

## Chapter 4 Saskatchewan Health Authority—Effectively Using Travel Nurses

### 1.0 MAIN POINTS

Travel nurses are healthcare professionals (e.g., Registered Nurse, Registered Psychiatric Nurse) who travel to work in temporary positions, carrying out short- and medium-term assignments—they can help healthcare organizations address staffing shortages and reduce overtime hours of permanent staff. However, travel nurse usage can also cost an organization significantly more than the salary and benefits paid to nurse employees.

Between 2019–24, the Saskatchewan Health Authority’s estimated spending on travel nurses increased from \$2.1 million to \$98.8 million. As a result of this substantial increase in spending, the Authority focused on reducing its reliance on travel nurses. In 2024–25, the Authority spent \$75.8 million on travel nurses.

We audited the Saskatchewan Health Authority’s processes to effectively use travel nurses and found it had effective processes, except it needs to:

- **Sufficiently analyze how its reduction in travel nurse usage impacts the extent of overtime worked by nurse employees.** The monthly average hours worked by travel nurses in 2025–26 decreased by 54% from 2023–24, while the monthly average overtime hours worked by the Authority’s own nurse employees in 2025 increased 26% compared to 2023—requiring staff to work more overtime increases the risk of burnout and overtime hours get paid at higher rates.
- **Assess use of an internal float pool of its own nurse employees as an alternative staffing strategy.**<sup>1</sup> This could help reduce reliance on travel nurses while addressing staffing gaps in a cost-effective manner.
- Mitigate certain risks that may negatively impact patient care, specifically:
  - **Verify completion of criminal record and vulnerable sector checks for all travel nurses**
  - **Document rationale for using travel nurses with prior performance issues**
  - **Mandate cultural sensitivity training for travel nurses**
- **Enforce its agreements with travel nurse staffing agencies by requiring timely invoicing.** This may allow the Authority to report actual (rather than estimated) travel nurse usage and provide decision makers with more accurate and reliable information. The estimated travel nurse costs for March 2025 (\$4.4 million) were over 18% higher than actual costs invoiced for March 2025 (\$3.7 million).

Sufficient monitoring and evaluation of travel nurse usage reduces the risk of the Authority making staffing decisions that negatively impact its workplace environment and patient care.

<sup>1</sup> An internal float pool is staffed by an organization’s own employees who travel to facilities throughout the province where needed.



## 2.0 INTRODUCTION

Under *The Provincial Health Authority Act*, the Minister of Health is responsible for the strategic direction of the provincial healthcare system. The Act makes the Saskatchewan Health Authority responsible for planning, organizing, delivering, and evaluating healthcare services within the province, along with responsibility for engaging the services of any person to carry out its work.<sup>2</sup> This includes engaging persons or agencies for the provision of nursing services.

A travel nurse (also frequently referred to as an agency, temporary, or contract nurse) is a healthcare professional (e.g., Registered Nurse [RN], Registered Psychiatric Nurse [RPN]) who travels to work in a temporary position, carrying out short- and medium-term assignments. Travel nurses often work in healthcare facilities (e.g., hospitals, long-term care homes) faced with staffing shortages, such as unfilled vacancies, and patients in need of care.<sup>3</sup>

### 2.1 Use of Travel Nurses in Saskatchewan

For many decades, hospitals and long-term care facilities in Canada have used travel nurses to help fill healthcare staffing shortages and provide coverage in emergency situations particularly in remote, rural, and northern communities.<sup>4</sup>

Statistics indicate vacancies in regulated nursing professions (e.g., Registered Nurses) have been increasing in Canada year over year since at least 2015.<sup>5</sup> Specifically, the use of travel nurses expanded during the COVID-19 pandemic as healthcare systems and staff experienced significant strain—many permanent nursing staff left the profession, moved from full-time to part-time or casual positions, or retired, while some others joined private staffing agencies. Additionally, healthcare organizations' increased reliance on staffing agencies following the pandemic contributed toward travel nurses serving as almost permanent temporary staff.<sup>6</sup>

The Saskatchewan Health Authority enters into agreements with travel nurse staffing agencies to staff those facilities with a need for additional nursing resources to maintain healthcare service delivery continuity. Agencies hire and pay travel nurses for their services (varying between a few weeks to several months), with the Authority paying the agencies in accordance with the terms of their established agreements. Travel nurses work under the supervision and direction of the permanent staff at the healthcare facilities where they are assigned.

The Authority has always used travel nurses to some extent but moved toward a centralized approach to travel nurse usage across the province during the COVID-19 pandemic. At November 2025, the Authority had 116 travel nurses contracted and working in healthcare facilities across Saskatchewan. Whereas, the Authority had more than 12,000 nurse employees filling over 9,400 full-time equivalent positions as of March 2026.

<sup>2</sup> *The Provincial Health Authority Act*, s. 4-3(2)(e).

<sup>3</sup> [www.canadianhealthcare-agency.com/how-to-become-a-travel-nurse-in-canada](https://www.canadianhealthcare-agency.com/how-to-become-a-travel-nurse-in-canada) (29 October 2025).

<sup>4</sup> Institute of Health Economics. (2024). *Agency Nursing: Evidence Briefs*, p. 3.

<sup>5</sup> Healthcare Excellence Canada. (2025). *Policy Considerations: Optimizing the Use of Staffing Agencies in the Health System*, p. 10.

<sup>6</sup> Institute of Health Economics. (2024). *Agency Nursing: Evidence Briefs*, p. 3.

The Authority's estimated spending on travel nurses between 2019–20 and 2024–25 ranged between \$2.1 million to \$98.8 million, peaking in 2023–24.

## 2.2 Importance of Using Travel Nurses

Travel nurses can help healthcare organizations address staffing shortages and reduce excessive overtime hours, absenteeism, and burnout of permanent staff.

Staffing agencies screen and contract travel nurses to ensure they have the minimum experience level required and specific skill competencies, including specialty training. This makes them ready to work at various healthcare facilities on demand to help address sudden staffing needs.<sup>7</sup>

However, research also illustrates potential concerns associated with relying on the use of travel nurses. For example, continued use of travel nurses can negatively impact the morale of permanent staff when they work alongside travel nurses who may earn significantly more for the same role.<sup>8</sup> The costs an organization incurs for travel nurses can be substantially higher than the salary and benefits paid for permanent nurses. Additionally, short-term contracts and regular staff turnover inherent with travel nurse usage can:

- Negatively impact team dynamics and workplace culture
- Increase workloads for permanent nurses providing orientation to travel nurses and ensuring adherence to care protocols
- Impact continuity of care due to travel nurses' unfamiliarity with patients/residents or unit routines and protocols
- Result in inconsistent care, communication gaps, and challenges in building trust between patients and their healthcare providers<sup>9,10</sup>

Travel nurses, though experienced, may require additional training and support to ensure they can provide the same level of care as permanent staff at each healthcare facility. Healthcare organizations need to consider the orientation and onboarding requirements for travel nurses, such as familiarization with healthcare facility-specific protocols, IT systems (e.g., electronic health record systems), or the unique needs of patients. Additionally, healthcare organizations must invest in strategies to promote continuity of care, such as ensuring proper handovers, fostering teamwork, and prioritizing communication between permanent and temporary staff. Such information contributes toward organizations maintaining appropriate patient safety.<sup>11</sup>

Studies on travel nurses' impacts on quality of patient care are inconclusive. Some findings indicate travel nurses can benefit patient safety, such as when they have the same competencies and training as permanent staff or bring specific specialized skills to a team.

<sup>7</sup> Chou, F., Failla, K., Skorka, M. & Fangonil-Gagalang, E. (Nursing Management: June 2025). *Perceptions, benefits and challenges of using travel nurses: Perspective from nurse leaders*, p. 14.

<sup>8</sup> Almost, Dr. Joan, (2024), *Opening the black box: Unpacking the use of nursing agencies in Canada*, p. 66.

<sup>9</sup> *Ibid.*, p. 122

<sup>10</sup> [www.shiftmed.com/insights/knowledge-center/the-ethics-of-using-travel-nurses-balancing-staffing-needs-with-patient/](https://www.shiftmed.com/insights/knowledge-center/the-ethics-of-using-travel-nurses-balancing-staffing-needs-with-patient/) (30 October 2025).

<sup>11</sup> *Ibid.*



Longer-term assignments for travel nurses may also increase continuity of care, their knowledge of the specific work environment, and teamwork. However, other research highlights travel nurses' possible negative impacts on patient or resident safety and quality of care, such as nurses not integrated into service teams like permanent staff and their lack of experience or knowledge regarding facility processes and protocols.<sup>12</sup>

Without processes to effectively use travel nurses, organizations may not deliver healthcare services in the most efficient and cost-effective manner. Lack of processes to monitor and evaluate the use of travel nurses increase the risk of an organization poorly integrating these nurses into their workforce, which can negatively impact healthcare working environments and put patient safety at risk.

### 3.0 AUDIT CONCLUSION

**We concluded for the period ended November 30, 2025, the Saskatchewan Health Authority had effective processes, other than the following areas, for its use of travel nurses.**

**The Saskatchewan Health Authority needs to:**

- **Sufficiently analyze how the reduction in travel nurse usage impacts the extent of overtime for nurse employees**
- **Periodically verify completion of criminal record and vulnerable sector checks for all travel nurses**
- **Document rationale for using travel nurses with previously identified performance issues**
- **Enforce its agreements with travel nurse staffing agencies by requiring timely invoicing**
- **Reassess training requirements for travel nurses**
- **Assess the use of an internal float pool of its own nurse employees to reduce reliance on travel nurses**

**Figure 1—Audit Objective, Criteria, and Approach**

**Audit Objective:**

To assess whether the Saskatchewan Health Authority had processes to effectively use travel nurses for the period ending November 30, 2025.

**Audit Criteria:**

Processes to:

**1. Establish appropriate arrangements for travel nurse services**

- Select travel nurse staffing agencies using a fair and transparent process
- Approve appropriate agreements with travel nurse staffing agencies
- Pay travel nurse staffing agencies in accordance with terms and conditions of established agreements

<sup>12</sup> Institute of Health Economics. (2024). *Agency Nursing: Evidence Briefs*, p. 11.

**2. Use travel nurses when needed**

- Determine when and where travel nurses needed
- Provide travel nurses with appropriate orientation and training (e.g., IT systems, facility-specific information)

**3. Monitor performance of travel nurses**

- Evaluate travel nurses' performance during and after their placement
- Assess impacts on patient care (e.g., critical incidents, continuity of care)

**4. Evaluate use of travel nurses**

- Analyze whether use of travel nurses provides healthcare services in an effective manner (e.g., costs, workplace culture, patient care) and make adjustments where necessary
- Report to interested parties (e.g., senior management, Board, Ministry of Health, public) regarding use of travel nurses

**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 Saskatchewan Health Authority's processes, we used the above criteria based on our related work, review of literature including reports of other auditors, and consultations with management. Authority management agreed with the above criteria.

We examined the Authority's policies, work standards, and other key documents related to effectively using travel nurses. We interviewed key Authority staff responsible for procuring travel nursing services, as well as operational managers who use travel nurses at their healthcare facilities. We tested a sample of requests for travel nursing services, placement agreements, and related staffing agency invoices. In addition, we compared the Authority's processes to those from other Canadian jurisdictions (i.e., British Columbia, Manitoba).

## 4.0 KEY FINDINGS AND RECOMMENDATIONS

### 4.1 Travel Nurse Staffing Agencies Selected Fairly

The Saskatchewan Health Authority selected travel nurse staffing agencies using a fair and transparent process.

The Authority issued a request for proposal (RFP) in August 2022 to select preferred staffing service providers (preferred vendors) with the experience and capabilities to potentially support the Authority's temporary staffing needs (on an "as and when required" basis). At November 2025, this was the most recent RFP completed by the Authority and included staffing services for nursing classifications (e.g., Registered Nurse) as well as other positions (e.g., cardiographer, ultrasound technician).<sup>13</sup> Our audit focused on the contracting of staffing services for nursing classifications.

We reviewed the RFP and found the Authority:

- Appropriately communicated the RFP through SaskTenders and provided travel nurse staffing agencies sufficient time to prepare responses (i.e., request open for 28 days during July and August 2022)<sup>14</sup>
- Clearly outlined the services required (e.g., nursing classifications needed, requirements for nurses to be registered with appropriate licensing bodies)
- Evaluated bids from travel nurse staffing agencies through an independent evaluation committee that appropriately included staff from the Authority branch responsible for arranging travel nurse assignments

<sup>13</sup> The Saskatchewan Health Authority issued a new RFP in late 2025 inviting vendors to submit proposals for contract staffing (including for nurses)—the Authority expected to sign agreements with successful vendors by summer 2026.

<sup>14</sup> SaskTenders' website hosts public sector tender notices for Saskatchewan. [sasktenders.ca/content/public/Search.aspx](https://sasktenders.ca/content/public/Search.aspx) (5 March 2026).



- Assessed bids using evaluation criteria consistent with the RFP document
- Awarded contracts to 19 travel nurse staffing agencies and appropriately communicated the contracts awarded on SaskTenders

Effective processes to tender and evaluate potential travel nurse service providers help the Authority to select the most suitable providers to address its needs and specifications for healthcare service delivery.

## 4.2 Appropriate Travel Nursing Agreements in Place

The Saskatchewan Health Authority entered into appropriate service agreements with travel nurse staffing agencies. These agreements included the same standard payment rates for all agencies contracted by the Authority.

Following the completion of its 2022 request for proposal for preferred staffing service providers, the Authority entered into 3-year service agreements (expiring May 2026) with 19 travel nurse staffing agencies.<sup>15</sup>

Adequate service-level agreements make it clear what type of service must be provided, when, and at what cost. They also clearly outline expectations for both parties involved. We found the Authority included appropriate provisions in its service agreements—**Figure 2** provides examples of such provisions.

**Figure 2—Excerpts from the Saskatchewan Health Authority’s Standard Agreements with Travel Nurse Staffing Agencies**

- **Obligations of the Agency:** Nurses have all requisite skills, permits, and expertise required (e.g., registered with their appropriate licensing body, all necessary orientation or health and safety training completed, appropriate immunization status maintained, valid criminal record check and vulnerable sector checks) to perform their responsibilities
- **Obligations of the Authority:** Provide a safe workplace, direct supervision of nurses, as well as a minimum of eight hours of orientation (e.g., relating to the Authority’s policies and procedures) where necessary, and evaluate the quality of work performed by travel nurses
- **Term and Termination:** Sets out the term of the agreement (i.e., three years) and includes provisions for terminating nurses’ work assignments (e.g., in the case of an emergency or if the Authority deems a nurse’s conduct as unsafe)
- **Compensation:** Standard hourly rates for different nursing classifications (e.g., RN, RPN), including premium rates (e.g., overtime), and standard travel rates (e.g., rates for travel hours, meal per diems, accommodations)
- **Invoicing and Payments:** Agency to provide the Authority with a suitably detailed invoice every two weeks for all compensation and expenses payable for nurses’ work placements
- **Legislation, Policies & Procedures:** Nurses will comply with legislation and licensing requirements of local authorities, including Saskatchewan privacy legislation (e.g., *The Health Information Protection Act*), and the Authority’s policies and procedures

Source: Adapted from the Saskatchewan Health Authority’s standard service agreement with travel nurse staffing agencies.

<sup>15</sup> As the Saskatchewan Health Authority’s existing agreements with travel nurse staffing agencies expire in May 2026, it issued another request for proposal for preferred staffing service providers in December 2025. The Authority expects to sign new agreements with successful travel nurse staffing agencies by summer 2026.

We assessed the Authority's agreements with four travel nurse staffing agencies and found each of the agreements:

- Contained the key provisions described in **Figure 2** and followed a standard format.
- Were signed by the Executive Director, Workplace Planning and Business Partnerships. The agreements did not commit the Authority to use the nursing agencies for a minimum number of hours. As we describe in **Section 4.4**, the Authority requires further senior management approvals for each individual travel nurse placement and associated financial commitment.

Appropriate service agreements enable the Authority to engage travel nurses when necessary and manage its relationships with travel nurse staffing agencies.

### 4.3 Payments for Travel Nurse Services Generally Made in Accordance with Agreements

The Saskatchewan Health Authority appropriately approved payments to travel nurse staffing agencies in accordance with the terms and conditions of established agreements.

As set out in its agreements with travel nurse staffing agencies, the Authority expects agencies to provide detailed invoices every two weeks for all compensation and expenses relating to nurses' work placements—see **Recommendation 7** about the Authority needing to enforce its agreements by requiring timely invoicing for travel nurse services.

The Authority pays all travel nurse staffing agencies using the same standard rates set out in its agreements with the agencies. These rates pay an agency for hours a travel nurse has worked, depending on the nurse's classification (e.g., RN, RPN). Overtime is also permitted and provided when a nurse worked more than 80 hours in a two-week period. The Authority also pays an agency for hours the nurse travels to get to their assigned healthcare facility, along with related travel and living expenses (e.g., airfare or mileage per diems, rental car, accommodations, daily meal per diems).

As described in **Figure 3**, the Authority paid 15 travel nurse staffing agencies over \$75 million in 2024–25, ranging from about \$140,000 for one agency to the highest agency paid \$20.7 million. The Authority paid eight agencies more than \$3 million each in 2024–25. The Authority includes details within its annual payee disclosure list about travel nurse staffing agencies that received payments of \$50,000 or more—see **Section 4.11** for further details.

**Figure 3—Payments Made to Travel Nurse Staffing Agencies<sup>A</sup>**

	2023–24	2024–25	2025–26 (to November 30, 2025)
Total Nurse Staffing Agency Payments	\$90.4 million	\$75.8 million	\$22.0 million
Number of Agencies Paid	16	15	15
Agencies Paid More Than \$3 million	7	8	3

Source: Adapted from the Saskatchewan Health Authority 2023–24 Annual Report, 2024–25 Annual Report, and its financial records for 2025–26.

<sup>A</sup> The Authority's reported payments to travel nurse staffing agencies covered staffing costs for various positions, including nursing classifications (e.g., Registered Nurse) and other positions (e.g., cardiographer, ultrasound technician).



We found agencies send invoices and other supporting documentation (e.g., timesheets, accommodation receipts) to the Authority's Workplace Planning and Business Partnerships branch, where staff validate the invoices by comparing costs charged to the standard rates set out in the agreements. Additionally, operational managers at the Authority's healthcare facilities approve the invoices and related timesheets to confirm accuracy and reasonableness of costs prior to the Authority processing the invoices for payment.

Our review of travel nurse invoices the Authority received between April 2024 and November 2025 found expenses totalling about \$90 million, with almost 80% of expenses relating to hours worked (versus expenses for travel). The Authority spent the most (31%) on travel nurse services in rural or remote areas of the province (led by areas in the north—including Nipawin, La Ronge, and Shellbrook), followed by Regina (26%), Saskatoon (23%), and Yorkton (9%). Significant use of travel nurses in rural or remote areas of the province is expected, as the Authority experiences higher nursing vacancies in rural and northern areas.<sup>16</sup> We also found over 90% of the travel nurse services occurred in hospital settings (e.g., acute, emergency room, intensive care) rather than in long-term care or primary care.

We tested 32 travel nurse invoices and found:

- All invoices included appropriate supporting documentation (e.g., timesheets, receipts for travel costs such as airfare, car rentals, or accommodations), but the Authority overpaid one invoice by about \$1,000 due to it including inaccurate nursing hours.
- Expenses for travel costs such as airfare, car rentals or accommodations were reasonable.
- Operational managers appropriately approved all invoices and timesheets submitted for payment.
- All but two invoices included rates in accordance with the Authority's agreements with travel nurse staffing agencies—the Authority overpaid for services by about \$3,000 because these two invoices billed for services at outdated compensation rates. The Authority amended its agreements with travel nurse staffing agencies effective September 1, 2024, to reduce its compensation rates for travel nurses—the Authority initially paid higher compensation rates for travel nurses due to increased demand during the COVID-19 pandemic.

We informed the Authority of the approximately \$4,000 in overpayments identified in these three invoices and it was working with the related travel nurse staffing agencies to recover the amounts. Our overall assessment of travel nurse invoice data provided by the Authority found the risk of significant overpayments to be limited.

Appropriately approving and monitoring payments to travel nurse staffing agencies supports the Authority in paying for services received in accordance with the terms and conditions of its established agreements.

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<sup>16</sup> Our 2025 follow-up audit on the Saskatchewan Health Authority's processes to fill hard-to-recruit healthcare positions found, at June 2025, the Authority had a chronic vacancy rate for rural and northern nurses of 4.1% compared to 3.2% overall for nurses across the province. The Authority considers chronic vacancies as those positions vacant for more than 90 days. *2025 Report – Volume 2, Chapter 24*, pp. 233–242.

## 4.4 Travel Nurse Placements Formally Assessed and Approved

The Saskatchewan Health Authority formally assesses and approves travel nurse placements to make sure it properly uses nurses where and when needed.

The Authority uses eligibility criteria (see **Figure 4**) and a multi-level approval process to evaluate each request for travel nurse services.

**Figure 4—Eligibility Criteria for Evaluating Requests for Travel Nurse Services**

Eligibility Criteria
Request must be for a vacancy that has been posted, not filled internally, and is required to avoid a service disruption or significant impact to service (e.g., temporary closure of an emergency room at a hospital)
All attempts to fill vacancies/shifts with internal resources (i.e., casuals/relief, floats, offer of overtime, reassignment of staff from other departments/facilities, reassignment of duties) must be exhausted
Requests cannot cover positions above the budgeted or standard complement, relief (casual) shifts or vacancies, vacation coverage, or top up staffing to 100% baseline FTEs

Source: Adapted from the Saskatchewan Health Authority *Contract Staffing Requests Work Standard*.

When a healthcare facility needs a travel nurse to fill existing staffing gaps, its operational manager completes a request for contract services form detailing how it meets the eligibility criteria set out in **Figure 4**. Senior management (i.e., director, executive director, and vice president/physician executive) responsible for the healthcare facility review and approve each request before submitting it for final approval by the Authority's Position Authorization Committee. The Committee is comprised of the following senior leaders:

- Chief Operating Officer
- Chief Financial Officer
- Chief Human Resources Officer

The Committee meets weekly to review all requests for travel nurse services.

The Authority then sends key request details (e.g., dates, location, qualifications needed) from the approved request to all travel nurse staffing agencies to determine whether they have nurses to fulfill the Authority's requirements. The Authority evaluates agencies' proposals against its requirements (e.g., nurse is licensed and available for the specified timeframe)—it typically requests travel nurses for a three-to-six-month placement.<sup>17</sup> The operational manager who made the request selects the nurse who addresses their healthcare facility's needs. The Authority then signs an agreement with the agency to use the nurse selected.

Overall, we found the Authority's process for assessing the need for a travel nurse consistent with other Canadian jurisdictions.

<sup>17</sup> Longer placements (e.g., three to six months) allow travel nurses to better integrate with the Saskatchewan Health Authority's permanent staff and improve continuity of care for patients. Our discussions with operational managers found travel nurses often return to the same healthcare facility and become a positive part of their team.



Between April and November 2025 (first eight months of 2025–26), the Committee received 194 requests for travel nurse services (2024–25: 355 requests).<sup>18</sup>

We found the Authority typically uses travel nurses who are registered nurses (RNs), with almost 95% of travel nurse invoices the Authority received between April 2024 and November 2025 representing services provided by RNs.

We tested 27 requests for travel nurse services and found:

- All requests met the eligibility criteria and were properly approved by the appropriate members of senior management and the Position Authorization Committee.

For example, Kelvington Hospital requested an RN to cover a maternity leave in its emergency room. We found the request met the eligibility criteria as it outlined the risk of emergency room disruptions and staff burnout without additional resources. Information in the request indicated the Authority posted the vacancy and offered the position to two different candidates who took positions elsewhere. Also, while the hospital had a short list of casual nurses available, they were often unable to fill vacant shifts.

- All requests met union requirements. The Authority has signed Letters of Understanding with unions (e.g., Saskatchewan Union of Nurses) regarding its use of travel nurses in the province (e.g., will not contract nurses who are existing members of a union).
- All travel nurses used met the educational and experience requirements specified within the request (e.g., Registered Nurse, emergency room experience) and were registered with their appropriate licensing body (e.g., College of Registered Nurses of Saskatchewan).

Formally evaluating and deciding where to place travel nurses helps the Authority deliver healthcare services in an efficient and cost-effective manner, and in compliance with its union agreements.

## 4.5 Verification of Criminal Record and Vulnerable Sector Checks Needed

The Saskatchewan Health Authority does not verify completion of criminal record and vulnerable sector checks for travel nurses working in provincial healthcare facilities.<sup>19</sup>

The Authority's agreements with travel nurse staffing agencies require the agencies to ensure their nurses have completed a criminal record and vulnerable sector check within the past six months. The agreements also require the agencies to provide the Authority with copies of these checks before a travel nurse's first shift.

<sup>18</sup> A request for travel nurse services may include a request for more than one nurse.

<sup>19</sup> A vulnerable sector check is when police check to see whether a person has a record suspension (pardon) for sexual offences. [rcmp.ca/en/criminal-records/criminal-record-checks](https://rcmp.ca/en/criminal-records/criminal-record-checks) (20 March 2026).

The Authority indicated that agencies do not provide travel nurses' criminal record and vulnerable sector checks as set out in its agreements. The Authority requires its own nurse employees to provide a criminal record and vulnerable sector check at the time of hire.

We compared the Authority's practice with other jurisdictions and found that health authorities in British Columbia require agencies to provide copies of all travel nurses' criminal record and vulnerable sector checks annually.

Nurses provide care to vulnerable populations (e.g., children, seniors, patients with cognitive impairment). Not periodically (e.g., annually) verifying the criminal record and vulnerable sector checks of travel nurses increases the risk to patient safety.

1. **We recommend the Saskatchewan Health Authority periodically verify completion of criminal record and vulnerable sector checks for travel nurses utilized.**

## 4.6 Travel Nurse Training Requires Reassessment

The Saskatchewan Health Authority did not consistently confirm whether travel nurses met its safety training requirements as expected. As a result, there is an opportunity for the Authority to reassess how it confirms completion of safety training and create efficiencies. In addition, the Authority does not require travel nurses to complete cultural sensitivity training.

Within its established agreements with travel nurse staffing agencies, the Authority committed, where necessary, to provide travel nurses with a minimum of eight hours of orientation.<sup>20</sup> As part of its orientation, we found the Authority requires that travel nurses must complete the following training, if they have not yet done so, to work in a healthcare facility in Saskatchewan:

- **Safety-related training** (e.g., Transferring, Lifting and Repositioning [TLR], Professional Assault Response Training [PART]) prior to working in Saskatchewan. We found travel nurses complete safety training available online from third parties (e.g., Saskatchewan Association for Safe Workplaces in Health) and receive certificates upon successful completion. The Authority expects to obtain copies of travel nurses' certificates as evidence of their completed safety training.
- **Facility-specific orientation** (e.g., policies, procedures, IT systems) upon arrival at their facility placement. Our discussions with operational managers found the Authority's onsite orientation includes appropriate considerations (e.g., site-specific procedures, IT systems in use) but can vary by facility—facilities typically use “buddy shifts” where they pair a travel nurse with an experienced Authority nurse from their unit, while some facilities also provide travel nurses with site-specific orientation materials (e.g., binders, checklists).

We found the Authority's expectations and process for onboarding travel nurses reasonable and generally consistent with other Canadian jurisdictions. However, we found other jurisdictions make travel nurse staffing agencies responsible for ensuring their nurses

<sup>20</sup> When the Saskatchewan Health Authority continues to place a specific travel nurse at the same healthcare facilities, the nurse may not require orientation for each placement due to their familiarity with the facilities.



meet respective safety training requirements, whereas in Saskatchewan the Authority expects to collect and maintain the required training completion certificates for the travel nurses it uses.

Additionally, we found one jurisdiction (i.e., Manitoba) requires travel nurses to obtain cultural sensitivity training. While the Authority requires its own nurse employees to obtain such training, we found it does not require such training for the travel nurses it uses. Authority management indicated they plan to include a requirement for cultural sensitivity training when it signs new agreements with travel nurse staffing agencies in 2026.

Requiring travel nurses to complete cultural sensitivity training can help the Authority consistently provide safe, equitable care to Saskatchewan's diverse patient population (e.g., Indigenous patients).

**2. We recommend the Saskatchewan Health Authority require cultural sensitivity training for travel nurses utilized.**

We tested 24 travel nurses the Authority used and found it did not appropriately maintain evidence of completed safety training for 15 of the 24 nurses.

Some required safety training expires (e.g., TLR training expires after three years) and must be periodically renewed. We found the Authority did not maintain sufficient documentation (e.g., valid training certificates) to demonstrate that travel nurses' safety training was complete and current.

By holding travel nurse staffing agencies responsible for ensuring their nurses meet the Authority's safety training requirements (similar to other jurisdictions), the Authority could reduce the administrative burden of tracking travel nurses' training completion.

Requiring travel nurses to complete adequate training helps the Authority provide quality patient care at Saskatchewan healthcare facilities.

**3. We recommend the Saskatchewan Health Authority reassess how it confirms whether travel nurses meet its safety training requirements.**

## 4.7 Performance Issues Tracked but Not Sufficiently Considered

The Saskatchewan Health Authority tracks and monitors the performance of travel nurses used but needs to consider this information in future travel nurse placement decisions.

We found the Authority informally evaluates the performance of travel nurses used, including assessing any impacts on patient care. Operational managers receive feedback about travel nurses placed at their healthcare facilities from other nurses and staff. While staff primarily provide feedback verbally, we found one operational manager developed a survey to collect feedback on new nurses (including travel nurses). Using a survey is good practice the Authority may want to consider expanding to formalize the collection of performance feedback for all travel nurses it uses.

Our discussions with operational managers found they address travel nurse performance issues as they arise and take action relative to the severity of the performance concern.

Managers discuss performance issues with the travel nurses that may be corrected immediately (e.g., reminder to check vitals on a patient with low blood pressure). The Authority communicates significant issues (e.g., practice concerns such as medication errors) to travel nurse staffing agencies. In cases of misconduct or incompetence, Authority nurses are also required to report the travel nurse to the appropriate licensing body (e.g., College of Registered Nurses of Saskatchewan). We found this process is generally consistent with other jurisdictions.

We also found the Authority maintains a list of travel nurses with known performance issues centrally. The Authority uses the list to track travel nurses it would not want to re-engage with (e.g., due to significant practice concerns) and ones with placement restrictions (e.g., better suited for a small healthcare facility with fewer high-acuity patients [e.g., patients with severe or complex medical conditions]).

At November 2025, the Authority had listed 24 travel nurses with performance issues. We tested four of these travel nurses and found the Authority:

- Had evidence (i.e., emails) supporting the rationale (e.g., not administering critical medications to patients, sleeping on shifts) for listing two of these travel nurses.
- Did not maintain evidence for the other two travel nurses tested.

The Authority added one of these nurses to its list in 2023 and subsequently used that travel nurse at a facility in 2025. We found the Authority was unable to produce sufficient evidence supporting its rationale for using this travel nurse after it identified concerns (i.e., nurse appeared to lie about their work history and training obtained) in 2023, which resulted in adding them to the list.

Our further review of travel nurse invoices found the Authority complied with the decisions documented (i.e., no further use, or limited use, of the nurses identified) in its list for the remaining 23 travel nurses.

The Authority may have appropriate rationale for using a travel nurse with previously identified performance concerns (e.g., nurse obtained additional training or experience). However, lack of adequate documentation to support changes in its assessment of travel nurse performance or capabilities increases the risk of the Authority making staffing decisions that negatively impact patient care.

#### **4. We recommend the Saskatchewan Health Authority document rationale for using travel nurses with previously identified performance issues.**

## **4.8 Further Analysis of Set Performance Measures and Targets for Reducing Reliance on Travel Nurses Needed**

The Saskatchewan Health Authority and the Ministry of Health established performance measures and targets related to reducing the Authority's reliance on travel nurses. However, the Authority needs to further analyze whether reductions in using travel nurses impacts the extent of overtime for its own nurse employees.



The Ministry of Health provides the Authority with an accountability letter each year intended to inform the Authority's performance plan and Board-approved budget. The letter outlines key actions the Ministry expects the Authority to accomplish. **Figure 5** sets out key actions and performance measures included in the Authority's 2024–25 and 2025–26 accountability letters from the Ministry with respect to travel nurses, along with the Authority's reported progress.<sup>21</sup>

**Figure 5—2024–25 and 2025–26 Key Actions and Performance Measures for Travel Nurses**

Key Action	Performance Measure	Target	Target Met?
<b>2024–25</b>			
Reduce total hours and expenses for contract nurses	The total amount paid for contract nursing services will be less than the prior year, along with a reduction in contract hours.	2024–25 target: 30% reduction <sup>A</sup>	<b>Met</b> —29% reduction (191,285 hours) in estimated total hours and 36% reduction (about \$30 million) in estimated contract nursing expenses
<b>2025–26</b>			
Reduce reliance on overtime and contract nursing as a share of compensation to pre-COVID levels over two years (2019–20 [pre-COVID] actuals: 4.4%)	Overtime plus contract nursing expenses as a percentage of total compensation expenses (excluding medical remuneration)	2023–24 actuals: 9.7% (baseline) 2025–26 target: 7.0% 2026–27 target: 4.4% <sup>B</sup>	<b>Not Met</b> as of November 2025—overtime plus contract nursing expenses were 8.92% of total compensation expense (forecast to March 31, 2026: 9.13%)

Source: Adapted from the Ministry of Health's 2024–25 and 2025–26 accountability letters to the Saskatchewan Health Authority and the Authority's status updates to its Board committees.

<sup>A</sup> The Authority indicated it established the 2024–25 target internally, informed by historical travel nurse usage patterns and an expectation that workforce stabilization initiatives (e.g., creating more permanent/full-time positions, recruitment, training expansions, and retention efforts) would begin to reduce the need for travel nurses. It represented a reduction that may be achievable while enabling the Authority to maintain service continuity.

<sup>B</sup> The Authority indicated the 2025–26 performance measure and target reflect that both overtime and contract nursing represent premium labour used to address workforce gaps. The Authority's targets are intended to move the healthcare system back toward pre-pandemic reliance on premium labour rather than define a precise optimal level of premium labour. The Authority's pre-COVID pandemic overtime and contract nursing costs were 4.4% of total compensation in 2019–20.

We found the Ministry establishing a combined performance measure and target in 2025–26 for the Authority's travel nurse usage and overtime is a reasonable approach. It is important for the Authority to monitor that reductions in travel nurse usage do not result in increased overtime worked by its own nurse employees. On an hourly basis (without consideration of travel-related costs), our analysis found it costs the Authority more to pay its own staff overtime than it does to use travel nurses because it pays most of its own nurse employees overtime at two-times their salary. Additionally, requiring staff to work more overtime increases the risk of staff burnout that can further affect staffing. Employee engagement surveys may provide further insight into negative impacts felt by nurse employees from reductions in using travel nurses.

The Authority successfully reduced its reliance on travel nurses in 2024–25 by an estimated 191,285 hours (about \$30 million) from 2023–24. However, it did not expect to meet its 2025–26 target for reducing staff overtime and contract nursing expenses as a percentage of total compensation—forecasted as 9.13% compared to the 7% target. This may indicate the reduction in travel nurse hours and costs are resulting in more overtime hours and costs for other permanent staff.

<sup>21</sup> We found neither the Saskatchewan Health Authority nor other jurisdictions reviewed (i.e., British Columbia, Manitoba) had performance measures or targets related to the impact of travel nurse use on organizational culture or patient safety (e.g., critical incidents).

We found the Authority's reporting to its Board committees on progress toward these targets did not include sufficient analysis of the related impacts of reduced travel nurse usage on its own nurse employees (e.g., changes in overtime worked). Further, the Authority's reporting did not include explanations for not meeting its 2025–26 target or its planned actions for improvement.

Our comparison of the compensation rates within the Authority's agreements with travel nurse staffing agencies to its nursing collective bargaining agreements found the Authority pays nursing agencies higher hourly rates than its own nurse employees. However, without engaging travel nurses to help fill staffing gaps and prevent service disruptions, the Authority may require its own nurse employees to work additional overtime. We found the monthly average hours worked by travel nurses in 2025–26 (almost 30,000 hours) decreased by 54% from 2023–24. Whereas the monthly average overtime hours worked by the Authority's own nurse employees in 2025 (almost 94,000 hours) increased 26% compared to 2023—indicating that its own nurse employees likely worked more overtime to compensate for the Authority's reduction in travel nurse usage.

As illustrated in **Figure 6**, between 2019–20 and 2023–24, the Authority's estimated spending on travel nurses increased by over 4,500% from \$2.1 million to \$98.8 million. This increased spending drove the Ministry's call for a reduction in the Authority's reliance on travel nurses beginning in 2024–25. In 2024–25, estimated travel nurse costs went down by \$30 million. During the same period, Authority staff compensation costs went up by \$105 million which includes nurse overtime costs.

**Figure 6—Saskatchewan Health Authority Estimated Travel Nurse Costs and Actual Staff Compensation 2019–20 to 2025–26**

	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25	2025–26 <sup>A</sup> (8 months)
	(in millions)						
Estimated travel nurse costs	\$2.15	\$2.32	\$22.80	\$57.35	\$98.76	\$68.60	\$24.92
Authority staff compensation	\$2,210	\$2,364	\$2,490	\$2,509	\$2,609	\$2,714	\$1,872
<b>Total staff compensation costs</b>	<b>\$2,212.15</b>	<b>\$2,366.32</b>	<b>\$2,512.80</b>	<b>\$2,566.35</b>	<b>\$2,707.76</b>	<b>\$2,782.60</b>	<b>\$1,896.92</b>

Source: Adapted from information from the Saskatchewan Health Authority and its financial statements for 2020–25.

<sup>A</sup> As of November 30, 2025.

The Authority's ability to achieve its reduction targets is directly related to its strategies for recruiting full-time nursing staff to address vacancies across the province. Our 2025 follow-up audit of the Authority's processes to fill hard-to-recruit healthcare positions found the Authority reduced chronic vacancies for hard-to-recruit positions, including nursing positions, below its target of 5%—helping contribute to a reduced reliance on travel nurses.<sup>22,23</sup> Successful recruitment of nurses to address vacancies is necessary for the Authority to avoid offsetting reduced travel nurse usage with further increases in permanent staff overtime hours.

<sup>22</sup> 2025 Report – Volume 2, Chapter 24, pp. 233–242.

<sup>23</sup> The Saskatchewan Health Authority considers chronic vacancies as those positions vacant for more than 90 days.



Establishing performance measures and targets for travel nurse usage helps the Authority monitor and assess progress made toward achieving key actions set out by the Ministry. Without sufficiently analyzing the reduced use of travel nurses and related impacts on nurse employee overtime, there is a risk workforce management decisions are made without adequate information.

**5. We recommend the Saskatchewan Health Authority analyze how the reduction in travel nurse usage impacts the extent of overtime for its own nurse employees.**

## 4.9 Alternative Staffing Model May Help to Further Reduce Reliance on Travel Nurses

The Saskatchewan Health Authority is responsible for having nurses available in its healthcare facilities across the province. Consideration of alternative staffing models may help the Authority recruit more permanent nurses to help address staffing gaps—placing less reliance on the use of travel nurses.

Health authorities in other Canadian provinces, such as British Columbia and Manitoba, implemented alternative staffing models—their own internal float pools (or travel nurse teams)—to reduce reliance on external travel nurse staffing agencies. Float pools are staffed by an organization’s own employees who travel to facilities throughout the province where needed. **Figure 7** describes potential advantages associated with the use of internal float pools for employers, staff, and patients.

**Figure 7—Potential Advantages of Internal Float Pools**

Internal float pools, typically created within an existing employer (such as a health authority), may include several advantages for:

**Staff:**

- Retaining union membership
- Opportunities to travel and work in diverse areas (e.g., operating room, emergency, long-term care) in the organization, with compensation for travel (e.g., travel time, mileage) and arranged accommodations
- Potentially more preferable and flexible schedules

**Staff and Patients:**

- Continuity in orientation and training, as float pool staff are employed by the same organization as the teams they are assigned to support, leading to more consistent care and familiarity

**Employers:**

- Control over wages paid to staff, which may help to better manage costs
- Ability to more directly manage their workforce (e.g., orientation, training)
- Ability to deploy staff to areas with the greatest need, ensuring flexibility and responsiveness to staffing shortages

**Employers and staff:**

- Protective features of an employment relationship, such as benefits (e.g., health and dental plans, group life benefits, long-term disability insurance, pension plan, accrued vacation or sick leave) and job security, compared to an often less secure contracted relationship with staffing agencies

Source: Adapted from Healthcare Excellence Canada. (2025). *Policy Considerations: Optimizing the Use of Staffing Agencies in the Health System*, p. 22, [www.gohealthbc.ca/](http://www.gohealthbc.ca/), and [www.healthcareersmanitoba.ca/nurses/nursing-opportunities/manitoba-travel-nursing/](http://www.healthcareersmanitoba.ca/nurses/nursing-opportunities/manitoba-travel-nursing/) (4 March 2026). Healthcare Excellence Canada is an independent, not-for-profit organization primarily funded by Health Canada.

The Authority has over 12,000 nurse employees, requiring continual recruiting to fill nursing vacancies in facilities across the province. **Figure 8** shows that while the Authority achieved its targets for reducing chronic nursing vacancies at June 2025, it still has vacancies to fill.

**Figure 8—Chronic Vacancies for Nurse Positions between June 2024 and 2025**

Performance Measure	Target	Results	
		June 2024	June 2025
Registered Nurse and Registered Psychiatric Nurse (Full-time and Part-Time) Chronic Vacancy Rate (overall)	5%	5.2%	3.2%
Chronic Vacancy Rate for Rural and Northern Nurses	5%	6.1%	4.1%

Source: *2025 Report – Volume 2, Chapter 24*, p. 242.

An internal float pool may not eliminate the Authority’s need for working with travel nurse staffing agencies but may provide it with another alternative to cost-effectively address staffing gaps while it works to successfully fill vacancies.

**6. We recommend the Saskatchewan Health Authority assess using an internal float pool to reduce reliance on travel nurses.**

## 4.10 Timely Invoices Needed for Accurate Travel Nurse Hours and Costs

The Saskatchewan Health Authority tracks information for the purpose of estimating travel nurse usage (hours and costs) but enforcing more timely invoicing from travel nurse staffing agencies would provide more reliable information about actual costs.

As described in **Section 4.8**, the Authority established performance measures and targets focused on reducing travel nurse usage. The Authority maintains a contract nursing dashboard (i.e., spreadsheet) to help track travel nurse full time equivalents (FTEs), hours, and costs.<sup>24</sup> It uses the dashboard as its basis for reporting trends in travel nurse costs and hours to senior management, the Board, and the Ministry of Health (see **Section 4.11**). It also maintains a spreadsheet for tracking all invoices received from travel nurse staffing agencies.

We found the Authority updates the dashboard monthly based on the travel nurse FTEs assigned to facilities as of the first Monday of each month. For example, at November 2025, the dashboard indicated the Authority had 116 FTEs (compared to 274 FTEs at April 2024—an almost 58% decrease). The Authority uses the monthly FTE information to estimate the monthly travel nurse hours and costs using various assumptions (e.g., each nurse works 47 hours per week [including considerations for regular hours, overtime hours, and travel time], estimates for travel and other expenses).

<sup>24</sup> The contract nursing dashboard included information for travel nurses with classifications falling under the Saskatchewan Union of Nurses (i.e., Registered Nurses, Registered Psychiatric Nurses, and Nurse Practitioners). Given their limited use as travel nurses at the Saskatchewan Health Authority, the dashboard does not include information for travel nurses classified as Licensed Practical Nurses. We found this approach reasonable, as our review of invoicing data found Licensed Practical Nurses only contributed to 4% of the Authority’s costs for travel nurses between April 2024 and November 2025.



The dashboard provides details for the Authority's travel nurse usage across the entire province or by specific location (e.g., city, town, region) and includes fields where facility management can comment on vacancies, their strategies to reduce travel nurse usage (e.g., hiring more permanent or casual staff), or corrective actions (e.g., plan for gradually reducing travel nurse usage as new recruits complete their education).

To assess the reasonableness of the Authority's estimated travel nurse hours and costs in the dashboard, we compared the dashboard information to the Authority's travel nurse invoice tracking spreadsheet for two months (March and June 2025) and found:

- Travel nurse FTEs from the dashboard were inaccurate in six instances (differences of one or two FTEs) for 10 locations during the two months we reviewed.
- Significant differences existed between estimated and actual hours and costs for both months. For example, the estimated travel nurse costs for March 2025 (\$4.4 million) were over 18% higher than actual costs invoiced for the same month (\$3.7 million).

The Authority estimates travel nurse hours and costs because travel nurse staffing agencies do not consistently invoice the Authority for services provided in a timely manner. While this is a reasonable approach toward mitigating untimely invoicing from agencies, using estimates introduces uncertainty within the Authority's reporting of travel nurse usage. The Authority indicated it reconciles its estimates to actual travel nurse services received once it receives all invoices from agencies, but this may not be the most efficient approach.

According to the Authority's established agreements with travel nurse staffing agencies, it expects agencies to provide invoices every two weeks. However, we found examples where agencies invoiced the Authority 11 months after services were provided (i.e., an agency did not invoice for services provided in December 2024 until November 2025).

Because the Authority uses estimates when reporting on travel nurse usage, senior management, the Board, and the Ministry receive inaccurate and incomplete information about travel nurse hours and costs, which affects decision making. By enforcing its agreements with travel nurse staffing agencies to require them to invoice travel nursing services in a timely manner, the Authority may be able to use actual costs (instead of estimates) when reporting on travel nurse usage, which is more accurate and reliable.

**7. We recommend the Saskatchewan Health Authority enforce its agreements with travel nurse staffing agencies by requiring timely invoices for travel nurse services.**

## 4.11 Opportunity for More Efficient Reporting

The Saskatchewan Health Authority reports information about its travel nurse usage to senior management, the Board, and the Ministry of Health. While it inconsistently reported information to the Ministry, there is an opportunity for the Authority to identify efficiencies in the frequency and format of its reporting.

The Authority reports the following information about travel nurse usage:

- Monthly information about its estimated travel nurse usage (hours and costs) to senior management
- Monthly information about its estimated travel nurse usage (hours and costs) to the Ministry
- Quarterly information to its Board committees (i.e., Audit, Finance & Risk Committee, Governance & Human Resources Committee)
- Details within its annual report about travel nurse staffing agencies that received payments of \$50,000 or more (i.e., payee disclosure list)

We found the content (hours and costs) of the Authority's reporting about travel nurses consistent with health authorities in other provinces (i.e., British Columbia, Manitoba), with the Authority's reporting more formally established (e.g., targets, frequency).

We tested the Authority's reporting of estimated travel nurse hours and costs to senior management for two months (March and June 2025) and found the Authority reported information at senior leadership team meetings for both months, as expected.

We reviewed the 2024–25 and 2025–26 agenda packages for the Authority's Board committees and found Authority management consistently provided status updates regarding estimated travel nurse usage (hours and costs). It also reported on progress made toward achieving the performance measures and targets set out by the Ministry (see results described in **Figure 5**). For example, the Authority reported to its Audit, Finance, and Risk Committee that for the eight months ended October 2025, it estimated reductions in travel nurse usage by about 165,000 hours and almost \$27 million when compared to the same period at October 2024. By comparison, while travel nurse usage decreased, the Authority reported 2.2 million overtime hours for permanent staff for the eight months ended October 2025—an increase of over 275,000 hours from the same period at October 2024.

Our review of the Authority's annual report for 2024–25 found its payee disclosure list, which can be obtained by the public, included 15 travel nurse staffing agencies that received payments of \$50,000 or more during the fiscal year with the Authority paying eight agencies more than \$3 million.<sup>25</sup>

Our testing of the Authority's reporting of estimated travel nurse hours and costs to the Ministry for two months (March and June 2025) found it inconsistently reported to the Ministry. We found the Authority did not provide reporting to the Ministry for June 2025—further investigation found reporting also did not occur for May or July 2025. Additionally, we found the Authority's reporting to the Ministry did not clearly conclude on progress toward achieving the performance measures and targets set out by the Ministry, as reported to its Board committees. For example, the Authority's reporting did not include information to show it was not forecasting to meet the 2025–26 performance measure and target for reducing staff overtime and contract nursing expenses as a percentage of total compensation (as set out in **Figure 5**).

<sup>25</sup> [www.saskhealthauthority.ca/sites/default/files/2025-07/Report-CEC-SHA-Annual-2024-25.pdf](http://www.saskhealthauthority.ca/sites/default/files/2025-07/Report-CEC-SHA-Annual-2024-25.pdf) (20 March 2026).



As the Authority is already reporting to its Board committees about achievement of the Ministry's expectations, we suggest the Authority work with the Ministry to assess the frequency and format of reporting it requires—doing so may help the Authority avoid additional administrative effort or duplication.

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