section for challenges (e.g., barriers for overall land health, invasive species) and recommendations (i.e., actions to improve land health).

The Ministry does not specify which recommendations in the reports are significant (i.e., higher impact on land and need to be addressed sooner). However, the Ministry indicated that it would make recommendations mandatory on an unhealthy pasture (i.e., pasture association would be required to implement changes). Since the Ministry started completing range health assessments in 2018, it has not assessed a pasture as unhealthy; therefore, all recommendations up to July 2023 from range health assessments are not mandatory. If pasture associations do not take action to improve the health of the land, the land may further deteriorate.



We tested four range health assessments the Ministry completed and found that staff assessed one as healthy and three as healthy with problems. In each of the assessments, staff provided at least one recommendation to the pasture association as an area for improvement. For example, one report included recommendations to reduce the number of cattle grazing on the land during consecutive years of drought, and to contain and control invasive weeds.

By not having mandatory, enforceable recommendations, there is a greater risk that the overall range health deteriorates and the problems (e.g., spread of invasive weeds) the Ministry identified may increase. Additionally, the pasture association is less likely to take appropriate actions to conserve land (e.g., continued overgrazing may lead to less forage) when recommendations are not mandatory or enforceable.

In three of the range health assessments we tested, the Ministry also recommended the pasture association develop a weed management plan. A weed management plan is a strategy to control invasive weeds that can include using animals/insects (e.g., beetles), or herbicides to minimize the spread. The Ministry has incentive programs to provide funding to lessees to help them control invasive weeds.²²

While the Ministry may recommend developing and implementing a weed management plan, this recommendation is voluntary in Saskatchewan. In the bordering jurisdictions of both Alberta and North Dakota, weed control is a mandatory requirement of lessees, especially for invasive weeds. These two jurisdictions also enforce these requirements through fines for non-compliance.

By allowing lessees to voluntarily comply with weed management plans, there is a higher risk that invasive weeds will continue to spread if lessees do not address issues.

5. We recommend the Ministry of Agriculture make implementation of key recommendations to lessees in range health assessments mandatory and set consequences for non-compliance.

4.10 More Timely Inspections of Individually-Leased Land Needed

The Ministry of Agriculture inspects the health of land leased to individuals, but does not complete inspections timely. In addition, we found the Ministry did not complete all inspections as expected.

Leases to individuals include various leases such as grazing, cultivation, oil and gas, or sand and gravel.

The Ministry requires land health inspections when a lease expires (which can be up to 33 years).²³ An inspection includes staff checking the use of the land (e.g., seeded area, number and type of livestock grazing), structures on the land, and presence of invasive weeds.

²² www.saskatchewan.ca/business/agriculture-natural-resources-and-industry/agribusiness-farmers-and-ranchers/sustainable-canadian-agricultural-partnership/programs-for-farmers-and-ranchers/crown-land-pasture-association-invasive-weed-program (12 October 2023).

²³ Grazing and cultivation leases are typically for 33 years. Oil and gas, and sand and gravel leases are typically for 21 years.

The Ministry started using a checklist for lease inspections in 2023. The checklist includes:

- Questions for staff to ask the lessee (e.g., did the lessee supply additional feed on grazing lands which may indicate insufficient foliage)
- Land health condition observed during the inspection (e.g., invasive weeds)

We found the checklist consistent with good practice.

The Ministry also develops lease utilization plans when it inspects leased land. Lease utilization plans include details such as the required actions the Ministry expects the lessee to take, deadline for completion, and result if the lessee does not comply (i.e., lease cancellation). For example, the Ministry cancelled a lease in 2023 because the lessee did not comply with the lease utilization plan's required actions such as only using leased lands for agricultural purposes and allowing garbage to accumulate on the land.

We found inspecting land health every 21–33 years is not timely compared to other jurisdictions (e.g., Alberta) or good practice. Good practice suggests inspections approximately every 10 years.

We tested 22 changes to leases where the Ministry expected staff to complete inspections and found nine with no evidence staff inspected the health of the land. We found staff did not maintain support to indicate when they inspected the land and what they observed (e.g., site photos, areas of non-compliance). Since staff only started using a lease inspection checklist in 2023, they only completed this checklist for six of the leases we tested. The Ministry indicated staff keep their own notes (field notes) on what they observed for the inspections. All staff cannot access or share this information because the Ministry does not centrally track lease inspection results. This means the Ministry may not know which lease inspections staff completed and the results.

With a long timeframe (e.g., 33 years) between inspections, significant changes can occur to a parcel of land such as changes to plant species or land erosion, both of which potentially indicate unhealthy land. Without more frequent inspections, the Ministry would be unaware of changes to the land, and the Ministry and lessee cannot adequately protect the land.

6. We recommend the Ministry of Agriculture conduct timely inspections on individually-leased Crown land and centrally track results.

4.11 Implementation of Recommendations from Land Assessments and Inspections Not Monitored

The Ministry of Agriculture does not monitor lessees' implementation of recommendations it makes during pasture association range health assessments or actions it identifies in lease utilization plans for lessees to address.

The Ministry does not formally track recommendations made in range health assessments and whether the pasture associations address them (e.g., rejuvenation of tame forage).



For example, the Ministry does not use its IT system to track what recommendations or the type of recommendations it makes to each pasture association.

For lease inspections, while the Ministry has a listing of outstanding lease utilization plans for individual lessees, it does not track the required actions or when it plans to follow up to verify the lessee complied (i.e., the Ministry has not established a formal timeframe). Required actions may include constructing fencing (e.g., to control and prevent overgrazing) and removing garbage.

For these required actions, staff track the required completion dates in their own notes; however, these notes are not centrally available to all Lands Branch or regional office staff, so they cannot monitor completion. Additionally, the Ministry does not track how long it takes to resolve issues identified in these lease utilization plans. For example, we were unable to see how long after the plan deadline that staff check whether the lessee resolved identified issues.

Without a formal process to track recommendations the Ministry makes to pasture associations or required actions for lease utilization plans, there is a risk lessees will not address issues affecting the health of agricultural Crown land. This can lead to further deterioration of useable land. Also, not centrally tracking recommendations or expected actions increases the risk that information is lost when there is staff turnover (i.e., field notes not shared) and the Ministry does not know whether lessees addressed issues.

7. We recommend the Ministry of Agriculture monitor the implementation of range health assessment recommendations and required actions from lease utilization plans.

4.12 Need to Track and Evaluate Trends of Non-Compliance with Requirements

The Ministry of Agriculture does not formally assess the results of its pasture association range health assessments and individual lease inspections (e.g., trend analysis of common land-inspection issues) to help it develop land conservation strategies.

For example, staff may frequently identify a specific invasive weed in a certain region when they perform inspections and range health assessments. If the Ministry tracks trends of non-compliance, it can adjust strategies to appropriately manage risks. The Ministry could communicate relevant information to lessees based on trend analysis or adjust its plan for completing assessments or inspections.

Without processes to monitor trends of non-compliance by lessees (e.g., not implementing recommendations from pasture association health assessments and individual lease inspections) the Ministry cannot effectively develop strategies to communicate and work with key partners (e.g., lessees) to resolve common issues it identifies.

8. We recommend the Ministry of Agriculture track and evaluate trends of non-compliance it observes when completing range health assessments or inspections.

4.13 Complaints Addressed, But No Formal Timelines Established

The Ministry of Agriculture appropriately deals with complaints regarding Crown land, but does not have formal timelines for staff to address complaints.

Most of the public complaints the Ministry receives regarding Crown land relate to non-compliance with Ministry requirements (e.g., inadequate pasture fence, presence of weeds, subleasing). The Ministry does not have an established policy or timelines for when staff should address complaints about Crown land. It also does not centrally track complaints.

We tested four complaints and found the Ministry responded to and addressed the complaints between 61 and 291 days, but had acceptable reasons for delays in resolving the complaints (e.g., waiting until spring to conduct a land inspection). For 31 complaints received between February 2022 and August 2023, the Ministry:

- Resolved 16 complaints in an average of 159 days
- Averaged 253 days to resolve 15 outstanding complaints at July 31, 2023
- Left one complaint outstanding for over 545 days

Lack of centrally tracking and providing timelines for handling complaints increases the risk the Ministry does not resolve significant issues in a timely way and take appropriate action to manage the health of Crown lands. See **Recommendation 8** for the need to track and evaluate trends of non-compliance.

4.14 Sufficient Reporting on Significant Findings

The Ministry of Agriculture appropriately uses different methods to communicate with senior management, lessees (e.g., pasture associations), the public, and other agencies (e.g., Federal Government).

4.14.1 Lessees

Ministry staff regularly communicate with and present their recommendations to pasture associations after completing range health assessments. Staff provide a written report and often present their findings at pasture association board meetings. See **Section 4.8**, where we found that the Ministry did not always communicate range health assessment reports timely.

Twice a year, the Ministry distributes newsletters with adequate information to update lessees on lease requirements and outlining how to access land regulations, as well as an overview of new programs and how to access them. The Ministry also makes these semi-annual newsletters available on its website.

Ministry staff also attend events such as the Canadian Western Agribition and the Saskatchewan Stock Growers Association annual general meeting to provide information related to land conservation efforts and programs.



Processes to keep lessees up-to-date on current Ministry processes and expectations, as well as providing the results of recent land assessments helps lessees take appropriate action to manage leased Crown land.

4.14.2 Senior Management, the Public, and the Federal Government

The Ministry of Agriculture prepares reasonable briefing notes (e.g., updates on reporting measures such as its plans to manage invasive weeds) as needed to notify senior management about work regarding managing conservation of Crown land. For example, the Ministry prepares an annual briefing note to update the Deputy Minister on the activities related to pasture association range health assessments. This includes summaries of:

- Land health assessments completed with details such as pasture locations and area size (i.e., hectares)
- Overall land health levels of assessed pasture association leases and invasive weeds, if any

Every six months, the Ministry of Environment prepares a report for the Federal Government on the protection of critical habitat. These reports include actions the province has taken toward the protection of critical habitat for species at risk. For example, in the most recent report from March 2023, the Ministry reported taking actions regarding oil wellsite reclamations in areas it identified as critical habitats for caribou.

The Ministry of Agriculture also appropriately provides quarterly Crown land sale updates to the Deputy Minister, which includes whether the land parcels sold contained conservation easements as well as the number of hectares sold. Further, the Ministry indicated the auction company reports the agricultural Crown land sale results on its website for a month after the sale closes.

The Ministry also posts lease auction results on its website for two years after Crown land lease auctions.²⁴ This report provides the cultivated, hay and grazing hectares leased, the lease value, and the land location.

The Ministry's annual report appropriately includes its progress on meeting its goals.²⁵ For example:

- Enhance protection of critical habitat land: the Ministry completed 15 critical habitat assessments to determine how well lessees manage land with critical habitat. We reviewed evidence of two of these assessments and found the Ministry communicated the results to the lessee, which included practices to support critical habitat for species at risk (e.g., keeping existing shrubs intact for foraging, thermal or nesting cover). The Ministry plans to use the results to determine its future approaches to critical habitat protection.
- Design and implement policies to achieve the goal of maintaining native prairie: the Ministry increased communication with lessees including on available programs and services to enhance the resilience of native prairie. We reviewed the Ministry's

²⁴ publications.saskatchewan.ca/#/products/120391 (27 September 2023).

²⁵ www.saskatchewan.ca/government/government-structure/ministries/agriculture (27 September 2023).

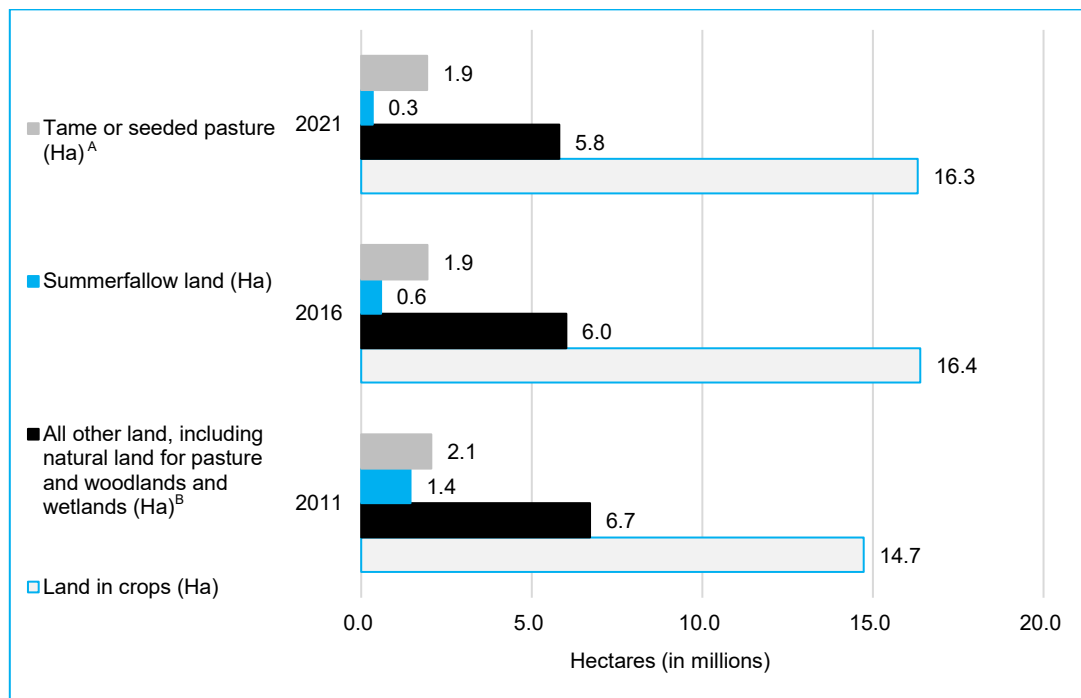
summary of its communications and found it consulted with lessees, Indigenous communities, and other relevant groups (e.g., Saskatchewan Association of Rural Municipalities).

- Develop a plan to manage invasive weeds: the Ministry reviewed its invasive weed strategy. The strategy included planned outcomes such as improved province-wide information on the spread of invasive weeds available on a single platform; increased awareness among lessees on local weed concerns and how to manage invasive weeds; and increased awareness of Ministry resources available among pasture associations for managing invasive weeds.

Appropriately reporting significant information to senior management and the Federal Government keeps decision-makers informed. Reporting to the public shows transparency in the Ministry's processes to manage the conservation of land.

5.0 AGRICULTURAL LAND USE IN SASKATCHEWAN 2011–21

The graph below shows changes in agricultural land use in Saskatchewan from 2011 to 2021, including the increased usage of agricultural land in crop production and the reduction of natural and pasture lands. This trend is not applicable to the Ministry of Agriculture's Crown land. During the periods in the graph, the Ministry of Agriculture did not reduce natural and pasture lands.



Source: www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3210015301&pickMembers%5B0%5D=1.9&cubeTimeFrame.startYear=2001&cubeTimeFrame.endYear=2021&referencePeriods=20010101%2C20210101 (26 June 2023).

^A Ha – hectares.

^B In 2011, natural land for pasture was 4.8 million hectares (2016: 4.6 million hectares), woodlands and wetlands was 1 million hectares (2016: 1 million hectares), and all other land was 0.9 million hectares (2016: 0.5 million hectares). Detailed information not available for 2021 data.



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Chapter 13

eHealth Saskatchewan—Maintaining Key Healthcare IT Servers

1.0 MAIN POINTS

eHealth Saskatchewan manages the health sector IT network including more than 5,000 servers and over 1,000 applications, with a significant amount of private and confidential data. These IT systems are essential to the timely management and delivery of health services by the Saskatchewan Health Authority, Saskatchewan Cancer Agency, and 3sHealth.

Outdated IT infrastructure and software provide an opportunity for online attackers to breach IT networks and compromise data. Cyberattacks can take an IT system or entire organization offline, leading to patient care interruptions, privacy breaches, and expensive recovery costs.

We found eHealth had, for the period ending July 31, 2023, effective processes to maintain IT servers that host key healthcare systems and data to protect against known vulnerabilities other than the areas of our six recommendations. eHealth needs to:

- Track which IT systems are on what IT servers, along with their criticality rating, to support prioritization of server updates. Appropriate prioritization helps to quickly protect critical IT systems from known vulnerabilities.
- Detect and remove unauthorized IT servers, if any, on the network. Such servers increase the risk of unauthorized access or changes to sensitive health IT systems and data.
- Implement security measures for unsupported servers, which no longer receive regular updates from vendors for new security vulnerabilities (20 out of 341 servers we tested). Additional security layers (e.g., server isolation, increased intrusion monitoring) can help reduce risk for IT systems on unsupported servers and other connected servers, until the unsupported server is replaced.
- Periodically review users' privileged access to IT servers to ensure such access is only granted to appropriate users. Privileged accounts can bypass many security controls built into IT systems for other user accounts, so pose a greater security risk.
- Analyze security information to identify, mitigate, and report significant IT server maintenance risks to senior management and partners (e.g., Saskatchewan Health Authority).

Without proper maintenance of IT servers, there is increased risk of system failures and security breaches that negatively impact health service delivery (e.g., lab services, filling prescriptions) and public confidence in security of key healthcare systems and data. The availability and integrity of these systems is integral to healthcare providers making medical decisions for their patients.



2.0 INTRODUCTION

eHealth Saskatchewan is responsible for managing critical IT services used to administer and deliver healthcare services in Saskatchewan. This includes responsibility for Saskatchewan's electronic health record and IT systems used by the Saskatchewan Health Authority, Saskatchewan Cancer Agency, and 3sHealth.

eHealth provides IT equipment and support for over 430 healthcare facilities and more than 75,000 healthcare users across the province.¹ Since January 2017, eHealth has been working with others in the provincial healthcare system to consolidate IT services provided by the Saskatchewan Health Authority, Saskatchewan Cancer Agency, and 3sHealth into a single service provided by eHealth.

eHealth has over 750 full-time equivalent positions, including more than 360 positions in its technology area whose responsibilities include IT server maintenance. In 2022–23, eHealth spent \$2.3 million (2021–22: \$3.1 million) on hardware maintenance and \$52.8 million (2021–22: \$44.3 million) on software maintenance.²

We audited eHealth's processes to maintain IT servers that host key healthcare systems and data to protect against known vulnerabilities. Our audit focused on those servers hosting the Electronic Health Record (eHR) Viewer, as well as provincial lab, drug, medical imaging, and hospital clinical systems.³

The **Glossary** in **Section 5.0** defines many of the IT terms used in this chapter.

2.1 eHealth's Management of Key Healthcare IT Systems

The use of IT in healthcare provides numerous benefits, such as more accurate information, customized patient care, improved communication between healthcare providers, and enhanced medication management.

eHealth is responsible for managing an IT network that supports more than 5,000 servers and over 1,000 applications.⁴ eHealth has had some servers in place since about 2008 (i.e., in use for about 15 years).⁵ The network, servers, and applications house critical IT health systems and data essential to the timely management and delivery of health services along with a significant amount of private and confidential data.

eHealth manages the Electronic Health Record (eHR) Viewer, used by authorized care providers to view a patient's provincial health record. The eHR Viewer accesses patient information from separate servers (for a variety of health-related IT systems) regardless of where a patient presents for care. The eHR Viewer IT systems include patient information such as:

- Laboratory results

¹ eHealth Saskatchewan, *Annual Report 2022–23*, p. 3.

² *Ibid.*, p. 29.

³ The eHR Viewer is a secure, web-based portal providing real-time access to digital health records healthcare providers use to support patient care. Source: eHealth Saskatchewan Service Definition Sheet – Electronic Health Record (eHR) Viewer.

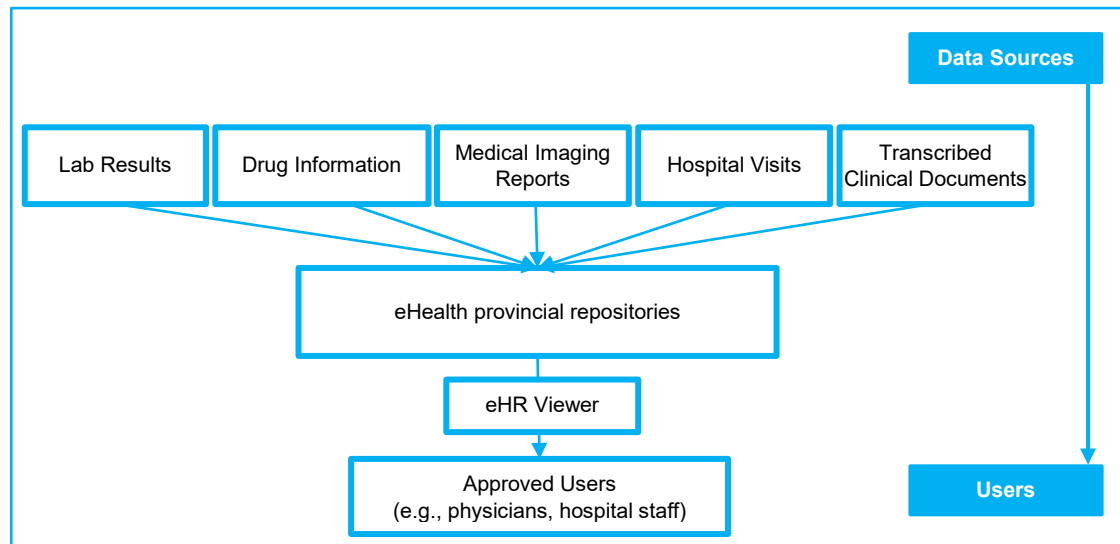
⁴ eHealth Saskatchewan, *Annual Report 2022–23*, p. 9.

⁵ eHealth server listings.

- Drug information
- Medical imaging reports
- Hospital visits
- Transcribed clinical documents

Figure 1 provides a simplified overview of electronic health record data paths.

Figure 1—Simplified Electronic Health Record Data Sources and Users (Data Paths)*



Source: Adapted from information provided by eHealth Saskatchewan.

* A data path is the electronic flow of information between various sources and users.

2.2 Importance of IT Server Maintenance

Outdated IT infrastructure and software provide an opportunity for online attackers to breach an IT network. Well-managed preventative IT maintenance can help to reduce this risk.⁶

Aging IT infrastructure and software poses serious risks to an organization including, but not limited to:

- Frequent network outages resulting in performance issues (e.g., IT system not available to healthcare providers)
- Data corruption and loss
- Cyberattacks
- Considerably higher costs of repairing and maintaining outdated technology as older technology tends to break down frequently⁷

⁶ Why Aging Infrastructure Is a Growing Problem. blogs.cisco.com/security/why-aging-infrastructure-is-a-growing-problem (5 September 2023).

⁷ Nye Technical Services, LLC, 2019, *An aging IT infrastructure and the risks it poses to SMBs*.



In October 2021, a cyberattack on Newfoundland and Labrador’s Eastern Health network paralyzed their provincial healthcare system, leading to patient care interruptions (e.g., delayed surgeries and medical procedures), privacy concerns, and expensive recovery costs (approaching almost \$16 million). Significant deficiencies with IT system maintenance may have increased Eastern Health’s network vulnerability. For example, reports state a number of potential issues related to outdated technology contributed to its vulnerability including an inadequate database for asset information and antiquated components in some IT systems in need of upgrade or decommissioning that Eastern Health could not appropriately manage or patch.⁸

Attackers exploit vulnerabilities within servers to breach networks and compromise data, which may take an entire organization offline. IT maintenance ensures that IT systems remain operational and secure to help prevent such breaches. IT maintenance includes:

- Installing regular manufacturer-issued updates to fix security issues and bugs
- Removing unwanted or unused IT systems
- Upgrading or replacing IT system components (e.g., servers)^{9,10}

Also, knowing what IT assets you have, where they are, and who is responsible for them, can help to effectively protect and manage IT servers.^{11,12}

Without proper maintenance of IT servers, organizations may be at risk of system failures and security breaches. This can lead to unavailable servers, data loss, or compromised personal health information—negatively impacting health service delivery (e.g., lab services, filling prescriptions) and affecting the organization’s reputation.

3.0 AUDIT CONCLUSION

We concluded, for the period ended July 31, 2023, eHealth Saskatchewan had effective processes, except in the following areas, to maintain IT servers that host key healthcare systems and data to protect against known vulnerabilities. In relation to key healthcare IT servers, eHealth needs to:

- **Track which IT systems are on what IT servers, along with their criticality rating**
- **Detect and remove any unauthorized IT servers on the network**
- **Implement security measures for unsupported servers**
- **Periodically review users’ privileged access to IT servers**

⁸ P-2023-001/PH-2023-002, May 23, 2023, privacy incident report of the Office of the Information and Privacy Commissioner of Newfoundland and Labrador. www.oipc.nl.ca/pdfs/P-2023-001-PH-2023-002.pdf (15 September 2023).

⁹ IT Maintenance: Taking the right approach for maintaining your IT Systems. www.businesstechweekly.com/operational-efficiency/outsourcing-and-supplier-management/it-maintenance/ (5 September 2023).

¹⁰ Why Aging Infrastructure Is a Growing Problem. blogs.cisco.com/security/why-aging-infrastructure-is-a-growing-problem (5 September 2023).

¹¹ CIS Critical Security Control 1: Inventory and Control of Enterprise Assets. www.cisecurity.org/controls/inventory-and-control-of-enterprise-assets (5 September 2023).

¹² CIS Critical Security Control 2: Inventory and Control of Software Assets. www.cisecurity.org/controls/inventory-and-control-of-software-assets (5 September 2023).

- **Analyze security information to report significant IT server maintenance risks and mitigation plans to senior management and partners (e.g., Saskatchewan Health Authority)**

Figure 2—Audit Objective, Criteria, and Approach

Audit Objective:

The objective of this audit was to assess whether eHealth Saskatchewan had effective processes, for the period ended July 31, 2023, to maintain IT servers that host key healthcare systems and data to protect against known vulnerabilities.

For the purposes of this audit, IT servers include the related operating systems that support communication with critical healthcare systems and data. Our audit focused on servers hosting key healthcare systems and data including the Electronic Health Record (eHR) Viewer, as well as provincial lab, drug, medical imaging, and hospital clinical systems (over 300 out of 5,000 servers).

Audit Criteria:

Processes to:

- 1. Keep reliable information about IT servers**
 - Track IT servers
 - Maintain sufficient information about IT servers (e.g., operating system version, business criticality)
- 2. Regularly update IT servers**
 - Use risk-informed plans for upgrading and updating (patching) IT servers
 - Define roles and responsibilities (including for suppliers and partners) for IT server maintenance activities
 - Complete scheduled upgrades and updates to IT servers
 - Implement alternate security controls (e.g., system isolation) if upgrades or updates cannot be completed
- 3. Monitor IT server maintenance**
 - Verify upgrades and updates to IT servers are completed as expected
 - Analyze effectiveness of maintenance processes by examining incident trends (e.g., server downtime)
 - Periodically report on server maintenance to senior management and partners

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate eHealth's processes, we used the above criteria based on related work, reviews of literature, and consultations with management. eHealth management agreed with the above criteria.

We examined eHealth's policies, procedures, and reports relating to maintaining IT servers to protect against known vulnerabilities. We interviewed key staff responsible for IT server maintenance. We hired an external consultant to analyze the timeliness of updates applied to IT servers and to help assess eHealth's processes against good practice.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Accurate Tracking of IT Systems Hosted on IT Servers Needed

eHealth Saskatchewan tracked some key information about its IT servers, but did not accurately track IT systems hosted on the servers or their related criticality (including data classification). In addition, eHealth did not have a way to identify all new servers connected to the network.

Although eHealth does not have written policies and guidance for tracking information about its IT servers, we found it manually tracked physical servers it manages using



spreadsheets and asset tags. eHealth kept information about virtual servers using an electronic server management system. Information tracked included:

- Server name and logical location (i.e., IP address)
- Information about the physical server running the virtual server (e.g., server name, physical location, asset tag, IP address, vendor)
- Operating system and version

The information tracked in the server management system did not include details about the applications or databases hosted by the server, or how critical these systems and their data are for delivering health services. Instead, eHealth used network diagrams of IT systems (i.e., applications and databases) that show server names and network locations to trace to information in the server management system.

During our server testing, we found eHealth’s network diagrams were not up-to-date (e.g., referred to incorrect or replaced servers)—making it difficult to determine specific servers related to each key healthcare IT system and the related criticality. Without this information, eHealth cannot efficiently consider IT system criticality to help prioritize when it applies updates to each server. eHealth updated its diagrams during the audit to clarify the specific servers related to the Electronic Health Record (eHR) Viewer, as well as provincial lab, drug, medical imaging, and hospital clinical systems. After updating, it determined a total of 341 servers related to these IT systems.

We also found eHealth did not have a way, such as an automatic discovery system, to alert its staff when new servers connect to the network. These discovery systems help to quickly identify and remove any unauthorized (rogue) servers that can introduce vulnerabilities. A rogue server is simply a server, created through employee error or by an attacker, of which network staff are not aware. A rogue server can not only be a target for attackers, but also can create performance issues such as slowing down a network. As explained in **Section 4.3**, multiple layers of security (e.g., firewalls) can exist around servers to reduce the risk of a rogue server connecting to a network, although they cannot eliminate this risk.

Exploited vulnerabilities through an unauthorized server can lead to unauthorized access or changes to sensitive health systems and data. Unauthorized changes to healthcare data could impact medical decisions, potentially resulting in harm to patients. In addition, patients may be at risk of identity theft from any compromised personal health data.

1. We recommend eHealth Saskatchewan regularly detect and quickly remove unauthorized IT servers, if any, on the network.

By March 31, 2024, eHealth plans to implement an asset management system to track information about servers, including hosted IT systems, and to automatically identify any unauthorized servers connected to the network.

Without sufficient tracking of IT systems hosted on key healthcare IT servers, and their related criticality, eHealth may not appropriately prioritize updates to efficiently maintain all servers to protect them from known vulnerabilities. For example, eHealth can use this information to prioritize updates for critical IT systems.

2. We recommend eHealth Saskatchewan track the IT systems, and their criticality, hosted on key healthcare IT servers to support maintenance decisions.

4.2 Supported IT Servers Regularly Updated

eHealth Saskatchewan updated its supported IT servers, where vendors provided periodic security updates, on a regular basis.

eHealth receives notifications from server operating system vendors (e.g., Microsoft) about server security updates (i.e., patches), indicating the related risks of vulnerabilities addressed in the updates. Some vendors release updates more frequently than others (e.g., Microsoft monthly, some other vendors semi-annually). Vendors rate vulnerabilities from critical to low risk, depending on how much harm they may cause if exploited and how easy (i.e., likelihood) they are to exploit. Vendors may recommend immediate updates on an emergency basis for a critical vulnerability being actively exploited around the world.

Verifying (e.g., checking reliable websites for further details) and testing updates before applying them to servers helps ensure they are legitimate and are not expected to create operational issues.

We found eHealth documented its processes for updating IT servers, which involves applying all relevant security patches to all servers.

eHealth expects staff to test and apply all emergency updates (e.g., to address vulnerabilities attackers are known to be actively exploiting) as soon as reasonably possible (e.g., within 48 hours), following an emergency change process.¹³ For two emergency changes tested, we found eHealth tested and applied both changes timely (i.e., within 24 hours).

eHealth tests and applies all non-emergency updates to groups of servers based on a schedule. eHealth did not use vulnerability risk-ratings (e.g., high to low) to determine when to apply these updates to each server group. eHealth management did not think the additional time to apply all non-emergency updates to servers each update cycle created significant delays in addressing high-risk vulnerabilities. We found eHealth's justification reasonable given it applies the non-emergency updates timely after release by a vendor (e.g., about a month after Microsoft releases patches).

A separate IT system tracks approvals and workflow tasks related to server updates. A change advisory committee reviews and approves all changes to servers before staff implement them. We found eHealth followed its processes to test and approve all 13 non-emergency server updates we tested.

Our analysis found over 90% of servers related to the key healthcare systems we tested received automatic updates, with the remaining requiring some manual intervention to complete the update.

¹³ Emergency changes require less extensive testing and approvals before implementation. This approach results in faster server patching and helps mitigate risks introduced by the longer change management processes used for non-emergency changes.



eHealth contracted a service provider to host and manage the medical imaging IT system. As part of the contract, the service provider is responsible for identifying and applying updates for medical imaging IT servers using the same processes eHealth's staff follow (e.g., testing before applying updates, within the same timeframes). We reviewed the two monthly reports from the service provider and found the service provider updated medical imaging IT servers as expected.

As of July 2023, we found 97% of servers we tested that receive ongoing updates from vendors were up-to-date. We found about 3% of servers were missing the most recent non-emergency update, which eHealth expected to be applied in the next update cycle (i.e., within the next month or six months depending on what type of operating system the server was running). There may be circumstances (e.g., server is powered down) where servers are unavailable when eHealth rolls out updates. However, eHealth did not assess the risk of waiting until the next cycle to apply the updates to these servers. In **Section 4.1**, we describe that eHealth does not sufficiently track information about hosted IT systems, and their criticality, to support efficient maintenance decisions.

Timely updates of IT servers to protect against known vulnerabilities helps to reduce the risk of unauthorized access to or loss of availability of key healthcare IT systems and data.

4.3 Need to Manage Unsupported IT Server Risks

eHealth Saskatchewan does not have a plan to implement security measures for unsupported IT servers to protect key healthcare systems and data from new vulnerabilities that arise.

Of the 341 key healthcare IT servers we tested, we found 20 servers were running unsupported operating systems where vendors no longer supply updates for new vulnerabilities identified.

Servers may become unsupported when the hosted IT system is not able to run on newer, supported servers, and an agency is not ready or has not planned to replace a hosted IT system. Operating system vendors identify new vulnerabilities daily, so the longer servers are unsupported, the greater the risk an attacker may identify and exploit an unpatched vulnerability. Agencies should carefully evaluate risks of delaying IT system and related server upgrades (e.g., additional costs to address a successful cyberattack, significant server downtime, risks to the agency's reputation, compromised patient data).

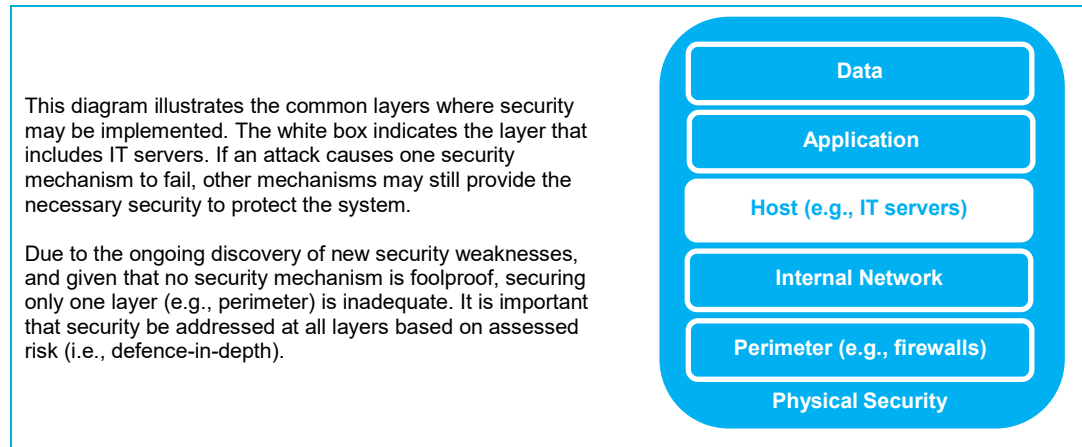
Organizations can use multiple layers of security (i.e., defence-in-depth) around servers to reduce risk based on business criticality of the IT systems and the sensitivity of related healthcare data. **Figure 3** explains how organizations can use defence-in-depth to reduce risk. Since defence-in-depth cannot eliminate all risk, risk assessments are needed to support security decisions.

We found eHealth did not have a plan to address risks of unsupported servers timely. In one case, it planned a project in 2021 to upgrade unsupported servers and described related risks to its partners in the project plan. However, eHealth and its partner delayed the project with no clear timeline set for completion and did not add mitigating controls in

the interim (e.g., additional intrusion monitoring, isolating unsupported servers on the network).

Risks associated with unsupported servers may be mitigated by additional security layers (e.g., server isolation) or performing IT system and related server upgrades (i.e., replacements).

Figure 3—Defence-in-Depth



Source: Diagram adapted from The Business Forum, *Antivirus Defense-In-Depth Guide* (2015).

Without effective and timely plans to protect unsupported servers from new vulnerabilities, there is increased risk of unauthorized access or changes to, or downtime of, key healthcare systems and data. Healthcare providers rely on data in these systems to deliver time-sensitive health services.

3. We recommend eHealth Saskatchewan implement security measures to address the risks introduced by having unsupported servers hosting key healthcare systems and data.

4.4 Insufficient Monitoring of Privileged Access to IT Servers

eHealth Saskatchewan did not periodically (e.g., quarterly, annually) review all users granted privileged access to IT server administrative functions. We found users with privileged access to servers who no longer needed it.

Restricting privileged access to only those users who require access to conduct their jobs reduces the risk of unauthorized access or changes to sensitive IT systems and data hosted on the servers.

During our testing of 87 users with access to make changes to IT servers, we found one user who left eHealth in November 2022, but whose access eHealth had yet to remove at July 2023. We found eHealth used controls to prevent this user from logging into the privileged account after leaving eHealth. Additionally, we found nine users where eHealth was uncertain of the continued appropriateness of their level of access granted.



Without a process to periodically (e.g., quarterly) review privileged server access, there is increased risk of unauthorized individuals inappropriately accessing and making changes to sensitive healthcare systems and data. Privileged accounts pose a greater security risk, as these users can bypass security controls built into an IT system by accessing the system directly through the servers instead of logging into a user account in the IT system.

4. We recommend eHealth Saskatchewan periodically review whether appropriate individuals have privileged access to key healthcare IT servers.

4.5 Better Analysis Needed to Support Effective IT Server Maintenance

eHealth Saskatchewan did not scan all key healthcare IT servers for vulnerabilities and sufficiently analyze security information to support vulnerability remediation and process improvement.

eHealth used server vulnerability scans to identify missing security updates. When eHealth's scanning tool identifies potential vulnerabilities, it automatically creates security tickets in an IT system which then notifies eHealth staff for further investigation and action, if needed. eHealth did not have a way to know whether all servers were included in the scans.

We found 16 of the 341 servers we tested were not included in the vulnerability scans. This means eHealth did not have all possible information to help protect the servers against potential security vulnerabilities.

During 2023, eHealth was transitioning from a monthly scanning process to a continuous scanning process for each server. Management advised us its vulnerability scans missed these 16 servers due to implementation issues during this transition period.

eHealth also did not analyze security information (i.e., trends) from scans over time, network incidents, or problems reported through security tickets to identify potential risks for maintenance processes. For example, analysis of logged security information could include:

- Scans that identify trends related to improperly applied server updates
- Security tickets related to server downtime problems to help identify whether maintenance processes, or lack thereof, impact server availability
- Attempted security incidents to help determine whether timeframes to complete updates or upgrades are sufficient

At July 2023, eHealth was transitioning operation of its vulnerability management processes to an external service provider. It expects this service provider will help to verify whether it scans all servers, as well as help it analyze security information to identify potential risks related to maintenance processes.

Without analyzing security information for all key healthcare IT servers, eHealth may not identify servers it is not updating as expected. The risk of an attacker exploiting a vulnerability increases the longer eHealth takes to update servers, as more attackers become aware of the vulnerability and build cyberattack methods.

5. We recommend eHealth Saskatchewan regularly analyze security information logged for key healthcare IT servers to support timely server updates for identified security vulnerabilities.

4.6 Reporting of IT Server Maintenance Risks Needed

As of July 2023, eHealth Saskatchewan had not sufficiently defined reporting requirements about IT server maintenance risks to share with its senior management or partners.

eHealth signed a master service agreement in 2022 with its key partner, the Saskatchewan Health Authority. The agreement did not set out reporting requirements or agreed upon service targets (e.g., IT server update and availability levels).

In June 2023, eHealth prepared a preliminary report for the Authority as part of its work to define reporting requirements. The report did not include targets or results specific to IT server maintenance (e.g., unplanned outages due to IT server maintenance issues). Management advised us it continues to work with its partners to expand reporting to include service targets and additional information about server maintenance risk areas.

Establishment of key service targets can also help eHealth to define reporting requirements to its senior management—such reporting may help eHealth identify potential risks early and avoid missing certain service expectations. Reporting could include actual results compared to service targets such as patch compliance levels, service outages related to maintenance activities or incidents, or security trends related to maintenance. Reports could also explain why actual results did not achieve service targets, along with recommended corrective actions.

Management advised us that eHealth used an informal, internally set target that at least 80% of servers have all current patches applied. At the end of each update cycle (e.g., monthly), managers review reports and/or discuss the level of update compliance with their staff or service providers. These results are not formally shared with senior management, although they may be discussed at meetings.

If less than 80% of servers did not successfully receive updates, eHealth staff investigate and take action to improve compliance. Compliance can vary due to ongoing maintenance projects or business use of servers interfering with the update process. Also, reports could include servers that are not correctly reflected in the reporting tool (e.g., not actually in production yet, decommissioned) and should be removed from reporting.

As described in **Section 4.3**, we found eHealth had a plan with its partner to upgrade certain unsupported servers. The plan described risks (e.g., lack of availability) associated with these unsupported servers. However, eHealth and its partner did not set a timeline for completion and did not implement mitigating controls in the interim.



Figure 4 sets out possible risks related to the untimely maintenance of IT servers that could be relevant to eHealth and its partners.

Figure 4—Risks Associated with Untimely Maintenance of IT Servers

Risk	Impact
Security breach	Inappropriate changes to data that could impact healthcare decisions, resulting in patient harm, or even death Unauthorized access to data, violating patient privacy and creating exposure to identity theft IT systems unavailable when needed to support timely care of patients Higher costs to address the security breach and implement controls to prevent future breaches
IT system slowdown or breakdown	IT systems unavailable when needed to support timely care of patients Higher costs to keep IT systems operating efficiently
Data loss or corruption	Data unavailable when needed to support timely care of patients Higher costs to recover or reproduce data

Source: Nye Technical Services, LLC, 2019, *An aging IT infrastructure and the risks it poses to SMBs*.

Without sufficient formal reporting, senior management and eHealth’s partners may not sufficiently understand existing risks that could prevent timely provision of healthcare services or that could compromise the security of patient data. Healthcare providers need timely access to accurate and complete patient information to support quality healthcare.

6. We recommend eHealth Saskatchewan regularly report to its senior management and partners about significant risks and mitigation plans related to maintenance of key healthcare IT servers.

5.0 GLOSSARY

Application – A software program. This includes programs such as word processors, spreadsheets, database programs, accounting programs, etc.

Defence-in-depth – The practice of using layered security mechanisms to increase security of the IT system as a whole. If an attack causes one security mechanism to fail, other mechanisms may still provide the necessary security to protect the system.

Firewall – Software and/or hardware intended to restrict or block access to a network or computer. Firewalls can be set up using firewall rules to only allow certain types of data through.

Network – A group of computers that communicate with each other.

Security vulnerability – An unintended weakness exposing a computer system to potential exploitation such as unauthorized access or malware (e.g., viruses).

Server – A computer hosting systems or data for use by other computers on a network.

Unauthorized access – When someone gains access to a website, program, server, or other systems and data using someone else’s account or other methods.

Virtual server – A virtual server re-creates the functionality of a dedicated physical server, allowing efficient sharing of hardware and software resources.

Vulnerability assessment – A systematic review to identify, classify by severity, and recommend remediation actions for any known weaknesses of an IT system. Organizations generally use IT tools to help complete the review.

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Chapter 14

Health—Coordinating the Provision of Timely Neurosurgery Services

1.0 MAIN POINTS

Saskatchewan’s average wait to see a neurosurgery physician has increased over the last two decades. At April 30, 2023, about 240 Saskatchewan patients were waiting more than a year for a neurosurgeon to provide surgery related to the brain, spine, or nervous system.

We found the Ministry of Health had, for the period ended May 31, 2023, effective processes to coordinate the provision of timely neurosurgery services in Saskatchewan other than the areas of our eight recommendations. The Ministry needs to:

- Analyze the appropriate number of staff and physicians needed to meet neurosurgery service expectations and establish action plans to address workforce gaps in neurosurgery services. In 2022–23, Saskatchewan neurosurgery physicians performed over 2,500 surgeries, with over half relating to the spine. Overall, the total wait list for spine surgery in Regina doubled since 2019–20, whereas Saskatoon remained unchanged.
- Communicate performance expectations and monitor neurosurgery physicians against those expectations to determine whether they meet neurosurgery needs timely.
- Assess patient referral systems to help reduce wait times for first consultation with a neurosurgery physician. Under the pooled referral system, patients have the option of seeing the first available neurosurgeon in the pool. Patients waited an average of 43.4 days for their neurosurgery consultations under the pooled referral system. Under the direct referral system, with the limited data available, we found patients waited an average of 151.7 days for their neurosurgery consultations. Regina uses the direct referral system.
- Increase the use of Saskatchewan Spine Pathway clinic referrals (e.g., physiotherapists assess whether spine surgery needed or if non-surgical, alternate treatments available). In 2022–23, less than 20% of the patients assessed by the Spine Pathway required surgical consultation, suggesting more referrals to the Spine Pathway could significantly reduce the wait list for spine consultations and surgeries.
- Document clear surgery prioritization criteria to support consistent and fair access to neurosurgery services. Inconsistent prioritization processes can lead to variation in how different surgeons categorize their patients, resulting in inappropriate surgery delays for certain patients. In 2022–23, Regina neurosurgery physicians prioritized more spine procedures as emergent or urgent (83%) compared to Saskatoon (68%).
- Determine enhancements to surgical scheduling (e.g., use of flex days) to ensure efficient use of operating rooms for neurosurgery services.



Without effective coordination of timely neurosurgery services, patients can face worsening health conditions, increased pain and mental anguish, and economic losses from inability to work while waiting to see a neurosurgery physician and while waiting for the surgeries that may follow diagnosis.

2.0 INTRODUCTION

This chapter outlines the results of our audit of the Ministry of Health's processes to coordinate the provision of timely neurosurgery services.

Neurosurgery services provided by the Saskatchewan Health Authority includes consultations and surgery related to the brain, spine, and nervous system that may be needed to treat conditions such as a pinched nerve in the back or neck, damage to the brain or spine from an injury, or a brain tumour.¹ Neurosurgery physicians (i.e., neurosurgeons, orthopedic surgeons) perform these surgeries either as day or inpatient (i.e., requiring hospital stay) surgeries in either Regina or Saskatoon.

In 2022–23, Saskatchewan neurosurgery physicians performed 2,568 surgeries, with 60% of those surgeries related to the spine.

Under *The Health Administration Act*, the Ministry is responsible to develop, coordinate, and maintain the healthcare system for Saskatchewan. It is also responsible to determine facilities to meet health needs, assist in developing adequate health resources (human and material), collect and publish information on the state of public health, and recommend programs to meet health needs (including organizational, administration, staffing, and financing). This includes coordinating the provision of neurosurgery services.

The Ministry spends about \$6.6 billion annually to support the healthcare system, including \$4.6 billion to the Ministry's partner, the Saskatchewan Health Authority, and over \$600 million to fee-for-service physicians, including to some neurosurgery physicians (i.e., neurosurgeons, orthopedic surgeons).^{2,3,4} From April 1, 2022 to April 30, 2023, the Ministry and the Authority paid \$18.4 million to neurosurgery physicians for services provided to patients.⁵

For 2023–24, the Ministry committed to an increase of \$42.5 million (2022–23: \$21.6 million) to address the surgical wait list for all specialties, including neurosurgery, by setting targets and performing thousands of additional procedures.⁶

¹ www.saskhealthauthority.ca/your-health/conditions-diseases-services/healthline-online/ps2020 (1 August 2023).

² *Ministry of Health Annual Report for 2022–23*, p. 18.

³ *Saskatchewan Health Authority Annual Report to the Legislature 2022–23*, p. 38.

⁴ Under the fee-for-service arrangement, the Ministry pays licensed physicians (e.g., neurosurgeons) for each specific insured service (e.g., initial assessment, consultation, follow-up visits) provided to a Saskatchewan resident based on pre-set rates negotiated with the Saskatchewan Medical Association, as set out in the *Payment Schedule for Insured Services Provided by a Physician*.

⁵ Includes all services provided by orthopedic surgeons who performed spine surgeries.

⁶ Ministry of Health, *Business Plan 2023–24*, p. 2; Ministry of Health, *Business Plan 2022–23*, p. 2.

2.1 Importance of Timely Neurosurgery Services

Saskatchewan's average wait times for medically necessary specialist services increased over the last two decades, as have Canadian wait time averages. In a 2022 survey-based report, Saskatchewan patients waited for 30.1 weeks (1993: 9.8 weeks) on average from when a general practitioner (i.e., family physician) referred them to a specialist until treatment, compared to 27.4 weeks (1993: 9.3 weeks) on average in Canada.⁷

Prolonged wait times to see a specialist, such as a neurosurgeon, increase the risk that a health condition will worsen or become irreversible, even resulting in disability or death. Patients can face economic losses and experience increased pain, suffering, and mental anguish not only while they wait to see specialists, but also while waiting for surgery that may follow diagnosis.⁸

As shown in **Figure 1**, 722 patients in Saskatchewan were waiting for surgery by a neurosurgeon at April 30, 2023, with about one-third waiting more than a year. The longest a patient is expected to wait for surgery based on the Saskatchewan Health Authority's prioritization guidelines is no longer than three months, depending on severity of diagnosis.

Of the 239 patients waiting more than a year, neurosurgeons considered 81 patients (34%) as higher priority (expected surgery in less than six weeks).

Figure 1—Patients Waiting for Surgery by a Neurosurgeon at April 30, 2023

Time Waited	Patients by Priority Level				Total	Percentage of Total
	Within 3 weeks (Urgent)	Within 6 weeks (Priority)	Within 3 months (Elective)	Unknown		
Less than 3 weeks	20	26	23	3	72	10%
4–6 weeks	5	13	17	1	36	5%
7 weeks to 3 months	5	41	45	2	93	13%
4–12 months	13	119	141	9	282	39%
13–18 months	2	29	45	-	76	10%
19–24 months	2	25	41	1	69	10%
> 24 months	2	21	69	2	94	13%
Total	49	274	381	18	722	100%
% waiting past prioritization^A	59%	86%	78%	67%		

Source: Adapted from information provided by the Ministry of Health.

^A Calculated.

Without effective processes to coordinate the provision of timely neurosurgery services, the risk increases that patients' health declines—pain, suffering, and mental anguish worsen—thereby affecting patients' quality of life. In addition, patients may be unable to work while waiting, increasing financial losses to the patient and the economy.

⁷ Fraser Institute, *Waiting Your Turn: Wait Times for Health Care in Canada*, 2022 Report, p. iii.

⁸ *Ibid.*, p. ii.



3.0 AUDIT CONCLUSION

We concluded, for the 16-month period ended May 31, 2023, the Ministry of Health had, except in the following areas, effective processes to coordinate the provision of timely neurosurgery services in Saskatchewan.

The Ministry needs to:

- Analyze patient referral systems to help reduce wait times for first consultation with a neurosurgery physician
- Analyze the staff and physicians needed to meet neurosurgery service expectations and establish action plans to address gaps in neurosurgery services
- Increase the use of Saskatchewan Spine Pathway clinic referrals (e.g., physiotherapists assess whether spine surgery needed or if non-surgical, alternate treatments available)
- Collect and analyze complete wait time data for patients who are directly referred to a neurosurgery physician by a family physician
- Communicate performance expectations and monitor neurosurgery physicians against those expectations
- Document clear surgery prioritization criteria to support appropriate surgery scheduling
- Determine enhancements (e.g., use of flex days) to surgery scheduling

Figure 2—Audit Objective, Criteria, and Approach

Audit Objective:

The objective of this audit was to assess the effectiveness of the Ministry of Health's processes, for the 16-month period ended May 31, 2023, to coordinate the provision of timely neurosurgery services in Saskatchewan.

Audit Criteria:

Processes to:

1. **Plan for efficient use of neurosurgery services**
 - Understand supply and demand for neurosurgery physicians
 - Coordinate responsibility for neurosurgery resource planning
 - Set targets for wait times (e.g., time to first neurosurgery physician appointment, time to surgery)
2. **Facilitate timely neurosurgery services provided by the Saskatchewan Health Authority**
 - Have standardized systems to manage neurosurgery physician referrals
 - Prioritize patients based on diagnosis and condition (e.g., maintain prioritized wait lists)
 - Schedule surgeries based on prioritization
3. **Monitor timeliness of neurosurgery services**
 - Collect accurate information on neurosurgery wait times
 - Analyze results to targets (e.g., identify factors that slow access to services)
 - Take action to address areas where results fall short of targets
 - Periodically report results to senior management, partners (e.g., Saskatchewan Health Authority), and the public

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry of Health's processes, we used the above criteria based on our related work, reviews of literature including reports of other auditors, and consultation with management. Ministry management agreed with the above criteria.

We examined the Ministry's policies and procedures relating to processes to coordinate the provision of timely neurosurgery services. We interviewed Ministry and Authority staff, as well as neurosurgeons responsible for helping to coordinate the provision of timely neurosurgery services. We assessed processes to gather and analyze information about neurosurgery services. In addition, we tested a sample of neurosurgical bookings and analyzed data about surgeries pending and completed. We also used an independent consultant with subject matter expertise in the area to help us identify good practice and assess the Ministry's processes.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Neurosurgery Wait Times Growing

The Ministry of Health and the Saskatchewan Health Authority estimate the number of annual spine surgeries anticipated in the province. They did not meet the projected number of surgeries for 2022–23 with over 1,000 patients waiting for spine surgery at March 31, 2023.

In spring 2023, the Ministry prepared a neurosurgery target report for the first time, *Neurosurgery Report Against Targets*, comparing annual neurosurgery volume projections against actual results. The report also compared 2022–23 results to 2019–20 (pre-COVID-19 pandemic). The projected number of surgeries has grown since 2020.

As shown in **Figure 3**, the Ministry expected neurosurgery physicians to complete 1,750 spine surgeries in 2022–23, but they completed just over 1,500 surgeries in Saskatoon and Regina. This does not include cranial (brain) surgeries performed by neurosurgeons. The Authority met the expectation for projected spine surgery volumes in Saskatoon, but not in Regina.

Neurosurgery physicians performed a higher total number of spine surgeries overall in 2022–23 compared to 2019–20, but the wait list has grown over this same timeframe (see **Figure 4**). This seems to indicate that if the pace of spine surgeries continues at the current rate, the wait list for spine surgeries will not improve despite increased surgeries performed. Prolonged wait times may detrimentally affect patients' health conditions and quality of life.

Figure 3—Actual Spine Surgery Volume Comparison to Expected between 2020 and 2023

	2019–20 Actual (pre-COVID-19 pandemic)	2022–23 Actual	2022–23 Target
Saskatoon total:	615	776	650
Day surgery	140	229	319
Inpatient surgery	475	547	331
Regina total:	854	770	1,100
Day surgery	134	121	200
Inpatient surgery	720	649	900
Total	1,469	1,546	1,750

Source: Adapted from the Ministry of Health's *Neurosurgery Report Against Targets*.



The Ministry’s report also included information on spine surgery wait lists and wait time targets. For example, a 2022–23 target for the surgical program was to have no patients waiting longer than 24 months for surgery by March 31, 2023.

As shown in **Figure 4**, at March 31, 2023, Saskatoon met the target and had no patients waiting longer than 24 months, whereas Regina did not meet the target and had 90 patients waiting for spine surgery more than 24 months (as compared to zero in 2019–20).

Overall the total wait list for spine surgery in Regina doubled since 2019–20, whereas Saskatoon remained unchanged.

Figure 4—Spine Surgery Wait Lists

	Wait List as at March 31, 2020 (pre-COVID-19 pandemic)		Wait List as at March 31, 2023	
	Total Waiting	Waiting >24 Months (target)	Total Waiting	Waiting >24 Months (target)
Saskatoon total:	268	0	268	0
Day surgery	68	0	53	0
Inpatient surgery	200	0	215	0
Regina total:	321	0	765	90
Day surgery	48	0	79	3
Inpatient surgery	273	0	686	87
Total	589	0	1,033	90

Source: Adapted from the Ministry of Health’s *Neurosurgery Report Against Targets*.

The Ministry and Authority can use various supply and demand initiatives to better manage and reduce neurosurgery wait times.

Supply changes may include increasing the number of surgical procedures, improving surgical productivity, or using the private sector. Demand initiatives could involve better managing demand for surgical procedures such as consistently prioritizing patients on wait lists; auditing ongoing wait lists; or using pooled neurosurgery referral methods and alternate treatment options like physiotherapy, which may resolve a health condition without surgery.

This chapter outlines process improvements the Ministry should make to reduce neurosurgery wait times province-wide.

4.2 Improved Monitoring of Neurosurgery Services Needed

The Ministry of Health and the Saskatchewan Health Authority do not effectively monitor the performance of neurosurgeons to determine whether they meet neurosurgery needs.

The Ministry works with various partners to deliver neurosurgery services.

For example, when a patient experiences back pain, they will likely see their family physician (i.e., general practitioner) who may refer them to a neurosurgeon to diagnose and treat significant conditions related to the spine. The neurosurgeon will then meet with the patient to determine whether spine surgery is necessary to treat the condition. If a

patient needs surgery, a date will be set when the neurosurgeon, along with other necessary surgical staff of the Saskatchewan Health Authority (e.g., surgical nurses), will perform the surgery.

The roles and responsibilities of each health sector partner contributing to the care of neurosurgery patients is as follows:

Ministry of Health

Legislation makes the Ministry of Health responsible for Saskatchewan's healthcare system.⁹ Coordinating the provision of neurosurgery services is one of many aspects of the Ministry's role in maintaining a system to provide comprehensive health services.

The Ministry has two branches involved in funding neurosurgery services.

The Acute and Emergency Services Branch is the Ministry's primary unit responsible for coordinating neurosurgery services. This branch determines estimated funding required each year for delivering these services.

The Medical Services Branch works with physicians to develop initiatives toward improving access to specialists such as neurosurgeons. It also works with the Saskatchewan Health Authority on physician resource planning activities, as well as negotiates the physician compensation agreement with the Saskatchewan Medical Association. This agreement provides compensation to fee-for-service physicians, including some neurosurgery physicians (e.g., neurosurgeons, orthopedic surgeons).

Saskatchewan Health Authority

Using funding from the Ministry of Health, the Saskatchewan Health Authority provides neurosurgical services to patients.

The Authority schedules and provides operating rooms used for surgeries, hires and pays surgical nurses, and contracts and pays some neurosurgery physicians (i.e., contracted physicians). The Authority spends about \$5 billion annually to deliver healthcare services, including neurosurgery, of which nearly \$500 million is for medical remuneration and benefits (including payments to contracted neurosurgery physicians).¹⁰

The Authority is a large organization with a large number of service lines. As shown in **Section 5.0**, the organizational structure is very complex and includes many individuals who directly support the delivery of neurosurgery services (not including areas indirectly supporting these services, such as finance or building maintenance staff).

The Authority uses its Governance Charter and Interim Practitioner Staff Bylaws to communicate roles and responsibilities. For example, the bylaws indicate Area Division Leads are required to report to Area Department Leads on provincial practice for standardization of care and quality improvement activities such as patient and other concerns, critical incidents, morbidity and mortality rates, and adverse events.

⁹ Section 6 of *The Health Administration Act* and Section 2 of *The Provincial Health Authority Act*.

¹⁰ *Saskatchewan Health Authority Annual Report to the Legislature 2022–23*, p. 77.



Neurosurgery Physicians

Physicians performing neurosurgery services primarily include neurosurgeons (who perform surgery on the brain, spine, and peripheral nervous system) and some specially trained orthopedic surgeons (who perform spine surgery). **Figure 5** shows the number of neurosurgery physicians working in Saskatchewan at June 2023. There were seven neurosurgery physicians in Regina and 13 in Saskatoon. As noted in **Section 4.1**, the Ministry expected Regina to complete 1,100 spine surgeries in 2022–23 and Saskatoon to complete 650. The Ministry has not analyzed the reasons for these differences.

Figure 5—Number of Neurosurgery Physicians Working in Saskatchewan at June 2023

Location—Surgeon Type	Contract	Fee-for-service	Total
Saskatoon—Neurosurgeon ^A	8	1	9
Saskatoon—Orthopedic surgeon	2	2	4
Regina—Neurosurgeon	0	5	5
Regina—Orthopedic surgeon	0	2	2
Total	10	10	20

Source: Ministry of Health records.

^A One contract neurosurgeon moved to fee-for-service in early 2023.

Neurosurgery physicians can work either on a contracted or a fee-for-service basis. Under contractual arrangements, the Authority pays regular monthly amounts to licensed physicians. Under the fee-for-service arrangement, the Ministry pays licensed physicians for each specific insured service (e.g., initial assessment, consultation, follow-up visits) provided to a Saskatchewan resident based on pre-set rates negotiated with the Saskatchewan Medical Association, as set out in the *Payment Schedule for Insured Services Provided by a Physician*.¹¹

Our analysis found, from January 1, 2022, to April 30, 2023, there were 3,347 neurosurgeries performed by 20 surgeons, with one neurosurgeon completing 362 (11%) of these surgeries.

From April 1, 2022, to April 30, 2023, the Ministry and the Authority paid \$12.1 million to neurosurgeons and \$6.3 million to orthopedic surgeons who provided neurosurgery services to patients.¹²

We found, on average, contracted and fee-for-service neurosurgeons made over \$850,000 in 2022–23, with fee-for-service neurosurgeons making over 50% more than contracted neurosurgeons to perform about 35% more surgeries. Three fee-for-service neurosurgeons each made over \$1 million in 2022–23. The fee-for-service model rewards productivity, but also promotes a competitive environment where fee-for-service neurosurgeons may want as many surgical patients as possible. This creates challenges for the Ministry to manage actual surgical volumes and patient wait lists.

¹¹ The Saskatchewan Medical Association is a provincial division of the Canadian Medical Association representing the collective view of physicians in Saskatchewan.

¹² Includes all services provided by orthopedic surgeons who performed neurosurgeries.

We found fee-for-service physicians had triple the number of patients waiting for surgery compared to contracted physicians, and nearly twice as many operating room cancellations (see **Section 4.10** expecting further analysis around surgery scheduling including cancellations). These differences suggest some neurosurgeons may have too many patients, while other neurosurgeons may have capacity to treat more patients.

We found the contract templates for both contracted and fee-for-service neurosurgeons did not set out clear performance expectations. Contracts provide an opportunity to reinforce and clarify expectations for neurosurgeons to promote consistent understanding and resulting practices. For example, the contracts could include expectations for managing patient volumes and wait lists, using operating rooms, and contributing to all required activities to serve patients (e.g., conducting rounds for patient discharge, accepting on-call shifts).

Clear performance expectations could support efforts to balance patient loads and treat neurosurgery patients more timely.

1. **We recommend the Ministry of Health and the Saskatchewan Health Authority communicate clear expectations and monitor the number of neurosurgery services provided by each physician to determine whether neurosurgery needs are met.**

4.3 Revisit Purpose of Surgical Committees

The Ministry of Health participates on a number of committees focusing on surgical services and backlogs, but should work with the Saskatchewan Health Authority to make sure every committee is necessary.

We found the Ministry and the Authority used a number of committees to help manage planning and oversight for surgery, including neurosurgery (see **Figure 6**).

It is important to ensure committees are not redundant. Each committee should have a significant impact on the organization's success and its mandate. Otherwise, it may be more efficient to place committee members within another committee's purview.

Most of the committees we reviewed did not have formal reporting relationships with each other, but in some cases, decisions or recommendations went to another committee and some had overlapping membership.

For example, during our review of committee minutes, we found the Surgical Executive Committees in Regina and Saskatoon did not share plans, status reports, or minutes of meetings with the Provincial Surgical Executive Committee. We expected this would occur as the Regina and Saskatoon committees may have local insights, specific initiatives, and good practices that they could and should share on a province-wide basis. The Committees had a common member to help informally share information.

We also found most committees had documented objectives and protocols (e.g., terms of reference), but one did not and one had outdated objectives and protocols.

**Figure 6—Key Committees Supporting Neurosurgery Services**

Committee	Purpose	Terms of Reference – last updated	Membership
Provincial Surgical Executive Committee (PSEC)	Sets strategic direction and oversight to address the surgical backlog and achieve the 3 month wait target for elective surgeries by 2030	Yes – September 2020	Authority, physician, and Ministry members Common members with SSEC and RSEC
Saskatoon Surgical Executive Committee (SSEC)	Deals with specific issues such as budgets, strategic direction, and makes high-level decisions influencing the direction of Surgery Services of Saskatoon	Yes – Unknown, but after December 2017	Authority and physician members; no Ministry representation Common members with PSEC and RSEC. Decisions and recommendations from any project teams/working groups SSEC establishes must go to SSOC SSEC reports to the APAC
Regina Surgical Executive Committee (RSEC)	Provides leadership and direction to enable the former Regina Qu'Appelle Health Region to achieve the goals and objectives of its Surgical Program	Yes – March 2017 (prior to creation of the Authority, so not up-to-date)	Authority and physician members; no Ministry representation Common members with PSEC and SSEC
Saskatoon Surgical Operations Committee (SSOC)	Coordinates and manages patient care issues in Surgery Services	Yes – Unknown	Authority and physician members; no Ministry representation Reviews decisions and recommendations from any project teams/working groups SSEC establishes
Provincial Practitioner Advisory Committee (PPAC)	Assists Chief Medical Officer with effective organization, management, and functioning of the Practitioner Staff	Yes – September 2020 (SHA Interim Practitioner Staff Bylaws)	Authority and physician members; no Ministry representation
Area Practitioner Advisory Committees (APAC—Regina, Saskatoon)	Assists Area Chiefs of Staff with effective organization, management, and functioning of the Practitioner Staff within that area	Yes – September 2020 (SHA Interim Practitioner Staff Bylaws)	Authority and physician members; no Ministry representation.
Improving Access to Specialists Committee	Engages physicians and patients in developing system supported strategies to increase access to specialists and diagnostic services and to improve quality, and safety of, patient care	N/A – contracts with physicians and patient advisors include purpose	Ministry and physician members; no Authority representation

Source: Committee terms of reference, minutes, reports, or documents obtained from the Ministry of Health.

Reviewing the role of the various committees supporting delivery of neurosurgery services may help to clarify potential confusion about reporting relationships, identify and remove any duplication of effort, and support coordination.

4.4 Neurosurgery Volumes and Wait Time Targets Set

The Ministry of Health has set annual wait time targets for all surgeries and annual plans for volume of neurosurgeries.

In its 2023–24 annual plan, the Ministry set a goal to reduce all surgery wait times. To support this goal, the Ministry set the following targets for the year ending March 31, 2024:

- 90% of surgical patients receive a first offer of surgery within 10 months, and no patients are on the wait list longer than 18 months
- 90% of urgent cancer surgery patients receive a first offer of surgery within three weeks, and no urgent cancer patients are on the wait list longer than five weeks
- Achieve the pre-COVID-19 pandemic wait list target of no more than 25,000 patients on the wait list¹³

We found the Ministry does not set separate targets specific to neurosurgery services, and instead applies its broad surgical targets.

The Saskatchewan Health Authority shares its planned monthly surgical volumes specific to neurosurgery with the Ministry, by location, to provide the Ministry with an additional way to monitor whether completed neurosurgeries stay on track for the year.

By March 31, 2024, the Authority plans for neurosurgery physicians to provide patients with 533 day surgeries and 2,114 inpatient surgeries (see **Figure 7**) for a total of 2,647 surgeries. By comparison, neurosurgery physicians completed 2,568 surgeries in 2022–23.

Figure 7—Planned Monthly Surgical Volumes for Neurosurgeries by Location

Date	Day Surgeries		Total Day Surgeries	Inpatient Surgeries		Total Inpatient Surgeries	Total Planned Surgeries
	Regina	Saskatoon		Regina	Saskatoon		
April 2023	20	23	43	80	74	154	197
May 2023	19	30	49	80	88	168	217
June 2023	18	26	44	84	81	165	209
July 2023	15	23	38	71	69	140	178
August 2023	17	22	39	76	86	162	201
September 2023	18	29	47	106	81	187	234
October 2023	17	33	50	104	82	186	236
November 2023	18	27	45	106	81	187	232
December 2023	16	26	42	105	83	188	230
January 2024	18	29	47	106	89	195	242
February 2024	15	26	41	95	80	175	216
March 2024	19	29	48	117	90	207	255
Total	210	323	533	1,130	984	2,114	2,647

Source: Adapted from information provided by the Ministry of Health.

¹³ Ministry of Health, *Business Plan 2023–24*, p. 6.



In addition, the Authority uses neurosurgery prioritization categories (e.g., emergent, urgent, priority, elective). These categorizations have different wait times associated with them to support measuring whether patients receive timely surgery based on severity of their medical conditions. However, the Authority does not have documented criteria for neurosurgery prioritization categories to help ensure patients end up in the right category (see **Recommendation 6**).

Setting wait time targets and anticipated neurosurgery volumes helps the Ministry identify whether it is meeting surgical wait time goals and allows for setting corrective action plans as needed.

4.5 Insufficient Analysis of Resources to Deliver Neurosurgery Services

The Ministry of Health does not conduct sufficient analysis to determine whether the health sector has sufficient staff to meet neurosurgery service expectations.

Having an appropriate supply of neurosurgery physicians and support staff is important to ensure wait times are reduced and managed appropriately.

The Ministry uses IT systems to forecast up to 10 years of demand for neurosurgery services by considering historical surgery volumes, medical trends (e.g., increase in stroke risks), and population changes (e.g., size, aging).

For 2023–24, we found the Ministry provided its forecasts to the Saskatchewan Health Authority to support the Authority’s annual planning processes. However, the Ministry did not know whether the Authority used the forecasts. The Ministry indicated it uses its IT systems to assess reasonability of the Authority’s plans and budget (e.g., confirms sufficient budget to support planned surgical volumes), but we found it did not retain this analysis as support for its recommendations to the Authority or for eventual approval of the Authority’s 2023–24 budget.

Other than funding for new contracted physicians, we found for 2023–24 the Authority budgeted based on expected demand for health services and did not consider how many physicians are required to meet the province’s needs.

As a result, the Ministry does not know whether the Authority has enough, or too many, neurosurgery physicians and support staff to meet the anticipated neurosurgery volumes. Without this information, the Ministry may not be adequately supporting the Authority in addressing existing gaps (see **Recommendation 8** about developing action plans to address identified gaps).

In addition, the Ministry does not receive sufficient detail about other non-physician needs of the neurosurgery divisions that could improve efficiency and reduce wait times. For example, nurse practitioners could support patient discharges and transfers to help with inpatient bed management in Regina, or other staff could support pathway, strategic, and quality improvement initiatives that could help manage wait lists.

For 2023–24, the Authority did not request any new contracted neurosurgery positions. Also, at May 31, 2023, the Authority did not have contracts with the private sector for neurosurgery services. Yet, the Ministry increased the expected volume for neurosurgery from 2,568 (2022–23 actuals) to 2,647 (2023–24 planned).

Since the Ministry does not forecast, or request from the Authority, the number of physicians and support staff needed to deliver neurosurgery services in the province, it cannot complete a sufficient gap analysis to assess whether the Authority has an appropriate number of physicians and support staff delivering neurosurgery services. This also impacts the ability to sufficiently conduct workforce planning over the longer term (e.g., five years).

2. We recommend the Ministry of Health forecast the number of neurosurgery physicians and other staff required to provide neurosurgery services annually and over the longer term.

4.6 Assessment of Patient Referral Systems Required

The Ministry of Health has not analyzed the different systems used by physicians to refer patients to a neurosurgery physician in Saskatchewan to support timely patient service and healthcare efficiency. Neurosurgery patients in Regina currently wait longer than those in Saskatoon.

Saskatchewan physicians use two different systems to refer patients for neurosurgery services. The Saskatoon neurosurgery division uses a pooled referral system, while the Regina neurosurgery division uses a direct referral system. Both Regina and Saskatoon orthopedic spine surgeons use a direct referral system. Under the pooled referral system, patients have the option of seeing the first available neurosurgeon in the pool, or waiting to see a specific neurosurgeon. If one neurosurgeon in the pool is at full capacity, patients flow to others who are not, which eventually results in a more or less equally distributed workload.

At March 31, 2023, Saskatoon had 268 patients waiting for spine surgery compared to 765 in Regina (See **Figure 4**).¹⁴

Pooled Referrals

Since June 2021, the Saskatoon neurosurgery division has used the pooled referral system managed by eHealth Saskatchewan. eHealth developed a standard form and written guidance to support physicians referring patients through the pooled system. We found the guidance and form provided information consistent with good practice to facilitate neurosurgery physicians having complete information to assess referrals. We also found eHealth provided a training manual with clear direction to support staff in completing the referral process.

¹⁴ The majority of neurosurgery services relates to spine surgeries. The information provided by the Ministry of Health focused on spine surgeries.



eHealth follows up with a referring physician up to three times to address issues with an incomplete referral form before sending a notice indicating it is unable to process the referral. eHealth advised us it is working on a change to its IT system to provide real-time error reports while referring physicians are completing the form to reduce the risk of incomplete forms.

eHealth uses its IT system to identify the next available appointment based on the neurosurgery physician with the greatest capacity (based on the number of referrals desired in a 30-day period) and within the required scope of practice (based on medical procedures a physician is licensed and willing to complete). eHealth sends a digital referral package (e.g., referral form, patient diagnostics) to the neurosurgery physician through the IT system, within a target of two days from when it received the referral request.

Neurosurgery physicians either accept, decline (e.g., referral is not appropriate for patient's condition), or recommend the patient referral to another physician (e.g., specialized in specific condition) within 7–10 business days from receipt of the referral. Once accepted, eHealth advises the referring physician by faxing them a completed acceptance form stating the patient can expect to see the neurosurgery physician within three weeks for urgent reasons or within six weeks for elective reasons. If declined, eHealth or the neurosurgery physician notify the referring physician so they can take necessary action (depending on the reason for declining the referral).

If a patient requests a specific neurosurgery physician, eHealth sends the referral package to the requested physician and treats the file as a direct referral. One of the neurosurgeons in Saskatoon works under a fee-for-service contract and all of their patients used direct referral.

eHealth prepares quarterly reports for Saskatoon's head of neurosurgery to monitor the referral process. For the quarter ending March 31, 2023, eHealth reported for Saskatoon:

- All referrals sent to neurosurgery physicians within its two-day target
- 29% of 439 active referrals were pooled
- 61% were direct referrals (including the one fee-for-service neurosurgeon out of nine neurosurgeons working in that quarter)
- 10% were redirected by the neurosurgery physician to another surgeon
- Patients waited 43.4 days on average for their neurosurgery consultations

Direct Referrals

The Regina neurosurgery division uses a direct referral system. The Ministry has a generic referral template available within each of the two electronic medical record IT systems used by family physicians in Saskatchewan. We found the forms required information consistent with good practice to properly inform the neurosurgery physician at the patient's appointment. We also found the Ministry provided good guidance on its website to support family physicians in appropriately completing the forms.

The Ministry has the ability to collect data from when a family physician makes a referral to when a neurosurgery physician initially assesses the patient. Saskatoon's neurosurgery division collects this data through the pooling IT system. However, for Regina, these processes rely on family physicians correctly coding referrals in the Ministry's billing system when they submit fee claims for services provided. The Ministry encouraged, but did not require, family physicians to use the fee code that would enable it to collect the necessary data to determine this wait time. Because of this, there is limited data available for Regina.

Based on the limited data available, we found from January 1, 2022, to April 30, 2023, for Regina:

- Physicians completed only 65 patient referrals using the appropriate fee code
- Patients waited 151.7 days on average for their neurosurgery consultation

The Ministry noted some patients wait longer than others due to the surgeon to whom they are referred (e.g., surgeon has a longer wait list). At May 31, 2023, the Ministry had not analyzed the reasons for the delays to determine any related action it may take to help patients access more timely consultations.

Without analysis to determine the effectiveness of using pooled versus direct referrals, patients may be waiting longer than necessary to see a neurosurgery physician. Patients who wait longer to see a neurosurgery physician may risk declining health that affects their quality of life, or have difficulty working that causes financial hardship.

3. We recommend the Ministry of Health analyze patient referral systems used for neurosurgery services and determine an efficient system to use for referrals across the province.

4.7 Incomplete Patient Referral Data Collected

The Ministry of Health does not collect and analyze complete data from when a family physician makes a referral to when a neurosurgery physician initially assesses a patient.

As noted in **Section 4.6**, physicians use two different systems to refer patients for neurosurgery services—pooled or direct referral systems. While the Ministry receives data for the pooled referral service from eHealth, we found the Ministry does not collect complete data for the direct referral system. This is due to how fee-for-service physicians code referrals in the Ministry's billing system.

We found the Regina data appears significantly understated as there were only 65 direct referrals in 16 months (January 1, 2022, to April 30, 2023) compared to 1,861 neurosurgery referrals made in 12 months (April 1, 2022, to March 31, 2023) in Saskatoon as tracked through the pooling system.

Not collecting complete referral data limits the Ministry's ability to analyze and assess wait times, as well as the effectiveness of the direct referral system. It also means the Ministry does not have a good understanding of total neurosurgery wait times—total time from when



a family physician makes a referral to a neurosurgery physician to the point when a patient receives surgery.

4. We recommend the Ministry of Health collect and analyze complete wait time data for patients directly referred to a neurosurgery physician.

4.8 More Spine Pathway Clinic Referrals Needed

The Ministry of Health and the Saskatchewan Health Authority do not require or encourage physicians to refer patients to a Spine Pathway clinic prior to referring a patient to a neurosurgery physician.

The Saskatchewan Spine Pathway is a standardized assessment and treatment process for patients with low back pain. Physicians and other healthcare providers can refer patients to a Spine Pathway clinic managed by the Authority located in either Saskatoon or Regina. At the clinic, healthcare providers (e.g., physiotherapists) work with patients to help assess whether surgery is necessary or an alternate treatment option, such as physiotherapy, may resolve their condition without surgery.

Staff at the Spine Pathway clinic can also order tests such as a magnetic resonance image (MRI) to help assess patients' need for surgery, prepare a patient for surgery (e.g., manage weight or dietary restrictions before surgery, reduce risk of medical complications) and help patients manage pain while waiting for surgery. If the Spine Pathway clinic deems a patient as a surgical candidate, it refers the patient to a spine surgeon (i.e., neurosurgeon or orthopedic surgeon).

During the audit, neurosurgeons advised us that the Spine Pathway allows patients to access other supports (e.g., physiotherapy) and many spine patients' conditions will resolve in time with these supports without surgery.

In 2022–23, Saskatoon referred 20.5% out of 1,583 initial assessments completed through the Spine Pathway for surgical consultation, and Regina referred only 4.4% of 733 initial assessments. These rates may suggest that more referrals to the Spine Pathway could significantly reduce the wait list for spine consultations and surgeries, as well as limit the number of patients getting surgery because of alternate treatments. However, the Authority redeployed physiotherapists during the COVID-19 pandemic and the wait lists grew, so additional resources may be needed if the Ministry determines the Spine Pathway could help improve timely access to neurosurgery services.

Figure 8 shows that Saskatchewan spine surgery rates averaged higher than the Canadian average from 2016–17 to 2022–23, ranking in the top three highest rates. Use of alternate methods, such as through the Spine Pathway, may help Saskatchewan to reduce its spine surgery rates.

Figure 8—Interprovincial Spine Surgery Rates (Rate per 100,000 Population)

Province ^A	Fiscal Year of Discharge						
	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23
New Brunswick	157.6	158.5	150.6	137.6	131.3	124.4	144.7
Saskatchewan	141.8	132.7	152.7	140.1	118.5	130.1	141.1
Newfoundland and Labrador	118.2	112.6	122.7	127.8	108.6	119.9	121.9
British Columbia	120.3	126.4	134.1	125.8	121.6	119.1	93.7
Alberta	93.0	93.0	95.2	89.6	77.8	80.4	87.1
Nova Scotia	108.6	101.9	95.1	91.4	70.7	70.3	79.2
Ontario	79.6	79.1	78.4	78.4	69.4	71.9	72.0
Manitoba	71.5	66.3	66.3	66.8	56.8	54.0	60.5
Prince Edward Island	0	0	0	0	0	0	0
All Nine Provinces	94.4	94.3	96.0	92.9	83.2	84.8	83.0

Source: Adapted from information provided by the Ministry of Health (from Canadian Institute of Health Information). Includes both inpatient and day surgeries.

^A Quebec does not report data to the Canadian Institute of Health Information the same way as other provinces and is not included. Prince Edward Island did not report any spine surgeries performed throughout this period.

Referring more patients to a Spine Pathway clinic can help the Ministry and the Authority better manage timely access to neurosurgery services for those who need spine surgery.

5. We recommend the Ministry of Health work with the Saskatchewan Health Authority to increase the use of Spine Pathway referrals to reduce potentially unnecessary neurosurgery consultations and surgeries.

4.9 Surgery Prioritization Criteria Needed

The Ministry of Health does not document surgery prioritization criteria to support timely and fair access to neurosurgery services.

Neurosurgery physicians assign patients to a prioritization category when completing the booking form to place patients on the surgical wait list. The main prioritization categories are:

- Emergent—within 24 hours
- Urgent (including cancer)—within 3 weeks
- Priority (including cancer)—within 6 weeks
- Elective—within 3 months

The Saskatchewan Health Authority's scheduling units generally schedule surgeries on a first-in, first-out basis according to the assigned priority on the booking forms submitted by neurosurgery physicians.



We found neither the Ministry nor the Authority had documented factors or criteria to guide the neurosurgery prioritization decisions to support consistency and fairness of access to services by patients. For example, they could base prioritization criteria on diagnosis considering related risks of death, mobility, ability to work, and ability to manage pain.

Our testing of 19 patient files found the Authority completed surgeries within the prioritization timeframes 26% of the time. From February 1, 2022, to April 30, 2023, our analysis found similar results in that the Authority completed 36% of surgeries within the prioritization timeframes. This means up to three-quarters of neurosurgery patients may be experiencing longer periods of pain, suffering, and reduced quality of life as they wait longer than expected for surgery.

At April 30, 2023, 233 (one in Saskatoon, 232 in Regina) out of 1,226 patients waiting for neurosurgery had already waited longer than 18 months (the Ministry's 2023–24 target) after adjusting for periods where the patient was not available. Of these 233 patients, surgeons categorized 178 patients (over half) as urgent or priority (expect surgery in six weeks or less) and 12 of these patients had already waited over three years.

In May 2023, the Ministry completed analysis of spine procedure prioritizations and found neurosurgery physicians prioritized a large number of surgeries as emergent or urgent. In 2022–23, the Ministry found Regina neurosurgery physicians prioritized more spine procedures as emergent or urgent (83%) compared to Saskatoon (68%).

Inconsistent prioritization processes can lead to variation in how different surgeons categorize their patients, resulting in inappropriate surgery delays for some patients. It also increases the risk surgeons can manipulate the system to get their patients in sooner, while also increasing the volume of surgeries they can complete and be paid for. Good prioritization drives scheduling expectations and capacity planning to help prevent delays for patients awaiting surgery.

6. We recommend the Ministry of Health work with the Saskatchewan Health Authority to document surgery prioritization criteria to support timely and fair access to neurosurgery services.

4.10 Assessment of Scheduling Enhancements Needed

The Saskatchewan Health Authority schedules neurosurgery patients for surgeries based on patient prioritization and surgeon availability, but the Ministry of Health has not worked with the Authority to assess whether improved scheduling processes could contribute to better neurosurgery wait times.

The Authority's operating room scheduling teams schedule patients for surgery in the Authority's IT surgical scheduling system based on allocation of operating room time to surgeons, patient prioritization, and equipment availability. In **Section 4.9**, we noted the Ministry needs surgery prioritization criteria to support consistent prioritization and appropriate scheduling of surgeries for neurosurgery patients.

We found the teams typically scheduled neurosurgery patients' surgeries two weeks in advance of their surgery date through a phone call. Given the number of patients waiting for over two years during 2022–23, after scheduling urgent cancer cases, the teams usually gave long-waiters priority before other categories to try to manage the wait lists. The teams documented in the IT system whether a patient was unavailable or declined initial surgery dates, along with their reason (e.g., vacation, work commitment).

During 2022–23, Regina and Saskatoon operating room scheduling teams allocated operating room time to surgeons in four to six week blocks of time to manage resource uncertainty and reduce the risk of rescheduled surgeries. The teams released the schedule to surgeons six to eight weeks in advance. Prior to the COVID-19 pandemic, the Authority scheduled surgeries six to nine months in advance.

We found the Ministry had not assessed whether the timeframes used to schedule neurosurgery are effective.

Regina maintains documented work standards to guide and support its scheduling processes. We found these standards consistent with processes used. Saskatoon had not documented its standards, except for emergent surgeries, although we did not note any significant deficiencies in the scheduling processes it followed.

We found the Ministry has a number of opportunities to look at the Authority's scheduling processes, including operating room flex days, after hour surgeries, cancellations, and late starts, to determine whether changes could improve neurosurgery wait times.

Flex Days

We found the Ministry had not assessed whether flex days improve access to neurosurgery to consider if this practice should be considered in Regina.

Regina and Saskatoon allocate operating room time blocks differently, as follows:

- In Saskatoon, the Authority allocated operating room time blocks by specialty (e.g., neurosurgery) and the division head is actively involved in allocating the time block amongst the individual surgeons based on patient prioritization and wait times. Saskatoon's Neurosurgery Division also plans a flex day where patients are not booked, to leave capacity to manage emergent or urgent cases, which reduces the risk of repeatedly bumping other surgeries far into the future creating excessive waits for other patients.
- In Regina, the Authority allocates operating room time blocks to individual surgeons based on analysis of their patient wait lists—generally the longer the wait list, the more operating room time allocated to the surgeon. Regina does not allocate any flex time for emergent or urgent cases.

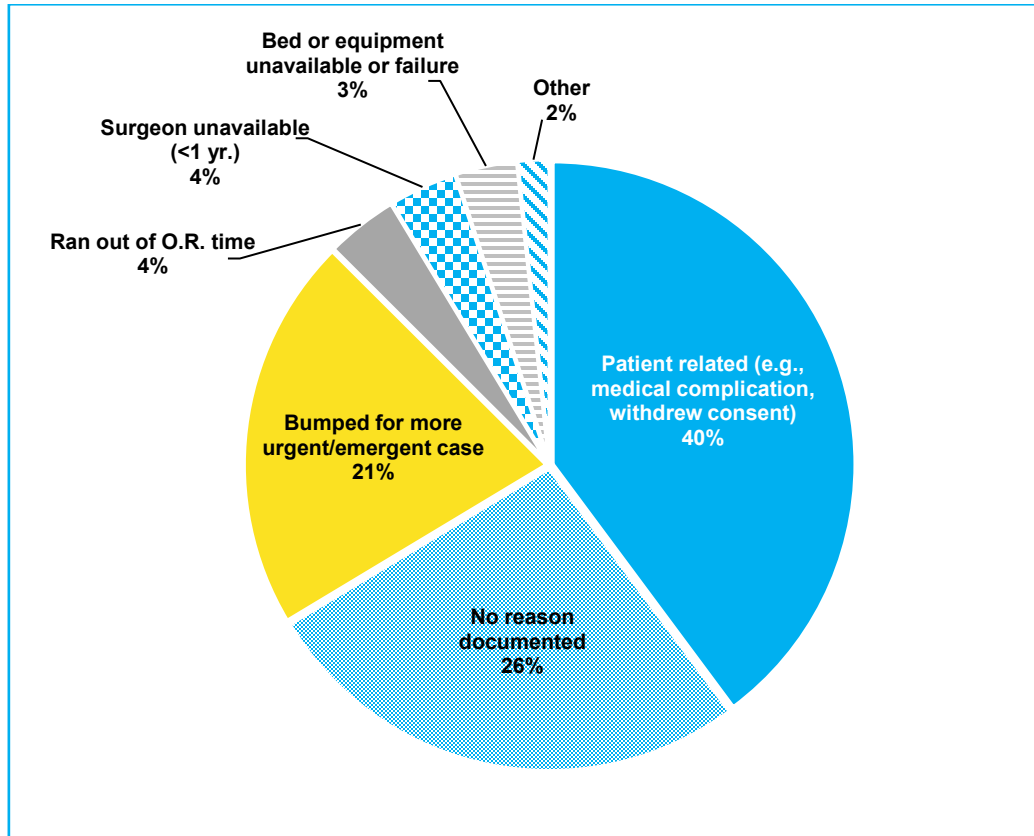
Cancellations

We found about a quarter of the Authority's surgery postponements had no documented reason for the postponement, making it difficult to determine whether there are process improvements needed.



Figure 9 shows the main reasons why the Authority postponed surgeries for patients waiting for neurosurgery between January 1, 2022, and April 30, 2023. We found emergent or more urgent cases bumped 21% of cases, suggesting practices such as flex time, may help treat patients in a more timely way and improve rescheduling efficiency.

Figure 9—Reasons for Neurosurgery Postponements for Patients Waiting between January 1, 2022, and April 30, 2023



Source: Ministry data from the Saskatchewan Surgical Registry.
O.R. – operating room

After-Hours Spine Surgeries

The Ministry analyzes the number of spine surgeries performed by neurosurgeons on weekends and after hours, but has not made any system changes as a result.

The Ministry's analysis showed Regina had higher proportions of spine surgeries performed on weekends (see **Figure 10**). Performing spine surgeries after-hours and on weekends results in more spine surgeries overall, which helps address the wait list. However, the Ministry's analysis noted spine surgeries performed after-hours or on weekends cost at least double in operating room time and considerably more in terms of the physician cost.

Figure 10—After-hours and Weekend Spine Surgery Volumes

	Regina	Saskatoon
% spine procedures performed after-hours (November 2022 to March 2023)	26%	28%
% spine procedures performed on weekends (November 2022 to March 2023)	22%	14%

Source: Adapted from information provided by the Ministry of Health.

Late Starts

The Authority analyzed the number of surgeries that started late and why, but identified no further actions to reduce lateness.

The Authority has an overall target of 75% of surgeries started within five minutes of the scheduled start time. It found, in 2022–23, only 8% of neurosurgery cases started on time in Regina and 36% started on time in Saskatoon.

However, we found the Authority did not include further analysis such as the impact on its ability to meet the surgical targets or actions it planned to take to reduce late start times. It also did not have complete data about why the surgeries started late (e.g., 82% of the cases in Regina were missing the reason for the late start), which reduces the usefulness of the analysis.

Without assessments to determine the most efficient scheduling processes, patients may wait longer for surgery than necessary. Better analysis and consideration of scheduling alternatives and enhancements (e.g., flex days) may result in better use of operating room blocks, save the health sector money, and provide patients with necessary surgery.

7. We recommend the Ministry of Health work with the Saskatchewan Health Authority to assess enhancements for improving efficiency of scheduling patients for neurosurgery.

4.11 Sufficient Action Plans to Address Gaps Needed

The Ministry of Health collects a significant amount of data related to surgeries, including neurosurgeries. However, its reports lack analysis and action plans to address gaps identified.

We found the Ministry prepares a number of standard statistical reports from its surgical registry and provides these reports weekly or monthly to management at the Ministry and the Authority. The Ministry prepares over 10 different weekly reports and about 40 different monthly reports for management's review.

For example, these reports include information such as:

- Counts of surgeries performed, patients waiting, bookings, cancellations by month
- High-level summary graphs of total cases waiting, demand (elective bookings plus emergency surgeries), and removals (surgeries performed plus cancelled surgeries)



- Surgeries performed outlining cases exceeding/meeting/not meeting target timeframes

While we found management regularly used at least some of the reports, the Ministry indicated it did not know which reports management regularly reviewed. Producing numerous reports that management may not use is an inefficient use of resources.

We found the Ministry completed very little analysis related to the statistics reported to make review of the reports efficient and effective. For example, it had interprovincial comparisons illustrating Saskatchewan typically having higher hospital stays following neurosurgery than the Canadian average (see **Figure 11**), but did not analyze why this occurs and what plans it or the Authority have to address this concern.

Figure 11—Interprovincial Comparison of Average Hospital Stay (in Days) for Spine Surgery

Province ^A	Fiscal Year of Discharge						
	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22	2022–23
Manitoba	13.0	10.3	10.4	8.5	10.3	11.8	12.2
Saskatchewan	8.1	9.2	7.5	8.9	10.6	9.6	10.9
Alberta	8.9	8.5	8.2	9.1	9.1	10.3	9.9
Nova Scotia	7.1	7.8	8.3	7.8	10.1	9.1	9.2
Ontario	7.2	7.7	8.1	8.3	8.5	8.9	9.1
New Brunswick	7.7	6.5	5.7	6.0	5.2	6.3	9.1
British Columbia	8.2	7.7	7.7	7.6	7.6	8.4	8.4
Newfoundland and Labrador	6.3	5.4	6.4	7.1	5.7	7.3	6.7
Prince Edward Island	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Average inpatient length of stay	8.0	7.9	7.9	8.2	8.4	9.0	9.3

Source: Adapted from information provided by the Ministry of Health (from Canadian Institute of Health Information).

^A Quebec does not report data to the Canadian Institute of Health Information the same way as other provinces and is not included. Prince Edward Island did not report any spine surgeries performed throughout this period.

In addition, we found the Ministry completed some ad hoc analysis on the number of spine surgeries performed as compared to targets, as well as to wait list information.

For example, in **Section 4.1**, we noted the Ministry prepared a neurosurgery target report for the first time, *Neurosurgery Report Against Targets*, comparing the targets set for March 31, 2023, against actual results. It also compared results to 2019–20 (pre-COVID-19 pandemic). The report shows the Authority met its target for spine surgery volume in Saskatoon, but did not in Regina. It also shows the number of spine surgeries completed in Regina were about 30% lower in 2022–23 than in 2019–20, while surgeries increased in Saskatoon by about 20%.

The report also included information on wait lists and wait time targets. For example, a 2022–23 target for the surgical program was to have no patients waiting longer than 24 months for surgery by March 31, 2023. Saskatoon met the target and had no patients waiting longer than 24 months, whereas Regina did not meet the target and had 90 patients waiting more than 24 months at March 31, 2023 (as compared to zero in 2019–20). The

report also shows the wait list in Regina has more than doubled in 2022–23 as compared to 2019–20, whereas in Saskatoon the wait list remained relatively unchanged (see **Figure 4**). We found the Ministry did not use this analysis to make clear recommendations for corrective actions to address shortfalls from targets, or request action plans from the Authority.

In May 2023, the Ministry also provided the Authority with a report analyzing neurosurgery services, which it compiled in response to patient concerns, highlighting that:

- Saskatchewan generally performs more spine surgeries per 100,000 population than most other provinces. For example, in 2021–22, Saskatchewan had a spine surgery rate of 130.1 as compared to 54.0 in Manitoba and 80.4 in Alberta.
- Saskatoon refers patients to the Spine Pathway more than twice as often as Regina, and only 10–25% of patients referred through the Spine Pathway required a subsequent surgical consult.
- Neurosurgery physicians prioritized 83% of spine procedures performed in Regina as urgent or emergent, compared to 68% in Saskatoon.
- Regina has higher volumes of after-hour surgeries (e.g., weekends), which costs the system nearly double the cost of surgeries completed within standard hours.
- The volume of spine surgeries requiring a second surgeon is increasing with a second surgeon costing the system about 25–30% more per surgery. A second surgeon is typically due to the complexity of the case, but the report notes some neurosurgeons consistently require a second surgeon regardless of complexity.
- Regina had 74% of the total provincial wait list of 1,033 spine cases at March 31, 2023.

While the report contained good information, we found it lacked analysis (e.g., causes of results) and action plans or recommendations to address the identified gaps.

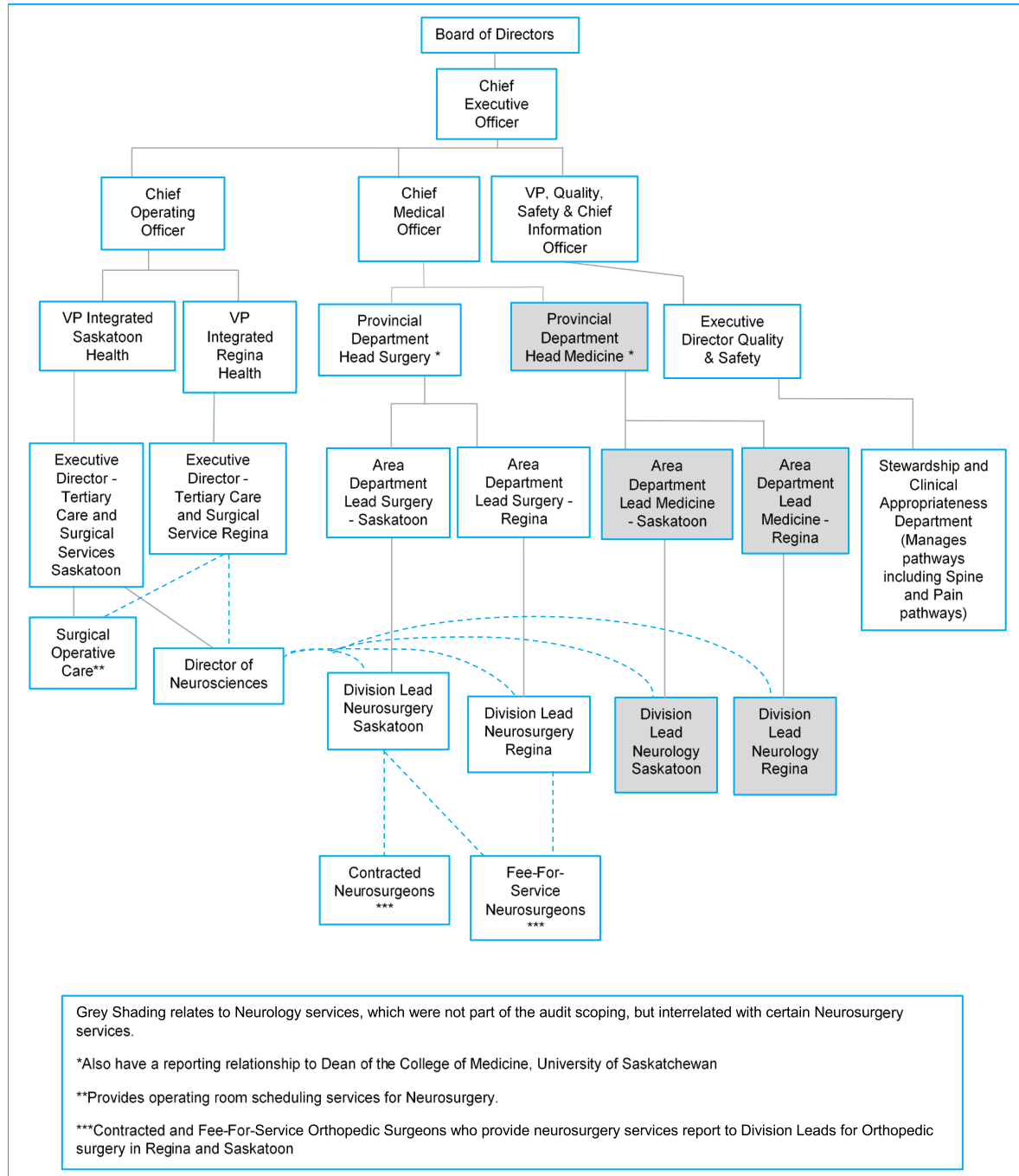
Action plans should clarify expectations of different organizations and people involved in providing timely access to neurosurgery services so they clearly understand assigned roles and responsibilities. Such plans outline what actions are expected to be provided, by who, and by when.

Senior management and partners need robust analysis reported about progress toward targets so they can revise action plans to achieve long-term goals and to reduce wait lists. Without appropriate actions to support timely access to neurosurgery services, patients' health may decline resulting in greater pain, suffering, and mental anguish, as well as the costs may increase to treat those patients.

8. We recommend the Ministry of Health formally establish annual action plans to address gaps in neurosurgery services.



5.0 SASKATCHEWAN HEALTH AUTHORITY POSITIONS SUPPORTING NEUROSURGERY SERVICES



Source: Derived from Saskatchewan Health Authority organizational charts.

6.0 SELECTED REFERENCES

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Chapter 15

Saskatchewan Apprenticeship and Trade Certification Commission—Increasing Apprentices from Underrepresented Groups

1.0 MAIN POINTS

Saskatchewan will need more than 8,000 new apprentices and 5,000 new journeypersons to meet labour demand requirements between now and 2026, yet the Saskatchewan Apprenticeship and Trade Certification Commission projects new apprenticeship registrations and completions will be below market demand (at about 7,000 and 4,000 respectively).^{1,2} This will leave a market gap of about 1,000 new apprentices and journeypersons each.

We assessed the Saskatchewan Apprenticeship and Trade Certification Commission's processes to increase apprentices from underrepresented groups in skilled trades.

At June 2023, we found the Commission reported actual number of apprentices from underrepresented groups compared to established targets to senior management and its Board, as well as identified and established adequate actions to address most barriers underrepresented groups face. However, the Commission needs to obtain more input from underrepresented apprentices to help expand identification of barriers (e.g., workplace sexual harassment/discrimination) they face and actions to address them.

We also found the Commission needs to:

- Revise its target (11%) related to female apprentices and identify actions to attract female apprentices in skilled trades. Active female apprentices over the past five years remain relatively stagnant, yet this group represents a high proportion of the provincial workforce at 49.8% and therefore, a key source of workers for skilled trades.
- Enhance and implement its Innovation and Inclusion Strategy (a five-year strategy aiming to increase participation of underrepresented groups in the skilled trades) established in 2022.
- Expand its targets (e.g., targeted number of new registrants, exam pass rates) for all underrepresented groups and analyze why it has not met its targets for underrepresented groups.
- Pursue visible minority representation on its Board.

Apprentices from underrepresented groups contribute to a workforce with a broad range of skills, abilities, and experiences, and are key to building diversity in organizations and supporting economic growth for the province.

¹ Completions refer to individuals who completed their apprenticeship program and received their Certificate of Completion of Apprenticeship. They may or may not have applied to receive their Journeyman certificate.

² Adapted from information provided by the Saskatchewan Apprenticeship and Trade Certification Commission.



2.0 INTRODUCTION

This chapter outlines the results of our audit of the Saskatchewan Apprenticeship and Trade Certification Commission's processes to increase apprentices from underrepresented groups in skilled trades.³

Underrepresented groups include:

- Indigenous persons
- Visible minorities
- People with disabilities
- Females

Underrepresented groups are groups of individuals whose participation rate in an apprenticeship program is less than the group's proportional representation of the Saskatchewan population.^{4,5}

The Apprenticeship and Trade Certification Act, 2019, makes the Saskatchewan Apprenticeship and Trade Certification Commission responsible for developing approaches to apprenticeship training and certification that support increased access, participation, and completion by members of underrepresented groups. The Commission is responsible to create a relevant, accessible and responsive apprenticeship training and certification system to meet employers' and employees' needs and priorities.⁶

Of the Commission's 76 employees, 14 staff work directly to promote apprenticeship and to support apprentices from underrepresented groups in the skilled trades.⁷

For the year ended June 30, 2023, the Commission earned revenue of \$25.4 million and incurred expenses of \$25.9 million. In 2022–23, the Commission spent 72% (\$18.5 million) for contractual services (e.g., technical training) as well as on advertising, promotion and marketing activities (2021–22: \$20.9 million).⁸

2.1 Apprenticeship in Saskatchewan

To register as an apprentice, an individual must have a job with an employer who agreed to apprentice them in their desired trade. The Saskatchewan Apprenticeship and Trade Certification Commission does not train individuals for jobs they might obtain in the future. The Commission trains individuals for jobs that they are already in, with a few exceptions (e.g., hairstylist).⁹

³ An apprentice is a person who takes part in a structured system of supervised training that, upon completion, will lead to certification in a designated trade (e.g., electrician, carpenter, plumber). Saskatchewan's designated trades or skilled trades are professions regulated by *The Apprenticeship and Trade Certification Commission Regulations, 2020*.

⁴ *The Apprenticeship and Trade Certification Act, 2019*, section 2.

⁵ Based on the percentage of women available to work between 15 and 74 years of age, 47% of an organization's workforce, at all levels (e.g., management, labour), could be women. As an example, women represent only 9.4% of those working in transport and heavy equipment operation and related maintenance occupations. www.saskatchewanhumanrights.ca/2019-employment-equity-targets (18 September 2023).

⁶ *The Apprenticeship and Trade Certification Act, 2019*, sections 13(a) and (d).

⁷ The 14 staff consist of 13 staff in the Communications & Marketing and Innovation & Inclusion branches, along with a Senior Indigenous Advisor who reports to the Chief Executive Officer.

⁸ Saskatchewan Apprenticeship and Trade Certification Commission financial records.

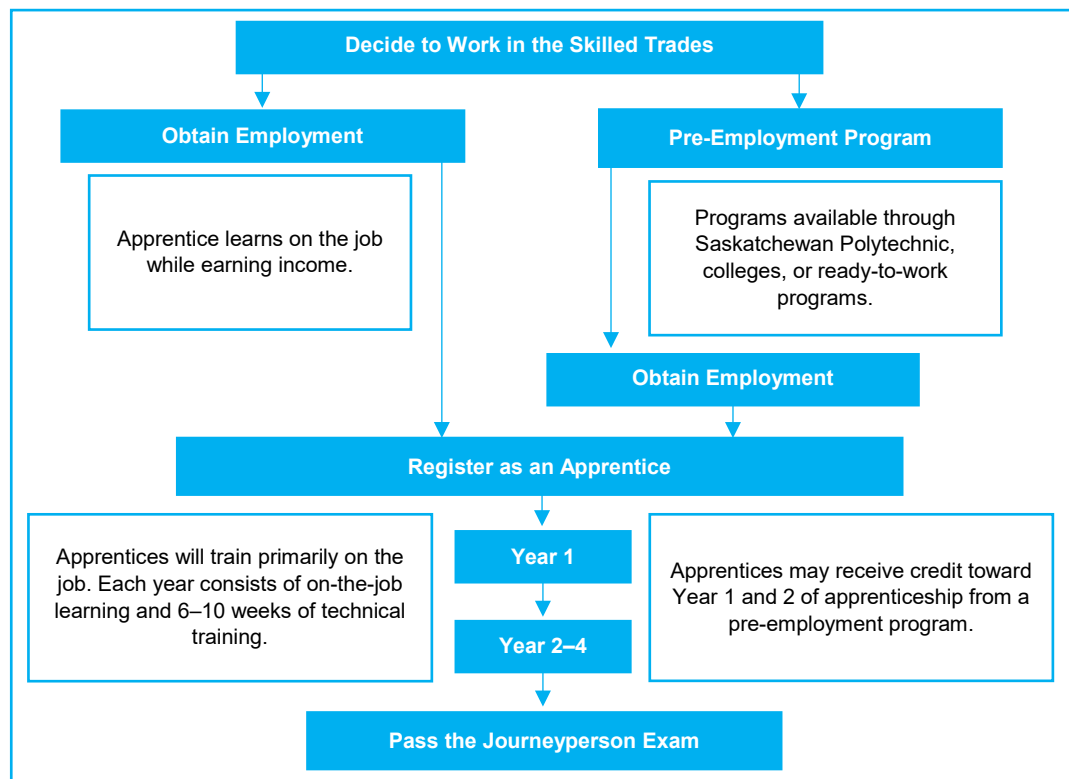
⁹ Unlike most apprentices, hairstylists attend technical training upfront—before obtaining a job in their trade or registering as an apprentice.

Once an employer decides to train an individual as an apprentice, the employer and the apprentice must submit an application to the Commission. An apprentice takes part in apprenticeship training, which is a structured system of supervised training, leading to certification as a journeyman in one of Saskatchewan's designated trades (e.g., construction electrician, carpenter, plumber).^{10,11}

Apprentices spend approximately 85% of their time working on the job, obtaining knowledge, and learning the skills associated with a trade from a certified journeyman. Apprentices spend the remaining time on theoretical and technical in-school training, which reinforces and expands on what they learn on the job. Technical training usually takes place at an institute (e.g., Saskatchewan Polytechnic) for a period of 6–10 weeks each year.¹²

Apprenticeship training ranges from two to four years depending on the trade. For example, it takes a hairstylist apprentice at least two years to complete their program, while it would take a construction electrician at least four years to complete their program. Once an apprentice completes their final level of training, they are eligible to write the journeyman examination. Upon successfully passing the certification exam, the apprentice receives both a Certificate of Completion of Apprenticeship and a Journeyman Certificate of Qualification.¹³ **Figure 1** outlines the pathways to becoming an apprentice and a certified journeyman.

Figure 1—Pathways to Apprenticeship and Journeyman Certification



Source: Adapted from www.saskapprenticeship.ca/what-is-apprenticeship/ (12 September 2023).

¹⁰ www.saskapprenticeship.ca/what-is-apprenticeship/ (12 September 2023).

¹¹ A journeyman is an individual who worked at a trade for several years, passed all examinations, and received a Journeyman Certificate of Qualification from the Commission or another Canadian apprenticeship authority. Adapted from www.saskapprenticeship.ca/experienced-workers/ and www.gov.nl.ca/atcd/journeymen/ (12 September 2023).

¹² www.saskapprenticeship.ca/what-is-apprenticeship/ (12 September 2023).

¹³ Ibid.



2.2 Importance of Underrepresented Groups in the Skilled Trades

Saskatchewan will need an estimated 8,238 new apprentices and 5,239 new journeypersons to meet demand requirements over the period from 2022–26. However, the projected new apprenticeship registrations and completions are below the projected numbers required (at 7,016 and 4,051 respectively).^{14,15} This poses recruitment challenges for employers in the province.

In 2019, the Canadian Apprenticeship Forum published a labour market report showing that from 2019 to 2023, an estimated 67,000 new journeypersons would be required to sustain workforce certification levels across the 10 largest Red Seal trades in Canada, excluding Quebec and the Territories.¹⁶ Saskatchewan needs concrete efforts to attract apprentices, especially from severely underrepresented groups—namely women, Indigenous peoples, and people with disabilities—to sustain the current job pool.¹⁷ Saskatchewan also anticipates increased recruitment challenges over the near term for seven Red Seal trades, specifically: carpenter, electrician, cook, refrigeration and air-conditioning mechanic, sheet metal worker, steamfitter/pipefitter, and welder.¹⁸

In its 2022–27 Strategic Plan, the Commission set a goal to satisfy industry demand for a skilled and certified workforce in Saskatchewan. The Commission sets performance measures, targets for the percentage of active apprentices (see **Figure 2**), and actions to address barriers to increase apprentices from underrepresented groups. The Board of Directors, through its annual business planning process, approves the performance measures and targets.

As indicated in **Figure 2**, the Commission met its targets in 2022–23 for female apprentices in trades with low female representation (e.g., crane operator), visible minorities, and apprentices with disabilities, but did not meet targets for Indigenous apprentices or female apprentices. Overall, actual percentages of active apprentices from underrepresented groups over the past five years remained relatively stagnant for females, yet this group increasingly represents a higher proportion of the workforce (at 49.8%).¹⁹

Figure 2—Target Versus Actual Apprentices from Underrepresented Groups (2018–23)

Underrepresented Group	2022–23 Target (%) ^A	2022–23 Actual (%)	2021–22 Actual (%)	2020–21 Actual (%)	2019–20 Actual (%)	2018–19 Actual (%)
Indigenous Apprentices	18.0	17.4	17.3	17.7	18.1	17.6
Female Apprentices	11.0	10.7	10.3	10.9	10.1	10.3
Female Apprentices in Trades with Low Female Representation	5.5	6.6	5.5	5.2	5.2	5.5
Visible Minority Apprentices	4.5	6.7	5.3	4.2	4.5	5.3
Apprentices with Disabilities	7.0	9.5	7.8	6.8	6.9	7.8

Source: Adapted from Saskatchewan Apprenticeship and Trade Commission records.

^A Percentage of total active apprentices in Saskatchewan. Active apprentices are those who are actively seeking certification (i.e., status has not been suspended or cancelled).

¹⁴ Completions refer to individuals who completed their apprenticeship program and received their Certificate of Completion of Apprenticeship. They may or may not have applied to receive their Journeyperson certificate.

¹⁵ Adapted from information provided by the Saskatchewan Apprenticeship and Trade Certification Commission.

¹⁶ The Red Seal designation means a journey/trades person can practice their trade in any province or territory in Canada having demonstrated the knowledge required for the national standard in that trade. www.red-seal.ca/eng/about/pr.4gr.1m.shtml (13 September 2023).

¹⁷ www.macleans.ca/work/women-in-skilled-trades/ (13 September 2023).

¹⁸ Adapted from information provided by the Saskatchewan Apprenticeship and Trade Certification Commission.

¹⁹ www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810002001&pickMembers%5B0%5D=1.111&pickMembers%5B1%5D=2.1 (29 September 2023).

Without effective processes to increase apprentices from underrepresented groups, Saskatchewan may be unable to meet industry demand for skilled workers. Apprentices from underrepresented groups contribute to a workforce with a broad range of skills, talents, and experiences, and are vital to building diversity in organizations and supporting economic growth.

3.0 AUDIT CONCLUSION

We concluded, for the 12-month period ended June 30, 2023, the Saskatchewan Apprenticeship and Trade Certification Commission had, except in the following areas, effective processes to increase apprentices from underrepresented groups in skilled trades.

The Commission needs to:

- **Revise its targets related to female apprentices and identify actions to increase the number of female apprentices**
- **Obtain more input from underrepresented apprentices to help identify barriers they face**
- **Implement actions to address key barriers underrepresented apprentices face (e.g., sexual harassment/discrimination in the workplace)**
- **Enhance and implement its Innovation and Inclusion Strategy**
- **Expand its targets(e.g., targeted number of new registrants, exam pass rates) to include all key milestones for underrepresented groups**
- **Analyze why underrepresented group targets are not met**
- **Pursue visible minority representation on the Commission’s Board**

Figure 3—Audit Objective, Criteria, and Approach

Audit Objective:

To assess the effectiveness of the Saskatchewan Apprenticeship and Trade Certification Commission’s processes to increase apprentices from underrepresented groups in skilled trades for the 12-month period ending June 30, 2023.

Audit Criteria:

Processes to:

- 1. Establish strategies for increasing engagement (i.e., access to, participation in, and completion of apprenticeship programs) of underrepresented groups**
 - Engage with stakeholders (e.g., trade boards, employers, apprentices, high schools, Saskatchewan Polytech, Saskatchewan Indian Institute of Technologies, Dumont Technical Institute, regional colleges, Distance Learning Centre) to identify barriers for underrepresented groups in joining the trades
 - Set reasonable targets for evaluating progress in increasing engagement of underrepresented groups
 - Identify key actions in conjunction with stakeholders (consider priorities, responsibilities) to achieve targets
 - Assign resources for strategies (e.g., determine financial, human and technology resources required)
 - Communicate strategy to stakeholders



2. Implement strategies and related actions

- Work with employers to provide apprenticeship experience for underrepresented groups consistent with strategies
- Track results of strategies and actions to increase underrepresented groups
- Periodically report on results to stakeholders and the public

3. Evaluate effectiveness of strategies (e.g., collect and analyze data)

- Analyze outcomes against established targets
- Adjust strategies and actions as necessary

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Commission’s processes, we used the above criteria based on our related work, review of literature including reports of other auditors, and consultation with management. Commission management agreed with the above criteria.

We examined the Commission’s plans, strategies, research, Board minutes and reports relating to increasing apprentices from underrepresented groups in skilled trades. We interviewed Commission staff responsible for increasing apprentices from underrepresented groups in skilled trades. We assessed the Commission’s processes for identifying barriers experienced by underrepresented groups in the trades, developing actions to address these barriers, and outcomes of actions taken. We also used an independent external consultant with relevant expertise to aid our assessment of the Commission’s processes and in identifying good practice.

4.0 FINDINGS AND RECOMMENDATIONS

4.1 Board Representation of All Underrepresented Groups Needed

The Saskatchewan Apprenticeship and Trade Certification Commission’s Board of Directors appropriately includes representation from most underrepresented groups, except from visible minorities.

The Commission engages with key stakeholders (e.g., training institutions, employers, employees) through its industry-led Board, which can include up to 20 members. The majority of the Board members must be from industry, equally representing employers and employees.²⁰ In 2022–23, the Commission’s Board had six employer representatives and six employee representatives. **Figure 4** outlines the Board representation.

Figure 4—Commission Board Representation

<ul style="list-style-type: none"> • Six employer representatives • Six employee representatives • Ministry of Immigration and Career Training representative • Ministry of Education representative • Saskatchewan Polytechnic representative (representing training providers) 	<ul style="list-style-type: none"> • First Nations representative • Métis representative • Northern Saskatchewan representative • Women in trades representative • People experiencing disabilities representative
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Source: www.saskapprenticeship.ca/commission-board/ (18 September 2023).

We found the composition of the Commission’s Board consistent with *The Apprenticeship and Trade Certification Act, 2019*. However, we found the Board does not include visible minority representation.

While not required by legislation, it is good practice to appoint a member from each underrepresented group, including visible minorities (e.g., Black, Asian, Arab, Latin

²⁰ *The Apprenticeship and Trade Certification Act, 2019*, section 5.

American). Barriers facing each underrepresented group may differ, along with the appropriate actions to address them.

Figure 7 shows that visible minority apprentice registrants declined by 59% between 2021–22 and 2022–23 (from 115 to 47 registrants).

Without explicit representation from visible minorities, the Commission may be unaware of unique barriers visible minorities face with apprenticeship. It may also lack a sufficiently inclusive perspective in developing strategies to increase participation from all underrepresented groups.

1. We recommend the Saskatchewan Apprenticeship and Trade Certification Commission pursue visible minority representation on its Board of Directors.

4.2 Barriers Identified, But Lack Apprentice Input

The Saskatchewan Apprenticeship and Trade Certification Commission identified barriers faced by apprentices from underrepresented groups, but did not obtain sufficient input from those apprentices. The Commission could also improve the survey it uses to obtain feedback from apprentices on their training experience.

The Commission appropriately relies on the knowledge of its staff when identifying key stakeholders it should be engaging with to identify barriers impacting underrepresented groups. Its 2022–27 Strategic Plan outlined these stakeholders, which included employers, employees, apprentices, educational partners (e.g., Saskatchewan Polytechnic), journeypersons and tradespeople. In the development of its Strategic Plan, we found the Commission's Board engaged most key stakeholders such as trade boards and industry associations to identify barriers underrepresented groups face and potential actions to address them (see **Figure 5** for established actions). Examples of these barriers the Commission and its stakeholders identified include:

- Sexual discrimination/harassment in the workplace
- Weak math, literacy, and science skills
- Learning disabilities reducing the likelihood of successfully completing apprenticeship

We found that while it identified apprentices as a key stakeholder, the Commission did not seek sufficient input from this group.

The Commission appropriately surveyed apprentices every two years to collect information about their apprenticeship experience (e.g., satisfaction with on-the-job-training, support offered by the Commission), but its survey questions need improvement.

We found the survey did not offer the opportunity for apprentices to expand on their responses and provide insight into barriers faced. For example, the Commission's 2021 survey asked apprentices whether they have been unable to attend technical training and why (i.e., provided several options for apprentices to select from such as location of training or financial reasons). Forty-three per cent (43%) of respondents selected "other" reasons



for their inability to attend technical training. However, the survey did not provide respondents with the ability to elaborate on those “other” reasons. Obtaining reasons in its survey as to why apprentices did not attend technical training could help the Commission identify potential barriers apprentices face, including apprentices from underrepresented groups, and develop actions to address those barriers.

In addition to identifying barriers from stakeholder input, Commission staff participate in Communities of Practice for both Indigenous and Black apprentices. These Communities of Practice include provincial and territorial representation and discussions about barriers, good practices, and recommendations on ways to support underrepresented group apprentices.

Gathering information from apprentices about potential barriers, including from apprentices from underrepresented groups, can assist the Commission in creating effective actions to attract, and improve the apprenticeship experience for, these groups.

2. We recommend the Saskatchewan Apprenticeship and Trade Certification Commission sufficiently engage with apprentices from underrepresented groups to identify barriers and develop sufficient actions to address them.

4.3 Actions Established to Address Most Key Barriers

The Saskatchewan Apprenticeship and Trade Certification Commission established key actions to increase underrepresented groups in the skilled trades. However, the Commission has not established actions to address all key identified barriers. It is also in the early stages of implementing its Innovation and Inclusion Strategy.

The Commission identified 16 key barriers faced by underrepresented groups’ apprentices. As shown in **Figure 5**, the Commission has taken action to address 13 of these 16 barriers. The Commission does not have an action plan or initiatives to address the following three barriers:

- Female apprentices experiencing greater child care responsibilities—the Commission could provide employers with resources on available daycare funding supports (e.g., early learning and childcare funding from the Ministry of Education)
- Apprentices experiencing sexual discrimination/harassment in the workplace—the Commission could provide employers with information on good practice on how to create a safe and inclusive workplace
- Lack of understanding of the Black Canadian experience in the skilled trades—the Commission could reach out to Black Canadian apprentices and obtain input on the barriers faced (see **Section 4.2**)

Figure 5—Identified Barriers and Actions/Initiatives

Barrier	Established Actions/Initiatives to Address Barrier
Barriers Common to all Underrepresented Groups	
Lack of awareness of skilled trades as a desirable career pathway	Advertising campaigns Saskatchewan Youth Apprenticeship program (described in Section 4.3.2)
Inadequate funding and high costs	Saskatchewan Apprenticeship Training Allowance ^A
Inadequate math and literacy skills	Apprentice Success Enhancement Strategy ^B IXL Learning membership ^C
Lack of available mentorship in the industry	Communications and mentorship added to technical training programs
Barriers for Indigenous Peoples	
Lack of training accessibility and job opportunities due to isolated living situations	Indigenous Apprenticeship Initiative program (described in Section 4.3.3)
Inadequate academic preparation (i.e., low math, science, and literacy skills)	IXL Learning membership Apprentice Success Enhancement Strategy
Lack of access to technology to use MyATC due to remote living locations ^D	Field consultants travel to northern regions Saskatchewan Indian Institute of Technology occasionally provides laptops to remote classrooms
Low enrollment in post-secondary institutions offering trade programs (e.g., Saskatchewan Indian Institute of Technologies)	Advertising campaigns Indigenous Apprenticeship Initiative program
Barriers for Persons with Disabilities	
Learning disability reducing likelihood of successfully completing apprenticeship	Apprentice Success Enhancement Strategy
Barriers for Women	
Greater child care responsibilities	None – however, the Commission believes this is the responsibility of employers, not the Commission
Sexual discrimination/harassment in the workplace	None
Barriers for Visible Minorities	
Language skills (i.e., difficulties in understanding and communicating)	Established minimum benchmark for apprentices' English language skills (e.g., Canadian Language Benchmark 6) Refer those not meeting expected level to Saskatchewan Polytechnic or Open Door Society for additional English language courses
Lack of data and information on experiences of Black Canadians in the skilled trades	None
Poor perception of skilled trade careers	Saskatchewan Youth Apprenticeship program Career fair participation Advertising campaigns
Unclear pathways on achieving apprenticeship certification	Field consultants visit employer sites Commission staff visit schools enrolled in Saskatchewan Youth Apprenticeship program Communication via newsletters and website
Structural barriers (e.g., financial, transportation, immigration complexities)	Federal funding programs (e.g., Federal Apprenticeship Incentive Grant, Canadian Apprenticeship Loans) Saskatchewan Apprenticeship Training Allowance Website information on immigration process

Source: Adapted from Saskatchewan Apprenticeship and Certification Commission records.

^A The Apprenticeship Training Allowance supports apprentices who need to maintain a second residence while attending technical training and their home residence is over 50 kms away from the training location (\$175 per week for northern Saskatchewan and \$125 per week for all other locations).

^B The Commission launched its Apprentice Success Enhancement Strategy in 2022–23 to improve Red Seal exam pass rates and better support apprentices by providing learning supports and accommodations for apprentices with learning disabilities when writing exams.

^C IXL learning helps people update their literacy and math skills online. The Commission's Assessment unit refers people to IXL Learning. Most commonly, referrals are for people who do not have the necessary entrance requirements or need to upgrade various skills during their technical training.

^D MyATC is the Commission's information technology system that apprentices use to register for technical training and exams, submit trade hours, and update personal information. saskapprenticeship.ca/myatc/ (29 September 2023).



Collaborating with industry associations to develop and provide resources for sexual harassment in the workplace may help to improve the work environment for apprentices, especially female apprentices in male-dominated trades (e.g., transport and heavy equipment). This may lead to more females seeking a career in these skilled trades.

Additionally, taking steps to address known barriers underrepresented groups experience can lead to increased access, participation, and completion of apprenticeship by members of underrepresented groups.

3. We recommend the Saskatchewan Apprenticeship and Trade Certification Commission establish appropriate actions to address all key identified barriers faced by underrepresented groups.

The Commission promotes the apprenticeship system through its communications and marketing efforts, including presentations, advertisements, and content posted to the Commission's website and social media channels. Target audiences include employers, experienced tradespeople, youth, and people from groups underrepresented in the skilled trades.

In addition, the following outlines three key actions the Commission used to increase underrepresented groups in the skilled trades.

4.3.1 Innovation and Inclusion Strategy

The Commission's Innovation and Inclusion Strategy is a five-year strategy that aims to increase, measure, and evaluate participation of underrepresented groups in the skilled trades. The Commission finalized the Strategy in August 2022, and is in the early stages of implementation.

The Commission's Inclusion and Innovation Branch works with Commission staff, training providers (e.g., Saskatchewan Polytechnic), Indigenous communities, and underrepresented groups to implement the Strategy.

The Commission should significantly improve the Strategy by:

- Formally assigning expectations of responsibilities to external stakeholders (e.g., employers, training partners) for increasing apprentices from underrepresented groups.

This ensures stakeholders are aware of, and accept responsibility for, their piece of the Strategy. It also helps to ensure that no gaps exist and minimizes overlap of responsibilities. For example, the Commission is responsible for marketing the skilled trades to underrepresented groups, but relies on employers and educational institutions to recruit and retain underrepresented group apprentices. The Strategy should include a requirement stating the type of information and the frequency of reporting each stakeholder (e.g., the Commission, employers, educational institutions) must provide.

- Revising language in the Strategy to be consistent with good practice. For example, “equity-seeking groups” (instead of underrepresented groups) is consistent with wording used by the Saskatchewan Human Rights Commission.²¹

The Commission should consider defining terminology within the document so there is clarity for the reader. This helps to build a shared understanding and recognition of the role of equity within diversity and inclusion commitments.

- Incorporating both employers and youth as stakeholders in the Strategy to increase engagement.

Including employers and youth in the Strategy helps to ensure an understanding of their roles and promotes buy-in. These groups are key to promoting innovation and inclusion in the skilled trades.

An innovation and inclusion strategy that includes all key stakeholders, clear expectations and language consistent with good practice can help the Commission to achieve the desired outcomes of increasing underrepresented groups in the skilled trades.

4. We recommend the Saskatchewan Apprenticeship and Trade Certification Commission enhance and implement its Innovation and Inclusion Strategy to increase underrepresented groups in the skilled trades.

4.3.2 Saskatchewan Youth Apprenticeship Program

The Saskatchewan Youth Apprenticeship program is one of the main methods the Commission uses to attract youth to the skilled trades, including those from underrepresented groups. The Commission designed the program to help Grades 9–12 students discover the rewards of working in the skilled trades through hands-on experience.

The Commission’s Communications and Marketing Branch is responsible for implementing the youth program. The Branch makes presentations to Grades 9–12 students in schools across the province to raise awareness of apprenticeship and attract students into the youth program. The program consists of 12 challenges students must complete during high school that teachers administer and track. Students who complete all levels of the program, and register as an apprentice in a designated trade within five years of completing the program, receive the following benefits:

- Waiver of apprenticeship registration fee (\$250)
- No charge for Year 1 technical training tuition (between \$350 and \$880)
- 300 hours of trade-time credit toward their certification as a journeyperson²²

At May 31, 2023, of the 2,788 active youth participants, 20.2% self-identified as Indigenous, 31.1% as female, 4.1% as persons experiencing disability, and 6.7% as a visible minority.²³

²¹ www.saskatchewanhumanrights.ca/education-resources/employment-equity-program/ (18 September 2023).

²² www.saskapprenticeship.ca/what-is-sya/ (18 September 2023).

²³ Saskatchewan Apprenticeship and Trade Certification Commission records.



The Commission appropriately uses its information technology system (MyATC) to track the success of those who complete the youth program. In May 2023, the Commission noted that 240 youth participants went on to register in an apprenticeship program out of a possible 418 eligible participants.²⁴

4.3.3 Indigenous Apprenticeship Initiative

The Commission uses its Indigenous Apprenticeship Initiative to increase Indigenous persons' awareness of apprenticeship and the skilled trades.

The Commission's Senior Indigenous Advisor, along with the Innovation and Inclusion Branch, are primarily responsible for implementing the Initiative.

Under the Initiative, Commission staff collaborate with First Nations' communities and training institutions to implement projects to attract Indigenous people into skilled trade careers. The Initiative accepts proposals for, and funds selected projects that support this objective.²⁵ **Figure 6** outlines options for projects.

Figure 6—Indigenous Apprenticeship Initiative Project Types

- New initiatives not previously undertaken
- "Introduction to Trades" courses
- A level of apprenticeship training
- Cost share – upgrade training for tradespeople with full trade time
- Job coaching for current apprentices
- Non-trade specific preparation courses for apprentices prior to apprenticeship training
- Projects resulting in a social benefit to the community
- Certificate and applied certificate programs under 30 weeks (considered on a case-by-case basis)

Source: www.saskapprenticeship.ca/wp-content/uploads/2023/05/Request-for-Proposals-IAI-2023-2024_VF_CS-Ext.-June-15-2023-Fillable.pdf (18 September 2023).

For example, in 2022–23, the program funded four projects totalling approximately \$440,000, including a try-a-trade carpenter program on the Pasqua First Nation and an automotive service technician program on the Cote First Nation.²⁶ These programs resulted in 16 Indigenous people gaining valuable employment skills in the carpenter and automotive service technical trades (24 Indigenous people enrolled in the programs).

In March 2022, the Research and Policy Unit performed analysis of Indigenous persons' progression through the apprenticeship program for the period 2012–16 to review the effect the Commission has on Indigenous apprentices. The analysis examined how likely an Indigenous apprentice would be successful based on how they performed on their first level of technical training. It found approximately 75% progressed in their apprenticeship, but less than 40% actually received certification.²⁷ The analysis did not identify the root cause of the low certification rate (see **Recommendation 7**). The report concluded that more research is needed to understand the adequacy of supports in place for Indigenous apprentices (e.g., upgrading education, accommodations, government funding). To date, the Commission has not performed any further research beyond the biennial apprentice surveys.

²⁴ Saskatchewan Apprenticeship and Trade Certification Commission records.

²⁵ www.saskapprenticeship.ca/wp-content/uploads/2023/05/IAI-Brochure-2023.pdf (18 September 2023).

²⁶ Saskatchewan Apprenticeship and Trade Certification Commission records.

²⁷ Ibid.

Commission staff also conducted field visits to both high schools and apprentice employers, used social media to launch successful media campaigns featuring individuals from underrepresented groups, and issued newsletters to employers highlighting important information related to the apprenticeship program.

Creating adequate actions to address identified barriers faced by underrepresented groups increases the likelihood of underrepresented groups achieving success in their apprenticeship program.

4.4 Expanded Targets Required

The Saskatchewan Apprenticeship and Trade Certification Commission has set reasonable targets for apprenticeship program participation from underrepresented groups, except for apprentices self-identifying as female. In addition, the Commission needs to expand its targets to include key stages of the apprenticeship process.

The Commission's Research and Policy Unit establishes targets annually for active apprentices in underrepresented groups (see **Figure 2**). The Unit sets targets using previous years' data and consults with other units within the Commission to determine whether the targets remain reasonable. We found senior management reviews these targets and submits them to the Commission's Board for approval.

In its *2022–23 Business Plan*, the Commission added a new performance measure—Equity, Diversity and Inclusion (EDI) Partnerships—and set a target for 2023–24 (i.e., establishing two new partnerships per year).²⁸ The EDI measure aims to increase diversity and inclusion of underrepresented groups in the apprenticeship system. It plans to do this by influencing employers to engage with and apprentice underrepresented groups.

We found the Commission has reasonable methods to obtain data on demand for skilled trades (both internally and from external sources). It includes performing its own apprenticeship demand forecasting annually during its business planning process, and obtaining information from the Ministry of Immigration and Career Training on five-year labour market projections. In addition, the Commission has reasonable methods to obtain data on the number of students registered in programs at post-secondary institutions. Tracking overall demand and supply of apprentices, including apprentices from underrepresented groups, can assist the Commission in providing local, up-to-date labour market information to both apprentices and employers. Tracking also helps to direct interested individuals to consider apprenticeship, highlight in-demand trades, or create new initiatives targeting certain underrepresented groups/trades.

We found the Commission identified relevant performance measures for underrepresented groups consistent with those identified by the Saskatchewan Human Rights Commission (i.e., Indigenous persons, visible minorities, females, persons with disabilities), and established associated targets. While we found most of these targets reasonable, the Commission's targets for apprentices self-identifying as female is too low and remained unchanged from the target established five years prior (i.e., 11%). While 11% of apprentices identifying as female is consistent with other provinces, setting a higher target demonstrates a provincial commitment to greater representation of women in the skilled

²⁸ Saskatchewan Apprenticeship and Trade Certification Commission *Business Plan 2022–23*, p. 17.



trades. Additionally, we found 19% of Saskatchewan users of an online apprentice job search and employer-matching platform, self-identify as female.²⁹ This further supports the need for a higher target.

In order to meet the upcoming skilled trade demand mentioned in **Section 2.2**, the Commission needs to focus its efforts on attracting people from severely underrepresented groups, such as women. Given that 49.8% of the current Saskatchewan working population is female, this is a worthwhile demographic to draw upon for these missing resources.³⁰

5. We recommend the Saskatchewan Apprenticeship and Trade Certification Commission revise its targets for female apprentices to promote greater provincial representation of women in the skilled trades.

While the Commission established targets related to the number of active apprentices (i.e., those working through an apprenticeship program) for each underrepresented group, it has not established targets related to key milestones (e.g., exam completion rate) in the apprenticeship program specific to underrepresented groups.

We noted the Commission appropriately conducted research around underrepresented groups progressing through the apprenticeship program. The research identified what determinants lead to apprentices' success or failure in passing their first year of technical training and achieving certification. The research also analyzed progression of apprentices by various levels of completion (e.g., year 1, 2, 3, or 4 of their program).

The Commission's research found that apprentices who received credits (i.e., for prior learning and work experience) upon registration were more likely to complete their program than those who did not receive prior credit. Apprentices who received credits upon registration included those who participated either in the Saskatchewan Youth Apprenticeship program (see **Section 4.3.2**) or, pre-employment programs (e.g. Saskatchewan Polytechnic).

The Commission should use this research to expand its performance measures and targets for underrepresented groups in the apprenticeship program. For example, it could consider setting targets and analyzing results for underrepresented groups as follows:

- Percentage of underrepresented apprentices who successfully complete each year of apprenticeship (i.e., as apprentices progress in training)
- Number of Certificates of Apprenticeship Completion issued
- Number of exam completions (i.e., tracking pass/fail and the number of exam retakes)
- The number of years for each of the underrepresented groups to complete their program

²⁹ Apprenticesearch.com is a free, online job search and matching platform focusing on apprenticeship and skilled trades in Canada. The website connects employers and job seekers in the skilled trades, provides free resources on the skilled trades, promotes skilled trades as a career pathway, and provides support to employers and job seekers in the skilled trades. www.apprenticesearch.com/about-us/apprenticesearch (22 September 2023).

³⁰ www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810002001&pickMembers%5B0%5D=1.111&pickMembers%5B1%5D=2.1 (29 September 2023).

Figure 7 shows the five-year trend of underrepresented groups' registration in apprenticeship programs, active apprentices, and certifications. The figure shows that while female representation in new registrations and active apprenticeship has been increasing, the actual completion rate decreased. This is a demographic the Commission could benefit from setting additional targets and regularly measuring its progress toward attaining it. Doing so will help the Commission understand why the trend is occurring and create solutions for improving the completion rate, as this pool of underrepresented apprentices will help meet skilled trade shortages.

Figure 7—Five-Year Trend of Registrations, Active Apprentices, and Completion for Underrepresented Groups

	2022–23	2021–22	2020–21	2019–20	2018–19
Women in Trades					
New Registrations	288	205	189	211	247
Active Apprentices	656	649	606	686	673
Certificate Obtained	110	127	131	80	169
Visible Minorities					
New Registrations	47	115	81	59	77
Active Apprentices	410	335	270	263	291
Certificate Obtained	49	38	35	37	39
Indigenous Persons					
New Registrations	419	295	267	282	331
Active Apprentices	1,064	1,105	1,089	1,110	1,131
Certificate Obtained	101	111	112	76	151
Persons with Disabilities					
New Registrations	169	74	54	46	47
Active Apprentices	580	488	417	427	423
Certificate Obtained	101	67	75	45	79

Source: Adapted from Saskatchewan Apprenticeship and Certification Commission records.

Not having sufficient performance measures and targets for underrepresented groups at key points in their apprenticeship program (e.g., registration, progression through levels, completion) increases the risk that the Commission does not know where underrepresented group apprentices experience difficulty. Tracking at the various stages (e.g., recruiting, program duration, exams) will also help the Commission determine where it can best focus its resources to help address issues for apprentices from underrepresented groups and be ready to meet industry demand for skilled trades.

6. We recommend the Saskatchewan Apprenticeship and Trade Certification Commission expand its performance measures and targets for underrepresented groups to include all key milestones (e.g., entry, duration, completion) in the apprenticeship program.

4.5 Formal Analysis on Achievement of Targets Needed

The Saskatchewan Apprenticeship and Trade Certification Commission does not conduct formal analysis of its results to increase apprentices from underrepresented groups in the skilled trades. Overall, the Commission established actions to increase apprentices from



underrepresented groups; however, it could strengthen its processes by evaluating the success of its actions.

The Commission provides monthly reports showing results compared to targets for key measures (e.g., female and Indigenous apprentices) to senior management and to the Board. These measures include the number of apprentice registrations from members of underrepresented groups. We tested three reports. While the reports included actual results compared to established targets, they did not include documented explanations for why the Commission had not met targets or identify specific actions to address results.

Commission management indicated they provide senior management and the Board with verbal analysis of the rationale for why it did not meet apprenticeship targets. As these updates were verbal, we could not assess the sufficiency of its analysis.

Additionally, the Commission reports the actual results versus established targets annually to the public in its annual report. This report also does not contain rationale for why it did not meet apprenticeship targets.

Documenting reasons for not meeting targets and actions taken to address (or respond to) them can help the Commission better measure progress in addressing root causes and achieving results. Further, documentation can continue to inform leadership when staff turnover occurs.

7. We recommend the Saskatchewan Apprenticeship and Trade Certification Commission formalize its analysis of reasons for not meeting established targets for underrepresented groups, and planned actions to address.

Additionally, the Commission did not analyze employer actions to improve underrepresented group participation in the skilled trades because the Commission has not established stakeholder expectations (e.g., reporting requirements) as stated in **Section 4.3.1**.

In 2022–23, the Commission created and ran marketing campaigns to target underrepresented groups to join the skilled trades. These marketing campaigns ran on social media. An external agency analyzed and reported on the results of the effectiveness of these campaigns (e.g., number of clicks, viewability).

4.6 Appropriate Revisions Made to Established Actions

Annually, during its strategic planning session, the Saskatchewan Apprenticeship and Trade Certification Commission and its Board review established actions to improve the success of underrepresented group apprentices and make recommendations for improvements.

Examples of changes to established actions noted during our audit period included:

- Lowering the entry age for the Saskatchewan Youth Apprenticeship program. In May 2022, Commission staff recommended lowering the entry age for the youth program from Grade 10 (15 years old) to Grade 9 (14 years old). Feedback from teachers who administer the youth program noted that lowering the entry age better aligns with the

Grade 9 curriculum. Additionally, introducing the youth program earlier raises students' awareness of the program sooner and gives those who register more time to complete the challenges. This change was implemented in September 2022.

- Creating the Apprenticeship Success Enhancement Strategy in 2022. While monitoring its results, the Commission noted a declining trend in the Red Seal exam pass rate for all trades. The Commission created the Apprenticeship Success Enhancement Strategy in an effort to improve exam pass rates, create opportunity for early intervention, identify and fill gaps in knowledge or skills, and provide supports and tools to struggling apprentices. Since the creation of the Enhancement Strategy, exam pass rates improved from 63% in 2020 to 68% in 2022.³¹

We found the Commission appropriately communicated these changes to its staff during regular staff meetings and to stakeholders (e.g., employers) in bi-monthly newsletters.

Regularly reviewing and revising actions as needed helps the Commission ensure it has adequate actions in place to support and provide the best chance for underrepresented groups' success in the skilled trades.

5.0 SELECTED REFERENCES

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³¹ Saskatchewan Apprenticeship and Trade Certification Commission 2021–22 Business Plan, p. 15.

A wheelchair is the central focus of the image, positioned in a room with a blue wall and white curtains. The wheelchair is silver with a black seat and handlebars. A white box with the text "Follow-Up Audits" is overlaid on the wheelchair's frame.

Follow-Up Audits

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Chapter 16

Advanced Education—Working with the Advanced Education Sector to Achieve Ministry Strategies

1.0 MAIN POINTS

The Ministry of Advanced Education implemented the one outstanding recommendation we first made in 2015 about its processes to work with the advanced education sector to achieve Ministry strategies.

By August 2023, the Ministry, in collaboration with post-secondary institutions, identified specific, measureable targets and timelines to monitor progress toward achieving the Ministry's advanced education sector strategies (i.e., post-secondary education system that is accessible, responsive, sustainable, accountable, and provides high-quality education). The Ministry monitors progress toward achieving its strategies through a performance framework for post-secondary institutions and accountability reporting under the multi-year funding memorandums with post-secondary institutions.

The Ministry required post-secondary institutions to report on the status of measures developed through a performance framework, and to report on their assessment as to whether the post-secondary institution will meet their performance targets and by what date. We found the Ministry reviewed each institution's reports and provided feedback, including any follow-up questions for each assessment (e.g., challenges in meeting performance targets).

The Ministry also required accountability reports from post-secondary institutions outlining progress on their planned initiatives to promote long-term financial sustainability. For example, some institutions planned to increase international student recruitment. The Ministry noted that out of 134 initiatives outlined in the January 2023 accountability reports submitted from post-secondary institutions, 54% were on track and 21% were complete.

Analyzing post-secondary institutions' report submissions on performance measures, targets, and timelines can help the Ministry determine the effectiveness of its sector-wide post-secondary education strategies.

2.0 INTRODUCTION

The Ministry of Advanced Education is responsible for the post-secondary education sector that supports a growing Saskatchewan.¹ The Ministry provides leadership and funding to post-secondary institutions to ensure they are responsive to labour market needs, accountable and are effectively governed.²

The Ministry and a diverse group of post-secondary institutions comprise Saskatchewan's advanced (post-secondary) education sector, including regional colleges, Saskatchewan

¹ Ministry of Advanced Education *Annual Report for 2022–23*, p. 5.

² *Ibid.*, p. 6.



Polytechnic, Indigenous and Northern Education institutions (e.g., Saskatchewan Indian Institute of Technologies [SIIT]), and the Universities of Regina and Saskatchewan.

To be successful in achieving its mandate as well as fulfilling goals from its annual plans, the Ministry must engage post-secondary institutions in its strategies.

2.1 Focus of Follow-Up Audit

This chapter describes our fourth follow-up audit of management's actions on the recommendations we made in 2015 about the Ministry of Advanced Education's processes to work with the advanced education sector to achieve Ministry strategies.³

Our *2015 Report – Volume 1*, Chapter 7, concluded that the Ministry had, except in the areas reflected in our two recommendations, effective processes to work with the advanced education sector to achieve the Ministry's strategies for the sector as set out in *The Ministry of Advanced Education Plan for 2014–15*. By August 2021, the Ministry implemented one recommendation and partially implemented the other recommendation.⁴

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry management agreed with the criteria in the original audit.

To carry out this follow-up audit, we discussed actions taken by Ministry management, reviewed Ministry communications to post-secondary institutions, and examined reports submitted by post-secondary institutions and the Ministry's analysis of these reports.

3.0 STATUS OF RECOMMENDATION

This section sets out the recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at August 31, 2023, and the Ministry of Advanced Education's actions up to that date.

3.1 Specific, Measurable Targets and Timelines Monitored

We recommended the Ministry of Advanced Education use specific, measurable targets and timelines to monitor progress toward achievement of its strategies. (2015 Report – Volume 1, p. 59, Recommendation 2; Public Accounts Committee agreement January 14, 2016)

Status—Implemented

The Ministry of Advanced Education, in collaboration with post-secondary institutions, identified specific, measurable targets and timelines to enable the Ministry to monitor progress toward achieving its strategies.

³ 2015 Report – Volume 1, Chapter 7, pp. 51–62.

⁴ 2021 Report – Volume 2, Chapter 19, pp. 167–170.

Performance Framework

As noted in our *2021 Report – Volume 2*, Chapter 19, the Ministry consulted with post-secondary institutions to develop a performance framework for the advanced education sector. The performance framework sets out expectations and key priorities for the sector such as accessibility (e.g., post-secondary education options available at a range of locations and modalities) and high quality education (e.g., programs provide skills and competencies required by Saskatchewan employers).

For each expectation in the performance framework, we found post-secondary institutions developed targets and timelines for its related measures. See **Figure 1** for examples of institutions' measures, targets and timelines.

Figure 1—Performance Framework Measures, Targets and Timelines

Measure	2022 Rate ^A	Target	Timeline
Percentage of first time students who enroll in the same program in the following year	70%	80%	2025
Percentage of programs with a work-integrated learning component	59%	70%	2025
Number of communities where the institution offers its programs	12	14	2024
Number of graduates and successful program completers	282	348	2024

Source: Adapted from information provided by the Ministry of Advanced Education.

^A Rates obtained from January 2023 reports to the Ministry of Advanced Education.

Annually, post-secondary institutions reported to the Ministry on their performance measures, including a self-assessment on the progress made by the post-secondary institution to meet its targets.⁵ We reviewed reports from three post-secondary institutions and found the Ministry analyzed each institution's reports and assessments, and provided feedback, including any follow-up questions on the assessments (e.g., challenges in meeting performance measures).

Multi-Year Funding Agreement Memorandum of Understanding

In March 2021, the Ministry signed a multi-year funding agreement with post-secondary institutions for the period 2021–22 to 2024–25 that requires them to submit accountability reports to the Ministry on their planned initiatives for the additional funding.⁶

Starting in June 2021, the Ministry received accountability reports from post-secondary institutions twice a year outlining progress on their initiatives to promote long-term financial sustainability. In January 2022, these reports included timelines for implementing initiatives as well as expected targets and outcomes.

An example of an initiative was to increase international student recruitment in partnership with other post-secondary institutions. The post-secondary institution developed multiple objectives within the initiative, and included timelines for each objective, and an overall measure and target to help it determine success of the initiative.

⁵ To align with varying academic years, universities and federated colleges report annually in June and training institutions (e.g., Saskatchewan Polytechnic, regional colleges, Indigenous institutions) report annually in January.

⁶ The MOU provides post-secondary institutions with an additional \$60 million in operating funding to target areas such as COVID-19 pandemic recovery, revenue generation and sector collaboration. www.saskatchewan.ca/government/news-and-media/2021/april/21/saskatchewan-delivers-multi-year-funding-investment-for-post-secondary-education (27 September 2023).



We reviewed reports from three post-secondary institutions and found the institutions submitted appropriate progress reports to the Ministry. The Ministry subsequently analyzed submissions from post-secondary institutions and provided feedback to those institutions. The Ministry also summarized the status of each post-secondary institutions' initiatives and its analysis, and shared it internally. The Ministry noted that out of 134 initiatives outlined in the January 2023 submissions from post-secondary institutions, 54% were on track and 21% were complete.

Having performance measures, targets, and timelines can assist the Ministry in comprehensively assessing and reporting on achievement of sector-wide strategies and targets. Thorough analysis of post-secondary institutions' report submissions can also help the Ministry to determine the effectiveness of its sector-wide education strategies, or changes or supports needed.

Chapter 17 Agriculture—Mitigating Pests in Crops and Pastures

1.0 MAIN POINTS

Saskatchewan accounts for almost half of Canada's total field crop acreage. These crops and pastures are at risk of damage from regulated pests, which are either an animal, insect or disease that the Ministry of Agriculture declares a pest. The Ministry is responsible for mitigating the impact of these regulated pests in crops and pastures.

By June 2023, the Ministry improved its processes to mitigate the impact of regulated pests by implementing two of the five recommendations we first made in 2020, and made progress on the three remaining recommendations.

The Ministry plans to repeal and replace *The Pest Control Act* with *The Plant Health Act* early in 2024. This will guide the Ministry in reviewing and determining whether current regulated pests will continue to be regulated under the new Act and revised regulations.

The Ministry updated guidance on responding to grasshopper infestations. The Ministry also created guidance documents, pending approval, for bacterial ring rot and late blight fungus that includes how to detect the diseases, who is responsible in managing them, and best practices for prevention. These documents will not be published until the Ministry conducts a regulated pest review in relation to *The Plant Health Act*.

In 2023, the Ministry continued to work to update its process to accurately determine Richardson's ground squirrel (gopher) populations, including using data provided by Saskatchewan Crop Insurance Corporation.

Further, the Ministry communicated positive clubroot lab-test results to producers within the expected 30 days of receiving results.

In 2021, the Ministry commenced annual reporting to senior management on regulated pest activity. This reporting includes a summary of key facts, mitigation strategies and detailed information on each regulated pest.

Effectively mitigating the impact of regulated pests helps to avoid them significantly and adversely impacting the yields and quality of Saskatchewan's crops and pastures.

2.0 INTRODUCTION

Provincial laws make the Ministry of Agriculture responsible for promoting the agricultural or agri-food interests in the province.¹ Under *The Pest Control Act*, the Ministry, through regulation, may declare any animal, insect, or disease deemed as likely to be destructive or dangerous to any crop, grain, livestock or other property to be a pest.²

¹ *The Agricultural Administration Act*, s.6.

² *The Pest Control Act*, s.3.



At June 2023, the Minister of Agriculture declared the following regulated pests: brown or Norway rat, Richardson's ground squirrel (gopher), grasshopper, feral pig, clubroot, late blight fungus, and bacterial ring rot.^{3,4}

The Pest Control Act also makes the producer or landowner responsible for controlling identified regulated pests (see **Figure 1**).

Figure 1—Responsibility of Producers

Every person shall take measures to destroy any crop, vegetation, vegetable or other matter on any land or other premises owned, occupied or controlled by them that may contribute to the spread of any pest. By law, whenever a pest appears in a municipality or whenever the council of a municipality is of opinion that a pest is likely to appear in the municipality, the council may pass a bylaw providing for the purchase of materials required for the control or destruction of the pest within the municipality.

Source: *The Pest Control Act*, s.5.

The Ministry makes its Crops and Irrigation Branch primarily responsible for coordinating Ministry pest programs. The Branch employs approximately 40 staff, of which 12 have a direct role in pest surveillance, extension or diagnostics. In 2022–23, the Ministry budgeted \$532 million (2022–23 actual: \$513 million) for its operations, with about \$1.1 million budgeted for pest management under the Crops and Irrigation Branch.⁵

2.1 Focus of Follow-Up Audit

This chapter describes our first follow-up audit of the Ministry of Agriculture's actions on the recommendations we made in 2020.

In 2020, we assessed the Ministry's processes to mitigate pests in crops and pastures. Our *2020 Report – Volume 2*, Chapter 19, concluded that for the 12-month period ended July 31, 2020, the Ministry had effective processes to mitigate the impact of regulated pests in crops and pastures in Saskatchewan, except for the areas outlined in our five recommendations.⁶

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry management agreed with the criteria in the original audit.

To carry out our follow-up audit, we interviewed Ministry staff to discuss key actions management had taken since our 2020 audit to implement the recommendations. We reviewed new guidance documents, staff communications, a sample of lab test results and supporting documentation to obtain an understanding of actions taken.

³ *The Pest Declaration Regulations*, s.2; *The Bacterial Ring Rot Control Regulations*; *The Late Blight Control Regulations*.

⁴ Subsequent to our 2020 audit, the Minister of Agriculture declared feral pig to be a regulated pest as of June 20, 2022.

⁵ *Ministry of Agriculture Annual Report for 2022–23*, p. 13. Budgeted expense information for pest management provided by the Ministry.

⁶ *2020 Report – Volume 2, Chapter 19*, pp. 109–127.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at June 30, 2023, and the Ministry's actions up to that date.

3.1 Robust Model Needed to Determine Richardson's Ground Squirrel Populations

We recommended the Ministry of Agriculture revisit how it will conduct surveillance to determine populations of Richardson's ground squirrel.

(2020 Report – Volume 2, p. 120, Recommendation 1; Public Accounts Committee agreement February 8, 2021)

Status—Partially Implemented

The Ministry of Agriculture continues to develop a robust process to estimate Richardson's ground squirrel (i.e., gopher) populations.

In 2022, strychnine was deregistered in Canada and no longer available for landowners to purchase and use to reduce gopher populations.

Beginning in 2022, the Ministry created a report to evaluate gopher populations based on data collected (e.g., number of acres damaged by gophers) from Saskatchewan Crop Insurance Corporation (SCIC). Prior to this, the Ministry tracked gopher populations based on strychnine sales. The estimation process includes receiving site-specific claims data from SCIC. However, the Ministry is still working to develop a robust predictive model so predictions for gopher populations in future years are reasonably accurate.

We found the Ministry completed timely analysis of gopher populations (i.e., completed two months after year-end). Furthermore, we found the report included a year-over-year comparison of SCIC claims showing declining gopher populations.

The Ministry told us it is planning to assess gopher populations in the future by supplementing SCIC data with:

- A broad questionnaire-based survey to producers to assess local populations and areas affected
- Data on natural predators (e.g., various bird species)
- Weather data (e.g., drought, temperatures, precipitation)

In addition, the Ministry also plans to collaborate with Canadian experts to gain insight into approaches for developing models to estimate gopher populations.

Having a robust model to determine gopher populations will reduce the risk the Ministry may not have correct information to make good decisions in order to manage gopher populations.



3.2 Guidance Needed to Prepare Response Plans for Regulated Pests

We recommended the Ministry of Agriculture proactively provide producers with written guidance about detecting and reporting the presence of late blight and bacterial ring rot. (2020 Report – Volume 2, p. 121, Recommendation 2; Public Accounts Committee agreement February 8, 2021)

Status—Partially Implemented

We recommended the Ministry of Agriculture, working with its key stakeholders, provide producers with written guidance on developing response plans for grasshoppers, late blight, bacterial ring rot, and brown or Norway rat. (2020 Report – Volume 2, p. 123, Recommendation 4; Public Accounts Committee agreement February 8, 2021)

Status—Partially Implemented

The Ministry of Agriculture developed written guidance for detecting and reporting bacterial ring rot and late blight diseases; both documents are pending approval. The Ministry also updated guidance on responding to grasshopper infestations. However, the Ministry has not developed similar written guidance for the brown or Norway rat.

The Ministry has not made the bacterial ring rot and late blight guidance available to producers as they are still assessing the changes to the pest regulations due to the new *The Plant Health Act* expected to come into effect early in 2024.

We found the draft bacterial ring rot and late blight documents align with good practice by setting out what each disease is; its symptoms; how it spreads; how the diseases are regulated; best practices for prevention, surveillance and testing; and roles and responsibilities of producers and the Ministry. Additionally, the documents include photos and diagrams to assist producers in understanding the outlined information. While the draft guidance awaits approval, it is available for distribution to producers if a bacterial ring rot or late blight outbreak occurs in crops and pastures, and outlines the actions required if either disease is confirmed or suspected.

The Ministry told us it has plans in late summer/fall 2023, to assess the current regulated pests to determine whether they will continue to be a regulated pest pending the repeal and replacement of *The Pest Control Act* with *The Plant Health Act*. Therefore, the Ministry is assessing whether the bacterial ring rot and late blight guidance will be relevant or formally released once *The Plant Health Act* comes into effect in 2024.

We found the Ministry also maintains guidance for grasshopper infestations that sets out grasshopper types and good practices for prevention. In 2023, the Ministry updated its guidance for crop protection insect control. This guidance includes information on responding to grasshopper infestations such as how much insecticide chemical to use (e.g., rate per acre) and how many days before harvest to use it; what type of application (i.e., aerial or ground); and intervention guidelines for different crops (e.g., canola, peas, lentils). This information is publicly available on the Ministry's website.

As for the guidance for the brown or Norway rat, the Ministry has not drafted guidance because the Ministry is currently undertaking an assessment to determine which pests will continue to be deemed regulated pests.

Having published guidance for detecting and reporting the presence of late blight, bacterial ring rot, and the brown or Norway rat would allow for early pest detection and response planning for any outbreak, and would allow producers to minimize the risk of crop losses from pest infestations.

Response planning provides a structured and prompt reaction for producers to minimize the risk of the spread of pests. The lack of a response plan increases the risk of crop losses from pest infestations.

3.3 Timely Reporting of Clubroot Lab Results Communicated

We recommended the Ministry of Agriculture make sure laboratory results confirming clubroot presence are communicated to producers promptly.

(2020 Report – Volume 2, p. 122, Recommendation 3; Public Accounts Committee agreement February 8, 2021)

Status—Implemented

The Ministry of Agriculture communicated clubroot lab results to producers timely (within 30 days) in accordance with its Standard Operating Procedures.

The Standard Operating Procedures require staff to communicate positive lab-test results through Plant Health Technical Advisors (located in various municipalities) to producers within 30 days of receiving the results.

Figure 2—2022 Clubroot Survey Results

In 2022, the Ministry:

- Surveyed 482 fields in 180 Rural Municipalities across Saskatchewan
- Confirmed 6 new cases of clubroot in commercial fields
- Confirmed visible signs of clubroot in 4 additional Rural Municipalities
- Completed follow-up surveys on 51 fields where visible signs of clubroot was previously identified

To date, visible symptoms of clubroot has been confirmed in 82 commercial canola fields and only the clubroot pathogen DNA in 42 additional fields.

Source: Adapted from the Ministry of Agriculture's report on 2022 Mitigation Efforts of Clubroot.

We found for the 15 clubroot lab results tested:

- Staff documented the date they received the lab results and provided them to the producer
- Staff communicated the lab results to producers within the 30-day period after receiving the results (i.e., range of 7–22 days)

Timely distribution of clubroot lab results enables producers to implement appropriate measures promptly to contain clubroot disease in order to control its spread. Timely action helps to reduce the impact of the disease on crops and pastures.



3.4 Reporting on Regulated Pests Completed

We recommended the Ministry of Agriculture periodically report to senior management on the sufficiency of mitigation of regulated pests including Richardson’s ground squirrel, late blight, bacterial ring rot, and brown or Norway rat. (2020 Report – Volume 2, p. 125, Recommendation 5; Public Accounts Committee agreement February 8, 2021)

Status—Implemented

The Ministry of Agriculture’s Crops and Irrigation Branch provides senior management with reports of regulated pest activity annually.

Beginning in 2021, the Branch’s Executive Director submitted a report, including appendices for each regulated pest mitigation activities, to senior management and for the Assistant Deputy Minister’s approval.

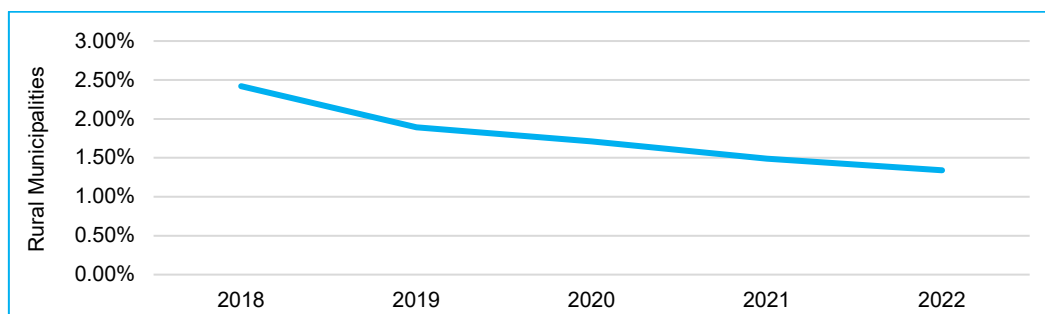
We found the report included:

- A summary of key facts for all regulated pests
- An appendix with a report of each individual regulated pest (e.g., grasshopper, Richardson’s ground squirrel, feral pig, brown or Norway rat, clubroot, bacterial ring rot, late blight) which includes:
 - Status of mitigation activities
 - Upcoming year forecasts to assist with the Ministry’s next year’s plan to mitigate regulated pests and to identify trends associated with mitigation efforts
 - Year-over-year trend analysis for provincial rat infestation counts

Overall, we found the report provided sufficient detail to inform and assist senior management in its decision making for mitigation strategies for regulated pests.

One of the Ministry’s mitigation strategies for brown or Norway rat was the Rat Control Program under the Sustainable Canadian Agricultural Partnership Agreement which provides financial assistance, human resources, training, education and printed materials to create uniformity on rat control. Saskatchewan Association of Rural Municipalities administers this program. Over the five-year period of the Program, rat infestation rates have trended downward (See **Figure 3**).

Figure 3—Rat Infestations in Saskatchewan



Source: Adapted from *Rat Control Program 2022–23 Pest BioSecurity Program Final Report*.

In addition, the Ministry continues to publish the clubroot distribution map that outlines the rural municipalities where clubroot has been identified.⁷

Formal, regular reporting to senior management on regulated pests decreases the risk of ineffective decision making about the sufficiency of resources provided and the success of mitigation activities. It also assists in assessing whether the Ministry is responding appropriately to control confirmed regulated pest infestations and to prevent the risk of future occurrences.

⁷ 2022 Clubroot Distribution Map www.saskatchewan.ca/government/news-and-media/2023/january/09/2022-clubroot-distribution-in-saskatchewan (17 August 2023).

Chapter 18

Education—Evaluating the Early Learning Intensive Support Program

1.0 MAIN POINTS

The Early Learning Intensive Support Program is one of the Ministry of Education's key programs to support inclusivity of preschool-aged children (3–4 year olds) with intensive needs. Since 2018, the Ministry offered this Program in existing prekindergarten programs at 26 out of 27 school divisions. In 2022–23, the Ministry designated almost 400 prekindergarten spaces for children requiring intensive supports.

The Ministry made significant progress in addressing our two recommendations related to evaluating the Program, having implemented one recommendation and partially implementing the other one.

At August 2023, the Ministry collected sufficient information from school divisions within the Program on each child's progress (e.g., ability to develop friendships and play with other children) in their transition to kindergarten. Also, kindergarten teachers who responded to a Ministry survey in 2021 indicated 58% of children participating in the Program effectively transitioned to kindergarten. This information can assist the Ministry in determining whether the Program adequately supports children with intensive needs in their early learning and development, and in their transition to kindergarten.

The Ministry is in the process of collecting action plans from school divisions to address identified challenges with the Program. It also plans to require timeframes for implementing these action plans, and monitor implementation at each school division.

Addressing challenges and regularly monitoring Program outcomes can assist the Ministry in assessing each child's developmental growth, and in determining necessary steps to support children with intensive needs who participate in the Program.

2.0 INTRODUCTION

2.1 Background

The Education Act, 1995, assigns responsibility for all matters relating to early learning, elementary, and secondary education to the Ministry of Education—this includes prekindergarten.¹ Prekindergarten is an early childhood education program (non-mandatory) available in some schools for vulnerable children ages three to four years old.

¹ *The Education Act, 1995*, s. 3(1) and 3(1.1).



The Ministry provides leadership and direction to the prekindergarten to Grade 12 education sectors.² The Act also makes the Ministry responsible for overseeing school divisions and for providing educational services to students with disabilities, including those with intensive needs.^{3,4}

2.2 Canada-Saskatchewan Early Learning and Child Care Agreement

On August 13, 2021, the Ministry of Education and the Federal Government signed an extension of the Canada-Saskatchewan Early Learning and Child Care Agreement to 2025–26, in order to ensure continuity of programs and services under the previous agreement.

As shown in **Figure 1**, under the extended Agreement, the Federal Government estimates paying Saskatchewan about \$18 million in 2024–25 for early learning and child care programs.

Figure 1—Estimated Amounts to be Paid to Saskatchewan

Fiscal Year	Amount Allocated to Saskatchewan (in millions)
2021–22	\$ 13.6
2022–23	\$ 17.5
2023–24	\$ 18.7
2024–25	\$ 18.7

Source: Saskatchewan's Action Plan for fiscal year 2022 to 2023. www.canada.ca/en/early-learning-child-care-agreement/agreements-provinces-territories/saskatchewan-2021/action-plan-2022.html (30 June 2023).

Under the Agreement, the Ministry agrees to commit about one-third of the annual federal funding toward addressing the inclusivity of children with intensive needs, such as establishing programs for preschool-aged children experiencing disabilities.⁵ The Early Learning Intensive Support Program is Saskatchewan's largest program funded under this Agreement for preschool-aged children experiencing disabilities.

2.3 Early Learning Intensive Support Program

The Early Learning Intensive Support Program is an early learning program for children with intensive needs and significant delays in their learning and development, and who require a substantial level of support to participate in an early learning program. The Program may include children diagnosed with autism, cognitive delays, physical challenges, auditory issues, or significant behavioural issues.⁶ The Program provides opportunities for children to engage in inclusive learning with other children of the same age.⁷

² *Ministry of Education Plan for 2023–24*, p. 3.

³ *The Education Act, 1995*, s. 280.

⁴ *The Education Act, 1995*, s. 178.

⁵ *Canada-Saskatchewan Early Learning and Child Care Agreement*, p. 2 and p. 28.

⁶ *Ibid.*, p. 30.

⁷ Early Learning Intensive Support Program—Information for Families brochure (26 September 2023).

Under the Program, these children attend an existing prekindergarten program and that prekindergarten classroom receives additional resources (e.g., educational assistants, speech-language pathologists, occupational therapists) to help support the children with intensive needs.^{8,9}

As illustrated in **Figure 2**, since the Program's inception in 2018, the Ministry of Education gradually expanded the Program to nearly all (26 of 27) school divisions and, in turn, increased the number of spaces available to 392 spaces in 2022–23 (2017–18: 120).

Figure 2—Early Learning Intensive Support Program Spaces and Spending from 2017–18 to 2022–23

Fiscal Year	Amount (in millions)	School Divisions Accessing Program Funding	Spaces in Existing Prekindergarten Programs Designated for Children Requiring Intensive Supports
2017–18	\$ 0.70	4	120
2018–19	\$ 1.94	13	166
2019–20	\$ 3.03	23	242
2020–21	\$ 3.03	23	242
2021–22	\$ 3.03	23	242
2022–23	\$ 4.90	26	392

Source: Adapted from Provincial Auditor of Saskatchewan *2021 Report—Volume 1*, Chapter 5, p. 37 and Government of Saskatchewan news release [More Spaces Added to The Early Learning Intensive Support ELIS Program in Saskatchewan Schools | News and Media | Government of Saskatchewan](#) (26 September 2023).

Effective processes to evaluate the Program can assist the Ministry in determining whether the Program helps preschool-aged children with intensive needs obtain a good start in their transition to kindergarten, and in supporting their learning and development. Systematic and ongoing evaluation can help to identify adjustments such as providing training materials and educational assistants to improve Program outcomes.

2.4 Focus of Follow-Up Audit

This chapter describes our first follow-up audit of management's actions on the recommendations we made in 2021.

In 2021, we assessed the Ministry of Education's processes to evaluate the Early Learning Intensive Support Program. Our *2021 Report – Volume 1*, Chapter 5, concluded that the Ministry had effective processes, except in the areas of our two recommendations, for the period ended December 31, 2020, to evaluate whether the Program helps preschool-aged children requiring intensive supports to receive a good start in their early learning and development.¹⁰

⁸ Early Learning Intensive Support Program—Information for Families brochure (26 September 2023).

⁹ Prekindergarten in Saskatchewan is an early childhood education program targeting vulnerable three and four year old children. Prekindergarten focuses on fostering social development, nurturing educational growth, and promoting language development.

¹⁰ *2021 Report – Volume 1, Chapter 5*, pp 35–50.



To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry management agreed with the criteria in the original audit.

To carry out our follow-up audit, we interviewed Ministry staff responsible for the evaluation process of the Early Learning Intensive Support Program. We reviewed mid-year reports, evaluations for a sample of school divisions, and action plans.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at August 31, 2023, and the Ministry of Education's actions up to that date.

3.1 Key Information Collected from Stakeholders

We recommended the Ministry of Education periodically collect sufficient data to enable future assessments of all expected outcomes relating to the Early Learning Intensive Support Program. (2021 Report – Volume 1, p. 44, Recommendation 1; Public Accounts Committee agreement March 2, 2022)

Status—Implemented

The Ministry of Education collects data to assess the expected outcomes related to the Early Learning Intensive Support Program. For example, the Ministry collects sufficient information from school divisions that includes individual child progress plans and whether the child would smoothly transition to kindergarten.

The Ministry collected data in spring 2021 by surveying key stakeholders: prekindergarten teachers, educational assistants, Program-specific educational assistants and parents to understand how effectively the Program operates.

The Ministry also surveyed children in the Program. We found the Ministry appropriately summarized all of the children's responses from 23 school divisions with the Program in 2021–22. The response rate for the children surveyed ranged from 0%–25% for three school divisions we sampled. The Ministry indicated that it did not include children's responses in the 2021–22 evaluation survey results to school divisions because of the low response rate it received from participating children. The Ministry indicated it plans to discuss the survey results of the children during its annual meeting in fall 2023 with school divisions.

The four outcomes of the Early Learning Intensive Support Program:

- **Individual child progress**—Program supports are beneficial to children, children are supported to develop friendships and play with other children
- **Impact on the classroom**—integrity of the general prekindergarten class is maintained through implementation of the Program, early learning teams are able to balance the needs of all children in the prekindergarten classroom
- **Parent/guardian engagement**—parents are involved in the development of their child's Inclusion and Intervention Plan
- **Fluid transitions to school**—sufficient planning and effort go into supporting a smooth transition for children from prekindergarten to kindergarten

The Ministry also worked with school divisions to gather additional information from kindergarten teachers in fall of 2021 regarding the transition to kindergarten for children who participated in the Program. Fifteen out of 26 school divisions responded to the survey. We found one school division in our sample with a high allocation (i.e., 54 spaces) of students in the Program did not respond to the survey. It is important for the Ministry to require and obtain responses from all school divisions participating in the Program in order to evaluate whether it needs to offer additional supports or adjustments. The Ministry plans to do another survey in fall 2024 with kindergarten teachers.

We found the survey questions relevant and reasonable to assess the effectiveness of participating children's progress and their transition to kindergarten. For example, the Ministry asked whether collaborative teams responsible for each child recorded transition plans in the child's Inclusion and Intervention Plan (IIP); whether teams fully implemented the transition plan in the IIP; and whether the prekindergarten teacher shared information on the child's progress with the kindergarten teacher.¹¹

The survey indicated that 58% of kindergarten teachers stated that the children participating in the Program effectively transitioned to kindergarten. The Ministry also received suggestions from kindergarten teachers on how to improve transition from prekindergarten to kindergarten. For example, kindergarten teachers would appreciate a transition meeting with the prekindergarten teacher and educational assistant to understand each child's strengths and areas needing support.

In addition, we found that the Ministry appropriately collected data (e.g., number of children enrolled, type of specialized services provided) through fall and spring (mid-year) reports from school divisions to monitor outcomes of the Program.

Collecting sufficient information and obtaining key input that includes the perspective of kindergarten teachers can assist the Ministry in determining whether children with intensive needs participating in the Program receive sufficient support to learn and develop.

3.2 Data Collection of Division Actions to Address Program Challenges Ongoing

We recommended the Ministry of Education regularly collect information about school divisions' actions to address the challenges identified in reviews of the Early Learning Intensive Support Program. (2021 Report – Volume 1, p. 44, Recommendation 2; Public Accounts Committee agreement March 2, 2022)

Status—Partially Implemented

The Ministry of Education drafted an action plan template to collect information about school divisions' actions to address challenges identified in the Early Learning Intensive Support Program. Ministry staff plans to discuss 2021–22 evaluation results with each division during the Ministry-Division annual meeting in fall 2023, and require divisions to provide mid-year reports on action plans by February 2024.

¹¹ An Inclusion and Intervention Plan (IIP) is a document developed and implemented by a collaborative team (e.g., teachers, professional support staff, and parents) that sets out student outcomes, focusing on the key areas of development that will have the most impact on student success during the current school year.



The action plan template requires school divisions to use survey results and discussions with Ministry officials to identify actions and set timeframes to address areas for improvement. Consistent with the Program's bi-annual reporting structure, the Ministry plans to collect and evaluate, through divisions' mid-year reports, these action plans for addressing identified risks/challenges by February 2024.

We reviewed the Ministry's guidance for the newly expanded mid-year reporting template that divisions would use beginning February 2024. The Ministry appropriately included a requirement for divisions to identify goals/areas for improvement, actions that divisions have taken or will take, and a timeframe to complete these actions. Previous mid-year reports did not contain this requirement. Including action plans and timeframes for completion is reasonable to assist the Ministry in evaluating division-specific plans to address challenges identified in the Program.

Addressing challenges identified in Program reviews helps to reduce the risk of the Program not meeting the learning and developmental needs of children with intensive needs. Addressing challenges may also result in increasing children's success in school and life.

Chapter 19

Environment—Regulating Waste Diversion through Recycling

1.0 MAIN POINTS

Saskatchewan produced the third highest waste per capita in Canada in 2020. Recycling helps repurpose materials that would otherwise end up in landfills. Waste not diverted from a landfill potentially leads to greater risk of water pollution, soil contamination, greenhouse gas emissions, and negative human health impacts.

The Ministry of Environment regulates eight waste diversion recycling programs designed to divert various types of solid waste (e.g., tires, packaging, used oil) from landfills. The Ministry generally uses a consistent approach to regulate these programs, which includes levying fees on customers, and program operators handling recycling activities and regularly reporting program activities and results to Ministry senior management. Nevertheless, the Ministry does not know whether its eight recycling programs contribute to fulfilling the provincial waste reduction goal set in its *Solid Waste Management Strategy (2020)* to reduce landfill waste per person per year by 30% from the 2014 baseline by 2030.

By August 2023, the Ministry started implementing the five recommendations we made in 2020, but more work remains.

In 2023, the Ministry started updating recycling program regulations to include new reporting requirements (e.g., key definitions, calculations, and material-specific performance targets). It updated the regulations for one of its eight waste diversion recycling programs (i.e., packaging and paper program) and it expects the program operator to submit their new annual plan using the new requirements (e.g., targets) in late September 2023. Once the Ministry approves the plan, it expects the first annual report with the new requirements to be submitted in June 2025.

The Ministry developed a schedule for updating the remaining seven waste diversion recycling programs. If the Ministry follows the schedule, it may only receive the first annual reports using the new calculations and targets for four of the remaining seven recycling programs in 2027 or 2028. Given the long timeframe to implement the new reporting requirements through regulations, we encourage the Ministry to leverage policy to change the key information reporting requirements for program operators in the interim.

Completing the necessary steps to implement the recommendations fully will provide the Ministry with the necessary information to assess incremental progress to its overall waste reduction goals and other key measures (e.g., waste composition, program progress to incremental and overall targets).



2.0 INTRODUCTION

2.1 Background

On average, in 2020, each resident of Saskatchewan generated about 723 kilograms of waste compared to the national average of 687 kilograms per year; Saskatchewan generated the third highest amount of waste per capita in Canada.

Saskatchewan has reduced the number of landfills in the province from 203 in 2020 to 120 in 2022 in an effort to develop regional landfills and enable cost sharing.¹

The Ministry of Environment makes its Environmental Assessment and Stewardship Branch responsible for regulating its waste diversion recycling programs. The Branch employs approximately 16 staff, although four of those positions were vacant at August 2023. In 2022–23 the Branch incurred expenses of \$1.7 million (2021–22: \$1.5 million).²

The time it takes waste to decompose in a landfill varies significantly. **Figure 1** indicates that paper decomposes in about two weeks whereas waste like styrofoam and tinfoil never decompose.

Figure 1—Estimated Decomposition Rates in a Landfill

Item	Estimated Decomposition Time
Paper	2 weeks
Orange peel	6 months
Milk cartons	5 years
Tin can	50 years
Batteries	100 years
Plastic bottle	450 years
Styrofoam	Never
Aluminum foil	Never

Source: www.thebalancesmb.com/how-long-does-it-take-garbage-to-decompose-2878033 (25 September 2023).

Managing landfills can help in diverting waste, conserving resources, and reducing greenhouse gas emissions.³

2.2 Focus of Follow-Up Audit

This chapter describes our first follow-up audit of the Ministry of Environment's actions on the five recommendations we made in 2020.

Our *2020 Report – Volume 2*, Chapter 20, concluded that, for the 12-month period ended August 31, 2020, the Ministry had, other than in the areas reflected in our five recommendations, effective processes to regulate waste diversion through recycling.⁴

¹ *Solid Waste Management Strategy 2021–2022 Annual Report*, p. 10.

² Ministry of Environment, *Annual Report for 2022–23*, p. 11.

³ *Saskatchewan's Climate Resilience Measurement Framework*, p. 3.

⁴ *2020 Report – Volume 2, Chapter 20*, pp. 129–143.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry management agreed with the criteria in the original audit.

To carry out our follow-up audit, we interviewed Ministry staff to discuss key actions management has taken since our 2020 audit to implement the recommendations. We also discussed with management future plans to implement the recommendations. We reviewed new templates, regulations, and information collected by the Ministry from recycling program operators.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at August 31, 2023, and the Ministry of Environment's actions up to that date.

3.1 Definitions and Targets Needed for Reporting Key Program Information

We recommended the Ministry of Environment set written standard definitions for key information (including calculation methods) it requires operators for waste diversion recycling programs to report. (2020 Report – Volume 2, p. 137, Recommendation 1; Public Accounts Committee agreement February 9, 2021)

Status—Partially Implemented

We recommended the Ministry of Environment use material-specific targets to assist in determining whether waste diversion recycling programs contribute to the achievement of the provincial waste reduction goal. (2020 Report – Volume 2, p. 138, Recommendation 3; Public Accounts Committee agreement February 9, 2021)

Status—Partially Implemented

The Ministry of Environment established new rate definitions and calculations for waste collection, diversion, and recycling for one of the eight regulated recycling programs (i.e., packaging and paper). The Ministry also revised *The Household Packaging and Paper Stewardship Program Regulations, 2023*, which became effective in March 2023.

The new regulations for the packaging and paper recycling program include reporting requirements for program operators to set and report annually on both aggregate and material-specific targets (e.g., paper, glass, plastic) for its waste diversion recycling program.



The Ministry participates in the Canadian Council of Ministers of the Environment—Waste and Recovery Committee. Through the work of this Committee, and in consultation with packaging and paper program operators, it created new rate definitions and calculations for:

- Collection rate definition/calculation: the total amount of household packaging and paper products collected and sent to a sorting facility for diversion from landfills expressed as a percentage of household packaging and paper products supplied to the market
- Diversion rate definition/calculation: the quantity of household packaging and paper products diverted from landfills calculated as the sum of household packaging and paper products recycled, and recovered for energy, and expressed as a percentage of household packaging and paper products supplied to the market
- Recycling rate definition/calculation: household packaging and paper products recycled by the program as a percentage of household packaging and paper products in products supplied to the market⁵

We found the new rate definitions and calculations documented in *The Household Packaging and Paper Stewardship Program Regulations, 2023*, align with good practice. However, at August 2023, regulated recycling programs, including packaging and paper, have not set material-specific targets.

Based on the Regulations, packaging and paper program operators are expected to submit an annual plan that sets out operational and reporting information, including the new aggregate and material-specific targets, using the new collection, diversion, and recycling definitions and calculation methods. The Ministry also developed guidelines for program operators to promote understanding of Regulation requirements.

The first reporting period for the packaging and paper program using the new targets, definitions, and calculations will be June 2025.⁶ The Ministry has a schedule for reviewing and updating all eight recycling programs, see **Figure 2**.

Figure 2—Ministry Regulation Review Schedule and Anticipated Completion Dates

Program Operator	Current Regulations	Review Requirements	Next Review Date of the Program	Regulations Review/Update Expected Date	Regulations Effective Date	Annual Report Based on Revised Regulations
Multi-Material Stewardship Western Inc. (MMSW)	<i>The Household Packaging and Paper Stewardship Program Regulations, 2023</i>	5 years	March 2028	2023	March 30, 2023	2025
Saskatchewan Association for Resource Recovery Corporation (SARRC)	<i>The Used Petroleum and Antifreeze Products Stewardship Regulations</i>	5 years	June 2023	2023–24	2024	2026

⁵ *Household Packaging and Paper Stewardship Program Regulations, 2023*. Regulations in effect on March 30, 2023.

⁶ The packaging and paper program reports in a calendar year (January 1–December 31).

Program Operator	Current Regulations	Review Requirements	Next Review Date of the Program	Regulations Review/Update Expected Date	Regulations Effective Date	Annual Report Based on Revised Regulations
Tire Stewardship Saskatchewan (TSS)	<i>The Scrap Tire Management Regulations, 2017</i>	3 years	October 2023	2023–24	2024	2026
Product Care Association of Canada	<i>The Waste Paint Management Regulations</i>	No Requirement – intend to do along Household Hazardous Waste (Product Care)	2025	2025–26	2026	2027
Electronic Products Recycling Association (EPRA)	<i>The Electronic Equipment Stewardship Regulations</i>	5 years	April 2023	2023–24	2024	2026
CleanFARMS Inc.	<i>The Agricultural Packaging Product Waste Stewardship Regulations</i>	No requirement, but tentatively 2025–26	2025–2026	2026	2026	2028
Product Care Association of Canada (Core)	<i>The Household Hazardous Waste Products Stewardship Regulations^B</i>	5 years	May 2025	2025	2025	2027
Call2Recycle Canada Inc. (Batteries)			December 2024	2025	2025	2027
Saskatchewan Association of Rehabilitations Centres (SARC)	<i>The Environmental Management and Protection (General) Regulations</i>	Not applicable, this is a Government operated program under contract with SARCAN ^A	New four year contract to be signed by end of fiscal 2023–24	N/A	N/A	N/A

Source: Compiled from information provided by the Ministry of Environment.

Note greyed out dates are anticipated. Actual timing is impacted by a number of factors (e.g., scope of regulatory changes).

^A SARCAN Recycling is Saskatchewan's beverage container recycling service.

^B Household hazardous wastes include flammable materials, corrosive materials, explosives (excluding ammunition), toxic materials, certain pesticides, rechargeable and other batteries.

Given the long timeframe and target dates set out in **Figure 2**, we encourage the Ministry to leverage policy or other methods to expedite the changes in program operator reporting (e.g., calculations, material-specific measures and targets), instead of waiting for future changes to each of the program regulations. The Ministry's *Solid Waste Management Strategy (2020)* sets a target to reduce waste generated per person by 30% from the 2014 baseline by 2030. Per **Figure 2**, the Ministry may only receive the first report with improved waste diversion targets for four of the eight recycling programs in 2027 or 2028. This may be too late to require changes from program operators if the programs are not effectively reducing waste, in order to enable the Ministry to achieve its 2030 target.

Establishing material-specific recycling targets for regulated waste diversion programs would allow the Ministry to monitor progress and adjust strategies sooner for identified concerns (i.e., incremental targets not met).



Also, not having well-defined terms or calculation methods for reporting key information increases the risk of program operators reporting inconsistent or inaccurate information.

3.2 A Better Understanding of Landfill Waste Composition Needed

We recommended the Ministry of Environment obtain a more robust understanding of the composition of waste entering Saskatchewan landfills. (2020 Report – Volume 2, p. 137, Recommendation 2; Public Accounts Committee agreement February 9, 2021)

Status—Partially Implemented

The Ministry of Environment started to identify actions needed for a more robust understanding of waste composition entering provincial landfills.

The Ministry has internally identified actions it needs to do in order to close the gaps in understanding waste composition in the province (e.g., researching non-residential waste and options for diversion).

The Ministry told us it is working to find a way to create a model using Statistics Canada's data and the data reported in annual reports to the Ministry from municipalities that operate landfills. Historically, data from Statistics Canada was the only source of information used. Statistics Canada data is compiled every two years and may be four to five years old when the Ministry receives it, which is not timely.

In 2021, the Ministry started sending questionnaires (e.g., waste collected by type) to the municipalities operating landfills. This, along with composition studies conducted by municipalities, provides additional information about waste composition. In May 2023, the Ministry sent out surveys to municipalities asking for more robust information (e.g., waste composition). Municipalities are to report this information by January 2024.

By not understanding the waste type and volume in landfills, the Ministry is unable to determine how much of each type of waste the province diverts from landfills, and to set appropriate targets to further divert waste where needed. Obtaining this information will allow the Ministry to determine whether it requires additional recycling programs or needs to make revisions to existing programs.

3.3 Reasonability Analysis of Program Operator Information Needed

We recommended the Ministry of Environment analyze the reasonability of program information reported by regulated waste diversion recycling programs. (2020 Report – Volume 2, p. 140, Recommendation 4; Public Accounts Committee agreement February 9, 2021)

Status—Partially Implemented

The Ministry of Environment has not assessed the reasonability of information reported by its eight waste diversion recycling programs as it has not started collecting information based on revised definitions and material-specific targets.

In 2022, the Ministry began compiling data from the program operators' annual reports from the last five years to obtain a better understanding of the trends within individual recycling programs. Program operators' annual report content has not changed since the original audit in 2020. Better information will be available for assessment once the program operators use the new definitions and material-specific targets, see **Section 3.1**.

The Ministry is still assessing how it may cost-effectively verify waste-related information provided by recycling program operators. Program operators provide audited financial statements to the Ministry, consistent with its requirements. However, the Ministry has not set verification requirements (e.g., periodic audit reports required) for the non-financial information program operators report (e.g., types and amount of materials collected and recycled).

In summer 2023, the Ministry started gathering information on quality assurance programs of regulated recycling program operators (e.g., processes to track and verify non-financial program information). It plans to use this information to assist in analyzing reasonableness of program operator information it receives.

Not analyzing the reasonableness of program information received increases the risk the Ministry uses unreliable or incorrect information when overseeing regulated waste diversion recycling programs.

Self-reported information from recycling program operators may not always be reliable and accurate. Independent verification of information provides the Ministry with assurance about the reliability of information it uses to monitor whether its programs effectively divert waste from landfills.

3.4 Better Reporting on Regulated Waste Diversion Needed

We recommended the Ministry of Environment periodically report to senior management on the rate of waste diversion through regulated recycling programs. (2020 Report – Volume 2, p. 142, Recommendation 5; Public Accounts Committee agreement February 9, 2021)

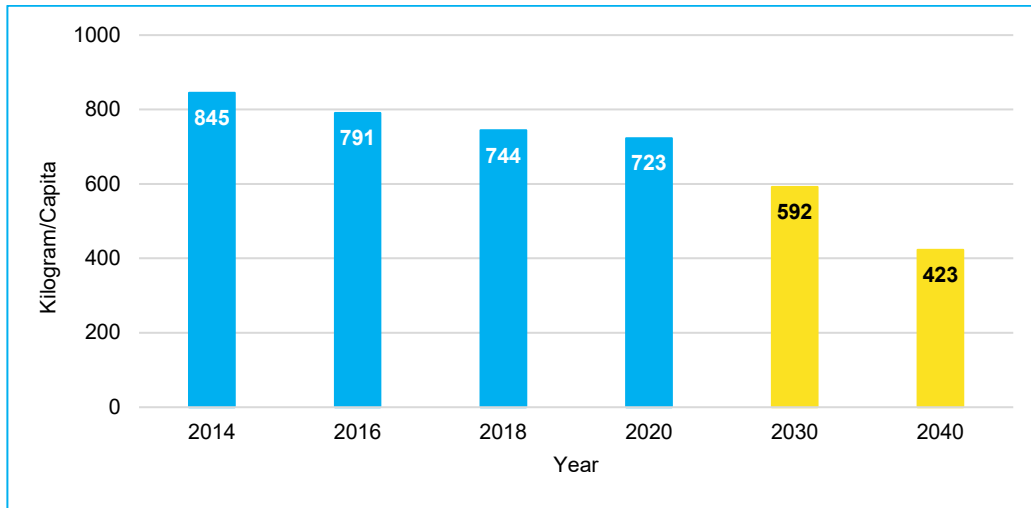
Status—Partially Implemented

The Ministry of Environment began, in 2022, reporting quarterly to senior management about its progress toward its *Solid Waste Management Strategy (2020)*, but used outdated information on waste disposal. The Ministry has not collected the necessary data to report on waste diversion rates.

The reporting to senior management in December 2022 included waste disposal per capita data based on Statistics Canada data from 2018. We found the 2020 information available in May 2023 (see **Figure 3**). The 2020 data shows the waste generated per capita in Saskatchewan (and ending up in a landfill) is declining. The 2030 and 2040 columns in the figure are the Ministry's targets in its *Solid Waste Management Strategy (2020)*.



Figure 3—Amount of Saskatchewan Waste Generated per Capita (kilogram/capita)



Source: 2014, 2016, and 2018 data taken from *Saskatchewan’s Solid Waste Management Strategy 2021–22 Annual Report*, p. 9. 2020 data adapted from information provided by the Ministry of Environment.

The Ministry is in the initial process of reviewing and revising its eight recycling programs, see **Section 3.1**. Until this work is complete the Ministry is unable to collect the necessary data to report on waste diversion rates.

Without regular reporting of waste diversion through recycling programs, such as using consistent definitions and material-specific targets, senior management does not have adequate information to assess the effectiveness of regulated recycling programs consistently.

Chapter 20

Health—Monitoring Enforcement of Tobacco and Vapour Products’ Legislative Requirements

1.0 MAIN POINTS

It is illegal for retailers to sell tobacco or vapour products to minors under 18 years of age. There are also restrictions around the display and promotion of these products at retail locations. The Ministry of Health uses the Saskatchewan Health Authority’s tobacco enforcement officers to enforce these legislative restrictions. Officers conduct inspections to assess the more than 1,200 retailers in Saskatchewan who sell tobacco and vapour products.

Since our June 2021 audit, the Ministry made some improvements to its monitoring of the enforcement of tobacco and vapour products’ legislation, but further work remains.

By June 2023, the Ministry updated its *Tobacco and Vapour Products Compliance and Enforcement Program Manual* to include better guidance on key roles and responsibilities, inspection practices (types and frequency expected), handling of complaints, and timeframes for communication of inspection results. We found tobacco enforcement officers sent inspection results to non-compliant retailers within expected timeframes.

The Ministry still needs to ensure the Saskatchewan Health Authority’s tobacco enforcement officers:

- Maintain a complete list of retail locations that sell tobacco and vapour products. While the Ministry obtained information from the Ministry of Finance during 2022–23 to help maintain its listing of retail locations, we found the Ministry’s listing did not include 19% of the retailers we tested. Incomplete information about retail locations may result in locations going uninspected, increasing the risk of those locations selling tobacco and vapour products to youth.
- Complete youth test shopper inspections and reinspections within expected timeframes. Between April 2021 and June 2023, we found tobacco enforcement officers did not conduct youth test shopper inspections at 309 retailers. In addition, tobacco enforcement officers did not complete reinspections within six months for 187 retailers with previous infractions. Timely youth test shopper inspections are a key tool to determine whether retailers are selling tobacco and vapour products to youth.
- Complete routine retail inspections within expected timeframes. We identified 362 retailers with missed routine inspections between April 2021 and June 2023. Untimely inspections increase risks of retailers inappropriately displaying and selling tobacco and vapour products.
- Resolve complaints about retailers timely. We found 15 out of 57 complaints received during our audit period were not resolved timely (i.e., within one month). Not investigating complaints timely increases the risk retailers continue to not comply with requirements and sell products illegally.



Finally, the Ministry needs to continue enhancing its reporting to senior management at the Ministry and the Authority. For example, its current quarterly reports do not include non-compliance rates and year-over-year trends for routine retail inspections, analysis of trends for youth test shopper inspections, and strategies undertaken to improve compliance rates. Without sufficient reporting, decision makers may not have information necessary to evaluate the effectiveness of the current enforcement approach and make adjustments as needed.

Effective and active enforcement restricts access to tobacco and vapour products by youth, which protects them from the harms associated with the use of such products.

2.0 INTRODUCTION

Federal, provincial, and territorial governments share responsibility for regulating tobacco and vapour products in Canada.

Tobacco means tobacco in any form in which it is used or consumed, and includes snuff and raw leaf tobacco.¹ Vapour product means any or all of the following: an e-cigarette, an e-substance, a cartridge from, or component of, an e-cigarette.^{2,3}

In general, the Federal Government is responsible for regulating the manufacture, sale (e.g., online sales), labelling, and promotion (e.g., advertising) of tobacco and vapour products sold in Canada, including restrictions around product flavours. Provincial legislation is designed to reduce youth access to tobacco and vapour products, and to protect all Saskatchewan residents from the harms associated with environmental tobacco smoke and vapour.⁴

The Tobacco and Vapour Products Control Act and *The Tobacco and Vapour Products Control Regulations* regulate tobacco and vapour product use, sale, display, and advertisement in Saskatchewan. The Ministry of Health uses the Saskatchewan Health Authority to conduct tobacco and vapour enforcement activities (e.g., inspections of retail locations).

2.1 Focus of Follow-Up Audit

In 2021, we assessed the Ministry of Health's processes to monitor the enforcement of tobacco and vapour products' legislative requirements. Our *2021 Report – Volume 2*, Chapter 15, concluded the Ministry had, other than in the areas of our eight recommendations, effective processes to monitor the Saskatchewan Health Authority's enforcement of provincial legislative requirements over the sale, promotion, and use of tobacco and vapour products.⁵

¹ For the purposes of this audit, tobacco products include tobacco-related products. Under *The Tobacco and Vapour Products Control Act*, s. 2(k) "tobacco-related product" means a cigarette paper, a cigarette tube, a cigarette filter, a cigarette maker, a pipe or any other product used in association with tobacco that is prescribed.

² *The Tobacco and Vapour Products Control Act*, ss. 2(i), (k.1).

³ Vaping is the act of inhaling an aerosol, known as vapour, produced by a vaping (vape) device. This vapour is inhaled into the lungs. When vape devices are turned on, the battery warms the heating component that converts the e-liquid into an aerosol form to allow for vaporization. Vapour products do not contain tobacco, but can deliver nicotine.

⁴ www.saskatchewan.ca/residents/health/wellness-and-prevention/tobacco-and-vapour-products/tobacco-and-vapour-products-legislation (26 September 2023).

⁵ *2021 Report – Volume 2, Chapter 15*, pp. 85–106.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry management agreed with the criteria in the original audit.

To carry out our first follow-up audit, we discussed progress made by Ministry management, reviewed the Ministry's updated guidance, analyzed data on inspections, and evaluated key reports provided to senior management.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at June 30, 2023, and the Ministry of Health's actions up to that date.

3.1 Enforcement Manual Updated

We recommended the Ministry of Health update its Enforcement Manual to reflect the structure, accountability, and inspection practices for the tobacco and vapour control program. (2021 Report – Volume 2, p. 93, Recommendation 1; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Implemented

The Ministry of Health sufficiently updated its *Tobacco and Vapour Products Compliance and Enforcement Program Manual* (enforcement manual) to better reflect the current responsibilities for, and expected practices of, the tobacco and vapour control program.

In December 2022, the Ministry updated its enforcement manual to:

- Reference current legislation (i.e., *The Tobacco and Vapour Products Control Act* and *The Tobacco and Vapour Products Control Regulations*).
- Clarify the roles and responsibilities for the Ministry and the Saskatchewan Health Authority. For example, it outlines the Ministry's responsibility to appoint tobacco enforcement officers and that the Minister of Health directly delegates enforcement of the Act and related regulations to tobacco enforcement officers. The Authority, as employers of the tobacco enforcement officers, is accountable to the Minister of Health.
- Require tobacco enforcement officers to track activities and provide information required by the Ministry.
- Include the types and frequency of inspections the Ministry expects tobacco enforcement officers to perform. For example:
 - **Youth test shopper program:** inspections done at tobacco and vapour product retail locations once per fiscal year by Authority tobacco enforcement officers and



contracted youth to assess whether a retailer will sell or refuse to sell tobacco or vapour products to minors.

- **Routine retail inspections:** inspections done at tobacco and vapour product retail locations once per fiscal year by Authority tobacco enforcement officers to assess retailers' compliance with legislative requirements (e.g., no public displays of cigarettes or vape products, appropriate signage).

When tobacco enforcement officers find non-compliance during these inspections, the Ministry expects them to perform a follow-up inspection within six months.

- Require investigation (e.g., initiate investigation within two days of receipt of complaints) and documentation of complaints. The Ministry and the Authority use an IT system to track enforcement activities and to document complaints under the tobacco and vapour control program.

Having a well-documented and updated enforcement manual helps tobacco enforcement officers and the Authority to know the Ministry's expectations for the tobacco and vapour control program.

3.2 List of Retail Locations Incomplete

We recommended the Ministry of Health establish a formalized process to maintain a complete list of retail locations that sell tobacco and vapour products. (2021 Report – Volume 2, p. 94, Recommendation 2; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Partially Implemented

The Ministry of Health obtained quarterly information from the Ministry of Finance to help maintain a complete list of tobacco and vapour product retailers and retail locations in Saskatchewan. However, we found the list incomplete and that tobacco enforcement officers did not update this list to include all retailers.

At June 30, 2023, over 1,200 retailers sell tobacco and vapour products in Saskatchewan.

Starting in 2022–23, the Ministry began receiving quarterly listings of retailers registered to collect taxes from the sale of tobacco and vapour products. The Ministry of Finance provided these listings to the Ministry about retailers licensed under *The Vapour Products Tax Act*, and tobacco retailers registered to collect PST.^{6,7} The Ministry then sent these listings to the Authority's tobacco enforcement officers to update the IT system used to track enforcement activities.

⁶ Retailers in Saskatchewan, including tobacco retailers, are responsible to collect and remit provincial sales tax for non-exempt goods and services, and must register with the Saskatchewan Ministry of Finance. When registering, retailers must identify whether they sell tobacco and/or vapour products.

⁷ Effective September 1, 2021, the Ministry of Finance collects a 20% vapour products tax (VPT) on vapour product sales and those sales are no longer subject to PST. The Ministry of Finance required all vapour product vendors to obtain a VPT vendor licence by August 31, 2021, in order to report and remit the VPT collected. www.saskatchewan.ca/business/taxes/licensing-and-reporting/provincial-taxes-policies-and-bulletins/vapour-products-tax/vapour-products-tax-licence (14 September 2023).

To assess the completeness of the Ministry's list of retail locations at June 2023, we performed the following:

- Determined whether the list contained all 12 retailers included in Health Canada's latest Vaping Compliance and Enforcement Reports (these reports covered the period from July 2020 to March 2022). We found the Ministry's listing appropriately reflected these retailers still operating at June 2023.
- Determined whether the list contained all 44 retailers included in the Ministry's listing of complaints. We found the Ministry's list appropriately reflected these retailers still operating at June 2023.
- Selected a sample of 32 retailers from the Ministry of Finance's quarterly listings of licensed retailers to determine whether the Ministry of Health's list included those retailers. We found the Ministry did not update its listing for six of 32 retailers (19%).

By not having a complete list of all retailers, the Ministry does not know how many retail locations selling tobacco and vapour products remain uninspected and how many are non-compliant (e.g., selling tobacco and vapour products to minors).

3.3 Youth Test Shopper Inspections and Reinspections Not Done as Expected

We recommended the Ministry of Health work with the Saskatchewan Health Authority to conduct required youth test shopper inspections of retail locations that sell tobacco and vapour products. (2021 Report – Volume 2, p. 95, Recommendation 3; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Partially Implemented

We recommended the Ministry of Health work with the Saskatchewan Health Authority to reinspect retail locations that sell tobacco and vapour products to youth in a timely manner. (2021 Report – Volume 2, p. 96, Recommendation 4; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Partially Implemented

Tobacco enforcement officers do not consistently conduct youth test shopper inspections, or reinspections, within timeframes set by the Ministry of Health for retail locations that sold tobacco or vapour products to youth.⁸

The Ministry requires tobacco enforcement officers to perform youth test shopper inspections at most retail locations once per fiscal year. When officers identify infractions, the Ministry requires them to complete reinspections within six months. We found the established timeframes reasonable and consistent with good practice. The Ministry updated its enforcement manual to reflect these timeframes.

⁸ Youth test shopper inspections exclude retailers in the northern region, at age-restricted locations and on First Nations' reserves.



The Ministry monitors the number of locations that had at least one inspection per fiscal year. As noted in **Figure 1**, the percentage of retailers not inspected in each fiscal year over the last five years ranged from about 5%–21%. In addition, the percentage of non-compliant retailers increased over the last four years.

Figure 1—Tobacco and Vapour Product Test Shopper Program Statistics by Fiscal Year

Fiscal Year	Retailers ^A	Retailers Inspected at Least Once	Retailers Not Inspected	Percentage of Retailers Not Inspected	Total Number of Test Shopper Visits	Number of Non-Compliant Retailers	Non-Compliance Rate ^B
2018–19	1,082	935	147	13.6%	951	118	12.4%
2019–20	1,037	985	52	5.0%	1,029	104	10.1%
2020–21	1,041	915	126	12.1%	991	108	10.9%
2021–22	1,092	858	234	21.4%	913	119	13.0%
2022–23	1,093	1,015	78	7.1%	1,065	155	14.6%

Source: Adapted from information provided by the Ministry of Health.

^A Excludes northern region, age-restricted locations, and First Nations' reserves.

^B Number of non-compliant retailers divided by total number of test shopper visits.

We analyzed data on youth test shopper inspections conducted between April 2021 and June 2023 and found:

- Tobacco enforcement officers missed inspecting 117 retailers in 2022–23 and 192 retailers in 2021–22 as expected (i.e., at least once each fiscal year).
- The results of the inspections showed 309 inspections with infractions requiring a reinspection within the required six months. Tobacco enforcement officers did not complete reinspections within six months for 187 retailers—officers completed reinspections between 7–23 months after the initial infraction.

In August 2022, the Ministry provided new reports to the Saskatchewan Health Authority showing both overdue youth test shopper inspections and reinspections. However, it did not require the Authority to explain reasons for the overdue inspections and reinspections or document such in its IT system. In addition, the Ministry has not provided the Authority with these reports since August 2022.

By not inspecting retail locations within the expected timeframes, there is a heightened risk that retailers will continue to illegally sell tobacco and vapour products to youth.

3.4 Routine Retail Location Inspections Not Completed as Expected—Frequency Not Risk-Based

We recommended the Ministry of Health set a reasonable frequency for conducting periodic routine inspections at retail locations that sell tobacco and vapour products. (2021 Report – Volume 2, p. 100, Recommendation 6; Public Accounts

Committee has not yet considered this recommendation as of November 3, 2023)

Status—Partially Implemented

The Ministry of Health set a formal requirement for tobacco enforcement officers to perform routine inspections of all retail locations that sell tobacco and vapour products once per fiscal year, rather than based on risk (e.g., historically non-compliant retail locations). Additionally, tobacco enforcement officers do not consistently conduct routine inspections as required by the Ministry.

We found the Ministry updated its enforcement manual in 2022 to require tobacco enforcement officers to perform routine inspections of all retailers once per fiscal year. However, as shown in **Figure 2**, these inspections are not occurring consistently as expected—officers did not inspect over a quarter of retailers in three of the last four years.

Figure 2—Tobacco and Vapour Product Routine Retail Inspection Statistics by Fiscal Year

Fiscal Year	Retailers	Retailers Inspected at Least Once	Retail Locations Not Inspected	Percentage of Retailers Not Inspected	Total Inspections ^A
2018–19	1,116	176	940	84.2%	176 ^B
2019–20	1,187	866	321	27.0%	890
2020–21	1,197	973	224	18.7%	1,001
2021–22	1,232	913	319	25.9%	955
2022–23	1,248	895	353	28.3%	1,018

Source: Adapted from information provided by the Ministry of Health.

^A Includes routine, follow-up, demand, and complaint based inspections, but does not include youth test shopper visits.

^B This is the first year routine inspections were completed.

We analyzed data on routine inspections conducted between April 2021 and June 2023 and found tobacco enforcement officers missed inspecting 203 retailers in 2022–23 and 159 retailers in 2021–22 (i.e., at least once each fiscal year).

Since our initial audit, the Ministry tried to conduct routine inspections for all retail locations every fiscal year, but was unable to reach this target with current staffing resources. At June 30, 2023, there are three tobacco enforcement officers responsible to conduct both youth test shopper and routine retailer inspections at more than 1,200 retail locations across Saskatchewan.

The Ministry needs to consider whether its target for an annual inspection is attainable with the current number of tobacco enforcement officers employed, or whether it should consider a risk-based approach to inspections. Such an approach could help to alleviate missed inspections by tobacco enforcement officers, as they would not need to conduct routine inspections at each retail location every fiscal year, instead focusing on higher risk locations (e.g., new retail locations, retailers with past infractions).

By not inspecting retail locations within expected timeframes, there is a heightened risk that retailers inappropriately display and sell tobacco and vapour products. Adopting a risk-based approach in setting the frequency of routine inspections could help the Ministry allocate resources to the most risky or non-compliant tobacco and vapour product retailers.



3.5 Key Enforcement Communications Sent Timely

We recommended the Ministry of Health work with the Saskatchewan Health Authority to deliver warning letters and notices of violation to non-compliant retailers selling tobacco or vapour products to minors in a reasonable timeframe. (2021 Report – Volume 2, p. 97, Recommendation 5; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Implemented

The Ministry of Health updated its enforcement manual to establish a reasonable timeframe to deliver warning letters and notices of violation to non-compliant retailers. Tobacco enforcement officers may deliver warning letters/notice of violations at the time of inspection or up to three weeks after identifying an infraction.

We tested 24 youth test shopper inspections with infractions and found that, other than one letter, tobacco enforcement officers delivered the required letters consistent with established timeframes. Four inspections did not require these letters because the tobacco enforcement officer issued a summary offence ticket instead as they found infractions and the retailers had past violations.

We found the Ministry did not require, and the tobacco enforcement officers did not consistently keep, copies of these letters within the IT system for tracking enforcement activities. We suggest the Ministry require officers to keep copies of key inspection communications in its IT system, which would aid the Ministry in monitoring whether key inspection communications occurred and contained appropriate information.

Sending timely warning letters and notices of violation can help to reduce the risk that retailers continue to break the law by selling to minors.

3.6 Guidance Provided, But Complaint Resolutions Not Always Timely

We recommended the Ministry of Health provide clear guidance to the Saskatchewan Health Authority on handling complaints related to the sale and promotion of tobacco and vapour products. (2021 Report – Volume 2, p. 102, Recommendation 7; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Partially Implemented

The Ministry of Health updated its enforcement manual to include sufficient information and timeframes on handling complaints related to the sale and promotion of tobacco and vapour products. However, tobacco enforcement officers do not consistently meet these timeframes with complaints often left unresolved for long periods.

The Ministry's enforcement manual outlines requirements for tobacco enforcement officers to initiate follow-up of complaints within two days and, based on the circumstances of the infractions, endeavour to resolve them within one week of receipt. For complaints including

accusations of sales to youth, the Ministry expects tobacco enforcement officers to try resolving them as soon as possible.

Regarding complaint resolution, the manual provides some flexibility, as tobacco enforcement officers may need to perform a youth test shopper or retail inspection to resolve the complaint. Doing so may require additional time for scheduling and finding youth test shoppers. In addition, the manual gives officers discretion in following up on anonymous complaints. The Ministry requires tobacco enforcement officers to enter all complaints into the IT system, including complaint resolution. We found the Ministry's guidance reasonable.

We tested five out of the 57 complaints made between July 1, 2021, and June 30, 2023. We found tobacco enforcement officers:

- Initiated follow-up on all complaints within two business days, as expected, for all five complaints. Action taken by officers to resolve complaints appeared reasonable.
- Resolved three complaints within one week.
- Resolved two complaints beyond one week (i.e., within 11–84 days). One complaint had a reasonable explanation documented for the delay (e.g., attempted several times to contact the complainant without a response); the other complaint did not have an explanation noted in the IT system.

We also analyzed all 57 complaints received and identified untimely (i.e., not within one month) complaint resolution. We found:

- Two anonymous complaints received, but not resolved timely. Tobacco enforcement officers resolved one complaint in 84 days and the other was not resolved during our audit (outstanding for 245 days at June 30, 2023).
- For the remaining 55 complaints, tobacco enforcement officers resolved the complaints within a range of 1–508 days. We found 24 of these complaints outstanding for greater than one week, including 13 outstanding for more than one month.
- Tobacco enforcement officers did not document reasons for the delays in the IT system for 14 out of 15 complaints outstanding for longer than a month.

In August 2022, the Ministry provided a new report to the Saskatchewan Health Authority showing complaints outstanding for more than six months. However, it did not require the Authority to explain reasons for why the complaints were not resolved timely or document such in the IT system. In addition, the Ministry has not provided the Authority with this report since August 2022.

By not investigating complaints in a timely manner, there is an increased risk that retailers will continue to not comply with requirements and sell products illegally (e.g., selling tobacco and vapour products to youth).



3.7 Reporting Improved, But Certain Information Still Needed

We recommended the Ministry of Health enhance written reports on enforcement activities (e.g., complaints, trends) given periodically to senior management relating to tobacco and vapour products. (2021 Report – Volume 2, p. 105, Recommendation 8; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Partially Implemented

The Ministry of Health improved its reporting to both Ministry and Saskatchewan Health Authority senior management, but further enhancements are required.

Figure 3 outlines the specific information reported quarterly to senior management at the Ministry and the Authority relating to the tobacco and vapour enforcement program, including reporting enhancements made since our initial audit.

Figure 3—Quarterly Reporting to Senior Management and the Authority

Youth Test Shopper Inspections:

- Total retailers subject to youth test shopper inspections
- Number and percentage of retailers visited at least once (target 100%)
- Number of youth test shopper visits
- Number of non-compliant retailers
- Number of products purchased
- Number of summary offence tickets issued
- Non-compliance rate for current year
- **5-year trend of non-compliance rates^A**
- **5-year trend of percentage of retailers visited at least once^A**

Routine Retail Location Inspections:

- Total number of retailers
- Number and percentage of retailers with at least one inspection
- Total number of inspections
- Top five retailer infractions (e.g., signs respecting legal age not displayed)

Specialty Vape Shop Inspections (reported separately, but included in overall routine retail location inspection statistics):

- **Total number of specialty vape shops^A**
- **Number and percentage of specialty vape shops with at least one inspection^A**
- **Total number of inspections^A**

Source: Ministry of Health tobacco and vapour enforcement program quarterly report.

^A Reporting added since our initial audit in 2021.

While the Ministry now provides information on year-over-year trends for youth test shopper inspections, there is no trend analysis including explanation of changes, reasons for targets not achieved, or description of strategies considered to improve compliance rates.

In addition, the quarterly reports do not include information about the status of non-compliant retail locations with youth test shopper reinspections, or how long it took tobacco enforcement officers to reassess these locations. The quarterly reports also do not include key information about routine retail location inspections, such as the number of non-compliant retailers, non-compliance rates, or year-over-year trends.

Finally, the reports lack information about the number and type of complaints received or resolved.

As noted in **Section 3.3** and **Section 3.6**, the Ministry provided the Authority with new reports in August 2022 including information about overdue youth test shopper inspections and reinspections, along with complaints outstanding for more than six months. However, the Ministry has not provided the Authority with these reports since August 2022. Additionally, the Ministry did not report this information to its own senior management.

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

Chapter 21

Health—Providing Special Needs Equipment for Persons with Disabilities

1.0 MAIN POINTS

The Ministry of Health, under an agreement with the Saskatchewan Abilities Council—a service provider—loans special needs equipment (e.g., wheelchairs, walkers, lifts) to persons with disabilities at no cost. It refers to this arrangement as the Special Needs Equipment Program.

By June 2023, the Ministry, in collaboration with its service provider, made some improvements to the processes used to provide special needs equipment for persons with disabilities (i.e., clients).

The service provider either completed maintenance as required on loaned equipment or appropriately followed up with clients to schedule required maintenance.

The Ministry still needs to work with its service provider to identify and recover special needs equipment on loan that is no longer utilized, but still usable, and needed by another person with disabilities.

2.0 INTRODUCTION

As part of its responsibilities under *The Health Administration Act*, the Ministry of Health may provide programs for persons with residual physical disabilities due to accident, congenital defect, injury, diseases, or other illness. The Ministry established the Saskatchewan Aids to Independent Living (SAIL) program to help fulfill this responsibility. The Special Needs Equipment Program is one of SAIL's 14 sub-programs.

The intent of this Program is to loan and repair special needs equipment (e.g., wheelchairs, walkers, lifts) at no cost to eligible clients throughout the province. The total cost to operate the Program in 2022–23 was \$7.6 million.¹ The Ministry engaged a service provider, the Saskatchewan Abilities Council, to directly deliver the Program.

2.1 Focus of Follow-Up Audit

This chapter describes our third follow-up audit of management's actions on the two outstanding recommendations we made in 2016.

Our *2016 Report – Volume 2*, Chapter 27, concluded that the Ministry of Health had, other than matters reflected in our six recommendations, effective processes to provide special needs equipment to persons with disabilities.² By December 2020, the Ministry implemented four of the six recommendations.³

¹ Information provided by Ministry of Health management.

² *2016 Report – Volume 2*, Chapter 27, pp. 155–167.

³ *2019 Report – Volume 1*, Chapter 27, pp. 277–283 and *2021 Report – Volume 1*, Chapter 17, pp. 207–217.



To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry management agreed with the criteria in the original audit.

To carry out our follow-up audit, we interviewed Ministry staff and service provider staff responsible for providing special needs equipment to persons with disabilities. We examined equipment loan and maintenance reports, policies and procedures, and other relevant documents. In addition, we tested a sample of equipment requiring preventative maintenance.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at June 30, 2023, and the Ministry's actions up to that date.

3.1 Better Tracking Needed to Help Identify and Recover Equipment No Longer Utilized

We recommended the Ministry of Health work with its service provider to identify special needs equipment on loan that is no longer utilized, and to recover this equipment within a reasonable timeframe. (2016 Report – Volume 2, p. 163, Recommendation 2; Public Accounts Committee agreement June 12, 2018)

Status—Partially Implemented

The Ministry of Health along with its service provider needs to conduct better analysis and attempt to recover special needs equipment no longer utilized (e.g., equipment on loan to now deceased clients).

The service provider continues to attach stickers to all loaned special needs equipment indicating that the equipment is the property of the service provider and should be returned when no longer needed. In addition, we found the service provider's website clearly states the responsibility of clients to return loaned equipment when it is no longer required.⁴

Many clients using loaned special needs equipment reside in long-term care facilities. In March 2022, the service provider sent an e-mail to these facilities as a reminder to return any unused equipment they may be storing at their premises. The service provider found this did not result in an increased amount of returned equipment.

We found the Ministry reviews information in the IT system that tracks loaned equipment and periodically provides the service provider a list of deceased clients or clients who had equipment on loan, but who left the province. However, the Ministry has not set out its expectations of the service provider in using this information. We found the service provider does not use this information to focus its efforts to recover unused equipment.

⁴ www.saskabilities.ca/services/independent-living/special-needs-equipment#loan-program (31 August 2023).

We analyzed the Ministry's lists for May 2022 to January 2023 and found they identified 8,317 pieces of equipment loaned to 3,530 clients that the Ministry identified as deceased or no longer living in the province. The lists include equipment loaned to individuals who died or left the province since 2021, obsolete equipment, and equipment worth little value. The Ministry should consider condensing the list to only include equipment it wants the service provider to focus its recovery efforts on.

Our analysis of the Ministry's lists identified some unused equipment on loan the service provider may want to focus on recovering. For example, we identified 17 power wheelchairs (which can cost up to \$20,000 to replace) loaned to clients within the last five years who are now deceased or no longer living in Saskatchewan. At March 31, 2023, the service provider had 63 clients waiting for power wheelchairs (15 clients were waiting for more than four months). Efforts by the service provider to recover unused equipment from deceased clients or clients who left the province may reduce the amount of clients waiting and their wait time.

The Ministry is also working with eHealth to improve the IT system to enable better tracking of loaned and obsolete equipment. Management indicated the current system lacks functionality enabling the service provider to remove obsolete or outdated equipment, including pieces of equipment clients indicated they returned. Improved tracking of loaned equipment can help the Ministry and its service provider to focus their recovery efforts on useable equipment clients have yet to return. Due to other IT priorities, the Ministry indicated it is unable to provide an expected implementation date for these system changes.

Establishing criteria to identify unused equipment worth recovering will help the Ministry and its service provider to focus their efforts on recovering usable and much needed equipment for persons with disabilities.

3.2 Timely Follow Up on Preventative Maintenance Occurring

We recommended the Ministry of Health assist its service provider in developing a process to complete appropriate preventative maintenance on special needs equipment on loan. (2016 Report – Volume 2, p. 165, Recommendation 4; Public Accounts Committee agreement June 12, 2018)

Status—Implemented

The Ministry of Health's service provider completed maintenance as required on loaned equipment or appropriately followed up with clients to schedule required maintenance.

Through its agreement, the Ministry made the service provider responsible for maintaining all lift equipment (e.g., bathtub lifts) consistent with the manufacturers' recommendations.

The service provider maintains a database of the required service dates for each piece of equipment requiring preventative maintenance. As shown in **Figure 1**, the service provider notifies clients at various intervals, via letters and phone calls, that preventative maintenance is due. However, nearly half of these clients with lift equipment do not respond to the service provider's request to complete preventative maintenance. This is an improvement from our last follow-up where we reported that as of December 31, 2020, 77.8% of clients did not reply to the requests from the service provider.

**Figure 1—Lift Equipment on Loan as of March 31, 2023**

	Method of Contact	Number of Pieces of Equipment	% of Total
Maintenance due in two months	First Letter	34	4.7%
Maintenance due	Second Letter	23	3.2%
Maintenance past due by at least three months	Telephone call	30	4.1%
Maintenance past due by at least six months	Final Letter	27	3.7%
Maintenance past due by at least six months and no response from client	None	362	49.9%
Total Requiring Preventative Maintenance		476	
Service not yet required		249	
Total		725	

Source: Adapted from Special Needs Equipment Program 2022–23 year-end report.

We tested 16 pieces of lift equipment requiring preventative maintenance. For 15 pieces of equipment tested, we found the service provider either completed maintenance as required or appropriately followed up with clients to schedule required maintenance.

For one bathtub lift tested, the service provider did not have records of required maintenance. According to the manufacturer's recommendations, preventative maintenance on a bathtub lift is required every two years. The service provider's records show the lift was due for maintenance in January 2023. We found neither the Ministry nor the service provider received any complaints from this client about the operation of the bathtub lift.

Conducting preventative maintenance on loaned equipment reduces the risk of injury to clients.

Chapter 22

Justice and Attorney General—Conducting Timely and Accurate Coroners Investigations

1.0 MAIN POINTS

The Saskatchewan Coroners Service is part of the Ministry of Justice and Attorney General and responsible for the provision of coroners' services. The Coroners Service investigate unexpected, unnatural and unexplained deaths. Investigations determine a deceased person's identity as well as the time and location, manner, and cause of death.

The Coroners Service made significant progress in improving its processes for conducting timely and accurate coroner investigations having implemented six of eight audit recommendations, and partially implementing two others.

By July 2023, the Coroners Service had coroners sign forms acknowledging they read and understood confidentiality and conflict of interest policies; appropriately reviewed investigation reports before issuing them; enhanced processes for following up on recommendations sent to agencies (e.g. Saskatchewan Health Authority); and implemented a complaints log. The Coroners Service also expanded its analysis of death investigation data and reported semi-annually to Ministry senior management on its activities.

The Coroners Service still needs to:

- Communicate coroner investigation results to families in line with its policy expectation. We tested 30 coroner investigations and found 19 cases did not include any evidence of coroners communicating investigation results to the respective families at the end of the investigation.
- Complete coroner reports within the expected timelines (i.e., 24 business days of receiving all investigative information). We found 17 of the 30 cases we tested were not completed within 24 business days. One case took almost six months to complete.

Completing timely death investigation reports, as well as promptly reporting investigation results to families provides closure for deceased persons' relatives.

2.0 INTRODUCTION

The Coroners Act, 1999 (section 3), makes the Chief Coroner of Saskatchewan responsible for ascertaining cause of all unexpected, unnatural or unexplained deaths to help in educating the public on causes of death and in preventing further deaths. The Coroners Service conducted 3,120 coroner investigations in 2022–23 (2021–22: 2,942 coroner investigations).¹

¹ Based on information supplied by The Coroners Service.



The Chief Coroner leads the Coroners Service, which is part of the Courts and Community Justice Division of the Ministry of Justice and Attorney General. The Ministry employed and/or contracted about 80 coroners within the Coroners Service at July 2023. About 75 community coroners (or part-time coroners) and eight full-time coroners, which includes Regional Supervising Coroners (who review community coroner reports), comprise the coroners staff. Community coroners work part-time on a fee-for-service basis and are located in communities throughout the province.

2.1 Focus of Follow-Up Audit

This chapter describes our follow-up audit of management's actions on the recommendations we made in our *2021 Report – Volume 2*, Chapter 16.²

In 2021, we assessed the Coroners Service's processes to conduct timely and accurate coroner investigations into certain unexpected, unnatural or unexplained deaths (other than suspected homicides). Our audit did not include coroner inquests.³ Our *2021 Report – Volume 2*, Chapter 16, concluded that the Coroners Service had effective processes other than the areas outlined in our eight recommendations.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Coroners Service's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Management agreed with the criteria in the original audit.

To carry out our follow-up audit, we tested a sample of coroner investigations, examined data in the coroner case-management system, reviewed updated policies and procedures, and assessed reports submitted to management.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at July 31, 2023, and the Coroners Service actions up to that date.

3.1 Timelines Set But Not Met for Notifying Families About Investigation Results

We recommended the Ministry of Justice and Attorney General establish formal timelines for communicating coroner investigation results to families and making recommendations to agencies. (*2021 Report – Volume 2*, p. 115, Recommendation 1; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Partially Implemented

² *2021 Report – Volume 2*, Chapter 16, pp. 107–126.

³ Inquests are used to ascertain the identity of the deceased and determine how, when, where and by what means the person died, inform the public of circumstances surrounding a death, bring dangerous practices or conditions to light, make recommendations to avoid preventable deaths, or educate the public about dangerous practices or conditions to avoid preventable deaths.

The Coroners Service established formal timelines for communicating coroner investigation results to families and making recommendations to agencies (e.g., Saskatchewan Health Authority), but did not communicate results to families in line with its policy expectation.

A coroner investigation aims to provide information to, and closure for, families, as well as prevent further deaths by making recommendations to improve citizens' health, safety and quality of life.

The Coroners Service finalized its policies in June 2023 expecting coroners to:

- Communicate investigation results to families within five business days of receiving all investigative information
- Complete the final coroner report within 24 business days of receiving all investigative information
- Send recommendations to agencies at the same time the final report is completed

The Coroners Service provided training to coroners in June 2023 outlining the revised policies and expected timelines.

We tested 30 coroner investigations closed between April 2022 and March 2023 and found 19 instances (63%) where there was no evidence that coroners communicated investigation results to families at the end of the investigation.⁴

Results of investigations from unexpected, unnatural or unexplained deaths provide both tangible and psychological benefits for families. A coroner investigation and subsequent conclusion provides families with closure by identifying or confirming the cause of death.

In June 2023, the Coroners Service added a mandatory screen in its case management system to record the formal date coroners notify next of kin/families of investigation results. This should serve as a reminder and documentation that coroners communicated results with families at the end of their investigation.

We also tested three coroner cases with recommendations sent to agencies and confirmed that recommendations were sent timely once investigation reports were complete.

3.2 Signed Confidentiality and Conflict of Interest Forms Obtained

We recommended the Ministry of Justice and Attorney General routinely confirm coroners understand confidentiality and conflict of interest policies. (2021 Report – Volume 2, p. 118, Recommendation 2; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Implemented

⁴ In 10 of the 19 instances, coroners communicated with the families or next of kin at the beginning of the investigation, but not at the end when the coroners determined the cause of death and completed their final report.



The Coroners Service provided coroners with refresher training on confidentiality and conflict of interest policies and had those coroners sign forms acknowledging they read and understood the policies.

The Coroners Service maintains policies around confidentiality, privacy, and conflict of interest. For example, the conflict of interest policy describes the definition and nature of conflicts of interest, as well as roles and responsibilities of the coroner and regional supervising coroners to ensure that these responsibilities do not conflict with their private interests.

Annually, the Coroners Service holds training for its coroners. Included in the training for 2022 and 2023 was information on personal information protection, policy breaches, and individual rights.

The Coroners Service required all coroners who attended the 2022 training to sign a conflict of interest acknowledgement form. Coroners sign confidentiality acknowledgement forms annually at each training session. We observed all attendees completed forms and, where they did not, management followed up to obtain a form after the training. We interviewed two coroners, one who attended the training and one who did not attend, and found both were familiar with the confidentiality and conflict of interest policies. Also, each knew what to do in the event they are assigned a coroner investigation where a conflict of interest exists.

Clear understanding and formal acknowledgement of conflict of interest and confidentiality requirements helps to reduce the risk of conflicting situations and inappropriate release of personal or sensitive information.

3.3 Monitoring of Timely Completion of Coroner Reports Starting

We recommended the Ministry of Justice and Attorney General consistently complete timely coroner investigations and reports. (2021 Report – Volume 2, p. 120, Recommendation 3; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Partially Implemented

The Coroners Service is not completing coroner reports within expected timelines, but did implement reporting in May 2023 to better monitor and identify where and why delays occur.

The Coroners Service completed a study to ascertain the length of time reports take to complete. The Coroners Service finalized a policy in June 2023 with expected timelines for completing coroner investigations/reports and provided training on the policy to coroners.

The policy states at the conclusion of each coroner investigation, a coroner must report their findings of who, when, where, how and why the person died along with evidence supporting their findings. The policy expects final coroner reports will be prepared, reviewed, and completed within 24 business days of receiving all investigative information (e.g., medical records, final post-mortem report, toxicology report).

We tested 30 coroner cases from April 2022 to March 2023 and found 13 of the 30 cases completed within 24 business days of receiving all investigative information/evidence, which means 17 were not completed within expected timelines. Of these 17 cases, six instances took the coroner more than 100 days (over three months) to complete the final coroner report. One case closed in March 2023—174 days or almost six months after receiving all investigative information.

Not completing timely coroner reports can affect families and public safety.

The Coroners Service established a new timeline assessment report in May 2023. This report will enable management to make quarterly assessments of policy compliance within expected timelines. This should help management to identify coroner cases where coroners are not closing and completing them in a timely manner, and take necessary action.

3.4 Coroner Reports Properly Reviewed

We recommended the Ministry of Justice and Attorney General conduct timely review of coroner investigation files and reports before issuing coroner reports. (2021 Report – Volume 2, p. 121, Recommendation 4; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Implemented

By June 2023, the Coroners Service finalized its policy around timely review of coroner investigation reports, by an appropriate authority, before issuing coroner reports.

According to the policy, the Coroners Service requires all coroner reports to be peer reviewed by full-time coroners prior to finalization. The policy expects coroners to complete the peer review in three days.

We tested a sample of 30 coroner cases and found only two cases not completed timely (e.g., took more than eight business days) for the review process to be complete and the case closed. All cases were reviewed by an appropriate authority (i.e., full-time coroner) prior to issuing the coroner report.

Adequately reviewing coroner reports before finalizing them supports communication of accurate investigation results with the deceased person's family.

3.5 Consistent Follow Up With Agencies on Recommendations

We recommended the Ministry of Justice and Attorney General perform timely follow up to determine implementation of coroner recommendations to improve public safety. (2021 Report – Volume 2, p. 122, Recommendation 5; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Implemented



The Ministry of Justice and Attorney General performs timely follow up to determine implementation of coroner recommendations to improve public safety.

The Coroners Service makes recommendations to agencies (e.g., Saskatchewan Health Authority, Highway Traffic Board) based on death investigation results. For example, recommendations may include improving patient safety protocols when fatal accidents occur.

The Coroners Service policies appropriately describe the process to follow up with agencies to determine whether they implemented the recommendations.

The Coroners Service policy expects coroners to:

- Follow up on recommendations within six months of the date they are sent. The date is set in the case management system to serve as a reminder for follow-up letters.
- Send the agency an additional letter and follow up again within another three months if coroners receive no response from the agency on recommendations.

We found the Coroners Service follows up with agencies to ensure agencies implement recommendations. We assessed three instances where agencies were sent recommendations and found:

- Two agencies responded to the Coroners Service with implementation plans within seven months of receiving the recommendations
- The other agency had not responded yet, although the six month date had not yet passed so a follow-up was not required.

Timely and appropriate follow up on coroner recommendations can help improve public safety.

3.6 Complaints Log Maintained

We recommended the Ministry of Justice and Attorney General centrally log Coroners Service complaints and actions taken to resolve them. (2021 Report – Volume 2, p. 122, Recommendation 6; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Implemented

The Coroners Service appropriately issued a new policy on complaint management in January 2022, and maintained a complaint management log.

The Coroners Service created a policy with specific timelines to address and investigate complaints, which are set at 20 business days. The Coroners Service trained all its staff and coroners on this new policy at their 2022 annual coroners' conference.

Also, starting in 2022, the Coroners Service began to centrally log complaints and actions taken to resolve those complaints in a spreadsheet.

We examined both complaints between April 1, 2022, and July 15, 2023, and found the complaints were appropriately resolved.

Centrally logging complaints allows the Coroners Service to identify trends or issues regarding investigation quality or other concerns.

3.7 Death Investigation Data Analysis Beginning to Support Public Safety

We recommended the Ministry of Justice and Attorney General analyze death investigation data (e.g., location, manner, cause) to inform coroner recommendations to improve public safety. (2021 Report – Volume 2, p. 123, Recommendation 7; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Implemented

The Coroners Service took steps to analyze death investigation data to identify trends to help advance public safety.

The Coroners Service implemented annual reporting on type of opioid drug, sex, race, location and age of deceased persons due to suspected and confirmed drug overdoses and made these reports publicly available on its website.

In addition, Coroners Service is working with a Public Health Officer (PHO) seconded from Canada's Public Health Agency to analyze death investigation data. Following consultations with stakeholders, the PHO compiled and analyzed data (e.g., suicides from 2018–21) to report publicly on suicides in Saskatchewan. The report is expected to be made public in fall 2023. We reviewed feedback from stakeholder consultations on this draft suicide report and noted stakeholders found the report valuable, as well as easy to read and to understand.

The PHO also assists the Coroners Service to collect and analyze data on drug-related deaths in collaboration with the Ministry of Health, to make death investigation data (e.g., suicides, drug-toxicity) publicly available and easy to navigate for specific areas of the province. The Coroners Service expects to implement this data dashboard by December 2023.

Such death investigation data helps assist agencies in improving public safety and death prevention.

3.8 Reporting to Ministry Senior Management Regularly

We recommended the Ministry of Justice and Attorney General regularly report on its Coroners Service activities and results to senior management. (2021 Report – Volume 2, p. 123, Recommendation 8; Public Accounts Committee has not yet considered this recommendation as of November 3, 2023)

Status—Implemented



The Coroners Service sends reporting on activities and results to senior management of the Ministry of Justice and Attorney General twice a year in April and October. The Coroners Service sent the first report to the relevant Assistant Deputy Minister in April 2022.

We reviewed the Activity Reports of April 2022 and April 2023. These reports summarized investigative activities, budget information, upcoming initiatives, and challenges and successes of the Coroners Service.

For example, in the April 2022 Activity Report, the Coroners Service discussed the increase in death investigations by community and full-time coroners; deaths attributed to drug overdoses (mainly from fentanyl and its derivatives); as well as forensic autopsies and cost of body transportation to conduct forensic autopsies in 2021–22. The Coroners Service reported to Ministry senior management how these increases impacted its budget. The report also discussed challenges associated with Pathology Services in Saskatchewan and successes achieved in fiscal 2021–22, including continued work with the provincial Drug Task Force.⁵

Regular reporting on coroner activities to Ministry senior management may enhance strategic decisions with respect to the Coroners Service and inform public safety changes.

⁵ The Drug Task Force (DTF) is an inter-sectoral group of leaders who are concerned with problematic substance use in Saskatchewan. Representatives include provincial government ministries (Health; Social Services; and Corrections, Policing and Public Safety), the Chief Medical Health Officer, Chief Coroner, police organizations (Saskatoon and Regina Police Services, RCMP), the Saskatchewan Health Authority, and the Saskatoon Tribal Council. www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/drug-task-force.

Chapter 23

Saskatchewan Cancer Agency—Delivering the Screening Program for Colorectal Cancer

1.0 MAIN POINTS

In Saskatchewan, colorectal cancer is the second leading cause of cancer death. Approximately 90% of colorectal cancers can be prevented or successfully treated if caught early.¹

By March 2023, the Saskatchewan Cancer Agency made some progress toward implementing the six recommendations we first made in our 2020 audit of its processes to deliver its population-based Screening Program for Colorectal Cancer, but further work is needed.

Participation rates in the screening program continue to decrease, with only about 41% of eligible individuals (those over 50 years of age) participating in the program, which is below Canada's national benchmark of 60%.² The Agency needs to analyze whether its promotional strategies help to increase participation in its colorectal cancer screening program. Reports to senior management and the Board also need to include analysis of the participation rates to help the Agency understand progress and identify opportunities for improvement.

The Agency developed some indicators to align with nationally accepted indicators to help measure the success of the Screening Program for Colorectal Cancer. For example, the Agency developed an indicator to measure the proportion of the target population who were overdue for colorectal screening during the calendar year. However, the Agency has not yet determined which indicators to report to senior management and the Board.

In addition, the Agency began working with the Saskatchewan Health Authority to reduce patients' wait times for colonoscopies by proposing plans to have the Agency book colonoscopies for all patients with abnormal screening results. They are also considering a timeframe target for providing patients and their healthcare providers (e.g., family physicians) with pathology results. This will help patients receive appropriate and timely treatment, and reduce the risk of colorectal cancer growing or spreading.

An effective colorectal cancer screening program helps to identify seemingly healthy people who may have a higher risk of colorectal cancer development.

¹ www.saskcancer.ca/screening-article/why-is-screening-for-colorectal-cancer-important (23 June 2023).

² The Canadian Partnership Against Cancer (CPAC) is a non-profit organization that works collaboratively with provincial, territorial, and national partners to improve the effectiveness and efficiency of cancer control in Canada. CPAC developed a number of colorectal cancer screening national indicators and benchmarks for use in Canada.



2.0 INTRODUCTION

2.1 Background

The Saskatchewan Cancer Agency is responsible for providing services with respect to prevention and screening of individuals for cancers, including colorectal cancer.³ Since 2009, the Agency provides a population-based Screening Program for Colorectal Cancer.⁴ The Agency collaborates with the Saskatchewan Health Authority to deliver the program.

Colorectal screening can identify people who may have a higher risk of developing colorectal cancer, so they can receive treatment or management techniques at an earlier stage that may make a difference to the outcome. Colorectal cancer is one of the most treatable cancers if caught early, but not enough people in Canada participate in regular screening.⁵

The Agency provides at-home Fecal Immunochemical Test (FIT) kits to participants who are between the ages of 50 and 74 with a valid Saskatchewan Health Services card, and do not have a colorectal cancer diagnosis.⁶ It asks participants to return completed tests via mail or to a drop-off location where kits are then sent to the Saskatchewan Health Authority for processing at the Roy Romanow Provincial Laboratory.

In 2022–23, the Agency spent over \$2.5 million on its Screening Program for Colorectal Cancer.⁷

2.2 Focus of Follow-Up Audit

In 2020, we assessed the Saskatchewan Cancer Agency's processes to deliver its population-based Screening Program for Colorectal Cancer. Our *2020 Report – Volume 2*, Chapter 21, concluded the Agency had effective processes to deliver its population-based Screening Program for Colorectal Cancer for the 12-month period ended July 31, 2020, other than the matters reflected in our six recommendations.⁸

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Agency's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Agency management agreed with the criteria in the original audit.

To carry out our follow-up audit, we interviewed key Agency staff responsible for delivering the Screening Program for Colorectal Cancer and examined the Agency's IT systems and documents such as Board and Committee minutes and performance reporting related to the Screening Program for Colorectal Cancer.

³ *The Cancer Agency Act*, section 9(1) and (2).

⁴ Population-based screening is a test offered to all individuals in a defined target group (e.g., of the same age range).

⁵ www.partnershipagainstcancer.ca/news-events/news/article/key-lessons-increasing-colorectal-screening/ (29 June 2023).

⁶ saskcancer.ca/screening-article/screening-program-for-colorectal-cancer (26 June 2023).

⁷ Information provided by the Saskatchewan Cancer Agency.

⁸ *2020 Report – Volume 2, Chapter 21*, pp. 145–164.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at March 31, 2023, and the Agency's actions up to that date.

3.1 No Analysis on Promotional Strategy Effectiveness as Participation Rates Decrease

We recommended the Saskatchewan Cancer Agency analyze if its promotional strategies help increase participation in its Screening Program for Colorectal Cancer. (2020 Report – Volume 2, p. 152, Recommendation 1; Public Accounts Committee agreement January 12, 2022)

Status—Not Implemented

While the Saskatchewan Cancer Agency has made some efforts to target its promotional strategies to under-screened populations in Saskatchewan, it is not conducting analysis to determine whether its promotional strategies help to increase participation in its Screening Program for Colorectal Cancer.

The Canadian Partnership Against Cancer notes First Nations, Inuit and Métis; those living in rural and remote communities; and those living in northern regions of provinces are among the people at a higher risk of developing cancer (including colorectal cancer) as they are generally underserved in healthcare.⁹

From November 1, 2021, to March 31, 2023, the Agency held 16 events to promote colorectal cancer screening. Of these, the Agency targeted five events at Indigenous and immigrant populations who are generally under-screened populations in Saskatchewan. However, we found the Agency did not conduct analysis to determine whether these events raised awareness or increased participation in the screening program.

As illustrated in **Figure 1**, the participation rate of individuals over 50 years of age in the Agency's colorectal cancer screening program continued to decrease over the past five years to about 41%, which is below Canada's national benchmark of 60%.¹⁰

Figure 1—FIT Kit Completion and Participation Rates in Saskatchewan^A

	April 2017– March 2019	April 2018– March 2020	April 2019– March 2021 ^B	April 2020– March 2022
Number of people (over 50 years of age) who completed at least one FIT kit	159,367	152,727	137,625	136,638
Colorectal cancer screening program population-based participation rate	49.3%	46.9%	41.6%	41.1%

Source: Saskatchewan Cancer Agency, *Annual Report 2021–22*, p. 18.

^A The Agency reports participation rate and completed Fecal Immunochemical Test (FIT) statistics over a two-year period.

^B The Agency paused its Screening Program for Colorectal Cancer from March 17, 2020, to May 19, 2020, due to the COVID-19 pandemic.

⁹ www.partnershipagainstcancer.ca/news-events/news/article/key-lessons-increasing-colorectal-screening (29 June 2023).

¹⁰ Ibid. According to the Canadian Partnership Against Cancer, no province or territory has achieved the 60% screening target.



The Agency tracks participation in its colorectal cancer screening program by former health region. Our analysis found from March 31, 2020, to December 31, 2022, the participation rate declined across all former regions of the province between 3.0% and 6.6%.¹¹ We also found the participation rates of northern Saskatchewan residents in the colorectal cancer screening program remain the lowest, and continued to decrease (see **Figure 2**).

Figure 2—Participation Rates of Northern Saskatchewan Residents in the Screening Program for Colorectal Cancer

Former Health Region	April 1, 2019 to March 31, 2020	January 1, 2021 to December 31, 2022	Decrease in Participation Rate
Mamawetan Churchill River ^A	33.9%	28.0%	5.9%
Keewatin Yatthé ^B	28.1%	24.0%	4.1%
Athabasca ^C	22.3%	19.2%	3.1%

Source: Information provided by the Saskatchewan Cancer Agency.

^A Mamawetan Churchill River Health Region included communities such as Creighton, La Ronge, Pinehouse, Sandy Bay, and Weyakwin.

^B Keewatin Yatthé Health Region included communities such as Beauval, Green Lake, Buffalo Narrows, and La Loche.

^C Athabasca Health Region included communities such as Stony Rapids and Uranium City.

In September 2021, the Agency hired an Outreach Manager to create an outreach strategy and action plan for the Screening Program for Colorectal Cancer, based on data and community feedback. Management indicated the Agency expects to have the outreach strategy and action plan completed in summer 2023.

Focusing promotional strategies on under-screened areas to raise awareness and educate eligible target groups should lead to increased program participation rates. Analysis of the promotional events will help to determine whether these events achieve the desired outcomes. Higher screening program participation should lead to early detection and better health outcomes for individuals diagnosed with colorectal cancer.

3.2 Consistent Approach to Booking Colonoscopies Needed to Reduce Wait Times

We recommended the Saskatchewan Cancer Agency work with the Saskatchewan Health Authority to reduce the time patients wait for colonoscopies with an aim to provide these services within the nationally accepted benchmark for colorectal cancer screening programs. (2020 Report – Volume 2, p. 158, Recommendation 2; Public Accounts Committee agreement January 12, 2022)

Status—Partially Implemented

The Saskatchewan Cancer Agency, the Ministry of Health, and the Saskatchewan Health Authority began working together to discuss ways to improve endoscopy (e.g., colonoscopy) wait times provincially, but more work remains.

The Canadian Partnership Against Cancer has set a benchmark of booking 90% of follow-up colonoscopies within 60 days of a patient's receipt of an abnormal screening result from a FIT kit.

¹¹ The colorectal cancer screening program was suspended from March 17, 2020, to May 19, 2020, due to the COVID-19 pandemic.

Either the Agency or the patient's primary care provider (e.g., family physician) is responsible for booking follow-up colonoscopies in certain regions of the province. The Agency refers to these different booking processes as program-navigated, dual-navigated, or non-navigated, as outlined in **Figure 3**.

Figure 3—Process for Booking Follow-Up Colonoscopies

Program-navigated: Booking a follow-up colonoscopy appointment is the responsibility of the Agency where, as part of the screening program, a patient's completed FIT kit resulted in an abnormal result.

Dual-navigated: Booking a follow-up colonoscopy appointment is the responsibility of the Agency where, as part of the screening program, a patient's completed FIT kit resulted in an abnormal result or as ordered by a patient's primary care provider as part of opportunistic screening.^A

Non-navigated: Responsibility for referring patients for colonoscopy lies solely with the patient's primary care provider.^B

Source: Information provided by the Saskatchewan Cancer Agency.

^A Opportunistic screening is when patients receive screening for colorectal cancer at the request of their physician.

^B The following former health regions are non-navigated: Athabasca, Keewatin Yatthé, Memawetan Churchill River, Prairie North, Heartland, Cypress, and Five Hills.

From screening program invitations sent from January 1, 2022, to October 31, 2022, we found 2,368 patients had an abnormal result from a completed FIT kit, with 559 patients having a follow-up colonoscopy by December 31, 2022.¹² On an overall basis, 66% had a follow-up colonoscopy completed within 60 days of their abnormal FIT result, falling short of the national target of 90%.

Figure 4 shows that for 117 patients in non-navigated regions, the average wait time from abnormal result to colonoscopy continued to be over 60 days (ranging from 8 to 240 days), consistent with our 2020 audit.

Figure 4—Average Wait Time from Abnormal FIT Kit Result to Colonoscopy Appointment for Screened Patients between January 2022 and October 2022

Type of Navigation	Number of Patients Needing Colonoscopy	Average Wait Time (Days)
Program-navigated	317	58.3
Dual-navigated	125	55.9
Non-navigated	117	83.7

Source: Adapted from information provided by the Saskatchewan Cancer Agency.

We also analyzed data on wait times for colonoscopies for those patients within the screening program diagnosed with colorectal cancer. From January 1, 2022, to October 31, 2022, our analysis found three patients who waited longer than 60 days for a colonoscopy which led to a cancer diagnosis (wait times were 62, 91, and 125 days after an abnormal FIT result).

In June 2021, the Ministry of Health initiated the Provincial Endoscopy Committee (PEC) with both the Agency and the Saskatchewan Health Authority as members. The goal of PEC was to improve endoscopy (e.g., colonoscopy) wait times provincially.¹³

¹² It can take up to 120 days, on average, from the time an invite goes out for an individual to complete a FIT kit to the time they complete a colonoscopy (where an individual obtained an abnormal result from a completed FIT kit).

¹³ PEC was replaced in 2022 by the Endoscopy Executive Committee. Colonoscopy is a type of endoscopy.



We found PEC discussed the endoscopy wait times overall and the plans to address them provincially. For example, in November 2021, the Agency presented its navigation expansion project to PEC and its plans to implement navigation services to all patients with an abnormal result from a FIT kit. At March 2023, the Agency had not expanded its navigation services to the entire province.¹⁴

In April 2022, at the recommendation of PEC, the Saskatchewan Health Authority's executive leadership approved an Endoscopy Executive Committee. Its purpose is to set strategic direction, develop a provincial plan, and oversee the work of endoscopy services. The Committee includes members from the Authority, the Agency, the Ministry of Health, and physician leaders. At March 2023, the Endoscopy Executive Committee has yet to meet. However, it planned to meet for the first time in June 2023 to discuss the provincial plan, priorities for 2023–24, and the provincial rollout of endoscopy booking priorities.

Without a consistent approach for booking colonoscopies, patients who are not navigated through the Agency's screening program often wait longer for colonoscopies. Delays in receiving colonoscopies can result in delays in a colorectal cancer diagnosis and required treatment.

3.3 Timeframe for Providing Pathology Results Under Review

We recommended the Saskatchewan Cancer Agency work with the Saskatchewan Health Authority to determine a timeframe (benchmark) for providing patients and healthcare providers with pathology results related to screening for colorectal cancer. (2020 Report – Volume 2, p. 160, Recommendation 3; Public Accounts Committee agreement January 12, 2022)

Status—Partially Implemented

The Saskatchewan Cancer Agency worked with the Saskatchewan Health Authority to determine a target timeframe for providing patients and healthcare providers with pathology results (e.g., colorectal cancer diagnosis) related to screening for colorectal cancer. The target is currently under review by the Authority's Lab Medicine Anatomic Pathology (AP) Provincial Discipline Committee.

In January 2023, the Agency and the Authority met to determine an appropriate turnaround time target for pathology results. Both agreed to a target of 95% within 14 days, for all locations. As of May 2023, the target is under review by the Authority's Lab Medicine AP Provincial Discipline Committee.

From January 1, 2022, to October 31, 2022, our analysis found 559 patients within the colorectal cancer screening program had colonoscopies. Of these, 433 patients had biopsies taken and 45% of these patients received their pathology results later than 14 days. We found the average pathology wait time was 16.4 days, with the longest wait time of 37 days.

¹⁴ The Agency intends to complete expansion to one additional former health region and have a plan in place for the rest by the end of 2023–24.

Having benchmarks for expected timeframes to give pathology results from colonoscopies to patients and primary care providers would help the Agency and the Authority assess wait times. Timely receipt of pathology results assists in determining and providing appropriate and prompt treatment, and reduces the risk of the cancer growing or spreading.

3.4 More Analysis and Reporting on Quality Indicators Needed

We recommended the Saskatchewan Cancer Agency align quality indicators it regularly uses to report on the Screening Program for Colorectal Cancer with nationally accepted indicators. (2020 Report – Volume 2, p. 163, Recommendation 6; Public Accounts Committee agreement January 12, 2022)

Status—Partially Implemented

We recommended the Saskatchewan Cancer Agency report on results of key quality indicators timely for its Screening Program for Colorectal Cancer. (2020 Report – Volume 2, p. 162, Recommendation 5; Public Accounts Committee agreement January 12, 2022)

Status—Partially Implemented

We recommended the Saskatchewan Cancer Agency periodically include analysis of key quality indicator results for its Screening Program for Colorectal Cancer in its reports to senior management and the Board. (2020 Report – Volume 2, p. 162, Recommendation 4; Public Accounts Committee agreement January 12, 2022)

Status—Partially Implemented

While the Saskatchewan Cancer Agency developed some indicators to align with the nationally accepted indicators to help measure the success of the Screening Program for Colorectal Cancer, it has not yet determined which indicators to report to senior management and the Board. In addition, its current reports to senior management and the Board do not contain analysis or explanations where it has not met national benchmarks.

In summer 2022, the Agency hired a Business Intelligence Specialist to work with data from the screening programs (e.g., colorectal cancer, breast cancer) to help improve access, timeliness, and consistency in reporting indicators across the screening programs.

The Canadian Partnership Against Cancer has set 10 national quality indicators for colorectal cancer screening programs. As set out in **Figure 5**, the Agency developed indicators, or a reasonable proxy, to monitor seven of the 10 national quality indicators, and plans to develop indicators for another two.

**Figure 5—Quality Indicators Used by the Agency’s Screening Program for Colorectal Cancer at March 2023**

National Quality Indicator	Definition	National Benchmark	Indicator Developed by the Agency ^A
Screen-eligible population based participation rate	Proportion of the target population who successfully completed at least one FIT in the program within two years	60% or higher	Yes
Screening program participation rate (i.e., among those invited to screen)	Proportion of the target population invited to screen who successfully completed at least one FIT in the program within 30 months	Not set	Yes
Overdue for colorectal cancer screening	Proportion of the target population who were overdue for colorectal screening in each calendar year	Not set	Yes
Follow-up colonoscopy rate	Proportion of individuals with an abnormal FIT result having a follow-up colonoscopy within six months	85% or higher	Yes
Wait time to follow-up colonoscopy	Time interval from abnormal FIT result to follow-up colonoscopy	90% or higher within 60 days of an abnormal FIT result	Yes
Program invasive colorectal cancer rate	Rate per 1,000 individuals with colorectal cancer confirmed by pathology from a follow-up colonoscopy performed within 180 days of an abnormal screening over two years	2 or more colorectal cancer cases per 1,000 people screened	Yes
Colorectal cancer stage distribution	Distribution of detected colorectal cancer by tumor, node, and metastasis stage	Not set	Yes
14-day post-colonoscopy hospitalization rate for perforation or bleeding	Rate per 1,000 colonoscopies that resulted in the individual being admitted to hospital within 14 days of colonoscopy for bleeding and/or perforation	Not set	N/A – this information belongs to the Saskatchewan Health Authority, therefore, reasonable no indicator developed by the Agency
Interval cancer rate after negative fecal test result	Rate per 1,000 individuals with FIT screening results that were negative who were subsequently diagnosed with colorectal cancer before their next scheduled screening test	Not set	No – under development
Post-colonoscopy colorectal cancer rate after negative colonoscopy performed for positive fecal test	Rate per 1,000 individuals with abnormal FIT results and colonoscopy results negative for colorectal cancer (performed within 180 days of abnormal FIT) who were subsequently diagnosed with colorectal cancer between 6 months and 3 years after the colonoscopy	Not set	No – under development

Source: Adapted from Canadian Partnership Against Cancer, Colorectal Cancer Screening System Level Indicators: Data Specifications.

^A The Agency only reports these participation rates to senior management and the Board twice per year (shaded grey).

Currently, the Agency only reports the participation rates to senior management and the Board twice a year.¹⁵ Management indicated the Agency is determining what other indicators to report to senior management and the Board, and how often. It expects to do so by December 2023.

¹⁵ In February 2023, the Board requested to receive participation rate reports twice a year (previously received quarterly).

We reviewed participation rate reports for November 2022 and February 2023 and found the reports included timely information (e.g., the February report reflected information up to December 2022). This aligns with good practice suggesting reporting of results on key indicators three to six months after the results period.

We also found the reports included some trend information (i.e., quarterly rates for two years). However, the reports did not include trend analysis or reasons why the program did not achieve the national participation rate benchmark of 60% (along with management's actions or plans to improve participation rates).

Reporting on key performance indicators for colorectal screening that are consistent with good practice can provide senior management and the Board with pertinent information for decision-making. Written detailed analysis would help the Agency understand its progress and identify opportunities for improvements. Providing timely performance information also increases the ability of senior management and the Board to identify potential improvements sooner.

Chapter 24

Saskatchewan Health Authority—Minimizing Employee Absenteeism in Kindersley and Surrounding Areas

1.0 MAIN POINTS

Excessive employee absenteeism prevents the Saskatchewan Health Authority from delivering cost-effective healthcare services.

Sick leave continues to increase at the Authority. In 2022–23, the Authority experienced actual sick time per employee of about 107 hours (13.4 sick days) on a province-wide basis, as compared to 82 hours (10.25 sick days) in 2018–19.

By August 2023, the Authority implemented one recommendation and continues to work on the three other outstanding recommendations we first made in 2017 about minimizing employee absenteeism in Kindersley and surrounding areas.

The Authority reassessed the role of human resources in addressing employee absenteeism. It formalized its Accommodation and Attendance Management department, and trained human resource business partners to provide support (e.g., guidance about conducting meetings with employees, dealing with complex issues such as psychological illness claims) to managers who have employees with excessive absenteeism.

While the Authority started analyzing and reporting causes (e.g., physical health, mental health, stress) of employee absenteeism, it had yet to implement, and sufficiently report on, strategies to address those causes. In addition, the Authority is not monitoring the actions taken by managers to work with those employees with excessive absenteeism.

Effectively managing absenteeism contributes to quality service delivery to the public, minimizes costs, and supports employee well-being.

2.0 INTRODUCTION

Under *The Provincial Health Authority Act*, the Saskatchewan Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it provides. Employee absenteeism directly affects the delivery of health services.

Managing employee absenteeism is a key aspect to controlling the costs of delivering healthcare in Saskatchewan and supports employee well-being.

2.1 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management's actions on the four outstanding recommendations we first made in 2017.



In 2017, we assessed the Saskatchewan Health Authority's processes to minimize employee absenteeism in Kindersley and surrounding areas. Our *2017 Report – Volume 2*, Chapter 25, concluded the Authority had effective processes to minimize employee absenteeism other than the matters reflected in our five recommendations.¹ By November 2019, the Authority implemented one of the five recommendations.²

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Authority's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Authority management agreed with the criteria in the original audit.

To carry out our follow-up audit, we discussed with management the actions taken and examined key documents (e.g., policies and procedures, reports provided to the Authority's Board of Directors, training) relevant to minimizing employee absenteeism. In addition, we tested a sample of employees with excessive absenteeism in Kindersley and surrounding areas.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at August 31, 2023, and the Saskatchewan Health Authority's actions up to that date.

3.1 Human Resources Role Reassessed

We recommended the Saskatchewan Health Authority reassess the role of human resources in promoting employee attendance to enable more timely resolution of issues causing employee absenteeism. (*2017 Report – Volume 2*, p. 187, Recommendation 1; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Health Authority expanded the role of human resources staff to support managers who have employees with absenteeism issues.

Since our follow-up audit in 2019, the Authority determined its resourcing needs for its employee attendance support program and finalized the Accommodation and Attendance Management department structure. The Authority employs one Director for the department and expects each Accommodation and Attendance Management area (rural, Regina, Saskatoon, and north) to have one manager, seven specialists, and two associates. As of April 2023, management indicated the Authority fully staffed (i.e., 10 attendance management staff) the rural area of the Accommodation and Attendance Management department, which includes Kindersley and surrounding areas.

¹ *2017 Report – Volume 2, Chapter 25*, pp. 177–191.

² *2020 Report – Volume 1, Chapter 28*, pp. 263–267.

Each position has responsibilities related to accommodation and attendance management. For example, the Authority expects specialists to lead and advise all levels of management on accommodations and attendance issues deemed complex and/or provincially focused, such as psychological illness claims, family status accommodation requests, and religious status requests.

The Authority also employs over 60 human resource business partners, with three such partners supporting managers in healthcare facilities in Kindersley and surrounding areas. As part of their duties, human resource business partners provide knowledge, guidance, and support on employment relationships, as well as on accommodation and attendance management. They also support work units/service lines to negotiate resolutions for attendance management issues.

We found the Authority provided attendance management training to all human resource business partners in the rural area in June 2023. At August 2023, management indicated the business partners provided support on an ad hoc basis (i.e., a manager can reach out to the business partner for support when they have an employee with absenteeism issues).

Management noted that upon implementation of a provincial attendance management policy (expected before March 31, 2024), the human resource business partners will be the first point of contact for managers when they identify employees with absenteeism issues. The human resource business partners will offer attendance management support to managers (e.g., how to document meetings with employees using standardized checklists). If, after the initial discussion with the employee and continued absenteeism issues, managers can also seek advice from the Accommodation and Attendance Management specialist for further support (e.g., resources for mental healthcare, addictions).

Involving human resources personnel helps to share and reduce the workload for managers responsible for managing staff attendance. An effective approach to improve employee attendance at work is important because excessive employee absenteeism increases costs and can disrupt care.

3.2 Employees With Excessive Absenteeism Not Monitored

We recommended the Saskatchewan Health Authority monitor that those responsible for employee attendance management document discussions and actions with employees who have excessive absenteeism. (2017 Report – Volume 2, p. 188, Recommendation 3; Public Accounts Committee agreement February 26, 2019)

Status—Not Implemented

Since 2019, the Saskatchewan Health Authority stopped monitoring the actions taken by managers in Kindersley and surrounding areas to work with employees with excessive absenteeism.

During our 2019 follow-up audit, we found the Authority provided managers with monthly reports on employees with excessive absenteeism (i.e., more than 64 hours or about 8 working days) and implemented checklists to assist facility managers in conducting meetings with employees with excessive absenteeism. The checklists outline discussion



items such as issues leading to an absence (e.g., workload, physical work environment, workplace conflict) and resources available to the individual (e.g., Employee Family Assistance Program). The checklists also provide the option to establish an action plan, as well as a target date for completion of the action plan. In addition, a staff member in Kindersley and surrounding areas maintained a tracking sheet for monitoring actions taken by managers.

However, due to the COVID-19 pandemic, the Authority paused its attendance management processes. In fall 2022, management indicated the Authority resumed attendance management, but on an ad hoc basis.

Instead of providing managers with monthly reports to help monitor employee absenteeism, the Authority expects managers to informally monitor employees' attendance at work. If a manager notices attendance issues with an employee, the manager should discuss the issues with the employee, and can now request support from the human resource business partners as necessary since August 2023.

Between April 1, 2022, and July 31, 2023, the Authority had 670 employees (out of about 1,900 employees), or roughly 35% of staff, in Kindersley and surrounding areas with sick leave exceeding the target of 64 hours per full-time equivalent (FTE). Sick leave for these employees ranged from 65 to over 903 hours.

For each of the five employees in the Kindersley and surrounding areas with excessive absenteeism tested, we found no evidence of managers monitoring or documenting discussions about excessive absenteeism. For example, one employee had 372 hours of sick leave. This employee's manager did not use the checklist or document any discussions held.

Without proper records, managers cannot show if and how they addressed the reasons for identified absences of employees with excessive absenteeism. Monitoring whether supervisory managers take appropriate and timely steps to address excessive employee absenteeism can help determine whether they have adequate support in their supervisory role. It can also assist in understanding and addressing the causes for employee absenteeism.

3.3 Some Absenteeism Analysis and Reporting Completed, But More Required

We recommended the Saskatchewan Health Authority analyze significant causes of its employees' absenteeism and implement targeted strategies to address them. (2017 Report – Volume 2, p. 190, Recommendation 4; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

We recommended the Saskatchewan Health Authority give the Board periodic reports on the progress of attendance management strategies in reducing employee absenteeism and related costs. (2017 Report – Volume 2, p. 190, Recommendation 5; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

The Saskatchewan Health Authority has started to analyze and report on significant causes of employee absenteeism, but has not yet implemented, or reported on, targeted strategies to address them.

In January 2023, the Authority began manually collecting data on reasons for employee absenteeism. As shown in **Figure 1**, physical health, mental health, and chronic disease are the top three reasons for absenteeism in the province from January to June 2023. Physical health was the most common reason for absenteeism (48%) in the rural area, which includes Kindersley and surrounding areas.

Figure 1—Common Reasons for Employee Absenteeism between January and June 2023

Reason	Rural	Regina	Saskatoon	North	Total
Physical health	33	7	2	2	44
Mental health	6	7	7	9	29
Chronic disease	2	2	22	2	28
Family	10	6	1	5	22
Stress	5	4	3	1	13
Migraine	2	0	2	0	4
Addiction	0	3	0	0	3
Other (e.g., domestic violence, bereavement, insomnia)	11	7	87	38	143
Total	69	36	124	57	286

Source: Adapted from information provided by the Saskatchewan Health Authority.

We found the Authority used this data to create information packages with resources employees can access to help address the situation(s) contributing to their absenteeism. For example, the Authority developed an information package on chronic illnesses that provides education about common chronic illnesses (e.g., diabetes). The Authority expects to start using these packages in fall 2023.

Due to delays with implementing a new case management system (i.e., AIMS), the Authority's ability to collect data is limited.³ For example, the Authority is not able to perform analytics on facilities or groups with excessive absences. Gathering this information manually would be onerous and inefficient. Lack of useful data limits the Authority's ability to develop strategies to reduce employee absenteeism and the related costs.

In September 2023, management planned to provide the Board with an overview of the work of the Accommodation and Attendance Management department, along with the common reasons for employee absenteeism.

Collecting necessary data and analyzing causes of absences would assist in the development of strategies to reduce employee absenteeism. Reporting of key causes and strategies would help the Board understand whether the Authority is effectively reducing employee absenteeism, and whether changes are necessary. Excessive absenteeism increases costs to replace workers (e.g., overtime pay for other employees) and administrative costs of managing absenteeism.

³ The Authority began implementing a new business-wide IT system called Administrative Information Management System (AIMS) in 2018. The Authority had yet to establish a new AIMS implementation date following a paused attempt to "go live" in November 2022.

Chapter 25

Saskatchewan Health Authority—Overseeing Contracted Special-Care Homes in Saskatoon and Surrounding Area

1.0 MAIN POINTS

The Saskatchewan Health Authority uses private operators of special-care homes to provide 24-hour care to those Saskatchewan residents who can no longer care for themselves. Saskatoon and surrounding area has 15 private special-care homes contracted by the Authority.

By July 2023, the Authority made little progress on addressing recommendations made in 2017 about overseeing contracted special-care homes in Saskatoon and surrounding area. Of the five outstanding recommendations, one was no longer relevant and the Authority requires more work to fully implement the remaining recommendations.

The Authority and private operators of special-care homes continue to work on developing a new contract to clarify accountability relationships, and define service expectations related to quality of care, along with associated performance measures. The Authority expects to sign new contracts with special-care home operators by March 31, 2024. This will help special-care home operators to better understand their relationship with the Authority as well as with the Ministry of Health, along with the quality of care expected of them.

Since 2021, the Ministry of Health inspects special-care homes' compliance with its *Program Guidelines for Special-care Homes*. We found the Authority supports the Ministry's inspections by assessing whether special-care homes appropriately address identified areas of non-compliance.

However, the Authority needs to continue working with special-care homes toward addressing homes' non-compliance with performance measures related to the quality of care provided to residents. Special-care homes continue to not meet established performance measures (e.g., residents experiencing daily physical restraints, use of antipsychotics, newly occurring pressure ulcers). Not taking timely actions to address non-compliance can result in poor services provided to residents of special-care homes, which may negatively impact their quality of life.

2.0 INTRODUCTION

2.1 Background

The Saskatchewan Health Authority contracts with private sector operators for services at 15 special-care homes in Saskatoon and surrounding area (See **Figure 1**). In 2022–23, the contracts with these 15 home operators had a total cost of \$99.2 million.

**Figure 1—Special-care Homes Contracted in Saskatoon and Surrounding Area in 2022–23**

Special-care Home	Location	Long-Term Care Beds
Central Haven Special-care Home (Sherbrooke Community Society Inc.)	Saskatoon	60
Circle Drive Special-care Home Inc.	Saskatoon	53
Langham Care Home	Langham	17
Lutheran Sunset Home of Saskatoon	Saskatoon	126
Oliver Lodge	Saskatoon	139
Porteous Lodge (Jubilee Residences Inc.)	Saskatoon	99
Samaritan Place	Saskatoon	100
Saskatoon Convalescent Home	Saskatoon	60
Sherbrooke Community Centre (Sherbrooke Community Society Inc.)	Saskatoon	263
Spruce Manor Special Care Home Incorporated	Dalmeny	36
St. Ann's Home (St. Ann's Senior Citizens Village Corporation)	Saskatoon	80
St. Joseph's Home (Ukrainian Sisters of St. Joseph of Saskatoon)	Saskatoon	72
Stensrud Lodge (Jubilee Residences Inc.)	Saskatoon	100
Sunnyside Adventist Care Centre	Saskatoon	91
Warman Mennonite Special-care Home Inc.	Warman	31

Source: Information provided by the Saskatchewan Health Authority.

The Provincial Health Authority Act requires the Authority to enter into written contracts with special-care homes. This Act specifies that contracts must cover health services to be provided, funding, performance measures and targets, required reporting, and certain dispute resolution mechanisms. Special-care homes are to provide health services in accordance with these contracts.

In addition, special-care homes must provide health services in compliance with applicable provincial legislation and policies. For example, *The Facility Designation Regulations* [s. 17(2) and (3)] require operators of special-care homes (including those operated by the Authority) to comply with the standards established in the Ministry of Health's *Program Guidelines for Special-care Homes*. The Guidelines set out the minimum care standards and related procedures for the operation of special-care homes.

2.2 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management's actions on the five outstanding recommendations we first made in 2017.

In 2017, we assessed the Saskatchewan Health Authority's processes to oversee contracted special-care homes in Saskatoon and surrounding area. Our *2017 Report – Volume 1*, Chapter 12, concluded that, for the 12-month period ended December 31, 2016, the Authority had, other than the areas reflected in our six recommendations, effective systems to oversee contracted special-care homes' compliance with the Ministry of Health's *Program Guidelines for Special-care Homes*.¹ By November 2019, the Authority implemented one of the six recommendations.²

¹ *2017 Report – Volume 1, Chapter 12*, pp. 161–180.

² *2020 Report – Volume 1, Chapter 29*, pp. 269–276.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Authority's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Authority management agreed with the criteria in the original audit.

To carry out our follow-up audit, we interviewed relevant Authority staff responsible for overseeing special-care homes. We reviewed the Authority's process for monitoring special-care homes' actions to address recommendations from inspections conducted by the Ministry. In addition, we examined documents such as the draft contract, meeting minutes, policies, and reports related to the oversight of special-care homes.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at July 31, 2023, and the Authority's actions up to that date.

3.1 Accountability Relationships Defined, But Not Yet Formalized

We recommended the Saskatchewan Health Authority enter into contracts with special-care homes that clearly set out expected accountability relationships between itself, the special-care home, and the Ministry of Health. (2017 Report – Volume 1, p. 168, Recommendation 2; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

The Saskatchewan Health Authority and representatives from special-care homes have yet to sign new contracts outlining the accountability relationship between the parties (i.e., the Authority, special-care home representatives, and the Ministry of Health).

As described in our 2019 follow-up audit, the Authority, Ministry of Health, and special-care homes' representatives approved an accountability document setting out the accountability relationship between the parties.

The Authority and special-care home representatives also formed a Principles and Services Agreement Steering Committee to revise the existing contract template. We found the Committee experienced delays in finalizing its revisions to the contract template. For example, the COVID-19 pandemic highlighted a need to include provisions in the contract template requiring special-care homes to comply with care-related policies, standards and practices acceptable to the Authority.

As of July 2023, the Authority and special-care home representatives had not finalized revisions to the contract template. The Authority's management indicated the targeted timeline for completion is December 31, 2023. Once completed, the Authority expects to sign new contracts with special-care home operators by March 31, 2024. As of July 2023, special-care homes continued to operate under old contracts. These old contracts are inadequate as they do not clearly set out the accountability relationship between the Authority, each special-care home, and the Ministry.



When the accountability relationship between the Ministry, the Authority, and each special-care home is not clearly outlined in the contract, it can cause confusion for special-care home operators. For example, home operators may take direction or provide reports to the wrong agency (i.e., the Ministry versus the Authority).

3.2 Working to Address Service Expectations and Performance Measures in Contract Template

We recommended the Saskatchewan Health Authority work with the Ministry of Health to confirm performance measures that it requires contracted special-care homes to report on to help them assess each home's compliance with the Ministry of Health's Program Guidelines for Special-care Homes and improve quality of resident care. (2017 Report – Volume 1, p. 170, Recommendation 3; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

We recommended the Saskatchewan Health Authority clearly define service expectations related to quality of care, and include targets for related key performance measures and all key reporting requirements in its contracts with special-care homes. (2017 Report – Volume 1, p. 171, Recommendation 4; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

The Saskatchewan Health Authority clearly expects special-care homes to provide quality care and to follow the Ministry of Health's *Program Guidelines for Special-care Homes*. However, it has not redefined performance measures or service expectations to help assess special-care homes' compliance with the Guidelines.

The Ministry updated its Guidelines in July 2021 and, in collaboration with the Authority, established the 2022–23 performance measures, targets, and reporting requirements for special-care homes set out in **Figure 2**.

Figure 2—2022–23 Performance Measures and Reporting Requirements for Special-care Homes

Performance Measure	2022–23 Target Percentage of Residents	Reporting Frequency
1. Residents in Daily Physical Restraints ^A	Not to exceed 13.5%	Quarterly
2. Residents on Antipsychotics without a Diagnosis of Psychosis ^A	Not to exceed 27.5%	Quarterly
3. Newly Occurring Stage 2 to 4 Pressure Ulcers (sores resulting from being in a set position for long periods of time) ^A	Not to exceed 2.7%	Quarterly
4. Residents Experiencing Pain ^A	Not to exceed 5%	Quarterly
5. Residents whose Behavioural Symptoms Worsened	Not to exceed 12.5%	Quarterly
6. Residents with Depression whose Mood Worsened	Not to exceed 22.5%	Quarterly

Source: Information provided the Saskatchewan Health Authority.

^A Four of the six performance measures remained unchanged from our 2017 audit.

The Ministry's Guidelines set out expected care practices (e.g., feeding methods, hygiene, medication reviews, therapies provided, pain management) in the homes. As we reported in our 2017 audit, the performance measures in **Figure 2** provide little insight into how special-care homes meet the expected care practices of the Ministry's Guidelines.

As described in **Section 3.1**, the Authority continues to work on finalizing revisions to its contract template with special-care homes. The Authority has yet to finalize the schedules within the template relating to service expectations, performance measures and targets, and reporting requirements. It expects to do so in 2023–24.

Having performance measures and service expectations that clearly link the key aspects of quality of care could help special-care homes to better understand the quality of care expected of them.

3.3 Prompt Actions to Address Non-Compliance Needed

We recommended the Saskatchewan Health Authority periodically inspect special-care homes to assess if they comply with key areas of the Ministry of Health's Program Guidelines for Special-care Homes. (2017 Report – Volume 1, p. 176, Recommendation 5; Public Accounts Committee agreement February 26, 2019)

Status—No Longer Relevant to the Saskatchewan Health Authority because the Ministry is now doing inspections

We recommended the Saskatchewan Health Authority take prompt action when it finds non-compliance with key measures that assess special-care homes compliance with the Ministry of Health's Program Guidelines for Special-care Homes. (2017 Report – Volume 1, p. 177, Recommendation 6; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

The Ministry of Health inspects special-care homes' compliance with its *Program Guidelines for Special-care Homes*.³ The Saskatchewan Health Authority supports the Ministry's inspections by assessing whether special-care homes appropriately address identified areas of non-compliance. However, the Authority has yet to improve the ways it addresses non-compliance with performance measures, and special-care homes continue to have issues meeting performance targets (since our 2017 audit).

We found the Ministry developed a process to assess special-care homes' compliance with the Guidelines on a three-year cycle.⁴ Ministry staff inspected five of 15 special-care homes in Saskatoon and the surrounding area during 2022. We tested three inspections and found the Ministry shared the results (i.e., areas of non-compliance) with the Authority and special-care homes' representatives. For each of these inspections, we found the Authority reviewed the special-care homes' remediation plans and provided the Ministry with confirmation that the homes appropriately addressed the areas of non-compliance.

³ Section 17.01 of *The Facility Designation Regulations* provides the Minister of Health with authority to designate special-care homes inspectors.

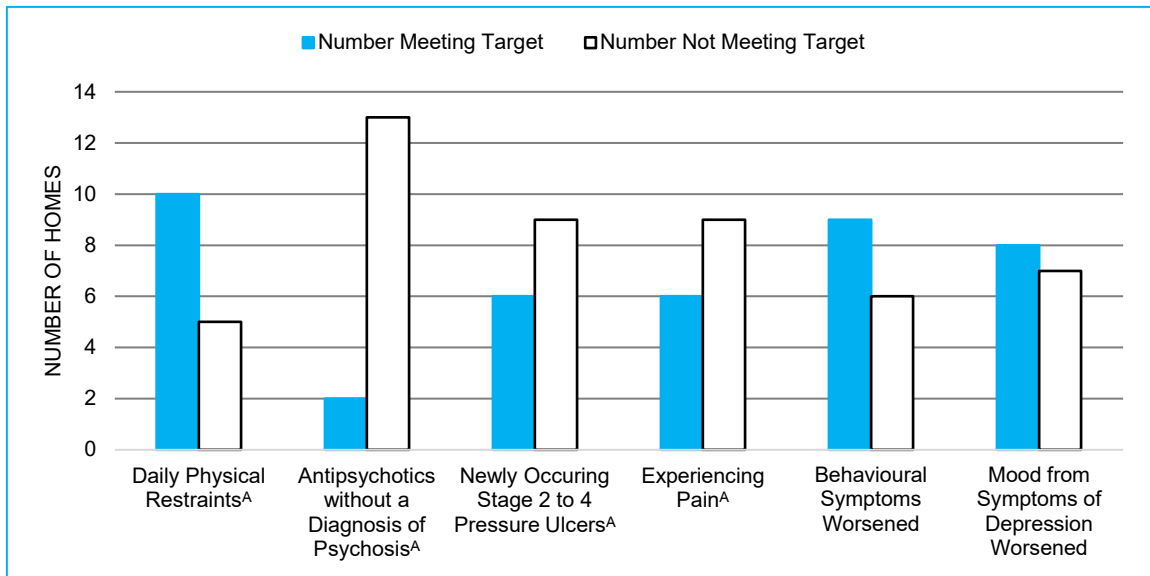
⁴ Our audit did not assess the Ministry of Health's processes to conduct inspections of special-care homes. Our audit focused on assessing the Authority's involvement in supporting the Ministry's inspections. Our *2024 Business and Financial Plan* (p. 36) includes inspections of long-term care homes as a potential area of focus for future performance work.



Inspections help to confirm the quality of services special-care homes provide to residents.

Authority officials also discuss with each special-care home, their self-reported performance measures and results (see **Figure 3**). The Authority assigns project coordinators to support the homes (e.g., review results, review action plans to help address possible root causes).

Figure 3—Number of Special-care Homes in Saskatoon and Surrounding Area Meeting and Not Meeting Performance Targets for January 1, 2023 to March 31, 2023



Source: Information provided by the Saskatchewan Health Authority.
^A Four of the six performance measures remained unchanged from our 2017 audit.

Similar to our audits in 2017 and 2019, special-care homes in Saskatoon and surrounding area continue to not meet performance measure targets. In fact, results worsened since 2019 for three measures (i.e., residents in daily physical restraints, use of antipsychotics, and newly occurring pressure ulcers).

Our analysis found only one contracted home in Saskatoon and surrounding area met all six performance targets during the January 1, 2023, to March 31, 2023, period. For example, as shown in **Figure 3**, almost all of the special-care homes (i.e., 13 of 15) did not achieve the target for minimizing the number of residents on antipsychotic drugs without a diagnosis of psychosis, which is often an indicator that special-care home staff chemically manage their homes' residents.

Failure to address non-compliance with expected quality of care performance targets can result in poor services provided to special-care home residents, which may negatively impact their quality of life.

Chapter 26

Saskatchewan Health Authority—Providing Timely Access to Mental Health and Addictions Services in Prince Albert and Surrounding Areas

1.0 MAIN POINTS

The Saskatchewan Health Authority provides three types of mental health and addictions services in Prince Albert and surrounding areas: inpatient (in a hospital), outpatient (outside a hospital, such as a clinic or program), and community rehabilitation and residential services. The Authority provides most of these services in the city of Prince Albert.

By July 2023, the Authority continues to work on addressing recommendations we first made in 2018 about providing timely access to mental health and addictions services in Prince Albert and surrounding areas (i.e., Northeast integrated service area). The Authority implemented three recommendations and continues to work on the two remaining recommendations.

The Authority assessed client demand for mental health and addictions services by reviewing monthly wait lists. The Authority had 249 children and youth waiting for psychiatric services in Prince Albert and surrounding areas, with one individual experiencing severe symptoms waiting 130 days (4.3 months) and another individual with moderate symptoms waiting over 1,600 days (4.4 years) to see a psychiatrist. As a result of these assessments, the Authority identified staffing as a barrier to achieving their targets and received additional funding from the Ministry of Health in June 2023 to recruit additional staff.

The Authority identified clients who frequently use mental health and addictions services—it used support teams to better serve these clients. In addition, it periodically reviewed client files to determine whether staff document evidence of follow-up when mental health and addictions clients miss their scheduled appointments or treatment.

The Authority began developing a provincial strategy to implement a mental health and addictions IT system, but it has yet to finalize the strategy for all healthcare services and professionals (i.e., physicians). Having a complete client history of services provided would aid all healthcare providers in determining the next appropriate course of action for clients.

The Authority also began collaborating with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients, but they have made little progress. Over 2,300 detox clients identified as homeless in Prince Albert and surrounding areas in 2022—a significant increase from just over 800 clients in 2017. Providing stable housing can lead to better outcomes for people living with complex mental health and addiction issues.



2.0 INTRODUCTION

The Provincial Health Authority Act makes the Ministry of Health responsible for the strategic direction of the provincial healthcare system, and makes the Saskatchewan Health Authority responsible for planning, organizing, delivering, and evaluating healthcare services, including mental health and addictions services.

The Authority established six integrated service areas within Saskatchewan for the delivery and management of health services. The Northeast integrated service area includes the city of Prince Albert and surrounding areas.

2.1 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management's actions on five outstanding recommendations we first made in 2018.

In 2018, we assessed the Saskatchewan Health Authority's processes to provide timely access to mental health and addictions services in Prince Albert and surrounding areas. Our *2018 Report – Volume 1*, Chapter 8, concluded that the Authority had effective processes, except in the areas reflected in our 10 recommendations.¹ By January 2021, the Authority implemented five of 10 recommendations.²

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Authority's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Authority management agreed with the criteria in the original audit.

To carry out our follow-up audit, we discussed with management the actions taken, reviewed the Authority's policies and procedures, and examined other key documents (e.g., wait lists, corrective action plans). We observed the Authority's mental health and addictions IT system. In addition, we tested a sample of client files to determine whether the Authority followed up with clients who missed their appointments or treatment.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at July 31, 2023, and the Saskatchewan Health Authority's actions up to that date.

¹ *2018 Report – Volume 1*, Chapter 8, pp. 103–125.

² *2021 Report – Volume 1*, Chapter 22, pp. 241–253.

3.1 Trying to Increase Capacity After Assessing Client Demand

We recommended the Saskatchewan Health Authority formally assess whether mental health and addictions services are meeting client demand and make adjustments where necessary in its Northeast integrated service area. (2018 Report – Volume 1, p. 113, Recommendation 1; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Health Authority assesses client demand for mental health and addictions services in the Northeast integrated service area by reviewing monthly wait lists. From these reviews, the Authority identified a lack of staffing as the main barrier to meeting client demand. As a result, it received additional funding from the Ministry of Health in June 2023 to recruit additional nurses, psychiatrists and psychologists, and to enhance emergency mental health nursing supports.

Each month, the Authority tracks the wait times for mental health outpatient and psychiatric services for adults, as well as for children and youth. The Authority sends these results to the Ministry of Health each month. We reviewed the wait times for children and youth and, as shown in **Figure 1**, the Authority had 249 children and youth waiting for psychiatric services, with one individual experiencing severe symptoms waiting 130 days (4.3 months) and one individual with moderate symptoms waiting 1,611 days (4.4 years) to see a psychiatrist.

Figure 1—Number of Children and Youth Waiting for Psychiatric Services in the Northeast Integrated Service Area at July 2023

Acuity Level	Children and Youth Waiting for Psychiatric Services	Longest Wait for Psychiatric Services (Days)
Very Severe	0	0
Severe	9	130
Moderate	215	1,611
Mild	25	1,011
Total	249	

Source: Adapted from information provided by the Saskatchewan Health Authority.

Additionally, the Authority tracks wait time data for both adult, and child and youth psychology. At July 31, 2023, the Authority had 299 child and youth clients waiting for psychology services (e.g., to see a psychologist).

Through its analysis, the Authority identified a lack of available staffing as the primary barrier to reducing wait times and meeting benchmark targets. There are a large number of vacancies in healthcare positions in the Northeast integrated service area—all three child psychiatric positions were vacant at July 2023. Therefore, it relies on part-time community psychiatry support, as well as from the Saskatoon integrated service area to provide psychiatric services to child and youth clients.



As a result, in July 2022, the Authority submitted a \$5.4 million enhanced funding request to the Ministry of Health for additional specialists (e.g., psychiatrists, psychologists), support staff (e.g., nurse practitioners, addictions counsellors), and for training.

In June 2023, the Ministry agreed to provide roughly \$1.9 million in additional funding to the Authority for the purposes of hiring additional psychologists, nurses, nurse practitioners, pharmacists, as well as to expand supports for current emergency mental health nursing (e.g., extend hours to support the psychiatrist on call) in the Northeast integrated service area.³

We found the Authority is actively trying to recruit staff across various specialities. However, as we found during our 2022 audit of filling hard-to-recruit healthcare positions at the Authority, it is encountering difficulties in recruiting staff for many specialized healthcare positions, including registered nurses and psychologists.⁴

Assessing client demand, and attempting to make necessary adjustments to help meet those demands, increases the likelihood of providing those suffering from mental health illnesses and addictions with timely access to services.

3.2 Strategy to Collect Client Information In Progress

We recommended the Saskatchewan Health Authority develop a strategy to collect key mental health and addictions client information from healthcare professionals for the provincial integrated mental health record system. (2018 Report – Volume 1, p. 114, Recommendation 3; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

The Saskatchewan Health Authority began developing a provincial strategy to implement an IT system (referred to as the Mental Health and Addictions Information System [MHAIS]) to record mental health and addictions services provided to outpatient and inpatient clients, as well as services provided by healthcare professionals. At July 2023, the Authority has yet to finalize its implementation strategy.

In November 2022, the Authority, along with eHealth Saskatchewan and the Ministry of Health, developed a work plan to implement MHAIS provincially. The work plan sets out:

- Each project (e.g., hire IT personnel, implement IT system in provincial detoxification units, provide physician access)
- Project lead(s)
- Tasks (e.g., account creation, end-user training) with task leads
- Estimated hours for each task, as well as start and completion dates

³ The Ministry's funding will assist the Authority in recruiting about 10 additional healthcare positions.

⁴ 2022 Report – Volume 2, Chapter 12, pp. 133–158.

We found the Authority and its partners have not fully developed the work plan. For example, it does not include plans (e.g., project leads, tasks, timelines) for implementing the MHAIS IT system for detoxification units and for healthcare professionals (i.e., physicians).

Full implementation of MHAIS across all mental health and addictions services can help the Authority capture all client information and services provided, giving it a complete client history of services. A complete client history of services provided and their impact on client health would aid all healthcare providers in determining the next appropriate course of action for clients.

3.3 Healthcare Teams Support Mental Health and Addictions Clients Who Frequently Use Services

We recommended the Saskatchewan Health Authority identify and analyze clients who frequently use mental health and addictions services to determine how they may be better served in its Northeast integrated service area. (2018 Report – Volume 1, p. 114, Recommendation 4; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Health Authority identified clients who frequently use mental health and addictions services and used support teams to better serve these clients in the Northeast integrated service area.

The Authority tracks clients who frequently use mental health and addictions services. The Authority makes use of two support teams to serve these clients—the community recovery team and the police and crisis team.

Community Recovery Team:

The community recovery team is a multi-disciplinary team (e.g., addictions counsellor, community mental health nurse) with a capacity to serve approximately 30 clients at a time in the Northeast integrated service area. This team serves a specific group of clients with very complex needs by providing client-centred support to individuals with serious and persistent mental illness. Based on client needs, the team sets up regular appointments or provides support on an as-needed basis. The Authority does not mandate clients to use this team.

The Authority uses the clients' length of stay once admitted to inpatient units to determine whether the community recovery team helped clients recover or reduced the severity of their symptoms. It uses this metric because shorter client stays in inpatient units can be indicative of clients recovering from their mental health or addictions issues. It also results in a higher turnaround of beds, which makes needed resources available for other clients.

As of July 2023, the community recovery team actively served 31 clients (February 2021: 27 clients). For each of the four client files tested, we found that after the team initiated services with the clients, hospital admissions and the average length of stay once admitted



decreased. For example, one client stayed in hospital for 65 days in 2020–21. The client was admitted again in 2021–22 and 2022–23. Following receipt of services from the community recovery team, this client experienced shorter hospitalization stays at only 6 days in 2021–22 and 12 days in 2022–23.

Police and Crisis Team:

The police and crisis team combines a police officer (from Prince Albert Police Services) with a mental health and addictions professional, who respond to an emergency call to provide immediate intervention. The team responds to the situation, de-escalates the crisis, and links the client and/or family to appropriate services and support where needed.

The Authority tracks the number of diverted emergency calls each month (i.e., individuals assisted by the police and crisis team rather than taken to a hospital emergency department).

For July 2023, the Authority reported the police and crisis team responded to 25 calls. The team diverted 17 (72%) of these calls from a hospital emergency department by providing alternate services (e.g., outpatient mental health counselling).⁵

Using support teams who provide immediate and personalized care increases the level of mental health or addictions care provided to clients to better serve their specific needs.

3.4 Housing Options Not Improved

We recommended the Saskatchewan Health Authority collaborate with the Ministry of Social Services to enhance access to housing options for mental health and addictions clients. (2018 Report – Volume 1, p. 120, Recommendation 5; Public Accounts Committee agreement February 26, 2019)

Status—Partially Implemented

The Saskatchewan Health Authority and the Ministry of Social Services began meeting to collaborate on providing housing options for mental health and addictions clients, but they have made little progress.

In 2012, the Federal Government established the Reaching Home Community Advisory Board. Part of its mandate is to provide advisory services and assist in planning for homelessness reduction and prevention strategies in Prince Albert. The Board meets quarterly and includes members from the community (e.g., City of Prince Albert, Prince Albert Police Service), as well as government agencies (e.g., representatives from the Ministry of Social Services, Saskatchewan Housing Corporation). The director of the Authority's mental health and addictions unit in Prince Albert also attends the meetings, participates in discussions, and in decision-making.

We found the Board discussed shelter issues (e.g., lack of beds) and the potential establishment of more shelters.

⁵ In November 2020, the police and crisis team responded to 47 calls and diverted eight (17%) of the calls.

The Authority is also part of a Youth Residential Supports Working Group with the Ministry of Social Services and the Ministry of Health. The working group meets quarterly. We found it discussed challenges (e.g., complex diagnosis, drug use) encountered with the youth population and concerns about facilities providing youth with residential supports being unable to support their needs.

While we found the Authority collaborated with the Ministry of Social Services on some issues, it has not made progress in enhancing housing options for mental health and addictions clients, especially for those with addictions.

In our original audit in 2017, we noted the Authority had 802 detox unit stays for clients in the Northeast integrated service area where clients identified as homeless in 2016–17. As shown in **Figure 2**, this number increased significantly—over 2,300 detox clients identified as homeless in 2022. These clients who identify as homeless make up 70% of all detox clients.⁶ Management indicated they saw a large increase in detox clients who identified as homeless during the COVID-19 pandemic, as they had no other safe place to go.

Figure 2—Number of Detox Clients who Identify as Homeless in the Northeast Integrated Service Area

Year	Detox Clients Identified as Homeless ^A	Overall Detox Clients ^A	Percentage of Homeless Detox Clients Compared to Overall Detox Clients	Percentage Increase in Homeless Detox Clients
2021	1,512	2,672	57%	89%
2022	2,320	3,315	70%	53%

Source: Information provided by the Saskatchewan Health Authority.

^A The number of detox clients may include clients who use detox services on more than one occasion.

From August 2022 to July 2023, the Authority had 15 clients who each stayed in the hospital for longer than 60 days in Prince Albert and surrounding areas. Based on the Authority's tracking, it noted:

- Five clients received secured housing with supports (e.g., Saskatchewan Income Support benefits) from the Ministry of Social Services
- Six clients needed longer hospital stays to stabilize them—all clients had stable housing in place upon discharge
- Three clients needed longer hospital stays to stabilize them and were unable to be transitioned into supported housing due to having concurrent disorders along with high risk behaviour (e.g., addiction, aggression, violence)
- One client was waiting for a long-term care bed

When the Authority and the Ministry of Social Services work together to provide stable housing, this can lead to better outcomes for people living with complex mental health and addictions issues. In addition, providing stable housing avoids using costly hospital-based care when such care is not warranted.

⁶ The figure may include multiple stays of a single homeless client.



3.5 Monitoring Follow-Up With Clients

We recommended the Saskatchewan Health Authority document evidence of follow-up when clients do not maintain their scheduled mental health and addictions treatment in its Northeast integrated service area. (2018 Report – Volume 1, p. 123, Recommendation 9; Public Accounts Committee agreement February 26, 2019)

Status—Implemented

The Saskatchewan Health Authority periodically reviews mental health and addictions client files in the Northeast integrated service area to determine whether staff document evidence of follow-up when clients miss their scheduled appointments or treatment.

In September 2019, the Authority implemented a work standard requiring staff (e.g., clinicians) to attempt to contact outpatient clients during their scheduled appointment time or at least within 24 hours of their missed scheduled appointment.

During 2022, approximately 23% of clients did not attend their scheduled appointment or treatment.⁷

We tested 30 client files where clients did not attend their first scheduled appointment or treatment and found the Authority documented its attempt to follow up with all the clients in a timely manner (i.e., same day as the missed appointment). However, in two files where a client missed the first appointment, they also missed the rescheduled appointment or treatment. In these two instances, we found staff did not document their attempts to follow up with the clients in regards to the rescheduled appointments. Overall, we found a 95% compliance rate, which is consistent with the Authority's findings.

In March 2022, the Authority implemented a process to review client files to assess whether staff included documentation of follow-up with clients on their missed appointments. The Authority reviews 10 client files each quarter for each unit (e.g., adult addictions, adult mental health, child and youth addictions), except for the detox unit where staff conduct monthly reviews. The Authority expects 100% of files to include documentation of follow-up. If the review finds inadequate documentation, the Authority requires unit managers to submit corrective actions plans to the Director of Mental Health and Addictions.

For the three quarters between September 2022 and June 2023, we found the Authority reviewed 206 client files, of which 98% had clearly documented follow-up with clients after missing their scheduled appointment. We also found all files reviewed by the Authority in the detox unit clearly documented follow-up with clients.

We reviewed one of the two files requiring a corrective action plan and found it clearly documented the root cause for not meeting the target (i.e., new staff member unaware of the process for following up when a client misses an appointment) and the proposed actions (e.g., reviewing the work standard for missed appointments with the new staff member).

Timely follow-up helps ensure clients receive appropriate care. It also helps to avoid future hospital visits and reduce overall costs to the client and healthcare system.

⁷ In 2020, 23% of clients did not attend their scheduled appointment or treatment.

Chapter 27

Saskatchewan Public Safety Agency—Alerting the Public about Imminently Dangerous Events

1.0 MAIN POINTS

The Saskatchewan Public Safety Agency uses SaskAlert to notify the public of emergencies in real time via mobile devices (e.g., cell phones), radio, television or its website. Timely, accurate and clear public alerting can help residents and visitors to Saskatchewan adequately prepare for situations that pose risks to their health and safety.

Authorized participants (like municipalities) create alerts in an IT system called Alert Ready.¹ Alert Ready pushes alerts to the public through the SaskAlert website and mobile app. The Agency uses a SaskAlert program administrator to support authorized participants in creating and issuing public alerts.

As of January 2023, the Saskatchewan Public Safety Agency improved its processes related to alerting the public about imminently dangerous events.

The Agency monitored the SaskAlert program administrator by holding quarterly meetings and by reviewing periodic reports provided by the administrator. The reports summarized live and practice alerts completed by authorized participants. The Agency confirmed authorized participants completed practice alerts each quarter (which demonstrates these participants know how to issue accurate alerts) or removed authorized participants when they did not complete required quarterly practice alerts.

Active and regular monitoring helps the Agency to identify authorized participants at higher risk of issuing inaccurate, unnecessary, or untimely alerts.

2.0 INTRODUCTION

2.1 Alerting the Public about Imminently Dangerous Events

The Saskatchewan Public Safety Agency is responsible for providing or supporting public safety services for, and with, the people, municipalities, Indigenous peoples, public safety service providers, and the Government of Saskatchewan.² Since 2019, the Agency is also responsible for the SaskAlert Program (previously the responsibility of the Ministry of Government Relations).

The Program provides the public with critical information on emergencies in real time.³ It includes communicating alerts via the SaskAlert website (SaskAlert.ca) and the SaskAlert

¹ The SaskAlert program leverages the federal National Alert Aggregation and Dissemination System (Alert Ready) to issue public alerts. Authorized users are individuals from participating local governing jurisdictions (e.g., cities, rural municipalities, First Nation communities), provincial government agencies and Environment Canada that voluntarily agree to participate in the SaskAlert program.

² *The Saskatchewan Public Safety Agency Act, 2019*, s. 2-3(1).

³ www.saskpublicsafety.ca/at-home/saskalert (20 October 2023).

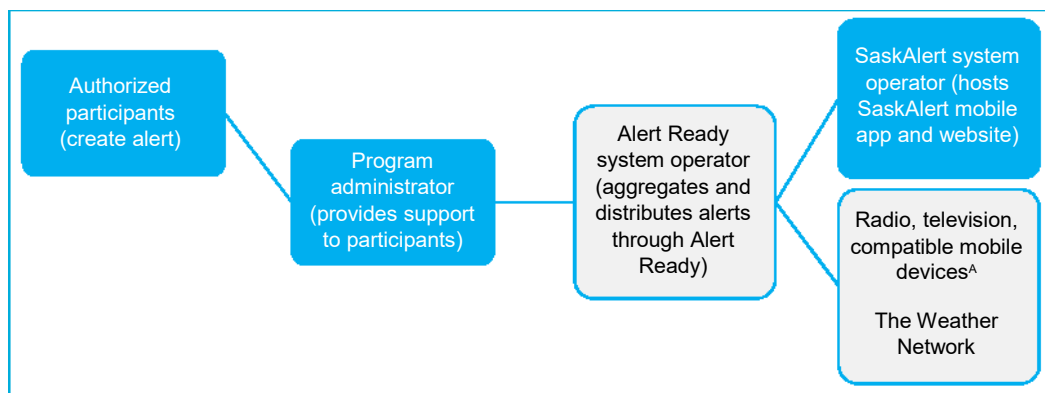


mobile application (i.e., app). It leverages the Federal National Alert Aggregation and Dissemination System to issue public alerts, commonly called Alert Ready.⁴

As shown in **Figure 1**, a number of key parties assist the Agency in delivering the Program. They include authorized participants (approximately 100 active participants at January 2023), a program administrator, the Alert Ready system operator, and the SaskAlert system operator.

Authorized participants include individuals from participating local governing jurisdictions (e.g., cities, rural municipalities, First Nation communities), provincial government agencies, and Environment Canada that voluntarily agree to participate in the program.⁵ Authorized participants are responsible for creating alerts issued to the public.

Figure 1—Key Parties Involved in Issuing Public Alerts for SaskAlert



Source: Adapted from information provided by the Saskatchewan Public Safety Agency.
^A Compatible devices at September 2023 include Android devices, version 4.2 and higher, and iPhones, version 8 and higher.
Blue boxes indicate provincial responsibility (SaskAlert program).
Grey boxes indicate federal responsibility (Alert Ready system).

2.2 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management’s actions on the three remaining recommendations we first made in our *2019 Report – Volume 1*, Chapter 6, and subsequently in our *2021 Report – Volume 2*, Chapter 35, about the Saskatchewan Public Safety Agency’s processes for alerting the public about imminently dangerous events that may pose risks to public health and safety.^{6,7}

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Saskatchewan Public Safety Agency’s progress toward meeting our recommendations, we used the relevant criteria from the original audit. Management agreed with the criteria in the original audit.

⁴ In 2008, the federal government engaged the operator of The Weather Network to develop and implement the National Alert Aggregation and Dissemination System.
⁵ In Saskatchewan, municipalities are responsible for safe communities under *The Municipalities Act* (section 4) www.publications.saskatchewan.ca/#/products/11455; *The Northern Municipalities Act, 2010* (section 4) www.publications.saskatchewan.ca/#/products/31500; and *The Cities Act* (section 4) www.publications.saskatchewan.ca/#/products/408 (25 July 2023).
⁶ *2019 Report – Volume 1, Chapter 6*, pp. 77–93 and *2021 Report – Volume 2, Chapter 35*, pp. 253–260.
⁷ The Saskatchewan Public Safety Agency assumed responsibility for the SaskAlert program from the Ministry of Government Relations in July 2019.

To carry out our follow-up audit, we interviewed Agency staff and management responsible for administration of the SaskAlert program. We examined management records and reports related to monitoring its program administrator, examined practice alerts, and assessed the appropriateness of user access to the Alert Ready system.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at January 31, 2023, and the Saskatchewan Public Safety Agency's actions up to that date.

3.1 Monitoring SaskAlert Program Administrator and Participants

We recommended the Saskatchewan Public Safety Agency (formerly the Ministry of Government Relations) document its regular monitoring of all key responsibilities of its SaskAlert program administrator. (2019 Report – Volume 1, p. 88, Recommendation 2; Public Accounts Committee agreement February 26, 2020)

Status—Implemented

We recommended the Saskatchewan Public Safety Agency (formerly the Ministry of Government Relations) actively monitor whether SaskAlert participants complete timely and accurate alerts, and take action where necessary (e.g., suspend system access). (2019 Report – Volume 1, p. 89, Recommendation 4; Public Accounts Committee agreement February 26, 2020)

Status—Implemented

The Saskatchewan Public Safety Agency monitored its SaskAlert program administrator through quarterly meetings and by reviewing regular reports on practice and live alerts issued. The Agency regularly confirmed authorized participants completed practice alerts each quarter or removed those participants when they did not complete required quarterly practice alerts.

We found the Agency met with the SaskAlert program administrator on a quarterly basis to discuss practice alerts, training, issues or concerns.

Throughout the year, the Agency received listings of authorized participants who completed live alerts and quarterly practice alerts. Practice alerts help to confirm authorized participants know how to issue accurate alerts and when to issue them.

We found the Agency assessed whether the program administrator performed quality reviews of all the live alerts issued and followed up with the program administrator where this did not appear to be the case.

Based on the practice alert listings from the program administrator, the Agency updates its master user listing of participant access in the Alert Ready system and follows up on



participants who did not complete quarterly practice alerts (e.g., suspend access of participants who did not meet quarterly practice alert requirements).⁸

We tested eight participants from the listing and confirmed they completed practice alerts as required, and that the Agency documented the practice alert details in the master user listing.

We found the Agency sent reminders to participants who had not completed their practice alerts, notifying them to complete their alerts within a certain timeframe or have their access to the Alert Ready system deactivated. The Agency maintained a list of authorized participants who had their access deactivated and on what date.

Regularly monitoring the SaskAlert program administrator and whether participants complete required practice alerts reduces the risk of participants issuing inappropriate or inaccurate alerts.

3.2 Completing Periodic Review of Alert Ready User Access

We recommended the Saskatchewan Public Safety Agency (formerly the Ministry of Government Relations) work with the operator of Alert Ready (the National Alert Aggregation and Dissemination System) to obtain information needed to enable a periodic review of the appropriateness of user access to the System. (2019 Report – Volume 1, p. 88, Recommendation 2; Public Accounts Committee agreement February 26, 2020)

Status—Implemented

At January 2023, the Saskatchewan Public Safety Agency maintained a listing of users who could access the Alert Ready system and periodically updated this listing based on participants' completion of practice alerts, user changes sought and provided by participating jurisdictions/agencies, and changes requested directly to the Agency.

The Agency updates user access and details about authorized participants in the Alert Ready system and its master user listing based on the following:

- The results of its follow-up emails to authorized participant agencies to determine whether participants continue to require user access
- Periodic reporting from the program administrator on authorized participants who do not complete quarterly practice alerts, and the results of its follow up with those participants
- Identified changes received directly from authorized participants (e.g., change to email address, user returned from parental leave)

⁸ SaskAlert program master user listing is a spreadsheet the Agency uses to maintain current participant information. This includes, but is not limited to, alert issuer name, email address, phone number, type of alert issuer (new trainee, Alert Ready user, deactivated Alert Ready user, phone-in only participant), Alert Ready practice training dates, and Alert Ready system access activation date.

We saw evidence of the Agency asking participating jurisdictions/agencies (e.g., municipalities) with authorized participants to review the appropriateness of user access to the Alert Ready system during 2022.

We assessed the list of authorized participants in Alert Ready at January 2023 and found the Agency appropriately documented all participants on its master user listing. Overall, the listing included about 100 active participants who could issue alerts.

We also tested eight participants from the listing and confirmed they completed practice alerts as required, and that the Agency documented the practice alert details in the master user listing. The Agency sent reminders to participants who had not completed their practice alerts, notifying them to complete their alerts within a certain timeframe or have their access to the system deactivated.

Periodically reviewing user access ensures only authorized participants have appropriate access and reduces the risk of participants issuing inaccurate or inappropriate alerts.

Chapter 28

Saskatchewan Public Safety Agency—Detecting Wildfires

1.0 MAIN POINTS

At October 2023, the Saskatchewan Public Safety Agency continued to work to address our one remaining recommendation made in 2017 relating to detecting wildfires.

The Wildfire Act requires industrial and commercial operators (e.g., forestry and mining companies) who conduct activities in wildfire management areas of the province to submit wildfire prevention and preparedness plans. These plans intend to prevent fatalities and injuries, and to reduce damage caused by wildfires. They also set out the location of operations and personnel, and related contact information to help the Agency notify operators in the event of wildfire threats.

While the Agency continued to track annual plans received from operators, it did not know whether all operators complied with the law and submitted their wildfire prevention and preparedness plans. The Agency was working with certain government ministries to document standardized practices to support development of these plans, and require submission of plans as part of licensing and permitting processes (e.g., timber licence agreements) to efficiently support safe operations in Saskatchewan.

Having incomplete information about operators' wildfire prevention and preparedness plans, including information about values-at-risk, increases the risk of the Agency not prioritizing its wildfire detection and suppression activities appropriately.¹ Wildfires can be costly and threaten lives and structures.

2.0 INTRODUCTION

2.1 Background

Under *The Wildfire Act*, the Saskatchewan Public Safety Agency is responsible for the prevention, detection, control, suppression, and investigation of wildfires within the province's wildfire management areas. Provincial wildfire management areas include provincial forests, parkland, vacant Crown land, and every quarter section of land lying wholly or partly within 4.5 kilometers of the boundaries of a provincial forest.^{2,3}

The Operations Division within the Agency manages wildfires for the province. The Division employs approximately 340 full-time equivalent employees including front-line staff (e.g., firefighters, pilots). The Division has a Provincial Coordination Centre located in Prince Albert and four response centres (North, West, East and South) responsible for

¹ Values-at-risk include human life, communities, significant public and industrial infrastructure, natural resource and commercial/industrial operations.

² *The Wildfire Act*, s.2(gg)

³ According to *The Wildfire Act*, the Saskatchewan Public Safety Agency is not responsible for wildfire detection within any city, town, village, hamlet, northern village, northern hamlet, northern settlement, regional park, and resort village or resort subdivision.



detecting and responding to wildfires. An aviation branch, a logistics and support branch, and an emergency communications branch all support operational responses to wildfires across Saskatchewan.⁴

Saskatchewan experienced 444 wildfires (2021: 635) during the 2022 wildfire season.⁵ At September 30, 2023, over 490 wildfires occurred in the 2023 wildfire season.⁶ The 2021–23 wildfire seasons were above the 10-year average of 415 wildfires.⁷

2.2 Focus of Follow-Up Audit

This chapter describes our third follow-up audit of management's actions on the one outstanding recommendation we first made in 2017.

Our *2017 Report – Volume 2*, Chapter 23, concluded that, for the period ending March 31, 2017, the Ministry of Environment had, other than the areas of our two recommendations, effective processes to detect wildfires in Saskatchewan's wildfire management areas.⁸ The Ministry of Environment wildfire operations branch transferred to the Saskatchewan Public Safety Agency in November 2019. By 2021, the Agency implemented one recommendation and made some progress in implementing the second recommendation, but further work remained.^{9,10}

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Agency's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry of Environment management agreed with the criteria in the original audit.

Our audit approach included discussions with Agency management. We also examined information showing fire preparedness plans submitted by industrial and commercial operators.¹¹

3.0 STATUS OF RECOMMENDATION

This section sets out the recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at October 2, 2023, and the Saskatchewan Public Safety Agency's actions up to that date.

⁴ Information provided by Agency management.

⁵ Saskatchewan Public Safety Agency, *Annual Report for 2022–23*, pp. 22–23. Of 444 wildfires, there were 238 human-caused wildfires (54%) and 206 lightning-caused wildfires (46%).

⁶ www.saskpublicsafety.ca/emergencies-and-response/wildfire-status (2 October 2023).

⁷ Saskatchewan Public Safety Agency, *Annual Report for 2022–23*, p. 22.

⁸ *2017 Report – Volume 2, Chapter 23*, pp. 143–158.

⁹ *2019 Report – Volume 2, Chapter 32*, pp. 265–268.

¹⁰ *2021 Report – Volume 2, Chapter 36*, pp. 261–263.

¹¹ Section 2 of *The Wildfire Act* defines industrial and commercial operations as an activity carried on in connection with the operations of forestry; mining; oil and gas; public utilities; outfitting; peat-moss; railway; institutional camps; mineral exploration; and road construction and maintenance.

3.1 Operator Wildfire Prevention and Preparedness Plans Needed

We recommended the Saskatchewan Public Safety Agency (formerly the Ministry of Environment) actively seek wildfire prevention and preparedness information from industrial and commercial operators that they are required by law to submit. (2017 Report – Volume 2, p. 149, Recommendation 1; Public Accounts Committee agreement June 13, 2018)

Status—Partially Implemented

At October 2023, the Saskatchewan Public Safety Agency tracked annual wildfire prevention and preparedness plans received from industrial and commercial operators conducting activities in wildfire management areas during the wildfire season, but did not know whether all such operators provided plans as required by law under *The Wildfire Act*.

The Wildfire Act (s.20) requires operators to submit wildfire prevention and preparedness plans to the Agency. These plans are to include key information including values-at-risk for each location (e.g., description of activities; number of people, structures and equipment at the operation; key contact information; maps; methods to be used to reduce or prevent fire starts; and measures to be taken to protect infrastructure and assets from a wildfire threat).¹² Wildfire prevention and preparedness plans from industrial and commercial operators help the Agency assess the risk of wildfires and to notify operators in the event of wildfire threats.

The Agency meets with industry and provides information on its website to explain requirements, as well as shares contact information to support operators with their plans. Operators submit plans via email and the Agency stores those plans by year in its IT systems.¹³

In 2019, an estimated 238 operators were expected to submit wildfire prevention and preparedness plans. By September 2023, the Agency had not conducted further work (e.g., re-canvassing operators) to update or verify the accuracy of this estimate. It was working with certain ministries to share information (e.g., permits) about operator locations to support wildfire strategies and to document standardized practices that support development of these plans.

Over the past three years, the Agency received from industrial and commercial operators 48 plans for 2021, 31 plans for 2022, and 34 plans for 2023 as of September 30, 2023. Based on its review of the plans, the Agency requested operators amend plans as needed to meet legislative requirements. However, the Agency did not know whether additional operators should have submitted plans but did not. As a result, it had not undertaken follow-up with or enforcement actions against any operators who have not submitted a plan as required by law (e.g., followed up with operators to obtain plans, imposed fines or penalties). The Agency has a compliance and enforcement unit that would enable it to carry out such actions.¹⁴

¹² Section 9(1) of *The Wildfire Regulations* outlines specific plan requirements.

¹³ Operators can email plans to Agency officials or to the dedicated wildfire prevention and preparedness plan email address wppp@gov.sk.ca.

¹⁴ Section 22(1) of *The Wildfire Act* allows for the suspension or restriction of any or all activities of an industrial or commercial operation until a wildfire and preparedness plan has been submitted and plans meet the satisfaction of an Agency officer.



Agency management advised us they are working with government ministries to include submission of plans as part of issuing licences or permits to commercial and industrial operators in designated areas, as well as to notify the Agency when these ministries issue these licences or permits. For example, the Ministry of Energy and Resources is working with forestry operators to include these plans as part of timber licence agreements. Including these requirements as part of existing processes makes it easier for operators to comply and is an efficient way for the Agency to collect plans from operators.

Having processes to ensure all industrial and commercial operators submit wildfire preparation and preparedness plans reduces the risk the Agency may not prioritize its wildfire detection activities appropriately or develop suitable, related suppression strategies.

Chapter 29

Social Services—Investigating Allegations of Child Abuse and Neglect

1.0 MAIN POINTS

In 2022–23, the Ministry of Social Services received over 19,000 reports of suspected child abuse and neglect. Ministry caseworkers are responsible for screening all reports and deciding whether to investigate; about 38% of reports result in investigation.

The Ministry has more work to do in regards to investigating allegations of child abuse and neglect. By June 2023, it implemented one recommendation and continues to work on three of the outstanding recommendations made in 2018.

The Ministry documented appropriate reasons for changed screening decisions (i.e., change from investigate to not investigate or vice versa) about child abuse and neglect allegations. This supports the Ministry's decisions about investigating reports of alleged child abuse and neglect, and reduces the risk of inadequately protecting children.

The Ministry has clear policies and procedures, including timeframes, for investigating allegations of child abuse and neglect, however, they are not always followed. Our testing found the Ministry did not, within the timeframes required, always attempt face-to-face contact with the child and family under investigation, complete family risk assessments, or finalize investigations.

Making face-to-face contact within prescribed timeframes reduces the risk a child remains in an unsafe environment.

The Ministry's Quality Assurance Unit assesses each of three service areas' compliance with the Ministry's policies and procedures, including the completion of family risk assessments and investigations. However, the Quality Assurance Unit did not require service areas to develop action plans to address untimely completion of risk assessments. In addition, while service area management worked with caseworkers to develop plans to address outstanding investigations, more formal plans are necessary in all service areas—the Ministry had 944 suspected child abuse investigations outstanding for more than 45 days at May 2023.

Delays in completing family risk assessments and investigations may result in children and/or families not receiving needed child protection services promptly when there may be a high likelihood a child will be maltreated in the future.

2.0 INTRODUCTION

Under *The Child and Family Services Act*, the Ministry of Social Services is responsible for providing child protection services. This includes investigating suspected (i.e., alleged) child abuse and neglect by parents, guardians, or other adults who provide day-to-day care and supervision of a child. The Ministry must determine whether a child is in need of protection, and provide services (i.e., day-to-day care, supervision) where the results of an investigation determine a child needs protection.



Child abuse and neglect refers to circumstances (e.g., physical abuse, sexual abuse) that may be harmful to a child's physical, emotional, or psychological health. Neglect is also failing to provide a child with enough food, proper clothing, shelter, healthcare, or supervision.

During 2022–23, the Ministry received about 19,100 reported instances of alleged child abuse and neglect. Over 7,200 of these reports resulted in investigations.¹ Timely investigation of allegations of child abuse and neglect is critical to protect the safety of children.

2.1 Focus of Follow-Up Audit

In 2018, we assessed the Ministry of Social Services' processes to investigate allegations of child abuse and neglect. Our *2018 Report – Volume 2*, Chapter 26, concluded the Ministry had effective processes to investigate, within a reasonable timeframe, allegations of child abuse and neglect, other than the matters reflected in our five recommendations.² By June 2020, the Ministry implemented one of the five recommendations.³ This chapter describes our second follow-up audit of management's actions on the remaining four recommendations.

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Ministry's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Ministry management agreed with the criteria in the original audit.

To carry out this follow-up audit, we interviewed key staff responsible for investigating allegations of child abuse and neglect. We also examined the Ministry's IT case management system, reviewed policies and procedures, and examined other key documents (e.g., quality assurance reports). In addition, we tested a sample of intake (i.e., allegations of child abuse and neglect) and investigation reports.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendations, the status of the recommendations at June 30, 2023, and the Ministry's actions up to that date.

3.1 Appropriateness of Changed Screening Decisions Documented

We recommended the Ministry of Social Services promptly monitor the appropriateness of changed screening decisions related to child abuse and neglect allegations. (2018 Report – Volume 2, p. 199, Recommendation 2; Public Accounts Committee agreement September 26, 2019)

Status—Intent of Recommendation Implemented

¹ Information from the Ministry of Social Services. Some intake reports could be associated with an investigation that was already underway prior to the start of the fiscal year. In addition, some investigations may have multiple intake reports associated to them.

² *2018 Report – Volume 2, Chapter 26*, pp. 191–205.

³ *2020 Report – Volume 2, Chapter 42*, pp. 295–301.

The Ministry of Social Services documented appropriate reasons for changed screening decisions related to child abuse and neglect allegations.

The Ministry has teams of specially trained caseworkers who receive and screen reports (e.g., calls) of suspected child abuse and neglect and decide whether to investigate. These teams are located in three regions (i.e., service areas) across the province—Prince Albert (north region), Saskatoon (central region), and Regina (south region).

The Ministry allows supervisors to override (e.g., change from investigate to not investigate or vice versa) their staff's intake screening decisions. In these situations, the Ministry expects the supervisor to document, in its IT case management system, the reason for the change.

In Saskatoon, the Ministry has a review team who meets daily to review all intake decisions, including those where the supervisor changed the intake screening decision. These reviews occur the working day following completed intake assessments. The review team includes managers, screening supervisors, and sometimes representatives from First Nations agencies. The Ministry does not have review teams or independent reviews in its other two regions (south and north), rather it relies on the expertise of supervisors to make consistent and appropriate decisions, and to document them.

From April 1, 2022, to May 31, 2023, there were 1,148 instances with changed screening decisions. Of these, we found 1,127 instances where supervisors changed the screening decision from investigate to not investigate, with almost 40% (over 400) of these instances occurring in the two regions lacking review teams.

For each of the two instances we tested where a supervisor changed the screening decision from investigate to not investigate in the central service area, we found the supervisor documented the decision and the review team in Saskatoon adequately reviewed the override and agreed with the supervisor's decision.

For each of the eight instances we tested where a supervisor changed the screening decision from investigate to not investigate in the south or north service areas, we found the supervisor documented appropriate reasons for changing the screening decision (e.g., lack of evidence to substantiate allegation).

Documenting appropriate reasons for changed screening decisions helps the Ministry support decisions about investigating reports of alleged child abuse and neglect. This reduces the risk of children remaining in unsafe environments where they are at risk of abuse and neglect.

3.2 Face-to-Face Contact Not Always Occurring as Required

We recommended the Ministry of Social Services attempt to make face-to-face contact with the child and family involved in a reported child abuse and neglect allegation within required timeframes to assess the child's safety. (2018 Report – Volume 2, p. 201, Recommendation 3; Public Accounts Committee agreement September 26, 2019)

Status—Partially Implemented



The Ministry of Social Services did not always attempt to make face-to-face contact with the child and family within required timeframes during investigations of alleged child abuse and neglect. We found six out of 30 investigations where staff attempted contact but made contact later than expected; in one of these instances, there was no evidence the caseworker ever made contact with the child at all.

The Ministry requires caseworkers to attempt first contact with the child (who is the subject of the report) and their family the same day or within five calendar days of starting an investigation, depending on the severity of the allegation.⁴ This contact, along with a safety assessment, helps caseworkers to determine the safety of children (i.e., safe, safe with services, or unsafe) who are the subject of alleged abuse or neglect.

We tested 30 investigations and found the following:

- For two of 12 investigations classified as requiring immediate response, Ministry caseworkers did not attempt to make face-to-face contact the same day as required.

In one instance, there was no evidence the caseworker attempted to make contact with the child, but they completed a safety assessment on the same day the Ministry assigned them to the investigation. The child's parents accepted the safety plan.⁵

For the other instance, it took the caseworker five days to make contact with the children. In this instance, we found the caseworker did not complete a safety assessment at the time of face-to-face contact. The Ministry left the children in the care of the family and it did not document whether the caseworker deemed the home safe for the children.

- For four of 18 investigations classified as non-immediate response, Ministry caseworkers did not attempt to make face-to-face contact within five days as required—it took the caseworkers between 8–88 days to make contact with the children. In each of these instances, we found caseworkers completed the safety assessments at the time of face-to-face contact, and determined children were safe (i.e., no immediate safety threats identified).

In each of the six instances where we found contact was later than required or not done at all, reasons for the delays were not documented in the Ministry's IT case management system.

The Ministry sets timeframes for face-to-face contact to keep children in these situations safe. Not attempting to make contact with a child and family within the prescribed timeframes, and completing safety assessments, increases the risk the child remains in an unsafe environment.

⁴ The Ministry requires staff to complete a response priority decision-tree for each maltreatment criteria type selected (e.g., physical abuse, emotional abuse). Response priority levels are either immediate response (i.e., same working day) or non-immediate (within five calendar days).

⁵ Caseworkers are to prepare a written safety plan if they assess the presence of a safety threat, and the safety decision is "safe with services". The safety plan sets out actions to mitigate the safety threat. The Ministry requires both the caregiver and caseworker to sign the plan before the caseworker leaves the home.

3.3 Action Plans Required for Untimely Family Risk Assessments

We recommended the Ministry of Social Services complete family risk assessments for child abuse and neglect investigations within required timeframes. (2018 Report – Volume 2, p. 202, Recommendation 4; Public Accounts Committee agreement September 26, 2019)

Status—Partially Implemented

The Ministry of Social Services does not always complete family risk assessments within required timeframes. In addition, the Ministry's Quality Assurance Unit does not require service areas to develop action plans addressing untimely completion of risk assessments.

The Ministry requires caseworkers to complete a family risk assessment within 30 days of assigning them to an investigation. These are instances where caseworkers determined a child abuse or neglect report warrants an investigation.

A family risk assessment estimates the likelihood of a family abusing or neglecting a child in the future (e.g., in the next 12–18 months) and influences the decision on whether to provide ongoing Ministry services to the child and/or family. Therefore, the Ministry requires a caseworker to complete the assessment before concluding an investigation of alleged child abuse and neglect.

For 18 of 30 investigations we tested, caseworkers did not complete the family risk assessments within 30 days as required.

- In eight instances, caseworkers did not complete the family risk assessment and did not document the reasons for delays in the IT case management system. At the time of our testing in June 2023, lateness ranged between 21–391 days.
- In seven instances, caseworkers completed the family risk assessments late (lateness ranged between 13–277 days) and did not document the reasons for delays in the IT case management system.
- In three instances, caseworkers appropriately documented the reasons for the delays in the IT case management system (e.g., unable to locate parents, unable to locate an older child, another ongoing investigation) and completed the risk assessment once able.

The Ministry's Quality Assurance Unit conducts annual reviews of child protection files in each service area to monitor compliance with standards and procedures in the Ministry's *Child Protection Services Manual*. These quality assurance reviews assess compliance with Ministry standards and procedures related to intakes and investigations of suspected child abuse and neglect.

The Ministry has set a long-term target of 85% for completing family risk assessments. While we found the Ministry monitors the timely completion of family risk assessments in its annual reviews, its target does not consider timeliness. We think it should. These reviews should also include requiring service areas to develop action plans for untimely completion of family risk assessments. Action plans may help the service areas focus efforts toward addressing root causes (e.g., resource capacity) to delayed completion of family risk assessments.



Delays in completing family risk assessments means delays in finalizing investigations. This may result in children and/or families not receiving needed child protection services promptly when there may be a high likelihood of a child being maltreated in the future.

3.4 Plans to Address Outstanding Investigations Not Always Formalized

We recommended the Ministry of Social Services finalize investigations of reported suspected child abuse and neglect within required timeframes to allow timely supervisor review. (2018 Report – Volume 2, p. 203, Recommendation 5; Public Accounts Committee agreement September 26, 2019)

Status—Partially Implemented

The Ministry of Social Services did not always finalize investigations within 45 days as expected. Supervisor reviews of submitted investigations were also not always timely. Service area Directors and Managers work with caseworkers to develop plans to address outstanding investigations, but they do not always formalize plans and the number of outstanding investigations continues to grow.

The Ministry requires caseworkers to complete assigned investigations of alleged child abuse and neglect within 45 days of initiation.

The Ministry's investigation process requires caseworkers to:

- Complete investigative findings (i.e., conclude whether the child is in need of protection or the family requires ongoing services) within 30 calendar days of being assigned an investigation
- Close (i.e., conclude the child and/or family does not need ongoing services from the Ministry) or transfer the case to ongoing protection services within 15 calendar days following the investigative finding

Supervisors must review and approve the investigative decision and document their review in the IT case management system.

For 21 of 30 investigations we tested, caseworkers did not finalize the investigation within required timeframes. We found:

- Six investigations remained open at the time of testing. At June 2023, lateness ranged from 6–272 days. Caseworkers only documented reasons for the delay in the IT case management system for one of these investigations (i.e., providing ongoing support until the family/child was more stable as child was getting medical care).
- 15 investigations were completed late—lateness ranged from 3–356 days. For only four of these investigations, caseworkers documented in the IT case management system the reasons (e.g., obtaining additional information from third parties, high caseload for caseworker) for delays in finalizing the investigations.

In addition, for three of the 15 late investigations we tested, supervisors approved the investigations late—between 22–56 days after the caseworker submitted it. We found two

supervisors adequately documented reasons in the IT case management system for the delays in approving the investigations (e.g., requesting additional information). In one instance, the caseworker transferred the case for ongoing protection services.

The Ministry's Quality Assurance Unit assesses whether staff complete investigations within Ministry timeframes. We found the Unit's findings consistent with our testing results (e.g., investigations not always completed within 45 days).

To help monitor outstanding investigations, the Unit sends monthly reports to the Directors and Managers of each service area. The monthly reports set out the number of outstanding investigations for each service area, as well as how long investigations are outstanding.

The Directors and Managers are responsible for developing plans to address the large number of outstanding investigations. As shown in **Figure 1**, in May 2023, the Ministry had 944 total investigations outstanding over 45 days, with almost 34% exceeding 180 days. This number has increased from the year prior (at June 2022).

Figure 1—Number of Outstanding Investigations in Each Service Area

Service Area		45–60 Days	61–90 Days	91–120 Days	121–180 Days	>180 Days	Total
South	June 2022	65	73	51	50	24	263
	May 2023	55	84	48	44	5	236
Centre	June 2022	43	52	26	18	14	153
	May 2023	45	81	64	50	14	254
North	June 2022	56	84	65	93	112	410
	May 2023	17	42	35	61	299	454
Total	June 2022	164	209	142	161	150	826
	May 2023	117	207	147	155	318	944

Source: Adapted from monthly reports provided by the Ministry of Social Services.

Directors and Managers noted they work with caseworkers to develop plans to address outstanding investigations. However, we found processes differ between the Ministry's service areas. For example:

- In one service area, we found the Director monitored the number of investigations closed in a month, as well as the plans to close investigations during the next two months. The Director also assisted in allowing caseworkers to have days to work on closing investigations, and approving overtime (where necessary), to complete the work.
- In another service area, the approach was more informal. The Director meets with staff (managers, supervisors, caseworkers) to discuss different plans to address outstanding investigations (e.g., specific days to complete required paperwork and close investigations). Currently no plans are documented, however, management indicated plans will be documented in late September 2023.

Not finalizing investigations within required timeframes and having late supervisor approval may result in delaying ongoing child protection services to families with children who may be at risk of neglect and abuse. Having formal plans to address outstanding investigations can help caseworkers to manage their workloads and ensure they close investigations within required timeframes.

Chapter 30

Technical Safety Authority of Saskatchewan— Inspecting Elevating Devices

1.0 MAIN POINTS

The Technical Safety Authority of Saskatchewan (TSASK) improved its processes to inspect elevating devices.

At August 2023, TSASK was responsible for inspecting over 4,300 elevating devices (e.g., escalators, elevators) in the province.

By August 2023, TSASK followed its risk-informed strategy for prioritizing inspections and performing escalator inspections within intervals set in the strategy or within reasonable timeframes when TSASK encountered delays. Timely inspections reduce the risk of escalator incidents causing injury.

TSASK and the Ministry of Government Relations had not yet formalized an expected frequency for inspecting elevating devices. However, since June 2022, TSASK reported on overdue inspections in its quarterly Safety Standard Reports to the Ministry. TSASK appropriately defined overdue inspections as those that exceeded timeframes based on its risk-informed strategy. Reporting on overdue inspections allows the Ministry to monitor TSASK's performance.

2.0 INTRODUCTION

The Technical Safety Authority of Saskatchewan (TSASK) administers Saskatchewan's safety programs for boilers, pressure vessels, elevating devices, amusement rides, gas and electrical licensing and inspections, and plumbing inspections on behalf of the Ministry of Government Relations under the Safety Standards Agreement.^{1,2} Specifically it administers and enforces *The Passenger and Freight Elevator Act* and related regulations.

Effective regulation of elevating devices helps keep the public safe. Elevating devices refer to any apparatus, appliance, or device used for lifting or lowering persons or material from one permanent level, floor, or landing to another. Regular and proper inspections are a key component of effective regulation. In addition, strong inspection processes encourage device owners to maintain elevating devices within industry standards, and reduce the risk equipment deficiencies go undetected and unaddressed.

¹ The Technical Safety Authority of Saskatchewan is a not-for-profit organization established under *The Technical Safety Authority of Saskatchewan Act*.

² The Safety Standards Agreement is an agreement between TSASK and the Ministry of Government Relations effective July 31, 2020. The agreement establishes the rights and responsibilities of both the Ministry and TSASK as the Ministry delegated administration of *The Amusement Ride Safety Act*, *The Boiler and Pressure Vessel Act, 1999*, and *The Passenger and Freight Elevator Act*, including regulations to TSASK. The agreement outlines the obligations of both parties (e.g., TSASK shall administer, perform and fulfill all duties, obligations and responsibilities under the Acts; the Ministry shall collaborate, advise or consult with TSASK as required), reporting requirements (e.g., TSASK to provide the Ministry a quarterly report), as well as gives the Ministry and TSASK the right to access each others' records as required to perform their duties.



2.1 Focus of Follow-Up Audit

This chapter describes our third follow-up audit of management's actions on the recommendations we first made in 2017.^{3,4} In 2017, we concluded The Technical Safety Authority of Saskatchewan had effective processes to inspect elevating devices, except in the areas of our seven recommendations. As reported in our *2021 Report – Volume 2*, TSASK implemented five of our seven recommendations by July 2021.⁵

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate TSASK's progress toward meeting our recommendations, we used the relevant criteria from the original audit. TSASK management agreed with the criteria in the original audit.

To carry out our audit examination, we interviewed TSASK management and staff. We examined TSASK policies and procedures relating to inspecting elevating devices. We assessed the functionality of TSASK's IT system, and the reasonableness of supporting documentation. We also examined escalator inspection frequency, and a sample of quarterly reports provided to the Ministry of Government Relations.

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at August 31, 2023, and the Technical Safety Authority of Saskatchewan's actions up to that date.

3.1 Risk-Informed Strategy for Prioritizing Inspections Implemented

We recommended the Technical Safety Authority of Saskatchewan perform in-service inspections of escalators in accordance with a risk-informed inspection strategy. (2017 Report – Volume 1, p. 201, Recommendation 5; Public Accounts Committee agreement October 3, 2018)

Status—Implemented

Since June 2021, the Technical Safety Authority of Saskatchewan has used its risk-informed strategy to perform inspections of escalators.

The risk-based strategy uses a rating based on a risk score assigned to each escalator to determine the inspection frequency. For example, the inspection frequency for low- and medium-risk escalators is every 12 months, and every six months for high-risk escalators.

We found TSASK completed escalator inspections based on the inspection intervals within the strategy, or within a reasonable timeframe when TSASK encountered delays. For 26 out of 37 escalator inspections we tested that occurred in both 2022 and 2023, TSASK completed the inspections by the expected inspection date.

³ 2017 Report – Volume 1, Chapter 14, pp. 193–205.

⁴ 2019 Report – Volume 1, Chapter 41, pp. 353–258.

⁵ 2021 Report – Volume 2, Chapter 38, pp. 269–272.

For 11 out of 37 escalator inspections we tested that occurred in 2022, TSASK completed the inspections between 5–61 days after the expected inspection date:

- Nine inspections completed within 30 days of the expected inspection date
- Two inspections completed 61 days after the expected inspection date, but an external inspection (i.e., a visual inspection on safety-related items that can be performed with no scheduling requirements and minimal down time to the escalator) was completed prior to the expected inspection date
- 10 of the 11 escalators inspected later than expected had a low-risk rating and one had a medium-risk rating meaning it is unlikely for the escalator to fail, and the consequences of possible failure would be minor

For 11 out of 37 escalator inspections we tested that occurred in 2023 (for the same devices tested for 2022), TSASK completed the inspections between 5–69 days after the expected inspection date:

- Seven inspections completed within 30 days
- Four inspections completed between 34–69 days after the expected inspection date

Overall, our testing found only a few escalator inspections completed a couple months after the expected inspection dates in 2022 and in 2023. Management indicated that escalator inspections after the expected inspection date were due to various scheduling issues. We found the reasons for delays reasonable. For example, flight schedules affect the timing of escalator inspections at airports. In addition, inspection scheduling must be confirmed with store owners who may be affected by out-of-service escalators in shopping malls. Since inspections may take between 4–8 hours, TSASK works with owners to schedule an inspection time suitable for all stakeholders.

TSASK has a query built into its IT system (Basebridge) that reports outstanding or overdue inspections (i.e., identifies elevating devices past expected inspection date). This report allows management to monitor outstanding inspections. We found management regularly runs this query and provides inspectors with priority and overdue inspections to conduct.

Performing regular in-service inspections in accordance with a risk-informed strategy reduces the risk of equipment deficiencies going undetected and unaddressed. It also reduces the risk of elevating-device incidents that can result in injury.

3.2 Overdue Inspections Reported

We recommended the Technical Safety Authority of Saskatchewan and the responsible Ministry define the expected frequency for inspecting elevating devices to enable reporting of overdue inspections. (2017 Report – Volume 1, p. 205, Recommendation 7; Public Accounts Committee agreement October 3, 2018)

Status—Implemented



Although the Technical Safety Authority of Saskatchewan and Ministry of Government Relations have not yet formalized the expected frequency for inspecting elevating devices, TSASK began reporting overdue inspections to the Ministry on a quarterly basis in June 2022.

The Ministry of Government Relations is required to monitor TSASK under the Safety Standards Agreement because TSASK administers elevating device inspections on behalf of the Ministry. TSASK and the Ministry have not yet formally defined a required frequency of inspections under the Agreement.

Each quarter, TSASK reports to the Ministry on elevating devices as required under the Safety Standards Agreement. These reports include:

- Total number of inspections completed during the quarter
- Total number of reported incidents since the last report (quarter)
- Details on issued corrective actions (i.e., inspections with noted deficiencies) during the quarter
- Total number of overdue inspections (i.e., TSASK's required inspection interval exceeded)

At August 31, 2023, TSASK tracked overdue inspections using the query built into its IT system based on inspection frequencies approved internally as part of its risk-informed inspection strategy. Since June 2022, TSASK included information on overdue inspections based on this strategy in its quarterly reports submitted to the Ministry to allow the Ministry to monitor TSASK's performance.

We tested two quarterly reports and found TSASK appropriately reported the number of overdue inspections. For example, the March 2023 report showed that TSASK had 870 inspections overdue for all elevating devices.

TSASK indicated that it and the Ministry have ongoing verbal conversations about future changes to the Safety Standards Agreement, and TSASK expects a new Safety Standards Agreement by December 2023. We encourage TSASK and the Ministry to formalize an agreement on the required frequency of inspections.

Agreeing on how often TSASK should inspect elevating devices would help TSASK understand Ministry expectations and facilitate appropriate monitoring of inspections for elevating devices.



Standing Committees

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Chapter 31 Standing Committee on Crown and Central Agencies

1.0 MAIN POINTS

Through its work and recommendations, the Standing Committee on Crown and Central Agencies helps the Legislative Assembly hold the Government of Saskatchewan accountable for its management of the Crown Investments Corporation of Saskatchewan (CIC) and its subsidiary corporations.¹ The Committee does this, in part, by reviewing chapters in our Reports, as well as reviewing annual reports and related financial statements of agencies within its assigned scope.

At September 2023, the Committee is relatively up-to-date on its review of chapters in our Reports related to CIC and its subsidiaries with three chapters yet to review.

CIC and its subsidiary corporations' implementation of the Committee's recommendations related to our audit work remains strong. As of September 2023, the Government fully implemented 82% of the Committee's recommendations.

At September 2023, the Committee had reviewed the annual reports of CIC and its subsidiaries up to and including the 2021–22 annual reports. The 2022–23 annual reports of CIC and its subsidiaries became available for the Committee's review in the summer of 2023.

2.0 INTRODUCTION

This chapter outlines the Standing Committee on Crown and Central Agencies' role and responsibilities mainly focusing on those responsibilities and activities related to our Office's audit work between October 2022 and September 2023. It also describes the overall status of the Committee's recommendations resulting from our audit work, along with the status of its review of CIC and its subsidiary corporations' annual reports.

2.1 The Standing Committee on Crown and Central Agencies' Role and Responsibilities

The Standing Committee on Crown and Central Agencies is one of the Legislative Assembly's four policy field committees.² The Committee's assigned scope encompasses CIC and its subsidiary corporations, supply and services (e.g., Ministry of SaskBuilds and Procurement), central government agencies (e.g., Ministry of Finance), liquor, gaming, and all other revenue-related agencies and entities. See **Figure 1** for a brief description of a policy field committee's responsibilities.

¹ CIC's subsidiary corporations include Saskatchewan Power Corporation, Saskatchewan Telecommunications Holding Corporation, SaskEnergy Incorporated, Saskatchewan Water Corporation, and Saskatchewan Government Insurance. On April 1, 2023, the Provincial Government established the new CIC subsidiary corporation Lotteries and Gaming Saskatchewan. Effective June 1, 2023, the Saskatchewan Gaming Corporation became a wholly-owned subsidiary of Lotteries and Gaming Saskatchewan.

² Policy field committees include the Standing Committee on Crown and Central Agencies, Standing Committee on the Economy, Standing Committee on Human Services, and Standing Committee on Intergovernmental Affairs and Justice.



Figure 1—Policy Field Committees’ Responsibilities

The Legislative Assembly makes policy field committees responsible for examining certain documents within their assigned subject area. These documents include bills and regulations (proposed laws), estimates, and annual reports. During their reviews, these committees can consider issues of current concern, future objectives, and past performance.

Policy field committees can also conduct inquiries into matters within their mandated subject area. They provide the Assembly with reports on their activities and can make recommendations to the Assembly for its consideration.

The Standing Committee on House Services determines the membership for each policy field committee. Policy field committee meetings are open to the public. The Assembly’s website contains information about the composition of each committee and records of their meetings (i.e., meeting notices, Hansard verbatim, minutes, videos, and reports).

Each committee establishes a steering committee composed of the Chair and Deputy Chair. The steering committee determines how it will plan and organize its business and makes recommendations related to the committee’s meeting agenda, the calling of witnesses, and times of sittings. Their meetings are conducted in-camera and, unless otherwise authorized, decisions made by the steering committee must be ratified by the full committee.

Source: www.legassembly.sk.ca/media/1877/currentruleswithdestinations.pdf#Policyfieldcommittees (22 September 2023).

The Assembly gave the Committee the following responsibilities in addition to those typically given to a policy field committee:

- The Assembly, through *The Provincial Auditor Act* and under its *Rules and Procedures of the Legislative Assembly of Saskatchewan*, refers portions of our Reports (chapters) related to CIC and its subsidiary corporations to the Committee.³ When the Committee considers chapters from our Reports, our Office and the corporations’ appointed auditor, if any, attend to assist in its review.
- The Assembly requires the Minister responsible for CIC to notify the Committee, in writing, about significant transactions of CIC and any of its subsidiaries within 90 days of the transaction.⁴ The notification must outline the transaction’s objectives, the financial implications, a statement of any changed liabilities, and the authority under which the transaction was made.⁵
- The Assembly periodically refers regulations and bylaws of professional associations (e.g., CPA Saskatchewan) to the Committee for its review.

Figure 2 lists the members of the Standing Committee on Crown and Central Agencies.

Figure 2—Standing Committee on Crown and Central Agencies’ Members at September 30, 2023

Member Name	
Fred Bradshaw, Chair Doyle Vermette, Deputy Chair Steven Bonk Ken Cheveldayoff	The Honourable Tim McLeod Greg Lawrence Doug Steele

Source: www.legassembly.sk.ca/legislative-business/legislative-committees/crown-and-central-agencies/ (30 September 2023).

³ Section 14.1(8) of *The Provincial Auditor Act* and rule 145(3) of *The Rules and Procedures of the Legislative Assembly of Saskatchewan*.

⁴ The Committee defines significant transactions as those that are material in amount and outside the ordinary course of business, or are judged to be sensitive and likely of interest to legislators and the public.

⁵ Rule 145(4) of *The Rules and Procedures of the Legislative Assembly of Saskatchewan*.

2.2 Frequency and Purpose of Committee Meetings

For the period from October 1, 2022, to September 30, 2023, the Standing Committee on Crown and Central Agencies met 11 times (prior period: 9 times). The purpose of these meetings was to review bills (proposed laws), annual reports, the 2022–23 Supplementary Estimates, and the 2023–24 Estimates related to agencies within its subject area.

During this period, the Committee made three reports to the Assembly:

- On December 6, 2022, the Committee presented the *Fifth Report of the Twenty-Ninth Legislature*. This report outlined the 2022–23 Supplementary Estimates considered, and the resolutions adopted by the Committee.
- On March 21, 2023, the Committee presented the *Sixth Report of the Twenty-Ninth Legislature*. This report detailed the work of the Committee for the period from November 17, 2021, to March 21, 2023.
- On May 15, 2023, the Committee presented the *Seventh Report of the Twenty-Ninth Legislature*. This report outlined the 2023–24 Estimates and 2022–23 Supplementary Estimates considered, and the resolutions adopted by the Committee.

The Committee did not receive any significant transaction reports.

3.0 STATUS OF COMMITTEE WORK

3.1 Committee Work Related to Our Audits Relatively Current

As of September 30, 2023, the Standing Committee on Crown and Central Agencies is relatively up-to-date on its review of our Report chapters related to audits of CIC and/or its subsidiaries.

Between October 1, 2022, to September 30, 2023, the Committee met three times to review six chapters from two of our Reports.⁶

As shown in **Figure 3**, as at September 30, 2023, the Committee had not yet considered three chapters from our Reports. The oldest chapter is from our *2022 Report – Volume 2* released in December 2022.

Figure 3—Chapters the Committee Had Not Yet Considered as of September 30, 2023

Agency	Report	Chapter	New Recommendations to be Considered
Saskatchewan Government Insurance ^A	<i>2022 – Volume 2</i>	11	2
Saskatchewan Water Corporation	<i>2023 – Volume 1</i>	22	-
Standing Committee on Crown & Central Agencies	<i>2022 – Volume 2</i>	26	-

^A At September 30, 2023, the Committee had not yet considered recommendations from our chapter about Saskatchewan Government Insurance's processes to license commercial drivers.

⁶ The Committee reviewed chapters from our *2021 Report – Volume 2* and *2022 Report – Volume 1*.



The Committee last reported to the Assembly about its review of our chapters on March 21, 2023 (i.e., *Sixth Report of the Twenty-Ninth Legislature*). This report contained seven recommendations resulting from its review of relevant chapters for the period from November 17, 2021, to March 21, 2023.⁷

3.2 Implementation of the Committee's Audit-Related Recommendations Remains Strong

CIC and its subsidiaries' implementation of the Committee's recommendations related to our audit work remains strong. By September 30, 2023, they fully implemented 82% of the Committee's 55 recommendations, and partially implemented 20% of the remaining 10 recommendations.^{8,9}

Figure 4 sets out the 10 outstanding recommendations agreed to by the Committee and their status at September 30, 2023.

Figure 4—Status of Committee Recommendations Not Fully Implemented at September 30, 2023

Outstanding Recommendation by Corporation ^A	Status
Saskatchewan Power Corporation—Maintaining Above-Ground Distribution Assets (2018 Report – Volume 2)	
25-6 Where Saskatchewan Power Corporation does not follow its plan for maintaining above-ground assets used to distribute electricity, it formally assess the consequences of not completing such maintenance.	Partially Implemented (as of March 4, 2022)
25-7 Regularly report to its senior management on the status of its maintenance activities and, if applicable, the consequences of not completing planned maintenance for above-ground assets used to distribute electricity.	Partially Implemented (as of March 4, 2022)
Saskatchewan Power Corporation—Planning to Shut Down and Decommission Boundary Dam (2020 Report – Volume 2)	
23-1 Use the cost estimate classification system adopted by the Saskatchewan Environmental Code to determine the contingency percentage used to estimate costs for decommissioning and reclaiming the Boundary Dam Power Station site.	Not yet followed up on
Saskatchewan Gaming Corporation—Preventing Cyberattacks (2021 Report – Volume 2)	
17-1 Maintain well-defined action plans clearly addressing all significant risks of cyberattacks that may affect IT systems and data used to support and deliver casino games.	Not yet followed up on
17-2 Adequately configure its network, servers, and workstations to better protect them from security threats and vulnerabilities.	
17-3 Include all privileged-user groups in its quarterly user access reviews.	
17-4 Update all user account passwords as often as required by its password policy.	

⁷ The Committee's previous report to the Assembly resulting from its review of our Reports was the *Second Report of the Twenty-Ninth Legislature* tabled on November 16, 2021.

⁸ The Committee asked our Office to assess and report on the status of the recommendations the Committee makes and reports to the Assembly resulting from our audit work. We assess the status of financial-related recommendations each year as part of annual integrated audits. As part of performance audit follow ups, we assess other recommendations either two or three years after the original audit and, subsequently every two or three years, until the recommendations are either implemented or no longer relevant.

⁹ Calculations are based on the Committee's recommendations made in the previous five years—up to and including the *Sixth Report of the Twenty-Ninth Legislature*.

Outstanding Recommendation by Corporation ^A	Status
17-5 Implement further use of multifactor authentication to reduce, to an acceptable level, the risk of unauthorized access to IT systems and data.	
17-6 Update its IT security assessment plan to reflect changes in its practice and to align with IT industry standards.	
17-7 Analyze information from security assessments and attempted cyberattacks to better identify and address cybersecurity risks.	

^AThe number preceding the outstanding recommendation reflects the chapter and recommendation number of our related Report.

3.3 Committee Review of CIC Sector Annual Reports Current

Annual reports are key accountability documents. As previously mentioned, as a policy field committee, the Committee is responsible for examining annual reports including related financial statements of agencies within its subject area (e.g., CIC and its subsidiary corporations).

Each year, CIC and its subsidiary corporations prepare annual reports and financial statements. Each summer, the annual reports are tabled in the Assembly and available for the Committee's review.

As of September 30, 2023, the Committee has reviewed all of the 2021–22 annual reports. It has not yet started its review of the 2022–23 annual reports of CIC and its subsidiary corporations, which came out publicly in summer 2023.¹⁰

¹⁰ Committee's Branch, Legislative Assembly Service, Standing Committee on Crown and Central Agencies, *Business Referred to Committee*.

Chapter 32

Standing Committee on Public Accounts

1.0 MAIN POINTS

The work of the Standing Committee on Public Accounts is crucial for a well-managed parliamentary system of government. It provides a vital link in the accountability chain of public resources and contributes to supporting the public's confidence in the Government.

The Committee's discussions and recommendations to the Legislative Assembly promote a more open and accountable government, as well as better management of government operations. By reviewing chapters in our Reports, questioning government officials, requesting information, and making recommendations in its reports to the Assembly, the Committee acts as an agent of change for the management practices of government.

The implementation of the Committee's recommendations by the Government and its agencies declined slightly on an overall basis. As of September 2023, the Government fully implemented 56% (September 2022: 60%) of Committee recommendations made during the previous five years, and it partially implemented 61% (September 2022: 49%) of the remaining recommendations.

Between October 1, 2022, and September 30, 2023, the Committee met five times and is relatively up-to-date in its review of our chapters in our Reports. At September 30, 2023, the Committee had not yet reviewed 82 chapters (2022: 71; 2021: 148).

Timely review of our Reports' chapters demonstrates the Committee undertakes appropriate scrutiny and holds agencies accountable.

2.0 INTRODUCTION

This chapter provides an overview and brief description of the Committee's composition, role, and responsibilities, as well as how it reports to the Legislative Assembly. It highlights the Committee's activities since our last chapter to the Assembly about the Committee in our *2022 Report – Volume 2, Chapter 27*.¹

It also sets out the extent to which the Government implemented the Committee's recommendations, and the status of the Committee's review of our Reports.

3.0 ROLE AND RESPONSIBILITIES OVERVIEW

3.1 Committee Composition

At the beginning of each Legislature, the Legislative Assembly appoints members to the Committee including a member of the Official Opposition as Committee Chair and a Government member as Deputy Chair.

¹ *2022 Report – Volume 2, Chapter 27*, pp. 255–262.



On December 8, 2020, the Legislative Assembly adopted a provisional order to expand the membership of the Committee from seven members to eight, including two members of the Official Opposition for the duration of the 29th Legislature. **Figure 1** sets out the Committee’s members as of September 30, 2023.

Figure 1—Members of the Standing Committee on Public Accounts at September 30, 2023

Members' Name		
Trent Wotherspoon, Chair The Honourable Joe Hargrave	Todd Goudy Daryl Harrison Delbert Kirsch	Jim Lemaigre Hugh Nerlien Aleana Young

Source: www.legassembly.sk.ca/legislative-business/legislative-committees/public-accounts/ (10 October 2023).

3.2 Responsibilities Include Reviewing Public Accounts and Our Reports

Because of the Committee’s role to scrutinize the Government’s management of public resources and review our Reports, we view it as the audit committee for the Assembly and thus, for the public.

The Committee acts as a non-partisan oversight body that helps the Assembly hold the Government accountable for its management of public resources. *The Rules and Procedures of the Legislative Assembly of Saskatchewan* require the Committee to review and report to the Assembly on the results of its review of both Public Accounts and Provincial Auditor’s Reports.

The Assembly refers the Public Accounts and the Reports of our Office to the Committee.² The following provides a brief description of each:

- The Public Accounts consist of two volumes. The first volume contains the Summary Financial Statements of the Government and a Financial Statement Discussion and Analysis section. The second volume contains details on revenues and expenditures of the General Revenue Fund. This volume includes comparisons of appropriations to expenditures by vote and by program, and details of expenses (e.g., payees who received \$50,000 or more for salaries and benefits, transfers, or goods and services). It also includes other information, including key financial information of some pension plans and trust funds administered by the Government, on remission of taxes and fees, and on road-use fuel tax accountability.³

The Committee intends to meet to consider the Public Accounts for the first time in one of its upcoming meetings in 2023–24.

- The Reports of the Provincial Auditor contain the results of our examinations of the Government and its various agencies. Chapters within our Reports identify whether the Committee agreed with our recommendations, or made its own recommendations.

² By law, chapters related to Crown Investments Corporation of Saskatchewan and its related agencies (e.g., Saskatchewan Power Corporation, Saskatchewan Telecommunications Holding Corporation) within our Reports are referred to the Standing Committee on Crown and Central Agencies.

³ www.saskatchewan.ca/government/government-structure/ministries/finance#programs-and-services (10 October 2023).

The Committee asked us to monitor compliance with its recommendations and report on their status. Chapters within our Reports provide an update on the status of recommendation implementation.

Government officials attend Committee meetings to answer questions about their agencies' administration. In advance of the meetings, agencies provide the Committee with status updates that set out actions taken or planned to address recommendations.⁴ Our Office attends the meetings to help the Committee in its reviews. The Committee discusses and recommends actions on issues raised by Committee members and our Office.

The Committee's meetings are televised and open to the public. In its deliberations, the Committee is not fundamentally concerned with matters of policy; rather, it questions the economy and effectiveness of the administration of government programs. The Committee reviews the activities, performance, and reports of government ministries, agencies, and certain Crown corporations (agencies). During its review, the Committee may inquire about past performance, current concerns, and future objectives. The Committee's discussions include broader issues such as strategic plans, key risks to achieving goals and objectives, and performance measurements.

3.3 Reports of the Committee

The Committee's reports include its findings and recommendations resulting from the Committee's review of our Reports.

Typically, the Committee reports to the Assembly at the end of each legislative session. Its reports, once tabled in the Assembly, are publicly available on the Committee's website.⁵

The Committee requires the Government to respond in writing to its reports. Their response is also publicly available on the Committee's website.

The Committee's website also provides information on its composition, as well as Committee meeting records (i.e., Hansard verbatim, minutes, videos, reports).

During the period from October 1, 2022, to September 30, 2023, the Committee made one report to the Assembly. On May 9, 2023, the Committee presented the *Third Report of the Twenty-Ninth Legislature*. This report detailed the work of the Committee for the period from May 18, 2022, to May 9, 2023.

4.0 STATUS OF COMMITTEE'S REVIEW OF OUR REPORTS

The Committee remains relatively up-to-date in its review of chapters in our Reports.

Between October 2022 and September 2023, the Committee met five times. It reviewed 38 chapters from eight of our Reports at three of its meetings.⁶ These Reports included the results of our examinations of the Government and its agencies, including

⁴ Status updates are tabled with the Committee and available at www.legassembly.sk.ca/legislative-business/legislative-committees/public-accounts/ (10 October 2023).

⁵ www.legassembly.sk.ca/legislative-business/legislative-committees/public-accounts/ (10 October 2023).

⁶ The Committee reviewed chapters from the following Reports: 2019 (Volumes 1 and 2), 2020 (Volumes 1 and 2), 2021 (Volumes 1 and 2), and 2022 (Volumes 1 and 2).



recommendations for improvement. At another meeting, the Committee also considered our *Annual Report on Operations for the Year Ended March 31, 2022*, and our *Business and Financial Plan for the Year Ended March 31, 2024*.

As shown in **Figure 2**, the Committee is relatively up-to-date in its review of chapters from our Reports. As of September 30, 2023, the Committee had not yet reviewed 82 chapters, which is similar to the number of outstanding chapters in 2022.

Figure 2—Frequency of Committee Meetings with Corresponding Number of Chapters Not Yet Reviewed for the 12-Month Periods Ending September 30

12-Month Period Ending September 30	Number of PAC Meetings	Number of Meetings that PAC Considered Our Reports	Number of Chapters Not Yet Reviewed by PAC
2023	5	3	82
2022	10	5	71
2021 ^A	5	2	148

Source: Provincial Auditor of Saskatchewan (October 2023).

^A Due to the COVID-19 pandemic, the Committee cancelled a meeting in March 2021 where it intended to review our Reports.

As of September 30, 2023, the Committee had not yet completed its review of chapters from our following Reports:

- Three of 30 chapters from our *2020 Report – Volume 1*
- Three of 45 chapters from our *2020 Report – Volume 2*
- Three of 31 chapters from our *2021 Report – Volume 1*
- Eleven of 38 chapters from our *2021 Report – Volume 2*
- Sixteen of 23 chapters from our *2022 Report – Volume 1*
- Twenty-one of 25 chapters from our *2022 Report – Volume 2*
- Twenty-five of 25 chapters from our *2023 Report – Volume 1*

Timely review of chapters and recommendations in our Reports demonstrates the Committee undertakes appropriate scrutiny and holds agencies accountable.

5.0 IMPLEMENTATION OF COMMITTEE'S RECOMMENDATIONS

5.1 Overall Implementation Rate of Committee Recommendations

The implementation of the Committee's recommendations by the Government and its agencies declined slightly on an overall basis.

As of September 2023, the Government fully implemented 242 or 56% (September 2022: 60%) of the Committee's 433 recommendations made during the previous five years. The Government partially implemented 61% (September 2022: 49%) of the remaining recommendations. Of the 433 recommendations, there were 43 recommendations

considered not implemented, but our Office has not yet assessed the status of implementation of those recommendations at September 2023.

5.2 Status of Previous Committee Recommendations

The following table sets out, by agency, the number of Committee recommendations not yet implemented and not included elsewhere in this Report, and the last Report in which our Office gave an update on the status of recommendations.

Our Office follows up on the status of these recommendations until they are implemented or no longer relevant. As noted below, there are 19 chapters at various agencies with recommendations not fully implemented and outstanding for more than six years at September 2023.

Agency	Chapter Title (Initial PAS Report) ^A	Last PAS Report and Chapter	Number of Committee Recommendations Not Yet Implemented
Government of Saskatchewan:			
	Modernizing Government Budgeting and Financial Reporting (2013 Special Report)	2022 Report – Volume 1, Chapter 9	2
Ministries and Secretariats:			
Corrections, Policing, and Public Safety	Rehabilitating Adult Inmates (2008 Report – Volume 1, Chapter 2)	2021 Report – Volume 2, Chapter 20	2
Education	Instruction Time (2009 Report – Volume 3, Chapter 4)	2021 Report – Volume 2, Chapter 22	2
Energy and Resources	Auditing Producer Returns for Non-Renewable Resources (2019 Report – Volume 1, Chapter 4)	2022 Report – Volume 1, Chapter 10	5
Environment	Sustainable Fish Population Management (2019 Report – Volume 2, Chapter 21)	2022 Report – Volume 2, Chapter 16	1
Finance	Monitoring the Fuel Tax Exemption Program (2016 Report – Volume 1, Chapter 8)	2022 Report – Volume 2, Chapter 17	3
Government Relations	Safe Drinking Water in Northern Settlements (2012 Report – Volume 1, Chapter 12)	2021 Report – Volume 1, Chapter 15	4
Health	Preventing Diabetes-Related Health Complications (2012 Report – Volume 2, Chapter 32)	2020 Report – Volume 2, Chapter 32	3
	Detecting Inappropriate Physician Payments (2017 Report – Volume 1, Chapter 6)	2022 Report – Volume 1, Chapter 13	2
	Monitoring Opioid Prescribing and Dispensing (2019 Report – Volume 1, Chapter 7)	2021 Report – Volume 2, Chapter 28	4
	Using Critical Incident Reporting to Improve Patient Safety (2021 Report – Volume 1, Chapter 6)	2021 Report – Volume 1, Chapter 6	10
Immigration and Career Training	Coordinating English-Language Programs (2015 Report – Volume 1, Chapter 8)	2021 Report – Volume 1, Chapter 19	2
Justice and Attorney General	Supporting Provincial Court of Saskatchewan to Manage Court Workloads (2014 Report – Volume 1, Chapter 10)	2020 Report – Volume 2, Chapter 33	2



Agency	Chapter Title (Initial PAS Report) ^A	Last PAS Report and Chapter	Number of Committee Recommendations Not Yet Implemented
Justice and Attorney General and Corrections, Policing and Public Safety	Leading the Community Safety and Well-Being Initiative (2016 Report – Volume 1, Chapter 10)	2021 Report – Volume 1, Chapter 20	2
	Implementing Strategies to Reduce Short-Term Remand in Saskatoon and the Surrounding Area (2021 Report – Volume 1, Chapter 8)	2023 Report – Volume 1, Chapter 13	4
Parks, Culture and Sport	Providing Safe Drinking Water in Provincial Parks (2019 Report – Volume 2, Chapter 23)	2022 Report – Volume 2, Chapter 18	4
Public Service Commission	Advancing Workplace Diversity and Inclusion in Ministries (2022 Report – Volume 1, Chapter 4)	2022 Report – Volume 1, Chapter 4	6
SaskBuilds and Procurement	Securing the Data Centre (2019 Report – Volume 1, Chapter 14)	2023 Report – Volume 1, Chapter 24	1
Social Services	Supervision of Community-Based Organizations Delivering Programs to Intellectually Disabled People (2012 Report – Volume 1, Chapter 22)	2021 Report – Volume 2, Chapter 37	3
	Monitoring Foster Families (2020 Report – Volume 1, Chapter 12)	2022 Report – Volume 1, Chapter 26	4
	Monitoring Quality of Care in Homes Supporting Adults with Intellectual Disabilities (2021 Report – Volume 2, Chapter 18)	2021 Report – Volume 2, Chapter 18	9
Crown Agencies—Saskatchewan Health Authority:			
Saskatchewan Health Authority	Safe and Timely Discharge of Patients from Regina Hospitals (2015 Report – Volume 1, Chapter 14)	2023 Report – Volume 1, Chapter 19	2
	Delivering Accessible and Responsive Ground Ambulance Services in Southwest Saskatchewan (2016 Report – Volume 2, Chapter 25)	2022 Report – Volume 1, Chapter 18	1
	Efficient Use of MRIs in Regina (2017 Report – Volume 1, Chapter 10)	2022 Report – Volume 1, Chapter 19	3
	Analyzing Surgical Biopsies in Regina and Saskatoon Labs (2018 Report – Volume 2, Chapter 23)	2022 Report – Volume 2, Chapter 19	3
	Preventing and Controlling Hospital-Acquired Infections in the Regina General and Pasqua Hospitals (2018 Report – Volume 2, Chapter 24)	2022 Report – Volume 1, Chapter 21	4
	Maintaining Saskatoon and Surrounding Area Health Care Facilities (2019 Report – Volume 1, Chapter 12)	2022 Report – Volume 2, Chapter 20	8
	Treating Patients at Risk of Suicide in Northwest Saskatchewan (2019 Report – Volume 2, Chapter 24)	2023 Report – Volume 1, Chapter 20	6
Crown Agencies—School Divisions:			
Horizon School Division No. 205	Maintaining Facilities (2020 Report – Volume 1, Chapter 8)	2022 Report – Volume 1, Chapter 14	4
Northern Lights School Division No. 113	Purchasing Goods and Services (2019 Report – Volume 1, Chapter 8)	2022 Report – Volume 1, Chapter 15	14

Agency	Chapter Title (Initial PAS Report) ^A	Last PAS Report and Chapter	Number of Committee Recommendations Not Yet Implemented
Saskatoon School Division No. 13	Supporting Students with Intensive Needs (2018 Report – Volume 1, Chapter 11)	2022 Report – Volume 1, Chapter 23	5
	Monitoring Success in Readyng Students for Learning in the Primary Grades When Exiting Kindergarten (2021 Report – Volume 1, Chapter 11)	2023 Report – Volume 1, Chapter 23	2
Sun West School Division No. 207	Annual Integrated Audit (2017 Report – Volume 2, Chapter 2)	2023 Report – Volume 1, Chapter 2	1
St. Paul's Roman Catholic Separate School Division No. 20	Adapting Technology for Learning in Elementary Schools (2019 Report – Volume 2, Chapter 25)	2022 Report – Volume 1, Chapter 27	1
Crown Agencies—Various:			
eHealth	Securing Portable Computing Devices (2020 Report – Volume 1, Chapter 6)	2022 Report – Volume 2, Chapter 15	6
Northlands College	Purchasing Goods and Services (2019 Report – Volume 1, Chapter 9)	2021 Report – Volume 1, Chapter 21	9
Saskatchewan Arts Board	Awarding Grants Impartially and Transparently (2018 Report – Volume 2, Chapter 22)	2021 Report – Volume 2, Chapter 31	1
Saskatchewan Legal Aid Commission	Providing Legal Aid Services (2016 Report – Volume 1, Chapter 16)	2021 Report – Volume 2, Chapter 34	2
Saskatchewan Liquor and Gaming Authority	Regulating Commercial Permittees' On-table Sale of Liquor (2017 Report – Volume 1, Chapter 11)	2021 Report – Volume 1, Chapter 25	2
	Regulating Recreational Cannabis (2021 Report – Volume 1, Chapter 10)	2021 Report – Volume 1, Chapter 10	8
	Regulating Locally Manufactured Craft Alcohol (2022 Report – Volume 1, Chapter 6)	2022 Report – Volume 1, Chapter 6	5
Saskatchewan Workers' Compensation Board	Coordinating Injured Workers' Return to Work (2016 Report – Volume 2, Chapter 31)	2022 Report – Volume 1, Chapter 22	6
	Administering Psychological Injury Claims (2022 Report – Volume 1, Chapter 7)	2022 Report – Volume 1, Chapter 7	5
Water Security Agency	Dam Safety (2005 Report – Volume 1, Chapter 3)	2019 Report – Volume 1, Chapter 44	2
	Regulating Drainage (2018 Report – Volume 1, Chapter 12)	2021 Report – Volume 1, Chapter 31	9
	Regulating Water Use (2020 Report – Volume 1, Chapter 13)	2023 Report – Volume 1, Chapter 26	5

Source: Provincial Auditor of Saskatchewan (October 2023).

^A PAS – Provincial Auditor of Saskatchewan

Appendix 1

Agencies Subject to Examination under *The Provincial Auditor Act* and Status of Audits

The Office of the Provincial Auditor's goal is to give the Legislative Assembly timely Reports on the results of our examinations. We do not delay our Reports to accommodate incomplete audits, but rather include the results in a future Report. We aim to report the results of our annual integrated audits of agencies with December fiscal year-ends in the spring (i.e., Report – Volume 1) and agencies with March fiscal year-ends in the fall (i.e., Report – Volume 2). We report the results of our follow-up and performance audits in the Report following their completion.

The table below lists the agencies subject to examination under *The Provincial Auditor Act* at September 30, 2023, along with their fiscal year-end. Agencies subject to our examination include ministries, Crown agencies, Crown-controlled corporations, special purpose and trust funds, other agencies that administer public money, and offices of the Legislative Assembly.

For each of these agencies, the table sets out the status of our annual integrated audits at November 3, 2023. It also indicates whether we are reporting, or have reported, matters for the Assembly's attention within the last 12 months, and if so, it identifies the relevant Report.

Agency	Fiscal Year-End ^A	Status on November 3, 2023 ^B	Matters Reported / Related Report(s) ^C
Government of Saskatchewan—Summary Financial Statements	March 31	Complete	No
Ministries and Secretariats:			
Ministry of Advanced Education	March 31	Complete	Yes/2023 V2
Ministry of Agriculture	March 31	Complete	Yes/2023 V2
Ministry of Corrections, Policing, and Public Safety	March 31	Complete	Yes/2023 V1
Ministry of Education	March 31	Complete	Yes/2023 V1 & 2023 V2
Ministry of Energy and Resources	March 31	Complete	Yes/2023 V1
Ministry of Environment	March 31	Complete	Yes/2023 V1 & 2023 V2
Ministry of Finance	March 31	Complete	No
Ministry of Government Relations	March 31	Complete	Yes/2023 V2
Ministry of Health	March 31	Complete	Yes/2023 V1 & 2023 V2
Ministry of Highways	March 31	Complete	Yes/2023 V1 & 2023 V2
Ministry of Immigration and Career Training	March 31	Complete	No
Ministry of Justice and Attorney General	March 31	Complete	Yes/2023 V1 & 2023 V2
Ministry of Labour Relations and Workplace Safety	March 31	Complete	No
Ministry of Parks, Culture and Sport	March 31	Delayed	No
Ministry of SaskBuilds and Procurement	March 31	Complete	Yes/2023 V1
Ministry of Social Services	March 31	Complete	Yes/2023 V1 & 2023 V2
Ministry of Trade and Export Development	March 31	Complete	No



Agency	Fiscal Year-End ^A	Status on November 3, 2023 ^B	Matters Reported / Related Report(s) ^C
Executive Council	March 31	Complete	Yes/2023 V2
Firearms Secretariat	March 31	Complete	No
Public Service Commission	March 31	Complete	No
Crown Agencies:			
Agricultural Credit Corporation of Saskatchewan	March 31	Complete	No
All Nations' Healing Hospital Inc.	March 31	Complete	Yes/2023 V2
Bethany Pioneer Village Inc.	March 31	Complete	No
Border-Line Housing Company (1975) Inc.	March 31	Complete	No
Carlton Trail College	June 30	Complete	No
Century Plaza Condominium Corporation	March 31	Complete	No
Chinook School Division No. 211	August 31	Complete	No
Christ the Teacher Roman Catholic Separate School Division No. 212	August 31	Complete	No
Circle Drive Special Care Home Inc.	March 31	Complete	No
Community Initiatives Fund	March 31	Complete	No
Conseil des Écoles Fransaskoises No. 310	August 31	Complete	No
Creative Saskatchewan	March 31	Complete	No
Creighton School Division No. 111	August 31	Complete	No
Cumberland College	June 30	Complete	No
Cupar and District Nursing Home Inc.	March 31	Complete	No
Duck Lake and District Nursing Home Inc.	March 31	Complete	No
eHealth Saskatchewan	March 31	Complete	Yes/2023 V2
Financial and Consumer Affairs Authority of Saskatchewan	March 31	Complete	No
Foyer St. Joseph Nursing Home Inc.	March 31	Complete	No
Global Transportation Hub Authority, The	March 31	Complete	No
Good Spirit School Division No. 204	August 31	Complete	No
Government House Foundation, The	March 31	Complete	No
Great Plains College	June 30	Complete	No
Health Quality Council	March 31	Complete	No
Health Shared Services Saskatchewan (3sHealth)	March 31	Complete	No
Holy Family Roman Catholic Separate School Division No. 140	August 31	Complete	No
Holy Trinity Roman Catholic Separate School Division No. 22	August 31	Complete	No
Horizon School Division No. 205	August 31	Complete	No
Île-à-la-Croix School Division No. 112	August 31	Complete	No
Innovation Saskatchewan	March 31	Complete	No
Jubilee Residences Inc.	March 31	Complete	No
Lakeview Pioneer Lodge Inc.	March 31	Complete	No
Law Reform Commission of Saskatchewan	March 31	Complete	No
Light of Christ Roman Catholic Separate School Division No. 16	August 31	Complete	No
Living Sky School Division No. 202	August 31	Complete	No

Agency	Fiscal Year-End ^A	Status on November 3, 2023 ^B	Matters Reported / Related Report(s) ^C
Lloydminster Public School Division No. 99	August 31	Complete	No
Lloydminster Roman Catholic Separate School Division No. 89	August 31	Complete	No
Lumsden & District Heritage Home Inc.	March 31	Complete	No
Lutheran Sunset Home of Saskatoon	March 31	Complete	No
Mennonite Nursing Homes Incorporated	March 31	Complete	No
Métis Development Fund	December 31	Complete	No
Mont St. Joseph Home Inc.	March 31	Complete	No
Municipal Financing Corporation of Saskatchewan	December 31	Complete	No
Municipal Potash Tax Sharing Administration Board	December 31	Complete	No
North East School Division No. 200	August 31	Complete	No
North West College	June 30	Complete	No
Northern Lights School Division No. 113	August 31	Complete	Yes/2023 V1
Northlands College	June 30	Complete	Yes/2023 V2
Northwest School Division No. 203	August 31	Complete	No
Oliver Lodge	March 31	Complete	No
Operator Certification Board	March 31	Complete	No
Parkland College	June 30	Complete	No
Prairie Agricultural Machinery Institute	March 31	Complete	Yes/2023 V2
Prairie South School Division No. 210	August 31	Complete	Yes/2023 V1
Prairie Spirit School Division No. 206	August 31	Complete	Yes/2023 V1
Prairie Valley School Division No. 208	August 31	Complete	No
Prince Albert Roman Catholic Separate School Division No. 6	August 31	Complete	No
Providence Place for Holistic Health Inc.	March 31	Complete	No
Provincial Archives of Saskatchewan	March 31	Complete	No
Provincial Capital Commission	March 31	Complete	No
Radville Marian Health Centre Inc.	March 31	Complete	No
Raymore Community Health and Social Centre	March 31	Complete	No
Regina Lutheran Housing Corporation	March 31	Complete	No
Regina Roman Catholic Separate School Division No. 81	August 31	Complete	Yes/2023 V1
Regina School Division No. 4	August 31	Complete	No
Santa Maria Senior Citizens Home Inc.	March 31	Complete	No
Saskatchewan Apprenticeship and Trade Certification Commission	June 30	Complete	Yes/2023 V2
Saskatchewan Arts Board, The	March 31	Complete	No
Saskatchewan Association of Health Organizations Inc.	March 31	Complete	No
Saskatchewan Cancer Agency	March 31	Complete	Yes/2023 V1 & 2023 V2
Saskatchewan Centre of the Arts	March 31	Complete	No
Saskatchewan Crop Insurance Corporation	March 31	Complete	No
Saskatchewan Distance Learning Corporation	August 31	Note 5	
Saskatchewan Health Authority	March 31	Complete	Yes/2023 V1 & 2023 V2



Agency	Fiscal Year-End ^A	Status on November 3, 2023 ^B	Matters Reported / Related Report(s) ^C
Saskatchewan Health Research Foundation	March 31	Complete	No
Saskatchewan Healthcare Recruitment Agency	March 31	Note 3	
Saskatchewan Heritage Foundation	March 31	Complete	No
Saskatchewan Housing Corporation	December 31	Complete	No
Saskatchewan Impaired Driver Treatment Centre Board of Governors	March 31	Complete	No
Saskatchewan Indian Gaming Authority Inc.	March 31	Complete	No
Saskatchewan Indigenous Investment Finance Corporation	March 31	Note 4	
Saskatchewan Legal Aid Commission	March 31	Complete	No
Saskatchewan Liquor and Gaming Authority	March 31	Complete	Yes/2023 V2
Saskatchewan Lotteries Trust Fund for Sport, Culture and Recreation	March 31	Complete	No
Saskatchewan Polytechnic	June 30	Complete	Yes/2023 V1
Saskatchewan Public Safety Agency	March 31	Complete	Yes/2023 V2
Saskatchewan Research Council	March 31	Complete	Yes/2023 V1
Saskatchewan Rivers School Division No. 119	August 31	Complete	No
Saskatoon Convalescent Home	March 31	Complete	No
Saskatoon School Division No. 13	August 31	Complete	Yes/2023 V1
SaskBuilds Corporation	March 31	Complete	No
Sherbrooke Community Society Inc.	March 31	Complete	No
SLGA Holding Inc.	March 31	Complete	No
SLGA Retail Inc.	March 31	Complete	No
Société Joseph Breton Inc.	March 31	Complete	No
South East Cornerstone School Division No. 209	August 31	Complete	No
Southeast College	June 30	Complete	No
Spruce Manor Special Care Home Inc.	March 31	Complete	No
St. Ann's Senior Citizens Village Corporation	March 31	Complete	No
St. Anthony's Hospital	March 31	Complete	No
St. Joseph's Home for the Aged	March 31	Complete	No
St. Joseph's Hospital (Grey Nuns) Gravelbourg	March 31	Complete	No
St. Joseph's Hospital of Estevan	March 31	Complete	No
St. Joseph's Integrated Health Centre Macklin Inc.	March 31	Complete	No
St. Paul Lutheran Home of Melville	March 31	Complete	No
St. Paul's Roman Catholic Separate School Division No. 20	August 31	Complete	Yes/2023 V1
St. Paul's (Grey Nuns) of Saskatoon	March 31	Note 1	
St. Peter's Hospital	March 31	Complete	No
Strasbourg and District Health Centre	March 31	Complete	No
Suncrest College	June 30	Note 6	
Sun West School Division No. 207	August 31	Complete	Yes/2023 V1
Sunnyside Adventist Care Centre	March 31	Complete	No
TecMark International Commercialization Inc.	March 31	Note 1	
The Qu'Appelle Diocesan Housing Company	March 31	Complete	No

Agency	Fiscal Year-End ^A	Status on November 3, 2023 ^B	Matters Reported / Related Report(s) ^C
The Salvation Army—William Booth Special Care Home	March 31	Complete	No
Tourism Saskatchewan	March 31	Complete	No
Warman Mennonite Special Care Home Inc.	March 31	Complete	No
Water Security Agency	March 31	Complete	Yes/2023 V1
Western Development Museum	March 31	Complete	Yes/2023 V2
Workers' Compensation Board	December 31	Complete	Yes/2023 V1
CIC Crown Corporations and related agencies:			
101069101 Saskatchewan Ltd.	March 31	Note 1	
Battleford International, Inc.	March 31	Note 1	
Bayhurst Energy Services Corporation	March 31	Note 1	
Bayhurst Gas Limited	March 31	Note 1	
BG Storage Inc.	March 31	Note 1	
CIC Asset Management Inc.	March 31	Complete	No
Coachman Insurance Company	December 31	Complete	No
Crown Investments Corporation of Saskatchewan	March 31	Complete	No
DirectWest Corporation	March 31	Note 9	
Lotteries and Gaming Saskatchewan Corporation	March 31	Note 8	
Manalta Investment Company Ltd.	March 31	Note 1	
Many Islands Pipe Lines (Canada) Limited	March 31	Note 1	
Nokomis Holding Inc.	March 31	Note 1	
Northpoint Energy Solutions Inc.	March 31	Complete	No
Saskatchewan Auto Fund	March 31	Complete	No
Saskatchewan First Call Corporation	March 31	Note 7	
Saskatchewan Gaming Corporation	March 31	Complete	No
Saskatchewan Government Insurance	March 31	Complete	No
Saskatchewan Opportunities Corporation	March 31	Note 10	
Saskatchewan Power Corporation	March 31	Complete	No
Saskatchewan Telecommunications	March 31	Complete	No
Saskatchewan Telecommunications Holding Corporation	March 31	Complete	No
Saskatchewan Telecommunications International, Inc.	March 31	Complete	No
Saskatchewan Water Corporation	March 31	Complete	Yes/2023 V1
SaskEnergy Incorporated	March 31	Complete	No
SaskTel International Consulting, Inc.	March 31	Note 1	
SaskTel Investments Inc.	March 31	Note 1	
SecurTek Monitoring Solutions Inc.	March 31	Complete	No
SGC Holdings, Inc.	March 31	Complete	No
SGI CANADA Insurance Services Ltd.	December 31	Complete	No
Shellbrook Holding Inc.	March 31	Note 1	
Stentor Resource Centre Inc.	March 31	Note 1	
TransGas Limited	March 31	Note 1	
Special purpose and trust funds including pension and benefit plans:			
Capital Pension Plan	March 31	Complete	No



Agency	Fiscal Year-End ^A	Status on November 3, 2023 ^B	Matters Reported / Related Report(s) ^C
Commercial Revolving Fund	March 31	Complete	No
Correctional Facilities Industries Revolving Fund	March 31	Complete	No
Criminal Property Forfeiture Fund	March 31	Complete	No
Crop Reinsurance Fund of Saskatchewan	March 31	Complete	No
Doukhobors of Canada C.C.U.B. Trust Fund	May 31	Delayed	No
Extended Health Care Plan	December 31	Complete	No
Extended Health Care Plan for Certain Other Employees	December 31	Complete	No
Extended Health Care Plan for Certain Other Retired Employees	December 31	Complete	No
Extended Health Care Plan for Retired Employees	December 31	Complete	No
Fish and Wildlife Development Fund	March 31	Complete	No
General Revenue Fund	March 31	Note 2	
Health Shared Services Saskatchewan Core Dental Plan	December 31	Complete	No
Health Shared Services Saskatchewan Disability Income Plan – CUPE	December 31	Complete	No
Health Shared Services Saskatchewan Disability Income Plan – General	December 31	Complete	No
Health Shared Services Saskatchewan Disability Income Plan – SEIU	December 31	Complete	No
Health Shared Services Saskatchewan Disability Income Plan – SUN	December 31	Complete	No
Health Shared Services Saskatchewan Group Life Insurance Plan	December 31	Complete	No
Health Shared Services Saskatchewan In-Scope Extended Health/Enhanced Dental Plan	December 31	Complete	No
Health Shared Services Saskatchewan Out-of-Scope Extended Health/Enhanced Dental Plan	December 31	Complete	No
Health Shared Services Saskatchewan Out-of-Scope Flexible Health/Spending Plan	December 31	Complete	No
Impacted Sites Fund	March 31	Complete	No
Institutional Control Monitoring and Maintenance Fund	March 31	Complete	No
Institutional Control Unforeseen Events Fund	March 31	Complete	No
Judges of the Provincial Court Superannuation Plan	March 31	Complete	No
King's Printer Revolving Fund	March 31	Complete	No
Liquor Board Superannuation Plan	December 31	Complete	No
Municipal Employees' Pension Commission	December 31	Complete	No
Northern Municipal Trust Account	December 31	Complete	Yes/2023 V1 & 2023 V2
Oil and Gas Orphan Fund	March 31	Complete	No
Pension Plan for the Non-Teaching Employees of the Saskatoon School Division No. 13	December 31	Complete	No
Power Corporation Superannuation Plan	December 31	Complete	No
Provincial Mediation Board Trust Accounts	March 31	Complete	No
Public Employees Benefits Agency Revolving Fund	March 31	Complete	No
Public Employees Deferred Salary Leave Fund	December 31	Complete	No
Public Employees Dental Fund	December 31	Complete	No

Agency	Fiscal Year-End ^A	Status on November 3, 2023 ^B	Matters Reported / Related Report(s) ^C
Public Employees Disability Income Fund	December 31	Complete	No
Public Employees Group Life Insurance Fund	December 31	Complete	No
Public Employees Pension Plan	March 31	Complete	No
Public Guardian and Trustee of Saskatchewan	March 31	Complete	No
Public Service Superannuation Plan	March 31	Complete	No
Residential Tenancies, Office of—Director's Trust Account	March 31	Complete	Yes/2023 V1
Sask 911 Account	March 31	Complete	No
Saskatchewan Agricultural Stabilization Fund	March 31	Complete	No
Saskatchewan Government Insurance Service Recognition Plan	December 31	Complete	No
Saskatchewan Government Insurance Superannuation Plan	December 31	Complete	No
Saskatchewan Pension Annuity Fund	March 31	Complete	No
Saskatchewan Pension Plan	December 31	Complete	No
Saskatchewan Power Corporation Designated Employee Benefit Plan	December 31	Complete	No
Saskatchewan Power Corporation Severance Pay Credits Plan	December 31	Complete	No
Saskatchewan Power Corporation Supplementary Superannuation Plan	December 31	Complete	No
Saskatchewan Professional Teachers Regulatory Board	August 31	Complete	No
Saskatchewan Research Council Employees' Pension Plan	December 31	Complete	No
Saskatchewan Snowmobile Fund	March 31	Complete	No
Saskatchewan Student Aid Fund	March 31	Complete	No
Saskatchewan Technology Fund	March 31	Complete	No
Saskatchewan Telecommunications Pension Plan	March 31	Complete	No
Saskatchewan Water Corporation Retirement Allowance Plan	December 31	Complete	No
SaskEnergy Retiring Allowance Plan	December 31	Complete	No
School Division Tax Loss Compensation Fund	March 31	Complete	No
Social Services Central Trust Account	March 31	Complete	No
Social Services Valley View Centre Grants and Donations Trust Account and Institutional Collective Benefit Fund	March 31	Complete	No
Social Services Valley View Centre Residents' Trust Account	March 31	Complete	No
Staff Pension Plan for Employees of the Saskatchewan Legal Aid Commission	December 31	Complete	No
Teachers' Dental Plan	December 31	Complete	No
Teachers' Disability Plan	June 30	Complete	No
Teachers' Group Life Plan	August 31	Complete	No
Teachers' Superannuation Plan	June 30	Complete	No
Training Completions Fund	March 31	Complete	No
Transportation Partnerships Fund	March 31	Complete	No
Victims' Fund	March 31	Complete	No



Agency	Fiscal Year-End ^A	Status on November 3, 2023 ^B	Matters Reported / Related Report(s) ^C
Water Security Agency Retirement Allowance Plan	March 31	Complete	No
Offices of the Legislative Assembly:			
Advocate for Children and Youth, Office of the	March 31	Complete	No
Board of Internal Economy/Legislative Assembly Service/Office of the Speaker	March 31	Complete	No
Chief Electoral Officer, Office of the	March 31	Complete	No
Conflict of Interest Commissioner, Office of the	March 31	Complete	No
Information and Privacy Commissioner, Office of the	March 31	Complete	No
Ombudsman and Public Interest Disclosure Commissioner, Office of the	March 31	Complete	No
Other Agencies:			
Pension Plan for the Academic and Administrative Employees of the University of Regina	December 31	Complete	No
Pension Plan for the Eligible Employees at the University of Saskatchewan	December 31	Complete	No
Technical Safety Authority of Saskatchewan	June 30	Complete	Yes/2023 V2
University of Regina	April 30	Complete	No
University of Regina Non-Academic Pension Plan	December 31	Complete	No
University of Saskatchewan	April 30	Complete	No
University of Saskatchewan 1999 Academic Pension Plan	December 31	Complete	No
University of Saskatchewan 2000 Academic Money Purchase Pension Plan	December 31	Complete	No
University of Saskatchewan Academic Employees' Pension Plan	December 31	Complete	No
University of Saskatchewan and Federated Colleges Non-Academic Pension Plan	December 31	Complete	No

Note 1: These entities are wholly- or partially-owned subsidiary corporations that are included in the consolidated financial statements of a parent Crown agency.

Note 2: The Ministry of Finance does not prepare financial statements for this Fund.

Note 3: New Crown Agency established August 2022. Entity was not yet operational in 2022–23. March 31, 2024, will be the first period end audited.

Note 4: New Crown Agency established May 2022. Entity was not yet operational in 2022–23.

Note 5: New Crown Agency established December 2022. August 31, 2023 will be the first period end audited.

Note 6: New Crown Agency established July 2023. June 30, 2024, will be the first period end audited.

Note 7: This entity was sold effective June 1, 2023.

Note 8: New Crown Agency established June 2023. March 31, 2024, will be the first period end audited.

Note 9: Directwest transferred its operations and net assets to Saskatchewan Telecommunications on April 1, 2022.

Note 10: This agency amalgamated with Innovation Saskatchewan during 2022–23.

^A	Fiscal Year-end	Year of last completed integrated audit
	March 31	2023
	April 30	2023
	May 31	2023
	June 30	2023
	August 31	2022
	September 30	2022
	December 31	2022
^B	"Complete" – the audit was complete.	
	"Delayed" – the audit was delayed.	
^C	"No" – no significant issues reported.	
	"Yes/2023 V1" – significant issues are reported in our 2023 Report – Volume 1.	
	"Yes/2023 V2" – significant issues are reported in our 2023 Report – Volume 2.	

Appendix 2

Report on the Financial Statements of Agencies Audited by Appointed Auditors

1.0 PURPOSE

This Appendix summarizes the Office of the Provincial Auditor's views on the financial statements of agencies audited by appointed auditors. It lists audits in which the Office participated for fiscal periods ending between January 1, 2023, and June 30, 2023.

2.0 BACKGROUND

Under *The Provincial Auditor Act*, the Provincial Auditor retains its overall responsibility for audits of all Crown agencies and Crown corporations regardless of who does the audit. The Legislative Assembly allows the Government to appoint auditors to annually audit certain Crown agencies and Crown corporations. **Figure 1** sets out the objectives of the annual audits—we refer to them as annual integrated audits.

The Office of the Provincial Auditor, Crown agencies, Crown corporations, and the appointed auditors use the recommendations of the *Report of the Task Force on Roles, Responsibilities and Duties of Auditors* to serve the Assembly's needs efficiently and effectively.^{1,2} The Office includes the results of annual integrated audits done by appointed auditors in its reports to the Assembly. As the Task Force Report expects, the Office provides the Assembly with its views and participation in the audits of agencies' financial statements with an appointed auditor.

Figure 1—Objectives of Annual Integrated Audits

The objectives of each annual integrated audit are to form the following opinions and to report the results to the Assembly:

- An opinion on the financial-related rules and procedures used by the agency to safeguard public resources.
- An opinion on the agency's compliance with the authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing.
- An opinion on the reliability of the agency's financial statements. The appointed auditors' reports on the reliability of each Crown agency and each Crown corporation's financial statements accompany the respective financial statements.

The Government's Summary Financial Statements include the financial results of all agencies controlled by the Government. *Public Accounts 2022–23 – Volume 1* includes the Office's independent auditor's report on the Government's Summary Financial Statements for the year ended March 31, 2023.

¹ For a copy of this report, see our website at www.auditor.sk.ca. The Task Force recommended that the Office give the Assembly a report listing the agencies whose annual integrated audits it participated in.

² In June 1994, the *Report of the Task Force on Roles, Responsibilities and Duties of Auditors* recommended how the audit system for Crown Investments Corporation of Saskatchewan and its subsidiary Crown corporations could function more efficiently and effectively. In April 1995, the Treasury Board decided that all Crown corporations and agencies should comply with these recommendations.



3.0 THE OFFICE'S VIEWS ON FINANCIAL STATEMENTS AUDITED BY APPOINTED AUDITORS

The table below provides the Office of the Provincial Auditor's views and participation on each financial statement audit completed by an appointed auditor for fiscal years ending between January 1, 2023, and June 30, 2023. As noted below, sometimes the Office varies the extent of its participation.

The table groups agencies and corporations by: healthcare affiliates; regional colleges; other Crown agencies, special purpose and trust funds; other agencies; and CIC, its subsidiary Crown corporations, and other related entities. It lists each Crown agency or corporation whose financial statements are audited by an appointed auditor, the appointed auditor's name, the agency's year-end date, whether the Office participated in the audit, and whether the agency's financial statements are reliable.

Listing of the Office's Involvement in Financial Statement Audits of Agencies with an Appointed Auditor

Name of Agency	Appointed Auditor	Year-End Date	PAS* Participated in Audit	Financial Statements are Reliable
Healthcare Affiliates				
All Nations' Healing Hospital Inc.	Virtus Group LLP	March 31	See ^A	Yes
Bethany Pioneer Village Inc. ^D	Jensen Stromberg, Chartered Professional Accountants	March 31	See ^A	Yes
Border-Line Housing Company (1975) Inc.	MNP LLP	March 31	See ^A	Yes
Circle Drive Special Care Home Inc.	KPMG LLP	March 31	See ^A	Yes
Cupar and District Nursing Home Inc.	MWC Chartered Professional Accountants LLP	March 31	See ^A	Yes
Duck Lake and District Nursing Home Inc.	Heagy LLP	March 31	See ^A	Yes
Foyer St. Joseph Nursing Home Inc.	KPMG LLP	March 31	See ^A	Yes
Jubilee Residences Inc. ^D	KPMG LLP	March 31	See ^A	Yes
Lakeview Pioneer Lodge Inc.	Heagy LLP	March 31	See ^A	Yes
Lumsden & District Heritage Home Inc.	MWC Chartered Professional Accountants LLP	March 31	See ^A	Yes
Lutheran Sunset Home of Saskatoon ^D	BDO Canada LLP	March 31	See ^A	Yes
Mennonite Nursing Homes Incorporated	Heagy LLP	March 31	See ^A	Yes
Mont St. Joseph Home Inc.	MNP LLP	March 31	See ^A	Yes
Oliver Lodge ^D	Virtus Group LLP	March 31	See ^A	Yes
Providence Place for Holistic Health Inc.	KPMG LLP	March 31	See ^A	Yes
Radville Marian Health Centre Inc.	KPMG LLP	March 31	See ^A	Yes
Raymore Community Health and Social Centre	SENSUS Chartered Professional Accountants Ltd.	March 31	See ^A	Yes
Regina Lutheran Housing Corporation	MWC Chartered Professional Accountants LLP	March 31	See ^A	Yes
Santa Maria Senior Citizens Home Inc.	KPMG LLP	March 31	See ^A	Yes
Saskatoon Convalescent Home	Baker Tilly SK LLP	March 31	See ^A	Yes

Name of Agency	Appointed Auditor	Year-End Date	PAS* Participated in Audit	Financial Statements are Reliable
Sherbrooke Community Society Inc.	KPMG LLP	March 31	See ^A	Yes
Société Joseph Breton Inc.	HRO Chartered Professional Accountants	March 31	See ^A	Yes
Spruce Manor Special Care Home Inc. ^D	Jensen Stromberg, Chartered Professional Accountants	March 31	See ^A	Yes
St. Ann's Senior Citizens Village Corporation ^D	KPMG LLP	March 31	See ^A	Yes
St. Anthony's Hospital	KPMG LLP	March 31	See ^A	Yes
St. Joseph's Home for the Aged	Ernst & Young LLP	March 31	See ^A	Yes
St. Joseph's Hospital (Grey Nuns) Gravelbourg	KPMG LLP	March 31	See ^A	Yes
St. Joseph's Hospital of Estevan	KPMG LLP	March 31	See ^A	Yes
St. Joseph's Integrated Health Centre Macklin Inc.	KPMG LLP	March 31	See ^A	Yes
St. Paul Lutheran Home of Melville	Prairie Strong, Chartered Professional Accountants	March 31	See ^A	Yes
St. Peter's Hospital	KPMG LLP	March 31	See ^A	Yes
Strasbourg and District Health Centre	MNP LLP	March 31	See ^A	Yes
Sunnyside Adventist Care Centre	KPMG LLP	March 31	See ^A	Yes
The Qu'Appelle Diocesan Housing Company	MWC Chartered Professional Accountants LLP	March 31	See ^A	Yes
The Salvation Army—William Booth Special Care Home	KPMG LLP	March 31	See ^A	Yes
Warman Mennonite Special Care Home Inc. ^D	MNP LLP	March 31	See ^A	Yes
Regional Colleges				
Carlton Trail College	KPMG LLP	June 30	Yes	Yes
Cumberland College	MNP LLP	June 30	Yes	Yes
Great Plains College	Stark & Marsh CPA LLP	June 30	See ^A	Yes
Northlands College	MNP LLP	June 30	See ^A	Yes
North West College	Vantage Chartered Professional Accountants	June 30	See ^A	Yes
Parkland College	MNP LLP	June 30	Yes	Yes
Southeast College	Virtus Group LLP	June 30	See ^A	Yes
Other Crown Agencies, Special Purpose and Trust Funds				
Agricultural Credit Corporation of Saskatchewan	MNP LLP	March 31	See ^A	Yes
Century Plaza Condominium Corporation	Deloitte LLP	March 31	Yes	Yes
Community Initiatives Fund	Virtus Group LLP	March 31	See ^A	Yes
Crop Reinsurance Fund of Saskatchewan	KPMG LLP	March 31	Yes	Yes
Operator Certification Board	MWC Chartered Professional Accountants LLP	March 31	See ^A	Yes
Public Employees' Pension Plan	KPMG LLP	March 31	Yes	Yes



Name of Agency	Appointed Auditor	Year-End Date	PAS* Participated in Audit	Financial Statements are Reliable
Sask 911 Account	KPMG LLP	March 31	Yes	Yes
Saskatchewan Agricultural Stabilization Fund	KPMG LLP	March 31	Yes ^A	Yes
Saskatchewan Crop Insurance Corporation	KPMG LLP	March 31	Yes	Yes
Saskatchewan Indian Gaming Authority Inc.	Deloitte LLP	March 31	Yes	Yes
Saskatchewan Lotteries Trust Fund for Sport, Culture and Recreation	Virtus Group LLP	March 31	Yes	Yes
Saskatchewan Research Council	Deloitte LLP	March 31	Yes	Yes
Saskatchewan Trade and Export Partnership Inc.	KPMG LLP	March 31	No	See ^C
Water Security Agency	MNP LLP	March 31	Yes	Yes
Tourism Saskatchewan	Deloitte LLP	March 31	Yes	Yes
Other Agencies				
Technical Safety Authority of Saskatchewan, The	MNP LLP	June 30	Yes	Yes
CIC, its Subsidiary Crown Corporations & Other Related Entities				
Capital Pension Plan	KPMG LLP	March 31	See ^A	Yes
Crown Investments Corporation of Saskatchewan (CIC)	KPMG LLP	March 31	Yes	Yes
CIC Asset Management Inc.	KPMG LLP	March 31	Yes	Yes
101069101 Saskatchewan Ltd.	See ^B			
SaskEnergy Incorporated	Deloitte LLP	March 31	Yes	Yes
Bayhurst Gas Limited	See ^B			
BG Storage Inc.	See ^B			
Many Islands Pipe Lines (Canada) Limited	Deloitte LLP	March 31	Yes	Yes
Saskatchewan First Call Corporation	See ^B			
TransGas Limited	Deloitte LLP	March 31	Yes	Yes
Saskatchewan Gaming Corporation	KPMG LLP	March 31	Yes	Yes
SGC Holdings Inc.	KPMG LLP	March 31	Yes	Yes
Saskatchewan Government Insurance	KPMG LLP	March 31	Yes	Yes
Saskatchewan Auto Fund	KPMG LLP	March 31	Yes	Yes
Saskatchewan Opportunities Corporation	MNP LLP	March 31	Yes	Yes
Saskatchewan Power Corporation	Deloitte LLP	March 31	Yes	Yes
Northpoint Energy Solutions Inc.	Deloitte LLP	March 31	Yes	Yes
Saskatchewan Telecommunications Holding Corporation	KPMG LLP	March 31	Yes	Yes
Saskatchewan Telecommunications	KPMG LLP	March 31	Yes	Yes
Stentor Resource Centre Inc.	See ^B			
Saskatchewan Telecommunications International, Inc.	KPMG LLP	March 31	Yes	Yes

Name of Agency	Appointed Auditor	Year-End Date	PAS* Participated in Audit	Financial Statements are Reliable
SaskTel International Consulting, Inc.	See ^B			
Battleford International, Inc.	See ^B			
SaskTel Investments Inc.	See ^B			
Manalta Investment Company Ltd	See ^B			
Nokomis Holding Inc.	See ^B			
SecurTek Monitoring Solutions Inc.	KPMG LLP	March 31	Yes	Yes
Shellbrook Holding Inc.	See ^B			
Saskatchewan Telecommunications Pension Plan	KPMG LLP	March 31	Yes	Yes
Saskatchewan Water Corporation	Deloitte LLP	March 31	Yes	Yes

* PAS—Provincial Auditor of Saskatchewan

^A The Office reviewed the opinions of the appointed auditor on the reliability of financial statements, effectiveness of processes to safeguard public resources, and compliance with authorities. It also reviewed the appointed auditor's audit findings (including summary of errors) reported to the boards of the agencies. Where necessary, it followed up with the appointed auditor to clarify issues reported.

^B Agency does not prepare financial statements for audit.

^C Consistent with prior years, the Office examines the supervisory work carried out by the funding agency over STEP as part of its annual audit of the funding agency (i.e., Ministry of Trade and Export Development).

^D Only the Affiliate's operation of special-care homes, hospitals, and health centres designated pursuant to *The Facility Designation Regulations* were subject to audit participation.

Appendix 3

Samples of Opinions Formed in Annual Audits of Ministries, Crown Agencies, and Crown-Controlled Corporations

The scope of the Office of the Provincial Auditor's audit work includes the Government as a whole, sectors or programs of the Government, and individual government agencies (see **Appendix 1**). *The Provincial Auditor Act* requires the Office to use generally accepted assurance standards published by CPA Canada to carry out its audits (e.g., integrated, performance, follow-up).

Individual government agencies are subject to annual integrated audits. In general, annual integrated audits examine the effectiveness of financial-related controls, compliance with financial-related authorities, and the reliability of financial statements (for agencies that prepare them).

The following are samples of audit opinions formed as part of the annual integrated audits.

1.0 EFFECTIVENESS OF INTERNAL CONTROLS (FINANCIAL-RELATED)

We have undertaken a reasonable assurance engagement of [Agency]'s operating effectiveness of internal controls as of [Year End] to express an opinion as to the effectiveness of its internal controls related to the following objectives:

- To safeguard public resources. That is, to ensure its assets are not lost or used inappropriately; to ensure it does not inappropriately incur obligations; to establish a financial plan for the purposes of achieving its financial goals; and to monitor and react to its progress toward the objectives established in its financial plan.
- To prepare reliable financial statements.
- To conduct its activities following laws, regulations, and policies related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing.

CPA Canada defines control as comprising those elements of an organization that, taken together, support people in the achievement of the organization's objectives. Control is effective to the extent that it provides reasonable assurance that the organization will achieve its objectives.

[Agency]'s management is responsible for effective internal controls related to the objectives described above. Our responsibility is to express an opinion on the effectiveness of internal controls based on our audit.

We used the control framework included in COSO's *Internal Control-Integrated Framework* to make our judgments about the effectiveness of [Agency]'s internal controls. We did not audit certain aspects of internal controls concerning the effectiveness, economy, and efficiency of certain management decision-making processes.

We conducted our reasonable assurance engagement in accordance with Canadian Standard on Assurance Engagements (CSAE) 3001, *Direct Engagements*. This standard requires that we plan and perform this engagement to obtain reasonable assurance as to the effectiveness of [Agency]'s internal controls related to the objectives stated above. The nature, timing and extent of procedures performed depends on our professional judgment, including an assessment of the risks of material misstatement, whether due to fraud or error, and involves obtaining evidence about the effectiveness of internal controls. An audit includes obtaining an understanding of the significant risks related to these objectives, the key control elements and control activities to manage these risks, and examining, on a test basis, evidence relating to control.



Reasonable assurance is a high level of assurance, but is not a guarantee that an engagement conducted in accordance with this standard will always detect a material misstatement when it exists.

Our audit on the effectiveness of [Agency]'s internal controls related to the above objectives does not constitute an audit of internal control over financial reporting performed in conjunction with an audit of financial statements in *CPA Canada Handbook—Assurance Section 5925 An Audit of Internal Control over Financial Reporting that is Integrated with an Audit of Financial Statements*.

Control can provide only reasonable and not absolute assurance of achieving objectives reliably for the following reasons. There are inherent limitations in control including judgment in decision-making, human error, collusion to circumvent control activities, and management overriding control. Cost/benefit decisions are made when designing control in organizations. Because control can be expected to provide only reasonable assurance and not absolute assurance, the objectives referred to above may not be achieved reliably. Also, projections of any evaluation of control to future periods are subject to the risk that control may become ineffective because of changes in internal and external conditions, or that the degree of compliance with control activities may deteriorate.

We believe the evidence we obtained is sufficient and appropriate to provide a basis for our opinion.

In our opinion, subject to the limitations noted above, [Agency]'s internal controls were operating effectively, in all material respects, to meet the objectives stated above as of [Year End] based on COSO's *Internal Control—Integrated Framework*.

[If control is not effective in all material respects, describe the risk or significant deficiency, and indicate which objective is affected. The report should state whether the deficiency resulted from the absence of control procedures or the degree of compliance with them.]

This report is provided solely for the purpose of assisting the Provincial Auditor in discharging their responsibilities and for preparing their annual report to the Legislative Assembly of Saskatchewan and is not to be referred to or distributed to any person who is not a member of management or the Board of [Agency], its supervising agencies or the Office of the Provincial Auditor and should not be used for any other purpose. Any use that a third party makes of information contained in this report, or any reliance or decisions based on such information, is the responsibility of such third parties.

We accept no responsibility for loss or damages, if any, suffered by any third party as a result of decisions made or actions taken based on information contained in this report.

We have complied with the ethical requirements of the Chartered Professional Accountants of Saskatchewan—*Rules of Professional Conduct* founded on fundamental principles of integrity, objectivity, professional competency and due care, confidentiality, and professional behaviour.

We apply the *Canadian Standard on Quality Management 1* issued by CPA Canada and, accordingly, maintain a comprehensive system of quality management, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

2.0 COMPLIANCE WITH LEGISLATIVE AUTHORITIES

We have undertaken a reasonable assurance engagement of [Agency]'s compliance with the provisions of the following legislative and related authorities pertaining to its financial reporting, safeguarding of assets, spending, revenue raising, borrowing, and investment activities during the year ended [Year End]:

(List all legislative and related authorities covered by this report. This list must include all governing authorities).

Compliance with the provisions of the stated legislative and related authorities is the responsibility of management of [Agency]. Management is also responsible for such internal control as management determines necessary to enable the [Agency]'s compliance with the specified requirements.

Our responsibility is to express a reasonable assurance opinion on [Agency]'s compliance based on the evidence we have obtained.

We conducted our reasonable assurance engagement in accordance with Canadian Standard on Assurance Engagements (CSAE) 3531 *Direct Engagements to Report on Compliance*. This standard requires that we plan and perform this engagement to obtain reasonable assurance whether [Agency] complied with the criteria established by the legislation and related authorities referred to above, in all significant respects. A reasonable assurance compliance reporting engagement involves performing procedures to obtain evidence about the entity's compliance with the specified requirements. The nature, timing and extent of procedures selected depends on our professional judgment, including an assessment of the risks of significant non-compliance, whether due to fraud or error.

Reasonable assurance is a high level of assurance, but is not a guarantee that an engagement conducted in accordance with this standard will always detect a material misstatement when it exists.

We believe the evidence we obtained is sufficient and appropriate to provide a basis for our opinion.

In our opinion, for the year ended [Year End], [Agency] has complied, in all significant respects, with the provisions of the aforementioned legislative and related authorities.

We do not provide a legal opinion on the [Agency]'s compliance with the aforementioned legislative and related authorities.

(The report should provide adequate explanation with respect to any reservation contained in the opinion together with, if relevant and practicable, the monetary effect.)

This report is provided solely for the purpose of assisting the Provincial Auditor in discharging their responsibilities and for preparing their annual report to the Legislative Assembly of Saskatchewan and is not to be referred to or distributed to any person who is not a member of management or the Board of [Agency], its supervising agencies or the Office of the Provincial Auditor and should not be used for any other purpose. Any use that a third party makes of information contained in this report, or any reliance or decisions based on such information, is the responsibility of such third parties.

We accept no responsibility for loss or damages, if any, suffered by any third party as a result of decisions made or actions taken based on information contained in this report.

We have complied with the ethical requirements of the Chartered Professional Accountants of Saskatchewan—*Rules of Professional Conduct*, founded on fundamental principles of integrity, objectivity, professional competency and due care, confidentiality, and professional behaviour.

We apply the *Canadian Standard on Quality Management 1* issued by CPA Canada and, accordingly, maintain a comprehensive system of quality management, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

3.0 RELIABILITY OF FINANCIAL STATEMENTS

This opinion is formed for government agencies preparing financial statements. Ministries do not prepare financial statements.

Opinion

We have audited the financial statements of [Agency], which comprise [the statement of financial position] as at [Year End[s]], and the [statement of operations and accumulated surplus], [statement of remeasurement gains and losses], [statement of changes in net financial assets] and [statement of cash flows] for the year[s] then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of [Agency] as at [Year End[s]], and [insert appropriate wording to describe financial results] for the year[s] then ended in accordance with [insert name of the acceptable financial reporting framework].



Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of [Agency] in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

[Insert the following paragraphs if you expect to receive all or some of the other information (i.e., annual report that includes financial statements) prior to the date of the auditor's report and the auditor does not expect to identify a material misstatement of the other information. If you do not expect to receive other information prior to the date of the auditor's report, then there are no reporting requirements. The Other Information section can be removed from the auditor's report.]

Other Information

Management is responsible for the other information. The other information comprises the information included in [X report], but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or any knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in this auditor's report. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with [insert the name of the acceptable financial reporting framework] for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing [Agency's] ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the [Agency] or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the [Agency's] financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the [Agency's] internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the [Agency's] ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the [Agency] to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control identified during the audit.

