HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

PUBLIC ACCOUNTS

Wednesday, March 23, 2022

LEGISLATIVE CHAMBER

The Decision to Dismantle the Health Authority Board of Directors

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Public Accounts Committee

Hon. Kelly Regan (Chair)
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John A. MacDonald
Melissa Sheehy-Richard
Trevor Boudreau
Hon. Brendan Maguire
Claudia Chender
Susan Leblanc

[Hon. Brendan Maguire was replaced by Hon. Patricia Arab.]

In Attendance:

Kim Langille
Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

Kim Adair,
Auditor General

WITNESSES

Department of Health and Wellness
Jeannine Lagassé,
Deputy Minister

Nova Scotia Health Authority
Karen Oldfield,
President & CEO

HALIFAX, WEDNESDAY, MARCH 23, 2022

STANDING COMMITTEE ON PUBLIC ACCOUNTS

9:00 A.M.

CHAIR
Hon. Kelly Regan

VICE-CHAIR
Nolan Young

THE CHAIR: Order. I now call the meeting of the Standing Committee on Public Accounts to order. My name is Kelly Regan. I'm the MLA for Bedford Basin.

This is a reminder to all of our members to place your phones on silent or vibrate and to keep your mask on except for when you are speaking.

I'm going to ask committee members to introduce themselves, beginning on my immediate left with Ms. Chender.

[The committee members introduced themselves.]

THE CHAIR: On today's agenda, we have officials with us from the Department of Health and Wellness and the Nova Scotia Health Authority regarding the decision to dismantle the Health Authority board of directors.

I should note that also with us today are officials from the Auditor General's Office, the Legislative Counsel Office, and the Legislative Committees Office.

I will ask our two witnesses to introduce themselves, beginning with Deputy Minister Lagassé.

[The witnesses introduced themselves.]

THE CHAIR: I will invite witnesses to make their opening remarks. Deputy Minister Lagassé.

JEANNINE LAGASSÉ: First, I would like to thank all of the health care workers in Nova Scotia for their excellent work and dedication to Nova Scotians during the pandemic. I would also like to acknowledge all of the staff at the Department of Health and Wellness and in departments across government who have worked tirelessly to help keep Nova Scotians healthy and safe. It has not been easy, to say the least, over the past two years. Please know how much we appreciate your work.

Government has been committed to improve health care for all Nova Scotians. Immediately upon being appointed, the health leadership team of myself, CEO Oldfield, Dr. Kevin Orrell, and Janet Davidson began our work to lead the transformation of our health system into a modern, streamlined, patient-centred model. It is no small task. How do we get there? By being focused, innovative, and bold.

The health care system of today has not kept pace with changing demographics, necessary technology, our workers' desire for work-life balance, the need for innovation, and improving facilities.

Ms. Oldfield and I and our health leadership team colleagues, along with Minister Thompson and the Premier, heard first hand from front-line health care workers about problems, working conditions, and their solutions during the Speak Up for Healthcare Tour last Fall. There were hard conversations, but important ones. They were incredibly informative and eye-opening. The health care workers we talked to were dedicated and wanted to do the absolute best for their patients. Their deep frustration was palpable.

The health leadership team is firmly committed to transforming the system and providing more support for health care workers and patients. We cannot nibble at the edges to solve long-standing problems. We instead need to transform the system, guided by strategies and actions that put patients first.

We need to focus our energy on improving population health, providing clear and quick access to services, attracting and retaining our workforce, building excellence and accountability into everything we do, and always challenging the status quo through research and innovation. In doing this, we must acknowledge historical wrongs and the systemic racism that has been part of our health system and work to do better.

To begin this journey in the Spring of 2021 the Department of Health and Wellness created a new division of Equity and Engagement. The division's mandate within the department is to identify and remove systemic barriers impacting the progress, well-being and overall sense of belonging for all staff and, in particular, our equity-seeking staff.

Externally the division will ensure community voices, strategic partnerships and lived experiences continue to inform and shape the government's vision for a more equitable health system for Nova Scotians. We are ensuring an increased partnership among the department, the Nova Scotia Health Authority, the IWK and our other system partners on health equity. Staff leaders have formed a new table, examining health inequities in the system and effective ways to address them.

We are also taking a holistic approach to equity, involving other key stakeholders from inside and outside the department. You can't make progress without having communities involved and their voices heard and acted upon. These conversations are underway and are yielding great insight and ideas.

We need to do better; that is clear. Transforming the health system will take time but we are working for Nova Scotians to see changes now. There may be setbacks, but we will continue trying new ways to achieve better results.

It is an exciting time for health care. Everyone involved will be and needs to be part of this transformation. The focus of our efforts is a vision for Nova Scotians to have a patient-centred, culturally-competent, modern, streamlined health care system where people get the right care in the right place by the right provider. Thank you. I look forward to taking your questions.

THE CHAIR: Thank you. Ms. Oldfield.

KAREN OLDFIELD: Good morning, I, too, appreciate the opportunity to meet and speak with you today about the governance of Nova Scotia Health. I look forward to highlighting some of the changes that we are making in health care - positive, impactful changes.

For the past two years, COVID-19 has posed many challenges to our operations and the Omicron variant made this situation even more complex. Despite the fact that staff are tired - the NSH staff, the clinicians, the physicians - they all continued on with their roles in health care and they led through very challenging times. I, too, would like to say thank you across the system to our health care workers for their dedication, resilience, and courage during this extremely trying time.

I understand completely the need to provide information regarding the governance model of Nova Scotia Health Authority and the appointment of an administrator. I personally have limited knowledge of the discussion and the events related to the decision

to dissolve the board of directors, but I am happy to share with you what I do know so that it may be entered into the public record.

In fact, Premier Houston explained the change in the House on October 27, 2021, and he said, ". . . we made the determination as a government that to move with our agenda, we need to start fresh with the Nova Scotia Health Authority board. That's a decision we took. We didn't take it lightly, but we had to take it."

Nova Scotia is very fortunate to have the vast experience of administrator Janet Davidson to support and to guide the work that is required across the system. Janet is considered one of Canada's most senior health care administrators. Janet was the previous chair of Nova Scotia Health Authority's board of directors. She was the interim president and CEO in the Fall of 2019. She has a deep understanding of the Nova Scotia Health Authority, as well as our health system and the health system across the country. She was a Deputy Minister of Health for Alberta, she was CEO or COO of hospitals and health authorities in Ontario and British Columbia and she was recently the chair of the Canadian Institute for Health Information - CIHI.

It doesn't say it here but I do know she served as president of our Canadian Red Cross and served on the international board of the Red Cross as well. I consider us very fortunate to have Janet here in Nova Scotia where she decided to retire.

For the first time this province has a health leadership team that is working together for the benefit of the system. While we all may hold individual accountabilities, we're making decisions together; we're making decisions jointly. Frankly, that's a unique model. It's getting noticed across the country. The team is working to identify the hurdles that exist within the health care system, put our collective minds together, along with input from the front line to improve conditions in all areas of the system.

One thing I've learned through other work and other leadership roles is that it's all about the people and listening to their insights and learnings, whether it's frontline workers or patients, it's key to solving the many challenges. The people who see the problems every day are also the people who in many cases can show us the path to positive outcomes. The themes we heard during the Speak Up for Health Care tour aligned with our priorities: the need to recruit and retain world-class health care and allied health care workers across Nova Scotia; the importance of creating greater access to care for Nova Scotians; and the critical need for investments in health care infrastructure.

In my short time, I've seen willingness, capability, and flexibility to try new things. We've opened up urgent treatment centres in North Sydney and Parrsboro. We've expanded VirtualCareNS across the province to give people on the Need a Family Practice registry the option to access a primary care provider online.

We're creating a command centre located at the Queen Elizabeth II Health Sciences Centre. The command centre is an improved approach to access and to flow through the hospital using predictive analytics to improve decision-making and optimize operations for the delivery of timely care. The vision is that operations will expand to all Central Zone facilities within months and then scale province-wide in the near future.

This is the future of improved health care delivery and one of the many things that make me quite excited about the expansion and the expansion potential of our system in Nova Scotia. Thank you.

THE CHAIR: We'll now begin questioning. Just so our witnesses understand, and of course Deputy Minister Lagassé has been here many times, but each of the parties will get 20 minutes to start, and when those 20 minutes elapse, I will interrupt no matter what's going on and we'll move on to the one. I'm not being rude, I'm just moving things along. Then we will divvy up the remaining time among the caucuses as well.

First of all, we are going to open it up with the Liberal caucus. Honourable Patricia Arab.

HON. PATRICIA ARAB: In my hand, I have a government release from August 18, 2021. It indicates that Ms. Oldfield was on Premier Houston's transition team. I'm wondering if Ms. Oldfield could confirm that she was on that team.

KAREN OLDFIELD: Yes, I was on that team.

PATRICIA ARAB: As indicated today in her opening comments and also in correspondence to the committee, Ms. Oldfield indicated that she could not speak to the decision to dismantle the Health Authority board. She stated: Given this decision was not at my discretion or within my authority, I am not in a position to provide detailed answers or context to the committee's questions. I will table that. I'm not sure how to table in committee.

Is this to say that in all of those days and conversations had by the transition team, with health care being the number one issue campaigned upon, the topic of dismantling the Health Authority board and placing you as CEO was never discussed?

KAREN OLDFIELD: Let's separate two things. At some point during transition, the Premier asked me to serve as the interim CEO at the Nova Scotia Health Authority, and as part of that - in asking me to consider that appointment - I was made aware of the decisions and the conditions that would be put in place going forward.

What I would say through the Chair to the member is that while I certainly was aware of the decision, I did not participate in the decision.

PATRICIA ARAB: What discussions, if any, were you part of that talked about the firing of Dr. Brendan Carr?

KAREN OLDFIELD: That was a decision that was not made by me. I was made aware of that decision, but not part of that decision.

PATRICIA ARAB: The cost of firing Dr. Carr, who I might add is a highly qualified physician who was found after a cross-jurisdictional search for a CEO, who came in just as the pandemic was starting and got us through the first, second, and third waves - the cost of firing him was nearly a half a million dollars, so $400,000 of taxpayers' monies. Do either of our witnesses feel that was worth the cost?

KAREN OLDFIELD: In my case, I was advised that that decision was taken, and I had agreed to accept the interim position. I'm looking straight forward and doing the things that I have been asked to do.

PATRICIA ARAB: Again, this is not a criticism of your position. But from a dollars-and-cents perspective, what predicated the need to replace this particular CEO before his contract was up?

KAREN OLDFIELD: I'm not sure that I would have anything further to add, other than what the Premier said in the House. The Premier said, just to reiterate, ". . . we made the determination as a government that to move with our agenda, we need to start fresh . . ." I would just refer back to the Premier's comments. I could not do any better than that.

PATRICIA ARAB: The board was a volunteer-based board so at no cost to Nova Scotia taxpayers. It had rural and urban representation, Indigenous representation, and African Nova Scotian representation. When creating the new four-person board, what was taken into consideration to make sure that these voices that were sitting and heard at the table were going to be represented, even though those individuals were removed from the board?

KAREN OLDFIELD: I can share with you that the formation of the health leadership team comprised of myself, the deputy, Dr. Orrell, and the Administrator of the Nova Scotia Health Authority, Janet Davidson. We have started to meet regularly. We meet on a weekly basis, and we started to do that, in effect, the day we were appointed. In my case was September 1st, and I think the whole thing was appointed on September 1st.

In understanding the task ahead of us and trying to set our priorities and get our planning in order, we made one fundamental decision at the outset. That was to hear from people - from health care workers and members of the communities. Those people who wanted to talk to us, we wanted to talk to them. We haven't closed our minds or ears to hearing from any sector or segment of the community.

One of the areas where we felt we wanted to learn and be informed is the committee that's working, cross-committee, which the deputy referred to. We have heard from that committee - which is dealing with diversity, equity, and inclusion - just recently, I think within the last number of weeks. We have set our agenda to include hearing from different groups within the community. I think that's important. That's only as the health leadership team. It is not what is happening within Nova Scotia Health Authority, where we are doing a number of things as well to emphasize diversity, equity, and inclusion. I believe the deputy mentioned it as well.

I guess what I would say, in conclusion, is that our minds and ears are open to hearing from various members and groups within our community as we think it is very important to factor into complete decision-making when it comes to our health care system.

PATRICIA ARAB: I thank Ms. Oldfield for that answer. I appreciate and believe that their ears are open, as she said. But when you're dealing with marginalized communities, people who are traditionally under-represented - it's easy, when you don't see faces or names that look like you, to feel that even though the message is that we're open, that it's not necessarily a safe place to open or to come to.

Again, in relation to the four-person team but also maybe to extrapolate on to what initiatives are being done throughout the Nova Scotia Health Authority itself, what measures are there and what mechanisms are there for those in under-represented and marginalized communities to come forward to hear what their needs are?

KAREN OLDFIELD: Let me separate it into two aspects. I would like to talk, if I may, about the employees of the Nova Scotia Health Authority. We do have a number of employees who come from under-represented or minority groups within Nova Scotia. Then, as well, I would like to talk a little bit about the community at large, including our patient population.

I can only speak to what I have done since I have been there since September 1st. Early on in the Fall, it was very important to me to hear first-hand what was happening, particularly in our African Nova Scotian and Black Canadian communities. I struck two focus groups, if you like. Two community groups that came and spoke to myself and members of our senior management team about the things that we might consider doing to be better informed in the delivery of patient care, to be better informed as to how best deal with members of our employee group who were part of either the African Nova Scotian or the Black Canadian groups.

We had two focus groups. I asked an external person to be my advisor, to help make sure I wasn't making mistakes. The last thing I wanted to do was make a mistake in dealing with people who potentially had already had a number of problems in dealing with the system, both internally and externally. Those two groups were excellent, really good for

me. I learned so much. One group was a pure external group, the other was made up of members within our health care system.

I heard first hand the challenges that were faced, the kinds of things we would need to think about to better serve the needs of both our employees and the patient group. That came on the heels of a report that Dr. Carr had undertaken, which I think was made public in May 2021, so before my time. Certainly, my intent was to have these groups take a look at that report, either validate it or add to it or whatever we needed to do to do a better job. Those two groups are very helpful to me.

From those two groups and from some of the work that had previously been done, the following kinds of things will happen internally. We are in the process of forming a network. The network will be comprised of a diverse group of individuals across the Nova Scotia Health Authority and across the province. We are in the process of adding to our navigator stream. That will help employees to navigate and externally as well, help people interfacing with our health system to navigate the system.

I have talked about African Nova Scotians and Black Canadians, but we also have navigators within Nova Scotia Health Authority who come from Indigenous communities as well. The important thing is that we help and support these navigators and these persons to reach out. I guess how I would reflect on that is that we have 25,000 employees, and we serve all of Nova Scotia. It's very difficult to have just one person make the kind of impact that is really required in our system when we're talking about that many people.

Part of what we need to do is actually support them. That could mean putting advisory groups around them, or that could mean adding resources. There's many different things that can mean. All of that is a very long way of saying it is high on the radar screen, and we are taking actions to actually move this forward.

The deputy mentioned that there is racism in our system. I know that to be the case. I have talked to employees, physicians, and patients who have indicated this to be the case. It's not something we can ignore and put under the carpet anymore, it's things that we have to actually meet head on and take action on to do the best job we can.

PATRICIA ARAB: There have been some Indigenous leaders who have called for a separate health board for the Indigenous communities in the province, separate from the Nova Scotia Health Authority. What, if any, conversations have been had towards that? Is this something that is potentially going to come to light?

THE CHAIR: Ms. Lagassé.

JEANNINE LAGASSÉ: Yes, the department works a lot with our partners at Tajikeimɨk, which is the Mi'kmaw health and wellness organization. It is definitely in the works. We work with them very closely. Most recently, you would have seen that the

Office of Addictions and Mental Health have just given them a $2 million grant to produce an Indigenous mental health and addictions strategy, so very closely working with them, and the work is well under way.

PATRICIA ARAB: Would there be any appetite to have similar systems in place, more systems, that could service the African Nova Scotian population and our newcomer population? Is the answer to have separations instead of trying to find a one-size-fits-all?

JEANNINE LAGASSÉ: Part of the work that our equity and engagement division is doing is going out into community and listening to community voices and understanding what the community needs are and what they are looking for from us.

To your question, we're hearing from everyone - from our African Nova Scotian community, from our Indigenous community, and from our newcomer community. That's part of the work that we're doing in the health equity framework, to take all of those voices and look at everything through that equity lens for the entire system. Really, it's an engagement exercise: listening to voices, listening to lived experience, and ensuring that we're taking that into account as we create or co-create programs with community.

PATRICIA ARAB: How much time do I have, Madam Chair?

THE CHAIR: You have seven minutes.

PATRICIA ARAB: I want to talk now about the accountability of this four-person team. Under the previous governance, the CEO of the Nova Scotia Health Authority and its board members were accountable to the public. The board itself was composed of Nova Scotians representing diverse communities, representing communities from across the province. I think there was also an AGM, which was open to the public. Minutes and meeting reports were all put on to the NSHA website. I'm curious, who do you currently answer to?

KAREN OLDFIELD: Under the Nova Scotia Health Authority Act, the administrator is legally, technically, officially the board. It is one person, but it is the board. Any time in the Act there is reference to the board, it is to the administrator.

What that means is that committee meetings that are required to be held are held. The audit committee meets, the human resources committee meets, the physician by-laws committee meets, and so forth. Every committee that is constituted continues to meet. The board schedule, if you like, continues.

There may not be as many people in the room, but certainly the actual governance part of it continues. I, legally under the Act, do report to the administrator as the interim CEO. In effect, it's business as usual.

PATRICIA ARAB: That piece of accountability to the public, having the public be aware of what's happening and what key points are being met - where is that? There's nothing that's posted. There's nothing that allows the public to be made aware.

I appreciate that the four-person team is meeting regularly, I'm sure, and constantly doing things, but there has to be some form of public dialogue or engagement, or a piece that shows what you have been meeting on, especially when benchmarks are being hit or planning is being put into place. Where does that exist?

KAREN OLDFIELD: Two separate things. First of all, the Act itself requires that the Nova Scotia Health Authority have an AGM. In fact, works are in the way for what does an AGM look like post-COVID-19 with an administrator? What we are required to do legally under the Act, we will. We will be doing that. That's communication about activities with respect specifically to the Nova Scotia Health Authority.

The second part of the question is: What is the leadership team doing? That's a separate thing. We have made it our business to go around the province. We have had several meetings outside of Halifax. We're meeting with people. We're talking to people all of the time. It's not an in-house closed group. We also, on a number of occasions, have - I shouldn't say a number, you need to be careful. We have also sent newsletters out to our system to sort of say, look, here's where we're at, and this is what we're doing.

The health leadership team itself is one part of it, and then the Nova Scotia Health Authority is the second part. I don't know, Deputy Minister, if you want to add to that. I'm just going to say the health authority itself will do its AGM and continue to report publicly as it is required to be doing.

PATRICIA ARAB: It's hard to say. You're going out, you're talking to people. You're going to have an AGM, it's going to be made public. What are the timelines for this? Lots of work seems to be happening, lots of consultation seems to be happening. When will the public be made aware of what has been done?

KAREN OLDFIELD: In terms of the Nova Scotia Health Authority, I think the statute itself requires the AGM to be held within a certain time. I'm having in my mind by the end of June, or it could be the end of May. I don't have it off the top of my head. It's forthwith, so when that's required to be done, it will happen.

PATRICIA ARAB: That's all I have for right now.

THE CHAIR: We'll now move on to the NDP caucus. Ms. Chender.

CLAUDIA CHENDER: Thank you both for being here today. I think I'm going to pick up where my colleague left off.

[9:30 a.m.]

We were very involved in the advocacy to open up the former health board's meetings and to publish the minutes and create transparency around that. In government, as in many things, perception is reality. Ms. Oldfield, I hear you saying it's not just four people meeting privately, but the perception is that it's just four people meeting privately. That's because we don't have that transparency mechanism that allows the public to understand the benchmarks and the decision-making processes.

You have made copious references to legislative authority and requirements. That's our bread and butter here, so that all makes sense. Notwithstanding that, when that decision was made in 2018 to open up those board meetings, the board chair at the time actually said that it was crucial in building public trust about how decisions in our health care system were made.

It wasn't a reference to a statutory requirement but rather to building public trust in our health care system, which by all accounts is core to the work of this current government. We had an election based on health care, and we assume we're going to see a budget based on health care. A big part of that - wanting to fix health care, as it were - is also to fix people's trust in health care.

I guess I'll just put that question a different way and ask: Is there contemplation further than the AGM - or in addition to the AGM - of how the public can be brought along? What transparency mechanisms are being contemplated so that the public can retain their trust or build trust in the system?

KAREN OLDFIELD: I think there are a number of ways that the team can continue to build on the trust of Nova Scotians. Certainly, part of what we're looking at is the making public of some of the KPIs - the key performance indicators - that people could look at to actually determine if this is getting better. I cannot say it will be this, this, and this indicator. I'll just give examples.

Of course, one of the things that is often looked at is surgical wait times, as an example. One of the things that is looked at is, of course, the Need a Family Practice registry. Those are just two that are very public. I can envisage a day where we would have a public - let's call it a website, but please don't hold me to this. I'm telling you what we're envisaging: a website or some kind of a dashboard that's completely open, transparent, and made available to any person who wants to see it. They will be able to see this, or this, or this, or this, and from that they can ask additional questions, and so forth. That is the road down which we are heading.

We're talking about openness and transparency. We agree 100 per cent. It's finding the ways to make that meaningful to Nova Scotians and to basically get past the waves of

COVID-19 so we can actually get some of this work done. So yes, 100 per cent. That's an example.

I've seen reference, of course - and the Premier has made reference - to a multi-year health plan. I can tell you that work on that plan is getting very close and there is work internally, work externally, that is required to be done - a multi-year action plan. All of that, when available, that is completely, totally something that will be in the public domain. Those are the sorts of things.

The intent is absolutely not to be closed-shop, it's to be open-shop because our health care system is not going to be successful unless we can get feedback from the people who are provided with care, i.e., our patients, their families, their caregivers, and our employees. If we don't know the problems, we can't fix them. If the public doesn't know the problems, it's hard to have the input.

I'm taking your point. I'm agreeing with your point, and we will find the ways to make that open and transparent.

CLAUDIA CHENDER: We will have questions, not surprisingly, about surgical wait times and also the Need a Family Practice Registry in just a moment. I also did want to pick up this thread quickly, I guess first to respond, I'll just say that all sounds promising. We hope that there are some decision-making metrics in there so that we don't just see the KPIs, but we understand the benchmarks by which decisions are being made and how that unfolds.

I want to move to the equity piece, which the deputy minister mentioned in her opening comments and which my colleague canvassed in her questioning. Just to put a fine point on it, I think what we have seen - particularly my colleague MLA Leblanc and I in Dartmouth, but beyond - is that in the Dartmouth General Hospital in our community, which borders lots of African Nova Scotian communities, it's actually leadership from within the community that has made the only transformative change that we have seen.

I just want to be really clear that the hanging question that really hasn't been answered is that with the dismantling of the Health Authority, Black Nova Scotian leadership was eliminated from the highest level of the authority, so Dr. OmiSoore Dryden, who was a member of that board, and also Stephen Augustine, who is the first Mi'kmaw director of that board, were dismissed. I understand that was part of a larger restructuring but nonetheless, in all of the initiatives that we heard, what we heard was there are committees and there are conversations and there is outreach, but then that is all getting funnelled up into a space where decisions are being made and they are not being made ultimately by the people whom they effect.

I guess I want to kind of come back around and ask: Is there any plan, or can you address the concerns that decisions are being made for communities, not by them? Is there a plan to actually vest some of that leadership in those communities?

JEANNINE LAGASSÉ: Yes, I would say, is the answer, and that that's the work of our new Equity and Engagement division, to engage with community and to hear their voices and to hear what they need and what they are looking for, so that we can build that in and make sure that we are taking that into decision-making. So yes, absolutely, is the answer. They are working with various groups and leaders in community because those are the lived experiences and the voices that we do need to hear to make sure that we are being informed as we are making decisions.

CLAUDIA CHENDER: Okay. Well, I'll just leave that one hanging, but with respect, deputy minister, your response is sort of the issue I'm pointing out, which is that you're saying, "yes, we're hearing it," and then "we're making the decisions." I think the criticism is that the decisions ultimately should be being made by people who are affected by those decisions. Without leadership at the highest levels - without a board, frankly - that doesn't happen.

We had this same conversation when school boards were abolished. We had school boards that had African Nova Scotian representatives, that had Mi'kmaw representatives, who were in that decision-making echelon at the top, and now we don't. We have lots of other things that sort of maybe sub in for that, but fundamentally, we don't have that leadership. I look forward to the initiatives that you discussed, and I hope that they are successful, but I just want to register that this is a concern. We can leave it there.

My last question, and then I'll turn it over to my colleague, is about structure. Ms. Oldfield, in your remarks, you echoed the Premier who we also heard in the House, saying we needed to start fresh, that this was the point of the decision. But what we haven't heard much about is the plan going forward, in terms of organizational structure.

Is there going to be an administrator forever? Will you, in fact, be in the role of president and CEO ongoing? I'm wondering if you can share with the committee what your contract is, and have there been changes in it since you were hired, or anything you can say about that structure.

THE CHAIR: Ms. Oldfield.

KAREN OLDFIELD: I think my contract is public. I believe it is. There have been no changes in that contract since the day I signed it. I would not anticipate any changes in that contract. However, I serve at the pleasure of the minister and the Premier. I'm going to continue doing as asked until the day I'm told my services are no longer required. I guess that's vis-à-vis me.

However, you raise a really great question, which is the organizational structure of the Nova Scotia Health Authority and its 25,000 employees. The structure continues to evolve. I started September 1st. There were changes made in November 2019, prior to the pandemic, and the changes were made to respond to, I think, a criticism of the day, which was that the executive structure didn't properly or sufficiently respond to communities. As a result of that - so basically it was a corporate structure that was being run out of Lovett Lake, which is where our head office is, which is in Bayers Lake, and that there was no executive leadership around the province. So this is November 2019.

As a result of that, the Nova Scotia Health Authority of the day created vice-presidents for each zone - operational people for each zone - and then a matching medical co-lead for each zone, which is in effect what the structure is today for the zones. There's a vice-president of operations and a matching medical co-lead for Eastern Zone, for Northern Zone, for Western Zone, for Central Zone.

Interestingly enough, notwithstanding that there are 25,000 employees and notwithstanding, as I've said, it's all about the people, there is no vice-president of what traditionally would be called human resources. I think that's a glaring flaw. You can't say it's all about the people if you don't even have a VP of human resources, frankly.

We are in the throes now of looking across the country, starting with Nova Scotia, for somebody who will serve as the Vice-president, People, Culture, and Belonging. That's the title that we're using. I'm quite excited about that. This isn't just traditional HR. This is somebody who's very focused on training, on development, on equity, on inclusion, on succession planning, on wellness, on people - every aspect there is to do with people, so not just what I would call labour relations or grievances or some of what we might call traditional HR. It's part of that, sure, but it's really all about the people and training and development and creating leaders and the kinds of things that we need from our health care workers and our health care leaders.

That includes change management. There are many aspects of change that are current in the system and will be coming to the system where people don't really know how to either deal with change, or lead through change, or handle change. So, change management is another very important aspect of this role.

THE CHAIR: Thank you, Ms. Oldfield. The member has indicated that you have answered her question.

We'll move along to Ms. Leblanc now. You have almost six minutes.

SUSAN LEBLANC: I'm going to ask some short snappers about surgery wait times and other such questions.

[9:45 a.m.]

Number one: Ms. Oldfield, you have referred to the long-awaited plan to fix health care. The Premier has said that that plan is due March 31st. That's next Thursday. When can we expect that plan to be released? Will it be released on Thursday?

KAREN OLDFIELD: I defer to the Premier entirely on timing and when that will happen.

SUSAN LEBLANC: Would the deputy have any further insight?

JEANNINE LAGASSÉ: I do not have anything further to say on that.

SUSAN LEBLANC: It's no surprise that I'm going to ask this question. Our caucus recently got a FOIPOP back that told us that there's 27,000 people in Nova Scotia waiting for surgeries right now. This number is at its highest since 2017.

We also know - and this is kind of an astounding number - that globally since the pandemic started, cancer diagnoses have dropped 40 per cent. We know that cancer has not gone away by 40 per cent. We know that the diagnoses have dropped by 40 per cent, which means we're delaying diagnoses. We know that a delay in cancer treatment of four weeks equals a 10-per cent increase in deaths from cancer. The Canadian Cancer Society has called on the government to release a plan.

My questions, for all of that - cancer and other surgeries - what is the plan to clear the backlog of surgeries? How long will it take? Will the plan be released to the public?

KAREN OLDFIELD: Why don't I start, and the deputy can fill in where I forget. Let's deal with it straight up. We do have a wait-list that we need to attack. I looked at the numbers myself yesterday, and it was a 5-year snapshot. In 2017, so pre-pandemic, it was like 24,000-plus, and the wait-list today is 27,000-plus. That's the delta over the five years.

Let's put it all out there. We do know that during COVID-19, not everybody received their consultation. Not everybody went to a doctor. Not everybody was able to access through COVID-19, for various reasons - I just lost my train of thought.

THE CHAIR: Thank you, Ms. Oldfield. I think Ms. Leblanc has a follow-up.

SUSAN LEBLANC: With respect, we know all these things. This is what was released in the FOIPOP. It's very clear, and anyone can find that information now because of that information being released.

My question is: What's the plan? I only have three minutes, so I would love to hear something about that before I relinquish my time.

KAREN OLDFIELD: Sorry about that. I totally lost my train of thought. This is something that has been certainly on my mind and on the health team's minds and on my executive team's minds since early December, since we realized we were heading into yet another wave of COVID-19 and that surgeries were going to have to be peeled back.

The good news is, and I saw the trend line, we're very close to getting back to 100 per cent surgery across the province. That's close. Number one is being able to turn the taps back on so that we can actually perform the surgeries.

On the wait list, I've seen a plan and I've asked for it. Show me the plan that's leaving no stone unturned, everything we can possibly do. I've seen it over one year, two years, three years, four years. There are many aspects that would go into the plan, of course, not least of which is human resources. We cannot do surgeries if we do not have the team that's available to help. Not just the surgeon, but the entire team. If anything is going to be the stopgap on clearing the wait-list, it is going to be people and putting our hands on the numbers of people that can do these surgeries quickly. It is not going to be money. It is going to be people.

SUSAN LEBLANC: That's great to hear, but with respect, people equals money, so it has to be money too. We know one of the reasons why we can't retain nurses in Nova Scotia and why we have a shortage of 1,000 nurses is because they're going to other places because they pay better, and because they have a better quality of life in other jurisdictions. It has to be money as well. I know that that is part of the plan we have to figure out.

We heard from Dr. Orrell last week about some of the plans for retaining health care professionals and that's great. But I think we have to be very clear that the system is in crisis largely because professionals are leaving the province to work elsewhere, and that includes paramedics. We know that paramedics are in a crisis, and they are very much of the system as well. I'm going to run out of time.

What we couldn't find out from our FOIPOP request is that we don't know how many people are waiting for consultations with specialists for surgeries, so the people waiting for surgeries before they have a consultation is on top of that number of 27,000. In your best estimate, either one of you, how many people in the province are waiting for a consultation with a specialist?

KAREN OLDFIELD: I would not hazard a guess. It's probably a number we can get . . .

THE CHAIR: Order. The time for the NDP questions has elapsed. We'll move on to the PC caucus. Mr. Young.

NOLAN YOUNG: Before we begin our questions today, I'd like to thank all the health care workers in the province for their hard work and dedication to Nova Scotians over the past few years. We appreciate you.

Our government inherited a broken health care system in need of significant changes to make it a system that works for all Nova Scotia and one that respects the voices of front line health care workers. Reflecting the urgency for change, our government travelled to 26 locations across Nova Scotia to hear from the thousands of front line health care workers as part of a Speak Up for Healthcare Tour. We heard of the challenges related to recruiting and retaining health care workers, access to care, disparities between rural and urban communities, infrastructure challenges, and the list goes on. Big challenges that need to be fixed, challenges that require empowered leadership and significant health care reform.

My question is for Deputy Minister Lagassé. What are some of the biggest challenges we've inherited that need to be addressed when it comes to health care that you have heard in the Speak Up for Healthcare Tour?

JEANNINE LAGASSÉ: I think one of the things that is of biggest concern to me is what we heard from our health care workers - how tired they are, their frustration, their wanting to see improvements in facilities, infrastructure, technology. I think that those are some of the big issues and it's tackling the issues for people, that make things better for their work/life balance, and when they come to work every day, making it better for them. That's one of the biggest issues I see.

NOLAN YOUNG: I want to pick up where we were talking about the governance structure. I just wonder if there are any additional thoughts that you'd like to add on current governance structure, and what work is being done to support local decision making?

THE CHAIR: Mr. Young, is that for Ms. Oldfield or Ms. Lagassé?

NOLAN YOUNG: Whoever wishes to take it.

THE CHAIR: Ms. Oldfield.

KAREN OLDFIELD: I can start. I think one of the things that I'd really like to emphasize is that the extremely positive part of this leadership team is that people are working together. The deputy and I will speak - we could talk five times a week, we could talk 20 times a week, as well as the other members of the team. Whereas once upon a time, there was a department, there was an operator - meaning the Nova Scotia Health Authority - there was no Office of Healthcare Professionals Recruitment, and the board wasn't as tied in as it is with this current system.

I cannot overemphasize how important it is to have integrated decision making with respect to an overall system. Taking the points that have been made today, but that is innovative in and of itself, having that integrated decision making - a very important point. For example, if somebody on the team hears of a very innovative, creative idea or a problem, we'd quickly call another member of the team and say, what do you think about this? There are not a lot of layers and not a lot of red tape. It's very quick. I think those are positive things.

With respect to local decision making, the team is very informed on the ground as to what is happening through the zone, through the zone VPs and the zone medical directors. These people are not far from the health leadership team. They are not specifically sitting in every aspect of every meeting, but they are very involved. There's not a great deal of sunlight between what's happening on the ground and the health leadership team.

As well, our minister shows up quite regularly, and as ministers are wont to do, they hear a great deal from the public, they hear from members, and they hear from various folks who inform them as to local challenges and opportunities. So we do get feedback in a number of different ways.

NOLAN YOUNG: Did you want to add something, Deputy Minister Lagassé?

JEANNINE LAGASSÉ: I would just pick up on Ms. Oldfield's comment about making system decisions. I think that's the big thing that the health leadership team brings. We all come from our individual organizations and accountabilities, but we're making decisions as a system. That is something I haven't previously seen as we are doing it right now.

We come and, as Ms. Oldfield said, there's action. The bias is to action every time that we meet, but it's not just action for one part of the system. It has to be of benefit to all. I think that's the biggest benefit I see to the current system, that we're always looking systemwide.

NOLAN YOUNG: Thank you so much for your answer. I'll pass it to my colleague Ms. Sheehy-Richard.

MELISSA SHEEHY-RICHARD: Thank you. I want to first echo the statements of my colleague and thank you for the hard work in the inherited system that you have taken over, and applaud you for what you've accomplished so far.

I just wanted to touch base and ask what you found maybe was the most surprising thing within your last six months. What was the most eye-opening situation?

KAREN OLDFIELD: I could go on, so I'm going to try to synthesize. First of all, let me start with a real positive: my own executive team, who are very committed, very loyal to Nova Scotians and to the health care system, and also really smart. I like that. I shouldn't say it was a surprise, but it was nice to validate that this is a very committed and good group of people.

[10:00 a.m.]

Secondly, with the same group of people and the next layer down, the biggest thing that surprised me, to be perfectly honest, is that the system needed and continues to need role clarity, more accountability, and faster decision making. What I mean by that is that people - I'm not saying anybody was doing anything wrong. Of course not. They were going down the path that they had been either asked or guided or had learned or whatever, and were afraid to change direction, afraid to make a decision, afraid to do it quickly, afraid to go too far out on a limb without coming back and talking to the Department of Health and Wellness, and Health and Wellness talking to whomever they had to talk to. So it took a long time to actually have a decision made.

I'm going to give you an example. I had a situation before Christmas where a doctor in a hospital needed a chair and a computer. All of a sudden, that's on the CEO's desk: a doctor needs a chair and a computer. There's something wrong when the CEO needs to be involved in a chair and a computer on a doctor's desk in a hospital. Of course, the doctor received the chair and the computer ASAP but, in my head - let's understand that, let's unwrap that and why does that not happen?

These process issues I'm finding all over the place. Not just me; the whole team and tons of people were unveiling process challenges all over the place. We learned so many of these challenges during the Speak Up for Healthcare Tour from the really big issue to a really small issue.

That's why the tour was so valuable because people are people and no matter what line of work you have - you go out for lunch with your friends, you're talking about the things that "they" should do or why don't "they" see it. What was so powerful about the tour was that I am "they" now. Let's talk about what "they" can do because if you tell me the problem, I can see if I can help you fix it.

To echo the deputy minister's point: propensity to action, but this is no fault of people. This inertia and red tape builds up over time, so it's time to just rip it apart and get on with the action. I guess I would stop there.

MELISSA SHEEHY-RICHARD: If we could stick along sort of that line of questioning, what do you see as the biggest or the best opportunities to improve the system for Nova Scotians in the next, say, six months, year, or five years? Do you have some big vision that you can share?

KAREN OLDFIELD: I spoke to a group of students last week. I shared with the students that there couldn't be a better time to be in health care. There could not be a better time to be in health care because there are so many great things going on. I have to make sure I say to the Chair and through the Chair to the committee: there are so many great things going on in health care in this province - really positive, good things.

If you have not seen the two-day Nova Scotia Health Innovation Showcase - there's a link - I highly recommend it. The first day, we showcased three extraordinary doctors in Nova Scotia. Mike Dunbar, who is performing surgery with robots in only the second hospital in the country to have the robotic surgery. He's a global leader. Of course, we've all heard of Dr. Ken Rockwood who is a global leader and who just received an amazing award awarded in New Zealand.

Also, I met Dr. Karen Cross for the first time. Dr. Karen Cross is originally from Newfoundland and she went to work in Toronto. She became a doctor because her parents wanted her to, but she became a Ph.D. because she wanted to. She has gone on to form a company. Among the things that her company does, she developed a gizmo that doesn't care what the colour of your skin is. It has helped to work with a COVID-19 oximeter, reading your oxygen levels and so forth. Early on in the pandemic, particularly in the United States, there was a large incidence of death within minority communities because the equipment didn't recognize other than white skin. She's come up with something that really works with that.

Secondly, she's formed a company. She got recruited to Nova Scotia. She could be our poster child for recruitment because she's that positive. She's formed her company. She has 20 Nova Scotians working. She's a doctor, she's a researcher, and she's an entrepreneur.

These three examples are world leaders and they will help us to transform health care in Nova Scotia. They're just three. Everyday I go to work, I can shine the light on somebody else who does the same thing. Radiation oncology? Dr. Amanda Caissie. Helmut - on the cancer side of the house - he's global. He's known all over the place. We have so many experts in this province, our job is to shine the light on them and let them go.

MELISSA SHEEHY-RICHARD: Thank you for that. I would ask you, if I could: What are your top three priorities for the next six months to a year?

KAREN OLDFIELD: I have four. First, when I come back, it's all about the people: helping them, supporting them, getting them vacation, for starters. Getting their breaks, their lunch hours, and so forth. That's very important to me. Developing them and recruiting and retaining. So yes, retention. Yes, recruitment. We have a great cadre of employees. We have to do everything we can to keep them. So that is high on my list.

To do that, I try to get out and about as much as possible. I don't sit in my office, I try to get into the facilities. I have a very open door. I send out notes - "Folks, if you have any great ideas, please let me know." Just because the Speak Up for Healthcare tour is over, the window is not closed. I have to be careful when I do it, because the last time I did it I got 150 emails, all of which have either problems or opportunities. It's positive. Good engagement.

Secondly, I'm very interested in the metrics. The member had asked, what are we going to do? I'm all about the metrics, but not just the metrics - the benchmarks, and all the rest of it. I think it is high time we do shine the light on some of what's behind the curtains in our health care system. That is important to me.

The third thing is a sustainable rural health care model. I was very fortunate to start the Speak Up for Healthcare Tour - personally, I started in Neils Harbour. We've all heard about Neils Harbour over the past number of months because of the flood and some of the other challenges that they have, including two of their three doctors off on maternity leave.

I was fortunate to hear it all first-hand. I didn't start my tour in Halifax listening to folks who potentially have all of the supports. I listened to people who really needed every bit of help and support that they could possibly garner. So, sustainable rural health care models.

The fourth thing for me is, back on technology. We've got a hundred different systems. They don't talk to each other. This is not a modern health care system. We all experience it. Every single time we go see a doctor, we have to start from the beginning. Our EHS system doesn't talk to the NHS system, et cetera, et cetera, et cetera. Technology is very high on my list, including the recognition that students who come out of nursing or PT or OT or pharmacy or medical school - they are not used to a paper-based society. The students today are used to a technological society and it's very difficult to recruit if we cannot meet them where they are.

MELISSA SHEEHY-RICHARD: Thank you very much, Ms. Oldfield. I'm going to defer to my colleague, Mr. Boudreau.

THE CHAIR: Mr. Boudreau.

TREVOR BOUDREAU: Thank you, Madam Chair. How much time?

THE CHAIR: Four minutes.

TREVOR BOUDREAU: Four minutes. That's a lot, right?

Thank you very much to the witnesses for coming. As a rural MLA, I'm really thrilled that one of your top four priorities is on rural health care. That's great to hear.

I just want to come back to the Speak Up for Healthcare Tour. You touched on it a little bit today, about when you were going through the tour, hearing about low morale and burnout and fatigue among health care workers. Could you elaborate a little bit on what we could do to improve on that, or what we're thinking about doing to improve on that?

KAREN OLDFIELD: This is something I think about every day. Personally, my sister-in-law is a pharmacist, my niece is a nurse, my niece is in nursing school, and my nephew is a resident. I know from them how they're feeling about a lot of these things.

The first thing we have to do, of course, is recognition. We've had over 3,200 health care workers in this province who have been redeployed as a result of COVID. That's pretty hard, when you've been redeployed, doing either another aspect of the job or a different job than what you're used to. It's hard on your psyche.

People are tired. The very first thing we have to do is get them a break - whether that's two days, three days, their vacation. I worry about this. I worry about it because we're not there yet. I looked. Yesterday we had 460 health care workers off as a result of COVID and COVID-related issues. We're not there yet. We're not in a position where we have sufficient slack built into the system to say everybody can have their vacation. But that's high on the list. These are folks who haven't had a vacation potentially in two years.

What can we do? I was thinking this morning about how much we all - Canadians generally - were waving the flags for health care workers at the very beginning of the pandemic. I haven't seen that in a while, I haven't seen it. I think we need to remember they're the same people, only two years of hard work, 24/7. They're the same people who helped us at the beginning who are helping us here at the end.

I think we can't say enough, we can't say thank you enough, we can't do enough for health care workers. I would start with that. Then at the end of the day, it comes to the hard things, like making sure their working conditions are appropriate, that they're being invested in, that we're training, we're developing, we're making them feel good.

THE CHAIR: Mr. Boudreau, you have less than one minute left.

TREVOR BOUDREAU: I think I'll wait until the second time, thank you.

THE CHAIR: We'll now move to the second round of questioning. Each caucus will have eight minutes, beginning with Ms. Arab.

PATRICIA ARAB: Thanks, Madam Chair. Lots of discussion - I don't know where to go. My head is all over the place.

Let's start with the PC platform. The PC platform from this previous election was very health care-focused. Fixing health care was the promise, and the main focus of this

platform. One of the things that was said is we know that health care deteriorated when the government removed local decision making from the local communities, and I have that.

[10:15 a.m.]

Apart from the Speak Up for Healthcare tour, what is this four-person, Halifax leadership team doing to make sure that rural communities are being represented and their needs are being met?

JEANNINE LAGASSÉ: So, post-Speak Up for Healthcare, Ms. Oldfield and I have done a number of tours at different locations to hear from the site-specific places where we didn't get to go on Speak Up for Healthcare. We've been in Shelburne with the member there and in different places across the province.

When we're there, we also hear from the foundations and from different groups who work within the auxiliaries and who work with the facilities, so we are engaging in that manner with community as we go around, as time permits for us to go out to the various facilities. It's not just with the health care workers, it's with the other community members who have something to do with that organization.

PATRICIA ARAB: So again, keeping in line of what my colleague was talking about what I started out in terms of marginalized and under-represented people, you have a situation where you are hearing from them, but the decision-making is being done in Halifax.

Again, there wasn't a commitment to marginalized voices in the campaign, but we have a clear statement in this commitment, the acknowledgement that when local decision-making was taken away from communities that health care in those communities deteriorated. I'm curious: what changed from the platform to then the delivery, and this fresh start within our board or with the leadership team, that essentially hasn't changed anything from how these communities were being represented?

JEANNINE LAGASSÉ: I think when I say we're going out and speaking with community and going out in terms of - it's not just speaking with them and taking that information back for decision-making somewhere else. It's working with the community. I think that's what we're trying to do through engagement and hearing those voices. So, we're bringing the voices back, yes, but we're also working with community to create programming. That's where we're hoping to get to with all of this.

Are we there yet? No, definitely not, but the engagement is not just taking and bringing back. It's working with community and hearing what they need, what they are looking for, and ensuring that we're responding to that.

THE CHAIR: Ms. Arab, I see Ms. Oldfield has her hand up, do you want to hear from her?

PATRICIA ARAB: Sure.

KAREN OLDFIELD: Thank you. An example: yesterday I was on a call with the Canso Advisory Board, and I was on the call for an hour, and the Chair of that advisory board, Mr. Bill MacMillan, talked about what they needed in their community. He is not a health care worker; he is a member of the community. He said: Karen, it's not a one-size-fits-all - we're more of a fly in, fly out.

The point being that they're sharing what they would like to see and how they would like to have it delivered, and that is an important piece of information. We're not going to disregard that; we're going to work with them and see if we can make that happen.

PATRICIA ARAB: I'll try and fit - I don't know, I lost track of how much time I have. We had - on November 4th last year, during Question Period, the Minister of Health and Wellness rose in her seat and said that things were going to get better every day under this government in health care. The promise to fix health care was there.

As my colleagues pointed out, surgical wait times are up, the need for a family doctor is up, the amount of Code Criticals that have happened province-wide is up, long-term care facilities wait times are up. We have a huge shortage of staff, which was pointed out by both of the sides of this committee. Retention is an issue. Health care has actually deteriorated, and I want to be really clear, too, that COVID-19 might be an easy excuse, but this election campaign was run in the midst of a pandemic, so a pandemic wasn't just this thing that nobody ever thought was going to happen, we were actually in it. The realities were there.

I guess, with the time that I have left, my question is: When will we actually start to see health care go on an upswing, from your perspective?

JEANNINE LAGASSÉ: I think we already have, right? There's a lot of things that have been accomplished, not withstanding that we have had the most recent wave of the pandemic that we have. I think one of the really good examples is some of the improvements that we've been able to make in the EHS system - the introduction of the medical transport service, and the change in the model of staffing for the patient transfer units, and the improvements that have been made in having to have ambulances do transfers that do not require ambulance care.

It might seem there might not be any, but it's all of these things that we're putting together, to get to where we want to get to. I think that there are examples. It's not that everything is fixed, but that we are making daily improvements in what we're doing, and I think the big thing is we're trying everything.

If there's one thing I would like the committee to take away, it's that daily - as Ms. Oldfield has said, we talk with each other. We talk with our other team members, and we want to hear all the ideas, and we are trying things. It might not be try and work every time, but we're trying to keep moving that yardstick I have.

PATRICIA ARAB: I can't say that more deaths during this last wave of the pandemic than we saw in the first three is a successful navigation of the pandemic - just to put that bluntly. It's obviously not your fault, but I don't see that the handling of this wave has been anywhere near where we were in the first three. We were leaders in the country in the first three, and there has been almost a deterioration of how we've handled this last particular wave. The amount of health care workers that are off at the moment because of COVID-19 - because of how we have handled this last wave. That isn't improving. That isn't taking what we know and what we've learned from the first three and implementing it so we can get better.

One would hope our whole goal would be that you start off and you don't really know what you're doing, but as you move further into this, you get a little bit more experienced, and you have a little bit of a better understanding. That hasn't been displayed in this last wave. Again, through no fault of your own, but how can that be seen as a success, as a successful navigation of this last wave?

JEANNINE LAGASSÉ: I apologize, Madam Chair, I think I misunderstood the member's question. I thought that she was saying not COVID-19-related, how are we not seeing improvement. I think on this most recent - every wave has been different, is what I would start to say, but I think during this wave, we had some great accomplishments . . .

THE CHAIR: Order. The time for the Liberal questioning has elapsed. Ms. Leblanc.

SUSAN LEBLANC: I'm going to change the subject for you, deputy minister. I just want to get back to some of the platform questions, actually, or, the platform. The Progressive Conservatives ran on a platform and part of that was to open operating rooms and allow them to run longer hours as a way to address the surgery backlog.

Even in the news in the last couple of days we've heard the minister refer to this idea, but our office filed several FOIPOPs at Nova Scotia Health, the Department of Health and Wellness, and the Premier's Office to try to understand what work was under way related to that part of the platform, that commitment. We couldn't find any records that detailed any of the work or planning. I can table those FOIPOPs.

I'm just wondering, Deputy Minister Lagassé, if you could explain what work is underway on that commitment and when that will be in place.

JEANNINE LAGASSÉ: There's work going on every day. That's what I would say. There's planning work that's underway. There are consultations with physicians and other staff that are underway. I think CEO Oldfield has already spoken to some of the work that has been done in the Nova Scotia Health Authority about this.

I think that really it is a health leadership team item, but a lot of it is operational in the Nova Scotia Health Authority. I think that perhaps Ms. Oldfield maybe should take this question.

KAREN OLDFIELD: In December I spoke to Dr. Scott Morrow, I believe, at the Dartmouth General and they have a very successful orthopedic surgery program. You're both from Dartmouth; you know this. He said: Karen, we can do so much more, we can attack that wait-list if you did A-B-C and laid out a plan. Of course, my ears perked up and I want to know how that's going to work.

That all comes back to the health leadership team. That offer and those ideas get factored into how we are looking at attacking the wait-list. That's just one example. There are several around the province. There are different areas of the province that have different areas of specialty, too.

In terms of the planning, and you've asked for it - I would suspect that over the next few weeks and months, particularly as we near the budget, that some of your questions will be answered.

SUSAN LEBLANC: That's great. A couple times, Ms. Oldfield, you've referred to the plan. We can't wait to see it. We're waiting on tenterhooks. It is weird that there's no reference to any of these discussions happening in the FOIPOPs of three different facets of the health care system. I don't know - I'll leave it there.

In December, the government announced a partnership between the IWK and Scotia Surgery to help clear the backlog of certain pediatric surgeries. People are concerned about this step. Janet Hazelton, who's the President of the NSNU said:

> "There isn't a single person who would argue against a plan to provide care in a timely manner, especially where children are involved, but I have yet to hear how government plans to staff the clinic given the staffing shortages we are facing in the public sector."

The Nova Scotia Health Coalition called the move an attack on public health care. They said, "There is a finite pool of staff in this province and private clinics simply draw staff from that pool."

I'm wondering if you can explain whether the government's plan to tackle the surgeries backlog contains more use of private contractors.

KAREN OLDFIELD: I would say in the first instance we want to use every resource that we have available at the Nova Scotia Health Authority. However, I think we would be wrong not to look at every available resource. If there are clinics available in the province of Nova Scotia or in neighbouring provinces, I think we have to look at everything.

We can't have it both ways. We can't say let's attack the list and then not attack the list. I'm not saying we are doing any part of that. I am saying we're looking at every single possible opportunity to understand the needs of our patients and to attack the list.

SUSAN LEBLANC: As I said, no one is going to say we shouldn't be attacking the list, especially when it comes to vulnerable children. However, we also can't have a public health care system when we're also having a private health care system, without acknowledging that it's a two-tier health care system.

There is lots of evidence that expanding privately-funded health services only lengthens the public wait times by siphoning the resources. The resources are finite. We've heard it already in this meeting. So, I'm concerned by that response and some of those examples with the IWK working with Scotia Surgery. I would say that now is the time to bolster our public system, not undermine it with private services.

I want to ask about the communication with the people on the wait-list. While we attack the wait-list and the 27,000 people who are waiting for surgeries, what we hear, in many cases, is that people understand that they're going to have to wait a bit for a surgery, even if it's "too long," but where they get really upset about it is in the fact that they have no communication.

They don't hear from the office of the surgeon for months and months. In certain cases, in orthopedics for instance - you talked about Dr. Dunbar - they have these pre-habilitation programs where the patients are doing things toward their surgery, even a mental state where you're working towards it so the wait time is going to be less.

Especially since COVID-19, the wait times have been enormous and the communication has been even more difficult. I'm wondering if you can speak to that, to the pre-habilitation programs - if we see a move to expanding those programs for other types of surgeries. Also, when can we get back to the practice of giving estimates to individuals about how long they're going to be waiting? In general, maybe you can talk about maybe improving communication with patients, that would be great.

KAREN OLDFIELD: The improving of communication? I can't imagine there's a Nova Scotian who wouldn't agree with that - starting with me and finishing with me. I got

it - personally and professionally. You can never do enough to bridge that, so I'm taking that point. We'll look for ways to improve it every which way we can. Even through COVID-19, we were getting at our condo a lot of robocalls reminding us of appointments and so forth, which was actually an improvement. I take the point.

On the rehabilitation and some of the items that you mentioned, I do want to go back to Dr. Dunbar and the Innovation Showcase. Dr. Dunbar had one of his patients there who . . .

THE CHAIR: Order, the time for the NDP questions has elapsed. We'll now move on to the PC caucus and Mr. Boudreau will continue questioning.

TREVOR BOUDREAU: To give my colleagues an opportunity to speak, I'll ask just one question and then move on.

This question is for Deputy Minister Lagassé. How has the Department of Health and Wellness worked to collect race-based data in health care to support the objective of reducing racial inequity in health care services and delivery?

JEANNINE LAGASSÉ: The project to collect race-based data is currently under way. We're working with our colleagues at the Office of Equity and Anti-Racism Initiatives on that project. I can tell you that the expectation is that June of 2022 is when we will be doing mass communications and a promotion and when we will be starting the actual collection of the data.

TREVOR BOUDREAU: I think I'll leave it at that, and I'll pass it onto my colleague, Mr. MacDonald.

THE CHAIR: Mr. MacDonald.

JOHN A. MACDONALD: I just have one question - actually, just if you can elaborate. The Canadian Federation of Independent Businesses has given the Nova Scotia government the Golden Scissors Award for reducing red tape for health care administration. This is for Ms. Oldfield: Can you describe Nova Scotia Health Authority and the health care leadership team involvement in these initiatives?

KAREN OLDFIELD: I'll try to be short. The Speak Up for Healthcare tour was so informative. In two or three examples, I personally heard from many health care workers talking about paper and procedures.

Papers, meaning documents that needed to be signed by a specific person - a physician or a pharmacist or what-have-you. These are documents that probably haven't been looked at for a number of years and may not need to be signed by a doctor, could be

signed off by a pharmacist or a nurse practitioner or somebody else, but because the document says it needs to be signed by a doctor, it needs to be signed by a doctor.

Right-sizing, if I can use that word, those documents to be signed by any number of persons who are legally entitled to sign that document - that's where we need to go. That's called red tape, and I think anybody can see the logic in that, because if you're running around trying to find a doctor to sign the paper, it's time that you've not spent doing your job, and very frustrating too. That's one example.

[10:30 a.m.]

A second example is, after the health authorities were amalgamated, the policies were never integrated. There are a gazillion policies and procedures that come from all of the preceding health authorities, so we're undergoing a process right now to basically clear the decks, so that we have one updated policy that we can look at every year and make sure it's best-in-class and it's the policy. You also have to look at a whole bunch of different procedures, make sure you're following the right one. So again, it's just an example of red tape.

That is something that we can clear the decks. Those are two clear examples that came directly from the Speak Up for Healthcare tour that are causing aggravation and frustration to the front line, so if we can clear that, that's a step forward.

JOHN A. MACDONALD: I'd like to thank you for that, because that is a complaint I've heard from people on the front line. I'll defer the rest of my time to MLA Ritcey.

THE CHAIR: Mr. Ritcey.

DAVE RITCEY: This is directed to either one of you. I'm really interested in local decision making and the input from our local Community Health Boards. Can you share a bit about the role and importance of Community Health Boards within NSHA governance structure, and how can individuals be involved in their communities?

KAREN OLDFIELD: We have 37. I'm glad you raise it, because they're a forgotten-about group and yet such an important group because they know what's happening on the ground. In fact, I refer to the Canso advisory group. It's not the Community Health Board group, but it's similar in how important that is.

One of the commitments is to breathe new life into the Community Health Boards so that people feel like they have skin in the game, that they're able to say this is what we're hearing, this is what we like, this is what we want to do.

Let's just take Truro as an example. As a result of conversations, we put in the first virtual care emergency department test and try last month. I don't have full numbers but I

do have a tiny bit of information - how many people have been seen, how many prescriptions have been written. Early days, it's successful.

I use that example only to say that that came out of local conversation - could we do this, could we try this? I completely agree, we need new breath breathed into those community health boards and use them for the purpose that they were meant to be used.

DAVE RITCEY: For me, I'm good to go. We're good.

THE CHAIR: With that, we are now at the end of hearing from the witnesses, except for if you have any closing remarks that either of you would like to make. Ms. Oldfield?

KAREN OLDFIELD: I want to close simply by saying what I said to the students last week. It is an exciting time to be in Nova Scotia health care. Yes, there are challenges. We know that and our Premier has told us it's going to get worse before it gets better. It is getting better.

I was on a call yesterday and did get the stats of two of the pharmacy plus clinics set up in New Glasgow and in Truro, and in three weeks - I'm just reading it because I have it here - 255 patients were seen between the two, and they were seen for chronic disease management. For the most part, these were patients who had not seen a primary health care provider for over two years. I said, what kind of disease? I suspected it would be diabetes, and yes, the predominant disease was diabetes. That's near and dear to my heart. My husband is a diabetic. I totally get it.

The fact that those people could go to a pharmacy and see someone, and the feedback - and you probably heard Michelle, the pharmacist on TV. She said, Karen, people are bringing in flowers, they're bringing in baked goods. They're thanking us.

This is new. It's different. Not everybody loves it, but those 255 people loved it. We need to - we've got to break loose, people. I agree, there are a lot of things for which the system and the health leadership team need to be accountable and open and transparent - and you are not hearing any pushback from us. We agree. It's a question of getting there.

I am very available - probably too available. If you have a question, you can call me at any time. I do not live in a glass tower. I answer the phone, and I come and see. I would say the same for Jeannine and other members of the health care team.

I would just close with that. I appreciate the opportunity to speak today.

THE CHAIR: Deputy Minister Lagassé.

JEANNINE LAGASSÉ: I just want to add, on a similar note, that this is a really exciting time for us. There are a lot of things going on. I really appreciate a lot of the members' questions about benchmarks and KPIs and holding accountable. As CEO Oldfield has said, we are there. We expect to be held accountable, but we want to change the narrative. We want to talk about the things that are positive that are going on, and we need everyone's help in that. We need all Nova Scotians to help us with that because there really are a lot of great things going on, and we are all in to move things forward.

THE CHAIR: Thank you very much to our witnesses for today. You are free to go. You don't have to stay for the rest of the meeting. It's all kind of boring stuff. (Laughter) Boring but super-fun stuff. Thank you very much.

We will now move on to our correspondence. Just to let the committee members know, we have received correspondence back from the Department of Communities, Culture, Tourism and Heritage. It's information that was requested from the February 9th meeting. As well, we have information that was requested from AHANS from the March 9th meeting. Is there any discussion on what we have received back? Hearing none, we will table that.

Now we have a record of decision from the Subcommittee on Agenda and Procedures. My understanding is that we didn't get all the way through all of it at the last meeting. So, this item is being carried forward from the March 9th meeting, as time ran out prior to all the motions being dealt with.

Members have been provided with the updated record of decision. I'm going to open the floor for discussion, but with the committee's permission, I would like to just move through the list. I think sometimes it gets very confusing when people are jumping around and all of that.

Mr. Boudreau.

TREVOR BOUDREAU: Yes, Madam Chair. There was a motion that the PC caucus was going to put forward last meeting. Given what it is going to entail, it would be a move to a three-two-one rather than a three-two-two. I would ask that I could move that motion first, before going and proceeding with the record of decision.

THE CHAIR: If you could phrase that in the form of a motion?

TREVOR BOUDREAU: To align with the other committees, I move that the topics we present in accordance with our record of decision be three topics for the PC caucus, two topics for the Liberals, and one topic for the NDP caucus.

THE CHAIR: Obviously there's going to be some discussion on that. Ms. Leblanc.

SUSAN LEBLANC: I wholeheartedly disagree with this motion, Madam Chair. Again, the Public Accounts Committee is not like other committees. It is supposed to be a non-partisan committee, where all of us are working together to get answers about the way the Public Accounts and other government departments are working in this province.

We have heard clearly from the Auditor General on this topic. We are going to have continued training from the Auditor General. We have committed to drafting motions about how well we will work together.

Therefore, I think that this idea of dividing the caucuses and dividing the topics by caucus, especially when it clearly benefits the government, is not in keeping with the mandate of the Public Accounts Committee. It's not in keeping with good practice or best practice with Public Accounts committees from around the country and - dare I say, at least I know Britain, I don't know about the rest of the Commonwealth - and it's a bad move.

THE CHAIR: Ms. Chender.

CLAUDIA CHENDER: At the risk of being repetitive, I'm going to elaborate on some of my colleague's points, because I think they're really of the utmost importance. I want to point out that many of us on this committee and in this room are new to the committee, myself included, and many of us are new to the Legislature. That is why, with some discussion, we started out this term of the Public Accounts Committee with training. We heard at length from the Auditor General about the mandate of this committee, which is to, as much as possible, in a non-partisan way, look backwards, somewhat, at the work of government, and particularly spending. I think we've really tried to do that.

Also, with respect, this committee is not like the other legislative committees that we have in Nova Scotia. For the record, my own thoughts are that this is probably the most functional committee that we have, or at least has the potential to be the most functional committee that we have, because we have the ability to, in a public forum, ask questions of these decision-makers in a way that is more equally balanced among the parties. This committee is chaired by a member of the Opposition. None of this is by accident. It is to ensure that we have a robust, democratic overview of the decisions of government.

We don't have many other opportunities for that in our Legislative Assembly. We don't have a finance committee. Bills don't go into committee here like they do in the federal context. If you will, this is our one shot at looking at things in that way, and while it can get partisan, I would say my colleagues and I were heartened at the beginning of this session when this government reinstated more frequent meetings of this committee with a commitment to putting it back to its former status. This move will undermine that significantly because it stands to reason that any sitting government will be less eager to question its own operations and its own decision-making.

That is why government is here, but why we also have a larger role as Opposition on this committee to ask these questions. I would ask the government members to speak to why they feel that this motion, which directly contravenes the training we received and the comments of the Auditor General and the purpose of this committee, should go forward. I'm interested to hear from my colleagues what the reasoning is.

THE CHAIR: Do we have any other comments that anyone else would like to make? Ms. Arab.

PATRICIA ARAB: I actually would like to echo that. I'm new to the committee. I'd like to hear the rationale behind going to a three-two-one, if I could ask my colleagues for that.

THE CHAIR: Any further comments? Mr. Young.

NOLAN YOUNG: I'd like to call a brief recess, Ms. Chair.

THE CHAIR: We will now take a five-minute - or do you want three? A five-minute recess to 10:49 a.m.

[10:44 a.m. The committee recessed]

[10:49 a.m. The committee reconvened.]

THE CHAIR: Order. I now call the meeting back to order. Mr. Boudreau.

TREVOR BOUDREAU: Thank you to the committee for letting us have a five-minute recess to discuss what was brought up by our colleagues from the other parties. Certainly, we hear where they're coming from. As I was the one who made the motion, I'd like to rescind the motion and continue on as a three-two-two.

THE CHAIR: Once a motion has been made, it belongs to the House. It can be rescinded with the unanimous consent of the committee.

Is it agreed?

It is agreed.

We will now rescind that motion, and proceed along. We have a number of agenda items. The first one is the Department of Labour, Skills and Immigration, The Impact of a Low-wage Economy on Government Revenue and Expenses. Ms. Leblanc.

SUSAN LEBLANC: I move the topic of the impact of a low-wage economy on government revenue and expenses. The witnesses would be the Deputy Minister of Labour,

Skills and Immigration; a representative from the Minimum Wage Review Committee; the Executive Director of the Canadian Centre for Policy Alternatives Nova Scotia; and the Deputy Minister of Community Services.

THE CHAIR: Any further discussion? All those in favour? Contrary minded? Thank you.

The motion is carried.

Okay, we are adding that topic. The next one is Nova Scotia Association of Community Health Centres, and it's the funding to - and a number of other witnesses - Funding to Community-based Health Organizations. Ms. Leblanc.

SUSAN LEBLANC: I would like to move the topic of funding to community-based health organizations. The witnesses would be the President of the Nova Scotia Association of Community Health Centres; the Executive Director of the North End Community Health Centre; the Provincial Coordinator of Sexual Health Nova Scotia; and the Deputy Minister of Health and Wellness.

THE CHAIR: Any further discussion on the topic? All those in favour? Contrary minded? We're adding that to our list. Ms. Arab.

PATRICIA ARAB: I move that the Deputy Minister of Community Services; the Deputy Minister of Agriculture; Dr. Sylvain Charlebois, project lead and author of Canada's Food Price Report 2022; representatives from Feed Nova Scotia; representatives of Nova Scotia Federation of Agriculture; and representatives of Nourish Nova Scotia join us to present on rising food cost and food inflation in Nova Scotia.

THE CHAIR: Any discussion? All in favour? Contrary minded? Thank you.

The motion is carried. Mr. Boudreau.

TREVOR BOUDREAU: For virtual care in Nova Scotia, I move that this is our third topic for the PC caucus, and witnesses would be the president of Doctors Nova Scotia; Nova Scotia Health Authority Vice President of Research, Innovation and Discovery; and staff from the Department of Health and Wellness. As well, the removal of witnesses Karen Oldfield, CEO of Nova Scotia Health Authority; and the Deputy Minister of Health and Wellness.

THE CHAIR: So, you are asking to amend what had been put forward previously. Is that correct?

TREVOR BOUDREAU: Oui.

THE CHAIR: Is there any discussion on this particular motion? Ms. Leblanc.

SUSAN LEBLANC: Just a clarification. I missed what my colleague said about who would attend from Nova Scotia Health Authority or the Department of Health and Wellness, after he mentioned the Vice President of Research, Innovation and Discovery. Is there anyone else that would come, and if so, can we have a clarification on who that would be?

THE CHAIR: I believe what Mr. Boudreau said was - what's written here - said Health and Wellness Deputy Minister and the CEO of the Nova Scotia Health Authority, and what he was putting forward was that it would be staff from the Department of Health and Wellness. It wasn't clear on who would come from the Nova Scotia Health Authority.

TREVOR BOUDREAU: We were removing those two witnesses but allowing a staff member from Department of Health and Wellness, VP Research from Nova Scotia Health Authority, and president of Doctors Nova Scotia.

THE CHAIR: Is there any discussion? Ms. Leblanc.

SUSAN LEBLANC: I guess I'm just wondering, should we be clearer about who the staff, or what the position of the staff member is? I'm not trying to make things complicated, I'm just wondering. There's lots of staff at Department of Health and Wellness. It could be the accountant, for all we know. I just think we should be more clear.

THE CHAIR: Mr. Boudreau.

TREVOR BOUDREAU: I would say that if we send a letter requesting a staff member who has expert advice or opinion on virtual care, who would be the best person from that department to come.

THE CHAIR: Ms. Arab.

PATRICIA ARAB: I hate to put a craw in people's bonnets or whatever that saying is, but if we're talking about virtual care, I think it would be important to have the deputy minister and the CEO present, as well as maybe a staff member. I'm okay with adding an experienced staff member, but I don't think we should remove those two individuals, since they would have a lot of information to give in terms of the virtual care process.

THE CHAIR: Any further comments? Because this is a list that I'm working through this with the clerk here. This was a list that had come forward. In essence, what we have is an amendment here, correct? Is that correct, or is that a motion? Ms. Langille.

KIM LANGILLE: I think this is a motion. That's how it came forward from the subcommittee, but they are changing it because they're bringing the motion forward, and then Ms. Arab would be the amendment, is how I would take it to be.

THE CHAIR: We have Ms. Arab's amendment before us. Ms. Arab.

PATRICIA ARAB: Not to belabour the point, but why would mine be the amendment when it's being presented to us? I want it to stay as it is, with these witnesses as listed that came from the subcommittee.

THE CHAIR: The motion that Mr. Boudreau put forward was actually different from what had come forward from subcommittee, so that actually I don't understand because, quite frankly, the subcommittee passed something and it's supposed to come here. It seems to me that his is an amendment. I'm looking at Mr. Hebb.

GORDON HEBB: The normal way it's done is the committee just adopts the report, but that's not what happened this time. Instead of adopting the report, the committee chose to deal with each topic separately, so I think Mr. Boudreau's motion is the motion rather than an amendment.

THE CHAIR: That is the advice from Legislative Counsel. We have the motion. We first vote on whether to accept the amendment.

Mr. Young.

NOLAN YOUNG: Just for clarity, the vote right now is on Ms. Arab's amendment, not on the original motion?

THE CHAIR: That's correct. Mr. MacDonald.

JOHN A. MACDONALD: Just a question. We have an amendment that is changing the intent of the motion, so is the amendment not out of order? Just to refer that to Mr. Hebb.

THE CHAIR: When there's an amendment proposed, members vote twice: first on whether to amend the motion, and then on the motion itself. Those are the instructions that I have here. I don't have any instructions here on whether it changes what the motion was. It is to hear on virtual care in Nova Scotia. It's just simply changing who is appearing before us.

Members vote on whether to accept the amendment. You're simply voting on whether to amend the original motion.

All those in favour of amending the motion? Contrary minded? Thank you.

The amendment is defeated.

Now we vote on the original motion. That motion is for the President of Doctors Nova Scotia; the Nova Scotia Health Authority VP of Research, Innovation, and Discovery; and staff from the Department of Health and Wellness and the Nova Scotia Health Authority to appear on virtual care.

All those in favour? Contrary minded? Thank you.

The motion is carried.

We have 10 seconds to go. I will just say that I will let folks know that our next meeting is March 30th, 2022, Department of Public Works, regarding the gravel road program and highway improvement plans.

The time of closure has arrived. I am now going to adjourn the meeting. Thank you.

[The committee adjourned at 11:00 a.m.]