



Legislative Assembly
of Ontario
Second Session, 39th Parliament

Assemblée législative
de l'Ontario
Deuxième session, 39^e législature

Official Report of Debates (Hansard)

Monday 22 November 2010

Journal des débats (Hansard)

Lundi 22 novembre 2010

**Standing Committee on
Social Policy**

Broader Public Sector
Accountability Act, 2010

**Comité permanent de
la politique sociale**

Loi de 2010 sur
la responsabilisation
du secteur parapublic

Chair: Shafiq Qadri
Clerk: Susan Sourial

Président : Shafiq Qadri
Greffière : Susan Sourial

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

<http://www.ontla.on.ca/>

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 325-3708.

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 325-3708.

Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario



Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
SOCIAL POLICYCOMITÉ PERMANENT DE
LA POLITIQUE SOCIALE

Monday 22 November 2010

Lundi 22 novembre 2010

The committee met at 1403 in committee room 1.

SUBCOMMITTEE REPORT

The Chair (Mr. Shafiq Qadri): Ladies and gentlemen, colleagues, I call this social policy committee to order. As you know, we're here to consider Bill 122, An Act to increase the financial accountability of organizations in the broader public sector. Before beginning, I would invite the reading into the record of the last subcommittee report, for which purpose I will call upon the honourable Dr. Kuldip Kular.

Dr. Kuldip Kular, you now have the floor.

Mr. Kuldip Kular: Your subcommittee on committee business met on Monday, November 15, 2010, to consider the method of proceeding on Bill 122, An Act to increase the financial accountability of organizations in the broader public sector, and recommends the following:

(1) That, as per the order of the House dated Thursday, November 4, 2010, the committee meet on Monday, November 22, 2010, and Tuesday, November 23, 2010, during its regular meeting times for the purpose of public hearings.

(2) That, pending approval of the House, the committee hold public hearings in Ottawa on Monday, November 22, 2010, during its regular meeting times, and hold public hearings in Toronto on Tuesday, November 23, 2010, during its regular meeting times.

(3) That the Minister of Health and Long-Term Care be invited to appear before the committee on Monday, November 22, 2010, for a 10-minute presentation followed by five minutes of questions.

(4) That, once Bill 122 has been referred to the Standing Committee on Social Policy, the committee clerk, with the authorization of the Chair, send a notice regarding the committee's business to Canada NewsWire and post a notice regarding the committee's business on the Ontario parliamentary channel and the committee's website.

(5) That, by 3 p.m., Wednesday, November 17, 2010, all the members of the subcommittee (except the Chair) provide the committee clerk with a prioritized list of groups/individuals they would like to invite to appear before the committee.

(6) That, on Wednesday, November 17, 2010, the committee clerk distribute the lists of groups/individuals to be invited to appear before the committee to the subcommittee members for their approval.

(7) That the subcommittee members provide the committee clerk with their approval of the list of groups/individuals to be invited to appear before the committee by 5 p.m., Wednesday, November 17, 2010.

(8) That, once the subcommittee has approved the list of groups/individuals to be invited to appear before the committee, the committee clerk contact these groups/individuals.

(9) That groups/individuals be offered 10 minutes in which to make a presentation and five minutes to answer questions.

(10) That interested people who wish to be considered to make an oral presentation on Bill 122 should contact the committee clerk by 12 noon, Thursday, November 18, 2010.

(11) That, on Thursday, November 18, 2010, the committee clerk provide the subcommittee members with an electronic list of all requests to appear (including the groups/individuals approved under point 4).

(12) That, if all groups/individuals can be scheduled, the committee clerk, in consultation with the Chair, be authorized to schedule all interested parties.

(13) That, if all groups/individuals cannot be scheduled, the committee clerk, in consultation with the Chair, reduce the presentation times to 10 minutes.

(14) That, if all groups/individuals cannot be scheduled with 10-minute presentation times, each of the subcommittee members provide the committee clerk with a prioritized list of names of groups/individuals they would like to hear from by 5 p.m., Thursday, November 18, 2010, and that these names must be selected from the original list distributed by the committee clerk to the subcommittee members.

(15) That the deadline for written submissions be 5 p.m., Tuesday, November 23, 2010.

(16) That, as per the order of the House dated Thursday, November 4, 2010, the deadline for filing amendments be 12 noon, Friday, November 26, 2010.

(17) That the research officer provide the committee with a summary of witness testimony by 12 noon, Thursday, November 25, 2010.

(18) That, as per the order of the House dated Thursday, November 4, 2010, the committee meet on Monday, November 29, 2010, for the purpose of clause-by-clause consideration of the bill.

1410

(19) That the committee clerk, in consultation with the Chair, be authorized, prior to the passage of the report

of the subcommittee, to commence making any preliminary arrangements necessary to facilitate the committee's proceedings.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Kular. If there are any discussion points or comments, I invite them now before I ask for the subcommittee report to be adopted as read. Madame Gélinas?

M^{me} France Gélinas: I seem to have missed a step. When did the decision not to go to Ottawa take place?

The Chair (Mr. Shafiq Qaadri): My clerk is shy today. But, in any case, she's directing me to offer to you number (2), "That, pending approval of the House...." As I understand it, said approval was not received.

M^{me} France Gélinas: So we're finding out today that approval was not received?

The Chair (Mr. Shafiq Qaadri): I will defer to higher powers. Does anyone want to comment?

Ms. Lisa MacLeod: Who's higher?

M^{me} France Gélinas: Who's the higher power here?

The Chair (Mr. Shafiq Qaadri): Well, currently, I think it's Minister Deb Matthews, but I would offer someone here on the committee—does anyone want to comment? It's not really for the Chair to answer the question, but anyway. Does someone want to comment? Yes, Ms. MacLeod.

Ms. Lisa MacLeod: I'd like to echo my colleague from Nickel Belt's concerns. The official opposition was not notified that the consent was not given to travel to the city of Ottawa. As you will remember, it was myself as an Ottawa area member that requested we meet in the nation's capital.

Given the transparency and accountability package that the federal government undertook about four years ago with the Federal Accountability Act, we felt at the time, both myself and my colleague from Nickel Belt, that it would incumbent upon this committee to travel to the nation's capital to solicit advice from those who had previously engaged in consultation and discussion on greater accountability.

Now, I would put to you, Mr. Chair, in the interest of transparency and accountability, that the decision-making in this committee wasn't transparent, nor was it accountable to the opposition members, given that we were not apprised of the decision by, one might suggest, either this committee or the government. I think it's unfortunate that this has taken place, given the bill we're actually discussing here today.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. MacLeod. The questions do stand before the floor. Are there any comments forthcoming? Mr. Kular.

Mr. Kuldip Kular: Chair, those decisions were made by the House leaders. That's why the meeting in Ottawa was scrapped.

M^{me} France Gélinas: My question is, when was that decision made?

Mr. Kuldip Kular: I don't know. It's the House leaders who decided about it.

Interjections.

Ms. Lisa MacLeod: The question, then, from the official opposition, and I believe as well from the third party, is why were opposition members not notified before now?

Mr. Kuldip Kular: I think all parties should consult their House leaders and then they will have the answer to this question.

Ms. Lisa MacLeod: Would it not be incumbent, then, on the committee to notify members of the committee that the decision made and the recommendation made by the subcommittee was rejected?

Mr. Kuldip Kular: Each House leader—

The Chair (Mr. Shafiq Qaadri): I will just add that in addition to, as you said, Mr. Kular, the consultation with reference to the parties' own internal House leaders, the subcommittee report is circulated to members. When was that done? Do you recall?

Interjection.

The Chair (Mr. Shafiq Qaadri): This subcommittee report was circulated to each of your offices, as I understand it, on November 15.

Ms. Jones.

Ms. Sylvia Jones: But, Chair, clearly the clerk's office must have been notified that the travel arrangements did not have to be made, so the question still stands: When did that notification happen?

The Chair (Mr. Shafiq Qaadri): Agreed. Is anyone willing to take that question, or shall we defer it? What do I need to do here?

Mr. Rick Johnson: I read it on the 15th, so I knew about it.

The Chair (Mr. Shafiq Qaadri): All right. Anyway, I'll invite any final comments you'd like to have on this particular issue, as I don't see any further explanation forthcoming immediately. Ms. Gélinas.

M^{me} France Gélinas: I guess I'm not knowledgeable about all of the processes that go on, but it is frustrating to think that we are going to go to Ottawa. I come from a riding in the north where making arrangements to go to Ottawa could be very—make that very, very—expensive, so I try to be proactive. I try to get ready for this. Then you stay there in limbo, not really knowing: Are we going? Are we not going? Has the decision been made? None of this gets communicated to us. You get an agenda that talks about committee room 1, so I deduced that that was going to be in Toronto. But this is the clerk sending us an agenda. Is this what I should have taken as the decision having been made because she's put that room on the agenda? How come it fell flat like this, that there was no getting back to us on something that has a significant amount of money attached to it?

The Chair (Mr. Shafiq Qaadri): I will invite the clerk to please come forward.

The Clerk of the Committee (Ms. Susan Sourial): I did send out an email along with the subcommittee report, saying that if we did not have House approval by the end of the day, Wednesday, I would assume that we were not going to Ottawa. There was nothing in the

House by the end of the day, Wednesday, so I assumed we weren't going to Ottawa.

The Chair (Mr. Shafiq Qaadri): Ms. MacLeod?

Ms. Lisa MacLeod: Just a final note, Chair: It is quite troubling that on a bill where we are engaging Ontarians about dealing with transparency and accountability in government, the government wasn't transparent or accountable to the members of the opposition in how we proceeded with this bill. You'll recall that we had a subcommittee meeting, and the bill hadn't even been referred to committee at that point. The vote on the bill hadn't occurred at that time. The process has been flawed from the beginning of this bill coming to this committee. That's a challenge that I'd like to reiterate. My colleague from Nickel Belt has just brought it up, but again, this is very troubling, given that we are dealing with transparency and accountability and members of the opposition were not afforded the openness we would have expected.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. MacLeod. Any further comments before I invite a proposal for adoption of the subcommittee report? Mr. Kular.

Mr. Kuldip Kular: Mr. Chair, there was time allocation for the Toronto meeting, and no amendments were put forward by any other parties, so it was finally considered that the meeting was going to be held only in Toronto.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Kular. Last word. The floor is open. Otherwise I will invite a proposal for adoption of the subcommittee report as read. Going once—fine.

May I invite a proposal for the subcommittee report to be adopted as read, please?

All those in favour?

Ms. Lisa MacLeod: Recorded vote.

Ayes

Dhillon, Johnson, Kular, Lalonde, McMeekin.

Nays

Gélinas, Jones, MacLeod.

The Chair (Mr. Shafiq Qaadri): Subcommittee report, as read, adopted.

BROADER PUBLIC SECTOR ACCOUNTABILITY ACT, 2010

LOI DE 2010 SUR LA RESPONSABILISATION DU SECTEUR PARAPUBLIC

Consideration of Bill 122, An Act to increase the financial accountability of organizations in the broader public sector / Projet de loi 122, Loi visant à accroître la

responsabilisation financière des organismes du secteur parapublic.

MINISTRY OF HEALTH AND LONG-TERM CARE

The Chair (Mr. Shafiq Qaadri): I'd now invite our presenters to please come forward. As you know, the committee has respectfully invited—and the invitation has been accepted—the Honourable Deb Matthews, MPP for London North Centre and Ontario's Minister of Health and Long-Term Care.

Minister Matthews, I welcome you on behalf of the committee. Just to inform yourself as well as others, you'll have 10 minutes in which to make your presentation, and five minutes remaining after that for questions. The time will be enforced with military precision. I invite you to please begin now.

Hon. Deborah Matthews: Thank you very much. Good afternoon, Chair, members of the committee and presenters. I'm very pleased to be here to appear before this committee meeting to speak to our proposed Broader Public Sector Accountability Act.

This is an act that, if passed, would raise the bar on accountability and transparency for hospitals; for local health integration networks, or LHINs; and for broader public sector organizations.

1420

Let me first say how happy I am to see the diversity of points of view of the individuals and organizations that are appearing here today and tomorrow. Before I was appointed minister, I had the opportunity to serve on four standing committees, and it is from that experience that I learned just how much of a contribution members of the public and committee members can make when it comes to improving legislation before it is passed into law. I know that I can speak for government members and for my parliamentary assistants, Dr. Kular and Mr. McNeely, that we welcome constructive suggestions aimed at strengthening this bill.

I'd like to tell you a little bit about why this bill is before you for consideration today. Back in 2004, our government passed legislation that expanded the scope of the Auditor General to include broader public sector organizations, including hospitals, which past governments had refused to do. Last year, the Standing Committee on Public Accounts, on which the government has a majority of members, asked the Auditor General to look specifically at the use of consultants at hospitals and at LHINs. In his report, the auditor outlined certain practices by some hospitals and LHINs that simply cannot be allowed to continue. As I said then and as I say today, the findings of the auditor are simply unacceptable. They are very disappointing, and they are unacceptable.

Our government fully accepts the recommendations of the Auditor General and thanks him and his staff for the work they did to produce the report. We are implementing each and every one of the recommendations, and

with this proposed legislation, we are going even further than the Auditor General recommended. We're taking this strong action in order to send a very clear message: It is unacceptable to our government for organizations to use precious public dollars for lobbyists instead of for health care or for education or for the other programs they were intended to fund.

In his report, the Auditor General mentions that while there have been improvements when it comes to procurement of consultants at my ministry and at LHINs, it is clear there is more work to do. When it comes to the use of consultants at hospitals, the current situation is not acceptable, so we're setting new rules—something previous governments failed to do.

Let me remind you of the government's record when it comes to increasing transparency and accountability by providing some examples. We've introduced strict new procurement rules for all ministries and all agencies, and are publicly reporting expenses. We expanded the power of the Auditor General to review hospitals, colleges, universities, school boards and crown corporations. We've brought Cancer Care Ontario, universities, Hydro One, OPG and local public utilities under the requirements of the freedom-of-information legislation.

This proposed legislation would, if passed, raise the bar even further and bring a higher level of accountability and transparency to broader public sector organizations. This action is intended to restore integrity in the use of public funds and to elevate the importance of value for money.

We're proposing to ban the practice of hiring external lobbyists with taxpayer dollars in hospitals, other large public sector organizations and publicly funded organizations that receive more than \$10 million in government funds. We're proposing to require large broader public sector organizations to follow strictly our tough new expense and procurement rules. We're proposing to require all hospitals and LHINs to report on their use of consultants and to post online the expense claim information for senior leadership. We're proposing to require that all hospitals and LHINs sign attestations that they are in compliance with the new procurement requirements. And we're proposing to make hospitals subject to the Freedom of Information and Protection of Privacy Act, effective January 1, 2012.

The Personal Health Information Protection Act would continue to govern all files containing any type of personal health information. No identifying information would be released by hospitals through freedom-of-information requests.

Finally, if senior executives of hospitals or LHINs fail to comply with these tough new rules, their pay could be reduced.

These measures are necessary to protect the interests of taxpayers and to strengthen the government's accountabilitys for the organizations it funds.

Prior to introducing the legislation in October, I made our position very clear when I spoke with hospital and LHIN leaders and told them that the Auditor General's

findings were unacceptable and that I was deeply disappointed.

The bottom line is that this is all about protecting the interests of taxpayers, the people who are paying the bills. That's why I'm absolutely focused on getting the very best value for our health care investments, it's why we fought so hard to cut the price of generic drugs in half and it's why we're raising the bar for accountability and transparency.

This legislation, if passed, would also act in concert with and reinforce the principles of our government's Excellent Care for All Act, which are that strengthened accountability and the prudent use of health care resources mean better value for the system and improved outcomes for Ontario patients.

As leaders, we have but one goal: to ensure that we are doing everything we can to improve public services for all Ontarians. The proposed legislation would strengthen procurement rules and increase accountability and transparency in Ontario's broader public sector. That would go a long way toward protecting the integrity of public services in Ontario. Ontarians deserve nothing less.

The Chair (Mr. Shafiq Qadri): Thank you, Minister Matthews. We'll have about seven or eight minutes in total, so perhaps two and a half minutes a side, beginning with the PC caucus. I'd invite Ms. MacLeod to start.

Ms. Lisa MacLeod: Welcome, Minister. I appreciate you taking the time here today.

In May 2010, the Ontario PC caucus put forward a private member's bill that adopted the Ontario Hospital Association's advice. We did this six months ago, and the Ontario Liberal Party voted against it; it whipped its vote.

Now you're coming here today to tell the Legislature and the public that you accept the Auditor General's findings, and this proposed legislation is before us now.

The question is, did you even look at Bill 39 when it was introduced? If you had, why didn't you support it at the time?

Hon. Deborah Matthews: I'm happy to answer that question. There were a couple of things that were in your bill that I had difficulty with. The first was, it did not go as far as our legislation goes. It did not bring hospitals under freedom-of-information legislation. I think it's important that hospitals be subject to freedom of information. I know that is going to be difficult for hospitals. I know that they are going to have to put resources into complying with freedom-of-information legislation, but I do think it is the right thing to do.

Ms. Lisa MacLeod: Minister, you're actually wrong. Our bill did open up freedom of information to hospitals. It also opened up freedom of information to other public bodies. This bill doesn't do that. This bill only requires expenses to be disclosed at hospitals and LHINs, not all provincial public bodies. It also only requires reporting on consultants and not all contracts for goods and services at all provincial public bodies. In fact, this bill falls far short of where the official opposition would like to see transparency and accountability when it comes to taxpayer dollars.

In addition to that, Minister, it was disappointing when the Minister of Government Services said, back in 2010, that your government already had good measures in place, and furthermore, that the member from Mississauga–Streetsville went as far as to say that this kind of legislation that you're actually proposing right now would become too bureaucratic.

I guess the question is, who's right? Are you right or are your colleagues right?

The Chair (Mr. Shafiq Qaadri): Ms. MacLeod, with respect, I need to intervene there and offer the floor now to Madame Gélinas. You have 2.5 minutes.

Hon. Deborah Matthews: Chair, could I just correct myself? I apologize.

The Chair (Mr. Shafiq Qaadri): You're welcome, but the floor is now Madame Gélinas'.

Hon. Deborah Matthews: Okay. I'll correct myself when I get a chance, but I do owe a correction.

M^{me} France Gélinas: Go ahead.

Hon. Deborah Matthews: I just want to correct myself. Your bill would not ban lobbyists; this bill does ban the use of lobbyists.

1430

The Chair (Mr. Shafiq Qaadri): That's on your time, Madame Gélinas, but go ahead.

M^{me} France Gélinas: You'll owe me 15 seconds somehow at some point in your life.

Hon. Deborah Matthews: I'll get it to you somehow.

M^{me} France Gélinas: My first question has to do with this bill trying to do something good towards banning the use of lobbyists. Why is it restricted to the funds allocated by your ministry? Why not make a statement as to, "We will not respond to lobbyists," making the practice illegal rather than just tying it to the money? The second one is, if you want accountability—so many people are asking for Ombudsman oversight. My two questions.

Hon. Deborah Matthews: Your first question—why don't we ban the practice outright?—was a question I had when we were developing the legislation, and the answer is, we simply don't have the right to tell people what to do with the money that they collect from other sources. If the money comes from a foundation, unfortunately we don't have the ability to limit what they do with that money.

But what I can tell you is that we have made it very clear to the people on our political staff and the people within our ministries that we don't deal with lobbyists. If a hospital foundation, for example, wanted to use their money to hire a lobbyist, it would be kind of a foolish decision because we are not going to answer the phone. We are not going to accept those meetings from lobbyists.

M^{me} France Gélinas: And the Ombudsman?

Hon. Deborah Matthews: This again is an issue that I know you've been advocating for some time. We think that expanding freedom of information is a really important step. We know that that will be a burden for hospitals—

The Chair (Mr. Shafiq Qaadri): Merci pour vos questions, Madame Gélinas. I'll pass the floor to the Liberal side, Mr. Kular.

Mr. Kuldip Kular: Minister, thank you for speaking to the members of the standing committee. As you know, the official opposition introduced a bill this year that would have not banned lobbying with public dollars. Can you say why this is so important to have this bill put to the Legislature?

Hon. Deborah Matthews: The issue of hospitals or other broader sector organizations hiring lobbyists to make their case to government is one that has gone under governments of every political stripe. There is no party that can say it didn't happen under their watch. What we can say, though, is that we are putting an end to this practice under our watch.

I am of the strong belief that part of the job of the MPP is to advocate for organizations within their riding. It's what we get paid to do. I think that to try to circumvent that with paid lobbyists isn't acceptable because, first of all, that money should be going to health care, education or the purpose for which it was intended.

Secondly, as MPPs, we have responsibilities, and I know that as I look down the line I don't think there is one person in this room who has not advocated on behalf of the organizations in their constituency.

The time for that practice is now over, and I think it's the right thing to do. We're at a time where we have tremendous demands on our health care system. You all know that. I want every penny we spend on health care going to improve health care.

Mr. Kuldip Kular: Thank you, Minister.

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Kular, and thanks to you, Minister Matthews, on behalf of the committee, for coming forward.

Ms. Lisa MacLeod: Point of order, Mr. Chair.

The Chair (Mr. Shafiq Qaadri): Ms. MacLeod.

Ms. Lisa MacLeod: I just wondered while we're having this discussion—I'm not sure if you're aware that the community health centres are coming here next week, I believe, to lobby us on taxpayer dollars with receptions and the like. I just wanted to leave that to the minister, while she's here, to decide if that's appropriate use of taxpayer dollars.

The Chair (Mr. Shafiq Qaadri): I believe you're welcome to ask the minister but not at this forum. Thank you, Minister Matthews.

Hon. Deborah Matthews: Thank you very much.

ONTARIO COUNCIL OF HOSPITAL UNIONS

The Chair (Mr. Shafiq Qaadri): I would now invite our next presenters to please come forward, the Ontario Council of Hospital Unions: President Hurley; research representative Mr. Allan; and legal counsel Mr. Barrett. Welcome, gentlemen. I'd invite you to please take your places and to please identify yourselves, as your words are forming the permanent record of Hansard.

Thank you, and please begin.

Mr. Michael Hurley: Michael Hurley, president of the Ontario Council of Hospital Unions of CUPE.

Mr. Steven Barrett: Steve Barrett, counsel for CUPE.

Mr. Doug Allan: Doug Allan, Canadian Union of Public Employees research representative.

Mr. Michael Hurley: Thank you very much for allowing us to present on this legislation. We'd like to thank the government for introducing the legislation and for seeking to cover off a number of concerns arising from some problems we've had in the administration of the public sector in Ontario. We will be hoping that there will be some amendments to the legislation, and we'll touch on those areas as we go through the bill.

We believe that the next election will have the economy as a central focus, and certainly there's no question that many of our communities across Ontario have been hard hit by the recession. One of the significant concerns we have is that the procurement issues addressed in this bill may have the effect of discouraging local procurement. We were in a government cafeteria, and there's a very laudable campaign here encouraging support for local farmers. We are worried that the way the bill constructs the procurement issues, it could in fact have the opposite effect: It could discourage buying produce from local farmers. It could discourage the purchase of produce etc. from small businesses in communities which are already struggling in Ontario. I think that that should be a concern to all of us.

We're also concerned because—we're sure it's not intended by the government, but the bill does allow for override of existing agreements. Certainly, we have in place collective agreements which deal with outsourcing and procurement issues. We're sure it's not the government's intention to override those provisions, but we're worried about that.

Mr. Barrett and Mr. Allan are going to cover the other areas here.

Mr. Steven Barrett: So let me follow up. I'm told I have three minutes, but I'm a lawyer, so it's going to be tough for me, as you can appreciate.

The Chair (Mr. Shafiq Qadri): You have 10 minutes, and a total of five minutes for questions. It's your decision how you distribute that—

Mr. Steven Barrett: I've been given three of our 10. I have three of our 10, so I've already—

Interjection.

Mr. Steven Barrett: Yes, exactly; that's what I always do.

So I'm going to focus on the procurement provisions and OCHU and CUPE's concerns around them. Mr. Allan's going to focus on lobbying, consultants and the FOI provisions.

On procurement: If you have the brief, we deal with it on pages 3 and 4. We have four main concerns. The first, which is dealt with in the third and fourth paragraphs on page 3, is that the bill simply isn't clear in providing the power to Management Board of Cabinet to issue binding directives when it comes to procurement. The bill could

be interpreted as allowing, for example, the imposition of a system of competitive bidding on hospitals, community care access centres and LHINs requiring that contracts be given to the lowest bidder, regardless of the effect on quality, accessibility, patient well-being and so forth. I won't go through it, but we detail the experience of communities and CUPE members in the home care sector, where competitive bidding has had a particularly destructive effect.

Secondly, as Mr. Hurley alluded to, we're concerned that in providing in the bill—particularly in section 21 of the bill—the procurement provisions that might be imposed, the directives can override agreements. We're sure this isn't the intent, given the commitment of this government to respecting collective agreements, but it could be interpreted as providing that procurement directives would override collective agreement provisions, including job security protections that CUPE negotiated many years ago. So we're looking for an amendment that would make clear that nothing in the legislation is intended to override freely negotiated collective agreements.

1440

Third—and this is dealt with in the fourth paragraph on page 4, if you flip the page—we're concerned that by leaving to a Management Board directive, and not even regulation or legislative debate, questions about the terms of procurement, there's a risk that significant decisions will be made, including decisions that undermine an initiative of the government itself around local procurement, which would obviously not, from our perspective, be in the public interest. In our view, those sorts of decisions, including the possibility of precluding preference for local producers and procurement policies, ought not to be something that's imposed in the background. If it's going to be done, it ought to be debated publicly and not left to the directive. Obviously, we don't think it's a good idea.

Finally, on the question of procurement, and consistent with this bill's commitment to transparency in the conduct of government business by third parties, as we say, just as the bill imposes reporting requirements for consultants and requirements to make information relating to expenses public—and Mr. Allan will talk about how that ought to be expanded—it also ought to be the case with any contracts for goods and services that are subject to procurement policies, for example. They ought to be open to the public to examine and inspect, and that's consistent not only with the transparency thrust of the bill but with the accountability thrust of the bill.

Mr. Doug Allan: Wow. That was amazing.

Three minutes? Okay.

I want to just add on and talk about some of the actual positive parts of the bill, but which are unevenly applied to only the public sector, which we think is very interesting.

Firstly, the limitations on lobbyists: Again, while this will affect hospitals, among others, publicly funded for-profits will be entirely excluded from that provision.

They may be funded at up to 100% of all of their revenues, but because they are a for-profit, they are excluded from the restrictions on limitations, which we think are probably beginning to create an uneven playing field, especially in the context of the increasing privatization of our hospital and health care services.

Secondly, there is a similar sort of problem where the for-profits are excluded again: reporting on subcontracting, executive expenses or freedom of information. Again, in the context of the growing privatization of our health care services, we think this is quite alarming.

The change that is proposed around all of these areas is entirely appropriate, and I suspect it would be met with great outrage if it was applied to the for-profit providers of health care services, where the sense is, repeatedly, that they are a private business and they will carry on for their private needs.

The public sector is an utterly different situation where there is an expectation of transparency, openness and accountability. That is one area where it really does demonstrate that for publicly funded services, it is appropriate to publicly deliver those services in order to get the accountability and transparency that we all desire. Given the constraints of commercial confidentiality, that is not likely to happen in the for-profit area.

Finally, the last point that I want to touch upon is that there is a requirement for reports on consultants where there has been subcontracting to consultants in the hospital sector, for example. This comes out of two scandals which have emerged, first with eHealth and then with the hospitals themselves.

Again, it's very appropriate that these consulting contracts be reported, but that is just the tip of the iceberg. Consulting is only focused on managerial services and professional services, i.e. the services provided by non-unionized employees. There's a much larger contracting out and subcontracting that goes on that affects unionized employees, which is totally excluded from this reporting requirement. We think that the reporting requirement needs to be expanded to cover the lion's share, where the major cash is involved and where the major savings can be achieved. So we think that there should be reports, not just on that narrow part of the contracting out that goes on in our public—

The Chair (Mr. Shafiq Qadri): Thank you, gentlemen. I'll intervene there. Je passe la parole à M^{me} Gélinas. Vous avez une minute et demie.

M^{me} France Gélinas: Thank you very much for coming here today. It was a very interesting presentation.

I have two things I would like to bring forward. The first one is, can you give me an example where you're afraid contracting out will become easier because of this bill?

Mr. Steven Barrett: I think our concern is that there are currently negotiated provisions providing for limits on contracting out by hospitals in CUPE collective agreements and throughout the sector. What this bill may be interpreted as meaning, in section 21 in particular—it says that where an agreement conflicts with a require-

ment under the bill, including a procurement directive, the agreement isn't valid or enforceable. So if the procurement directive came up with criteria that failed to respect collective agreements, it could be argued under this language that the procurement directive would override the collective agreement, and thereby, since the collective agreement is intended to protect the delivery of public services, it could override that collective agreement protection.

The bill doesn't have to be interpreted that way. What we're simply urging is that it be amended to clarify that nothing is intended to override collective agreements and thereby make contracting out—

The Chair (Mr. Shafiq Qadri): Thank you, Madame Gélinas. To the government side: Mr. Kular.

Mr. Kuldip Kular: Thank you for appearing before the committee. As you know, this bill, if passed, would implement recommendations from the Auditor General requiring hospitals and LHINs to report on their use of consultants and banning public sector organizations from using public funds to hire lobbyists. Do you support those aspects of the legislation?

Mr. Michael Hurley: Well, we are concerned. We represent the staff of public hospitals, and there is competition for capital funding; there is competition for additional operating funding over the course of a budget year. Hospitals are engaged in lobbying for those funds. We are concerned that the hospitals are being subjected to a restriction that will not apply to other parts of the health care sector. Either there should be an outright ban on lobbyists for everyone, including, for example, the for-profit chains like Extencicare, who are lobbying hard to offer essentially hospital-like services in a different setting—the ban has to apply to everybody. It's unfair simply to apply it to hospitals.

The Chair (Mr. Shafiq Qadri): Thanks, Mr. Kular. To Ms. MacLeod.

Ms. Lisa MacLeod: It's great to have you here.

I have a quick question. Do you think that the ministry has the enforcement mechanisms to hold people who don't abide by these rules accountable?

Mr. Steven Barrett: I'm not quite sure that I completely understand your question. I don't think our concern is so much with enforcement as with the substantive rules that this bill is setting out and, as Mr. Hurley just said, the lack of a level playing field between public not-for-profit providers and for-profit providers, and the risk that collective agreements could be overridden. That would be effective enforcement. It wouldn't be effective public policy.

Mr. Michael Hurley: There are mechanisms available to the ministry through the agreements that they enter into with health care institutions through the LHINs for funding which could mandate certain obligations and which could be enforced using the funding power.

Ms. Lisa MacLeod: The reason I ask is, as you know, the Premier came out and said that the 22 biggest agencies are going to have to submit their expenses online,

and still, some of them haven't done that, a year after promising.

The other reason I ask is, Liberal member Bob Delaney from Mississauga–Streetsville contends that a bill like this would “create a monstrous, paper-shuffling, red-tape-creating, money-gobbling bureaucracy....” Do you agree with that?

In terms of accountability, before this government got caught with the recent Auditor General problem, the Liberals said that they had done—

The Chair (Mr. Shafiq Qaadri): Once again, with respect, Ms. MacLeod, I'll need to intervene there.

I'd like to thank you, gentlemen, Messrs. Hurley, Allan and Barrett, for your deputation on behalf of the Ontario Council of Hospital Unions.

1450

MR. ALLAN CUTLER

The Chair (Mr. Shafiq Qaadri): Our next presenter is coming to us via conference call. Mr. Cutler, are you there?

Mr. Allan Cutler: Yes, I am.

The Chair (Mr. Shafiq Qaadri): Hello, Mr. Cutler. It's Dr. Qaadri. You're live before our parliamentary committee. As you know, you have 10 minutes in which to make your presentation, and five minutes remaining after that for questions. I invite you to please begin now.

Mr. Allan Cutler: I'd like to thank you for inviting me, to start with.

To me, when I read the bill, the issues are transparency and accountability. What I'd like to do is set the scene, if I can, and remind you that the party in power will one day be in opposition. It might be next year, it might be five years from now or it could be longer. The issue isn't when; the issue is that one day it will happen. We're a democracy.

So the question is, do you want the ability to have the freedom of information and the ability to find out about corruption and wrongdoing in government when you become in opposition? It becomes an important factor to consider for the long term—not the short term, not immediately.

When I testified at the federal level, I put the same point in front of them: to think about the day that they're sitting on the opposite side and they are saying, “Hey, we can't find out what's going on.” So don't think about the present; think about the future.

Another question that comes up is, what type of province do we want? Again, I'm talking very generally; I'm not talking about the bill specifically at this point. What values do we want represented in this province? Honesty, integrity, accountability. Then it becomes, “What type of province do we want for our children and grandchildren?” because we all have them, and so we're going to have to look at the future. I know what type of province I want my grandchildren to inherit. But laws, from a transparency viewpoint, are tools. They're protecting

against future corruption and giving the people a right to know.

Now, to talk about this particular bill, I have major problems with it. From my viewpoint—and I've read through it—the law as written is totally meaningless, and it's meaningless for a simple fact: There are no consequences spelled out in the bill for noncompliance, and if there are no consequences, there's no reason that they should comply. This has been found out at the federal level with the accountability act, where there are obligations on deputy ministers, and it has already been noted that they are not fulfilling the obligations. But there are also no consequences written into the bill. That's something that will be addressed at the time the bill comes up for renewal. It's an important issue. There's no point in telling people they have to do something unless you say, “If you don't, this is what happens.”

To go into the bill a bit further, I would like to see all contracts over \$10,000 publicly posted. It's a good tool in terms of accountability and transparency. The federal government does it, and from my viewpoint, that would take care of the issue of consultants, because they would just pop up and everybody would get to see what's happening. So if you use a consultant for a good purpose, don't be afraid to post it online where everybody can see it.

Now, the other thing, and it goes into the procurement standards, part V, and it goes into expenses and lobbyists—it goes every place, actually. The bill keeps stating that you “may issue” directives. Well, “may issue” also means “may not,” and there are no standards as to what those directives would be. Now, I understand the intent is to extend it out to hospitals. I believe that it should be extended out to everybody. Everybody who is receiving public funds should be accountable for it, and we should be able to look into what they're doing with the money. So there's that, but “may not” is important in that.

The other one states early on that organizations or sectors may be exempt, and that goes, I think, into part I.

Imagine, for instance—and this has happened, or it can happen—you have an organization, and you suddenly find there's a huge problem within the organization. It takes a simple swish of a pen signing a name to exempt them from the fact that the information can come out. Suddenly you can cover up and hide, just by one signature on a letter. That's scary, and that really, really does concern me.

The other thing that bothers me tremendously in this is the whole issue of self-discipline or self-regulation bodies. They exist throughout the province, and they don't have any oversight. This goes into the Ombudsman's role. The teachers are one; generally, the doctors are another. All these roles, all these discipline bodies, start out with good intentions, and, by God, do they mean it: “We will do the right thing. We will report the information at all times. We will show the world exactly what the problem is.” The problem is, sooner or later—and it's happened to all of them—something comes up and they say, “If the information got out, it would embarrass our organization,” so they change their decision,

instead of doing what they said they would do. Sooner or later, somebody they know who is powerful, or a friend of theirs in the organization, comes along and they modify it because they know the person. Again, they do it. This always happens. Once they start on that slope, it gets worse and worse.

The other thing I want you to think about—and I may not even use my full 10 minutes—is the fact that I'm going to make a statement that there is corruption going on in the provincial bureaucracy that none of you know about, and I mean opposition or the government in power. Nobody knows about it at the political level, and it's existing there. Why do I say that? Because whistle-blowers come my way and we hear about things, so we know about some things that are going on.

Why don't you know about it? It's simple. Who controls the information flow? It's the senior bureaucracy; it's the senior bureaucrats who control the information flow. Who benefits by closing down the information? It's the senior bureaucrats. They don't get found out.

If it comes out, who gets blamed? It's the politicians; it's not the bureaucrats. You bear the brunt, but they get to do whatever they want, and you can't control them. It's been proven time and time again: They're a law pretty much unto themselves, and that's a shame.

One of the few tools that sits there is the openness and transparency of freedom of information, the ability to get in there and find out what's going on and open the doors. So I would ask you to open the doors and windows and let the sun, the transparency, shine in, and to stop having these people work behind closed doors, keeping their secrets, guarding themselves, preventing disclosures of wrongdoing, and preventing that to the party in power and everybody.

This bill, as written, is a small step, but it's only a step, and it can be corrupted very, very fast without—it's made with goodwill, but it can be corrupted. What's needed is to have freedom of information for all government and public sector organizations. You need to let the Ombudsman go wherever he needs to in the public sector, to look at things. I don't know if the Auditor General already has that right, but if they don't have the right, you should give them that right too.

Gentlemen and ladies, thank you very much for bidding by me and listening to me rant and rave for a few minutes.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Cutler. We have about a minute and a half per side for questions, beginning with the government. Mr. McMeekin.

Mr. Ted McMeekin: Just quickly, Mr. Cutler, this bill is one of several bills. There was a bill, the Public Sector Expenses Review Act, which the opposition opposed, which would have brought some more accountability. But this is in direct response to the Auditor General's report. Have you read that report?

1500

Mr. Allan Cutler: No, I haven't had the privilege of reading it.

Mr. Ted McMeekin: So you wouldn't be able to comment, then, on whether or not you support the recom-

mendations that the Auditor General, who was given review oversight, made with respect to these issues?

Mr. Allan Cutler: Generally speaking, I would tell you that I would probably support them because I have a lot of respect for the Auditor General, but I wouldn't give an unconditional answer without reading it, no.

Mr. Ted McMeekin: Okay. Just so you know, we're predicating our response on it and we're actually implementing every recommendation the Auditor General has made.

Mr. Allan Cutler: I would then say that the Auditor General didn't go far enough.

Mr. Ted McMeekin: You would say that without having read the report?

Mr. Allan Cutler: Well, you just said you're implementing what was recommended. I'm saying if that's the case, then there's more that should be done. I would assume the Auditor General is reporting strictly on the hospital situation or the eHealth situation.

Mr. Ted McMeekin: It's somewhat broader than that.

Mr. Allan Cutler: Okay, but I believe in a broad base, and you're telling me they did—

The Chair (Mr. Shafiq Qadri): Thank you, Mr. McMeekin. To the PC side: Ms. MacLeod.

Ms. Lisa MacLeod: Thank you very much, Mr. Cutler. I'm not sure that all of those in the room here today have a full understanding of the breadth of wisdom that you bring to this table with respect to transparency and accountability. For their benefit, I think I'd like to point out to them that you are the renowned whistle-blower who uncovered the sponsorship scandal that rocked our federal Parliament and our federal civil service, and that you were also a key witness at the Gomery inquiry. That's why you were called.

My colleague Mr. McMeekin had mentioned that this is part of a series of pieces of legislation. I might point out that it seems that each time the Auditor General or the Ombudsman comes out with something, a piece of legislation in reaction to that is put forward.

The question I have for you: Given your experience at the federal level and given the federal government's ethics package and its Federal Accountability Act, which was a fairly well-laid-out and thoughtful piece of legislation, why do you think Ontario is at least four years behind our federal government in putting forward meaningful and strong legislation?

Mr. Allan Cutler: I couldn't answer why they're four years behind. I think the federal legislation had all-party support as it went through the House, which was good.

We have now learned that it could be even better. By the time any legislation gets passed at the provincial, we'll be working on the federal to move it ahead again.

Ms. Lisa MacLeod: You had mentioned your support for the public posting of all contracts and contributions over \$10,000 at all public sector bodies online—

The Chair (Mr. Shafiq Qadri): I apologize, Ms. MacLeod, for interrupting you. I'd now invite Madame Gélinas.

Ms. Lisa MacLeod: You're good at it.

The Chair (Mr. Shafiq Qaadri): It's a practised effect.

M^{me} France G linas: Two very quick questions: The first one is that I agree that we need more oversight. We will now have the Auditor General looking at hospitals. We also will have freedom of access to information. I've always been asking for Ombudsman oversight, so my first question is, do you support it? How do you see the Ombudsman complementing what we have?

The second one is that in the bill that is in front of us, we completely exclude the for-profits, yet in Ontario, more and more long-term care is dominated by for-profits; home care is dominated by for-profits. We see for-profits providing more and more services in our hospitals—maintenance and P3 etc. Comments on those from you, please?

Mr. Allan Cutler: I will at least comment on the Ombudsman. I support the ability to open up and expose anything to daylight. My comment on the Ombudsman is let the Ombudsman go in and look at anything. An Ombudsman has the power of public opinion. The Ombudsman does not need the power of enforcement to get the message out and get the situation out. The fact that he can look at things will chase people away and stop corruption.

In terms of health care, I would have to actually look at the situation, but every doctor is a private business of their own, too, so I think we have a real mix in the system now. We have had a mix.

M^{me} France G linas: Thank you.

The Chair (Mr. Shafiq Qaadri): I will need to intervene there. Thank you, Mr. Cutler, for coming to us via conference call.

CANADIAN ASSOCIATION OF MANAGEMENT CONSULTANTS

The Chair (Mr. Shafiq Qaadri): I'd now invite our next presenters, from the Canadian Association of Management Consultants, to please come forward: Mr. Yonemitsu and Mr. Lundeen. Welcome, gentlemen. I'd invite you to identify yourselves, and please officially begin now.

Mr. Glenn Yonemitsu: Thank you for this opportunity. My name's Glenn Yonemitsu. I'm the chief executive officer of the Canadian Association of Management Consultants. I have with me my colleague Richard Lundeen. He's a member of the Institute of Certified Management Consultants of Ontario's board. He also serves as the chair of the advocacy committee.

The Canadian Association of Management Consultants was established in 1963 by major industry players to help educate and develop the management consulting industry in this country. The certified management consultant designation was formally recognized by statute here in Ontario in 1983, and it was the first location in the world for that. At the current time, it's now recognized in over 50 countries. Ontario has been a leader in this whole area.

CMC-Canada and our institute in Ontario have rigorous requirements so that consultants could earn the CMC designation. It consists of education, experience, peer review and a national final exam, and there are annual professional development requirements to maintain their designation.

I'd like to highlight that management consulting is perhaps a bit different and more specialized than just the generic term of consulting. Management consulting is the objective, value-added provision of expert advice. I'd like to highlight that it must not be confused with contracting.

Management consultants, as highlighted by the Ontario Auditor General, provide expert advice, they share best practices, they bring benchmarks from industry and in a very important role, they lead change within organizations.

The management consulting industry in Canada is a \$9-billion industry, and through 20,000 consultants, it helps Canada compete in the world. If I could just highlight that it's not body-shopping, it's not the temporary augmentation of labour; this is expert, independent advice.

Why are we here? Because certified management consultants are different than your generic management consultants. We adhere to a uniform code of professional conduct that binds all the members who have the CMC designation. I'd like to highlight that at the back of the handout a copy of our uniform code is included.

What I'd like to highlight is the fact that CMCs must recognize the interests of the client organization. They must reach a mutual understanding with the client on the deliverables, the objectives and the process. They must establish fee arrangements in advance of starting on the contract. Most importantly, they must not enter into engagements where the cost of the consultant exceeds the value to the client.

Specifically, our code addresses the consultant's responsibility to the public interest. There are four groups of people and stakeholders that this code addresses: the client, the public, the profession and other members. There is a complaint, investigation and discipline process in place to ensure adherence and compliance with the code.

Management consultants provide specialized expertise and capacity that help organizations to achieve their goals and allow their employees to focus on their primary responsibilities.

In our most recent industry study in 2009, we found that the private and the public sector utilized consultants at very comparable levels. The province of Ontario's use of consultants is selective. The Ontario government's spend on consultants equates to just 6% of the Ontario public service payroll. I must add that the spend—the number that we were able to gather—includes the amount that is spent on contracting, so the real spend is actually less than that. It really proves that there is selective spending on management consultants.

1510

As I mentioned before, the Auditor General, in his recent special report, indicated that consultants play an

important role in the health care sector, and they really help the health care sector achieve their objectives.

We have some examples on how management consultants have helped the public sector. In a procurement program involving eight large government ministries, there were savings of over \$140 million, with an additional \$50 million in longer-term savings. At one of our tax revenue organizations, the results were a collection of an additional \$100 million in taxes. And finally, within the supply chain operations, one of the improvements will help save the client millions of dollars in procurement costs through more effective contract negotiation and use of contracts.

How this specifically relates to Bill 122 is this: We agree with the whole intent of the proposed legislation—to create a more transparent, fair process—but having said that, the word “consultant” is used in a very broad and generic format. It doesn’t differentiate between HR consultants, IT consultants, contractors, lobbyist consultants or management consultants.

We’d like to ask that the definition be clarified to specifically deal with the consultants in question. We have included in our presentation and our handout a suggested definition for “consultant,” which is, “a person or entity retained under a fee-for-service arrangement, that is not an employment agreement, to provide advice to clients on an as-needed basis.” This differs from a contractor, which is “a person or entity retained under a fee-for-service arrangement, that is not an employment agreement, to perform specific tasks under the client’s direction for a limited period of time.”

These are very different roles, and we ask that in this bill, you consider the definition, the reporting and the treatment differently.

Our second request is that the procurement process that you contemplate—we already stated that we agree that it’s doing the right thing, but we want it to be workable. It must be cost-effective, or the cost in dollars and time to the organization procuring the services will be increased.

For example, with small projects, if they are to do the same type of due diligence and write the same type of proposal, then you’re going to get less competition. It’s going to take more time in order to get the required proposals, and there will be significant costs to the procurer.

In conclusion, legislation like Bill 122 can have the unintended consequence of negatively impacting upon an industry, and we believe that our recommendations will help bring clarity to the different roles which are covered by this bill.

We are prepared to help, and we would welcome consultation with the implementation team if Bill 122 is passed.

We’d like to suggest that you consider the certified management consultant designation as a preferred criterion for the procurement of management consultant services.

We hope that some of our suggestions might make a better bill. Thank you.

The Chair (Mr. Shafiq Qadri): Thank you. Two minutes a side, beginning with the PC caucus: Ms. MacLeod.

Ms. Lisa MacLeod: Thanks, guys, for coming in. That was a refreshing take on this legislation. I think it’s important to bring in credible folks like yourselves to talk about how bills in this chamber actually impact people’s way of life.

I have a quick question. How amenable would you and your organization be to disclosing hospitality expenses each time you are consulting with the government?

Mr. Richard Lundeen: I guess I need some more information about the context you’re asking—

Ms. Lisa MacLeod: If you are taking a trip on behalf of a client that is a crown entity, or taking out a client who you’re working with in the government, and you’re expensing that, would you post those expenses online?

Mr. Richard Lundeen: My understanding is that hospitality expenses are not permitted to be charged as consultant expenses at the present time. Other—

Ms. Lisa MacLeod: Wow. Where have you been all of our lives? Significant abuses of that have occurred, and this is why this legislation is being brought forward.

Mr. Richard Lundeen: The rules have changed and we have no disagreement with those rules. But the disclosure of travel expenses definitely would make sense.

Ms. Lisa MacLeod: That’s excellent. That’s refreshing.

The other question I have is: What about contracts over \$10,000? Would you be comfortable having those posted online?

Mr. Glenn Yonemitsu: We’re in favour of a more transparent, fair process, and if that’s what it takes to produce that, we would be in favour. Our comment is really based on the fact that it must be commensurate with the size and the scope of the project. If you have too many RFPs that require a week’s worth of effort for a \$10,000 project—

The Chair (Mr. Shafiq Qadri): Thank you, Ms. MacLeod. Madame Gélinas.

Ms. Lisa MacLeod: Thanks, guys.

M^{me} France Gélinas: You get used to being cut off after a while.

I’d like to fully understand. Some of what really horrified people in the Auditor General’s report were things like: Somebody works at a hospital at an executive level, leaves his job, and then, a week later, he gets rehired as a management consultant for \$100,000 more than he was making before, with all of the same privileges, pension plan etc. that he had before. How would those people belong to your organization, and do you see anything wrong with this?

Mr. Glenn Yonemitsu: I don’t believe that those people are management consultants. Those are contractors, and I think it gets confused with the definition that they use—the generic definition of the word “consultant.”

M^{me} France Gélinas: So you feel that “to provide advice to a client on an as-needed basis” would cover off this person who is in a management role in a hospital but

being paid under a management consultant title—in your definition, that would not be a management consultant?

Mr. Glenn Yonemitsu: This person is filling a role that is normally occupied by a full-time equivalent management person, and they're in the role, in the example of the Auditor General's report, for seven years. That sounds like it's an employment contract.

M^{me} France Gélinas: So it wouldn't meet the test of your definitions? Okay.

I agree with you: Management consultants sure play a role. They bring expertise that hospitals or others don't, and that's why you go get an expert to come and help you. As my colleague has said, there has been abuse in Ontario, and that's where we are now.

The Chair (Mr. Shafiq Qaadri): To the government side: Mr. Johnson.

Mr. Rick Johnson: From your perspective, how does the bill, if it's passed, promote greater accountability, transparency and procurement within the broader public sector context?

Mr. Richard Lundeen: The bill, as structured, provides for the government to have procurement directives that apply not only in hospitals and local health integration networks but also potentially in other parts of the broader public sector. The rules would be established by the government. We're suggesting that the rules should be flexible to equate to the size of the project.

The second part is public reporting. We have no problem with public reporting as a key part of accountability, openness and transparency.

Mr. Rick Johnson: Does your organization have any recommendations with respect to the implementation of the procurement directives?

Mr. Richard Lundeen: The main recommendation is that in establishing the procurement directives there should be not one-size-fits-all, but rather enough flexibility so that the cost to the organization that is hiring the consultants doesn't exceed the value of the consulting project itself.

The Chair (Mr. Shafiq Qaadri): Thanks to you, gentlemen, Mr. Yonemitsu and Mr. Lundeen, of the Canadian Association of Management Consultants.

INFORMATION AND PRIVACY COMMISSIONER

The Chair (Mr. Shafiq Qaadri): I'd now invite our next presenter to please come forward: Mr. Anderson, representing the Information and Privacy Commissioner. Welcome. I know you're quite familiar with the protocol. I invite you to please begin.

Mr. Ken Anderson: Thank you very much, Chair. I'm just going to pour some water as we're starting up. I'd like to thank you and the members of the standing committee for allowing us this opportunity to make a presentation.

My comments today will be limited to part VIII of the bill, which amends the Freedom of Information and

Protection of Privacy Act to designate hospitals as institutions within the meaning of that act.

1520

Before I begin making the presentation, let me first give my apologies and regrets from the commissioner, Dr. Ann Cavoukian. She has been unable to be here today because she had a previously scheduled medical procedure, so that's why I'm here in her place. Nevertheless, she would like me to congratulate the government for moving forward on such an important piece of legislation.

As you are aware, our office, the Office of the Information and Privacy Commissioner of Ontario, is already responsible for overseeing both the public sector access and privacy legislation and the health sector privacy legislation in the province of Ontario. It is further to this mandate that we're here today.

More specifically, we're here to express the support of the commissioner and our office for the amendments to the Freedom of Information and Protection of Privacy Act proposed in Bill 122, which promises to improve the transparency and accountability of the hospital sector. It is Commissioner Cavoukian's view that designating hospitals as institutions under the provincial public sector access and privacy legislation is an effective and logical way to ensure accountability.

Let me tell you a little more about this. Given that hospitals are already subject to the privacy requirements of the Personal Health Information Protection Act—a lot of pieces of legislation I'm throwing out here—in their roles as custodians of personal health information, the main impact of this particular designation to go under the other legislation, the FIPPA legislation, will be in the area of access to information, primarily access to what we usually call general records. These are records that relate to the administration and operation of the institutions. As such, they're separate from the patient records; they're a different aspect.

Access to such information would enable citizens to obtain the information necessary to scrutinize important public policy choices, such as how their tax dollars are being spent, and to participate fully in the democratic process. This legislation is also particularly timely, given the current economic challenges and recent attention to and scrutiny of expenditures in Ontario's health care sector.

I'm going to go on and focus on part VIII of Bill 122, please. I'll now take a few minutes to outline the reasons why the commissioner fully supports the amendments to the Freedom of Information and Protection of Privacy Act proposed in Bill 122.

First, you need to know that Ontario's hospitals are currently required to protect personal health information and to provide individuals with access to their records of personal health information. So that would remain, and that wouldn't change.

Designating hospitals as institutions under the Freedom of Information and Protection of Privacy Act would complete these responsibilities by providing transparency

and access to general records, such as those related to the procurement of goods and services, as well as matters of governance, such as budgets and the cost of facilities, programs or services offered by hospitals.

For a number of years, our office has repeatedly called upon the government to extend public sector access and privacy legislation to all publicly funded institutions. This includes hospitals, universities and children's aid societies. Ontario's universities were made subject to the Freedom of Information and Protection of Privacy Act in 2006. Hospitals are subject to public sector legislation—in other words, legislation like what is being proposed in Bill 122—in all other provinces in Canada.

The commissioner is pleased that the time has finally come for Ontario to join the other provinces in Canada that have made their hospitals subject to public sector access legislation. The citizens of Ontario deserve no less and should be entitled to the same rights of access as citizens in any other province.

I would like to emphasize that designating hospitals as institutions under the Freedom of Information and Protection of Privacy Act would not interfere with the effective and efficient delivery of health care. I repeat that: It would not interfere with the effective and efficient delivery of health care. Here's why: The collection, use and disclosure of public health information would continue to be governed by the Personal Health Information Protection Act.

We will work closely with the hospital sector to ensure that the inclusion under FIPPA does not in any way imperil the privacy and security of health information of patients. But additionally, there would be no interference with other issues. For example, existing protections limiting the disclosure of quality-of-care information, as defined under the Quality of Care Information Protection Act, would have no interference. Research, including clinical trials conducted at hospitals, is already regulated, and there would be no other interference. Labour relations or employment-related matters, similarly, would have no interference by adopting this legislation, and other information that falls within the exemptions specified in the Freedom of Information and Protection of Privacy Act would also then not be interfered with.

Our office is looking forward to working with the relevant ministries, the Ontario Hospital Association and our hospitals to ensure a smooth transition. We have expressed our commitment to this task to both the Minister of Health and Long-Term Care and the president and chief executive officer of the Ontario Hospital Association. In fact, our office has commenced this process. The commissioner has already met with the chief executive officers of three major hospitals in the greater Toronto area. She has also scheduled a meeting for next week with the senior leadership of the Ontario Hospital Association to start developing an implementation, education and awareness plan.

In conclusion, I would like to state that we are looking forward to speedy passage of Bill 122 in order that the citizens of Ontario will be provided the same rights of

access enjoyed by citizens of every other province in Canada.

Thank you all for your time and consideration of the commissioner's views in support of part VIII of Bill 122, and I'd be pleased to answer any questions you may have.

The Chair (Mr. Shafiq Qadri): We've got three minutes or so per side, beginning with Madame Gélinas.

M^{me} France Gélinas: Thank you so much for your presentation.

I get from what you are saying that you're comfortable with the language that is used in the bill that will bring the right balance of access to what you call goods and services and governance and freedom of general records, and at the same time protect the workers and protect the privacy of people's medical records.

Mr. Ken Anderson: We believe so, yes.

M^{me} France Gélinas: Thank you. There seems to be a grey area when we talk about quality improvement types of meetings where people can bring forward issues that need improvement. People could feel inclined not to share those because there could be a flip side that says, "If it needs improvement that means it's not good enough as it is." How is this being handled elsewhere?

Mr. Ken Anderson: Do you mean outside Ontario or elsewhere in legislation?

M^{me} France Gélinas: Well, whatever you know.

Mr. Ken Anderson: There's special legislation for quality-of-care information. Even though we have our Personal Health Information Protection Act, we have to ensure—and it was drafted in such a way—that the two pieces of legislation don't bump into each other. Now, PHIPA has been working quite well since 2004. It's already had a review. We, the hospitals, the Minister of Health and so many others had a chance to put our views in, and it appears that these two pieces are standing well together.

M^{me} France Gélinas: So let's say they review physician infection rates. One physician really stands out; his infection rate is way higher than everybody else's. Making that available could curtail anybody from ever putting that information forward. Don't you see this as detrimental to patient care?

Mr. Ken Anderson: In the way that it's currently protected under the quality-of-care legislation, it will continue to be, even if this is passed.

M^{me} France Gélinas: It will continue to be protected because it will be considered quality—

Mr. Ken Anderson: It will still be quality-of-care information.

The Chair (Mr. Shafiq Qadri): Thank you, Madame Gélinas. I'll move to the government side. Mr. Kular.

Mr. Kuldip Kular: Mr. Anderson, thank you very much for appearing before the committee and thank you for supporting the bill.

I understand the commissioner supports the proposed effective date of the bill of January 1, 2012, for hospitals to be subject to freedom of information. Can you say

something about the time required for hospitals and your office to be trained and ready to implement freedom of information at hospitals?

Mr. Ken Anderson: Yes. The notion of having this time limit: We learned something together when the Personal Health Information Protection Act was passed in 2004. At that time, there was a lead-in that was allowed for persons to get ready. Of course, it covered many different health sectors. The time, as I recall, was about six months, even though there had been several drafts of the legislation, one even proposed as a bill that didn't eventually go forward. So there was a lot of time for people to think about this and prepare.

The hospital sector: Here we are the regulator, but we recognize that in the hospital sector there has been a series of legislation just recently, in the past year, that they have to comply with in order to ensure transparency and good operations and so on. This new legislation is coming along with this piece fairly quickly—rather new. Their eyes were on other balls at the time, and we feel that the one year is fair and wouldn't be detrimental.

In the meantime, we've offered to assist, and already have plans to do so, in terms of education and so on to make it easier for the hospital sector.

1530

Mr. Kuldip Kular: As you know, there are 155 hospitals in this province. What would you say about the type of training they would require to properly implement the Freedom of Information and Protection of Privacy Act?

Mr. Ken Anderson: Well, they'll require the same kind of training that we've done more recently with the universities in 2006, when we helped people sort out the difference between a general record and other records, which are more private in nature, such as the health records in the hospital. Sometimes people can wonder about that, so we do training on that. We talk to them about the way in which people make freedom-of-information requests. Of course, these days, we're pushing, very much, access by design and the fact that you shouldn't need to make a freedom-of-information request. We're hoping that the hospitals can build on all the work we've done in the past 20 years—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Kular.

To the PC side: Ms. MacLeod.

Ms. Lisa MacLeod: Before I get cut off, I just have a quick question—I'm only kidding, Chair.

Why doesn't the Information and Privacy Commissioner support extending freedom of information and access to it across all of government?

Mr. Ken Anderson: In what way?

Ms. Lisa MacLeod: Similar to opening it up to hospitals.

Mr. Ken Anderson: Sorry, I didn't hear that.

Ms. Lisa MacLeod: Similar to opening up freedom of information to hospitals.

Mr. Ken Anderson: So you mean, go ahead with children's aid societies and everything that's publicly funded?

Ms. Lisa MacLeod: Yes.

Mr. Ken Anderson: Well, certainly, in our annual reports, we have looked at things like that. We've made those kinds of recommendations before about looking widely. In fact, the legislation is already quite broad. It covers not only all ministries but it covers police forces, municipalities, public utilities—a whole range of things.

Ms. Lisa MacLeod: Why not everything?

Mr. Ken Anderson: Why not everything?

Ms. Lisa MacLeod: Okay. I hear some giggles from the peanut gallery, but the reality is, why not everything? The question to the government—

Mr. Ken Anderson: No, it's not a philosophical problem for us.

Ms. Lisa MacLeod: Okay. That's great. I guess when you talk about speedy passage, the question we have in the official opposition is, why not everything? If this bill is an omnibus bill, which is supposed to deal with the broader public service and the broader public sector, why not everything? I want to thank you for that, because I was under the impression that you were coming here just to say that this was great and hospitals were enough—

Mr. Ken Anderson: I'm coming to comment on the specific legislation that's in front of the committee, but you asked me a philosophical question about the ambit of access to information in Ontario, and we're very keen on being proactive.

Ms. Lisa MacLeod: So are we in the official opposition. I want to thank you very much for taking the time.

The Chair (Mr. Shafiq Qaadri): Let the record show, Ms. MacLeod, that you do have time remaining.

I think, actually, we're concluded. Thank you, Mr. Anderson, for your deputation on behalf of the Information and Privacy Commissioner.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

The Chair (Mr. Shafiq Qaadri): I would now invite our next presenter, Ms. Doris Grinspun of the RNAO, who is no stranger to these committees, and colleague. I would invite you to begin, just reminding you: 10 minutes in which to make your presentation, five minutes remaining for questions. Please begin.

Ms. Doris Grinspun: Good afternoon, all of you. I'm the executive director of the RNAO, which is the professional organization for registered nurses who practise in all roles and sectors across Ontario. Our mandate is to advocate for healthy public policy and for the role of registered nurses in shaping and delivering health services.

I am pleased to speak with you today about Bill 122, the Broader Public Sector Accountability Act. With me today is my colleague, policy adviser Valerie Rzepka, from RNAO.

We welcome legislation that seeks to improve financial accountability and transparency of hospitals, local health integration networks, or LHINs, and other publicly funded organizations. Bill 122 complements the recently

enacted Bill 46, the Excellent Care for All Act, which promotes evidence-based best practices and makes health care organizations and executives accountable for providing high-quality, patient-centered care.

With me today is also associate director Heather McConnell, who leads the RNAO world-renowned program on evidence-based best practices, and we look forward to actively participating in and contributing to decisions regarding evidence-based best practices in Ontario, which are used internationally.

RNAO applauds the government for broadening the Freedom of Information and Protection of Privacy Act in Bill 122 to include hospitals. This crucial step towards accountability is one that the RNAO called for in *Creating Vibrant Communities*, our platform for the 2011 provincial election that was released last January, and in our submission last spring on Bill 46.

Today, we will propose amendments that will strengthen Bill 122 while being consistent with Minister Matthews's stated objective to raise the standard of accountability and transparency for hospitals, LHINs and other broader public sector organizations. These amendments are detailed in RNAO's written submission, and I will use the remaining time just to speak about some of them.

First of all, long-term-care homes are exempted from the bill's definition of a publicly funded organization. With the government's aging-at-home strategy and efforts to find more appropriate care in the community, especially for hospital patients classified as ALC, there is little justification for distinguishing between acute care and long-term care for the purposes of Bill 122. Thus, RNAO strongly urges the standing committee to remove long-term-care homes from the bill's list of exempted publicly funded organizations in order to ensure accountability for cost-effective, high-quality care and to protect the rights of long-term-care-home residents.

Second, as public sector organizations, LHINs must—and I say must—be accountable for the funds they spend by providing accurate and accountable reports to the ministry. However, the current wording in Bill 122 is ambiguous at best, and only indicates that the LHINs will report—full stop. Bill 122, in our view, falls short in that it lacks details about what the LHINs' reports should contain, to whom they should be reporting and precisely how the reports will be made transparent and accessible to the broader public.

RNAO recommends, in the strongest possible terms, that the reports which LHINs prepare be sent to the Minister of Health and Long-Term Care, tabled in the Legislature and posted on the Ministry of Health and Long-Term Care website.

Third, like many Ontarians, members of RNAO were disturbed to learn in the Auditor General's Special Report on Consultant Use in Selected Health Care Organizations of hospitals having deficiencies with respect to their planning, acquisition, approval, payment and/or contract management of consultants. With increasing pressure being put on hospitals to balance their budgets

and decision-makers considering cuts to staffing, programs and services, and bed closures, it is absolutely unacceptable for scarce resources to be used to engage expensive consultants to lobby the government funder.

The RNAO has consistently raised concerns about some consulting firms who are earning large fees while recommending a sharp U-turn to the past by promoting RN replacement and the implementation of failed models of functional nursing, sometimes referred to as team nursing. This consultant-pushed and cost-driven model is all about fragmenting and down-skilling patient care, cutting expenditures in the short run, and, as the literature clearly points out, represents a giant backward step for high-quality nursing care and positive patient outcomes—all of which we know save dollars and don't cost dollars.

At a time when hospitals are strapped for cash, senior executives must use best evidence to make their decisions. This is especially significant with the recent passing of the Excellent Care for All Act, which promotes evidence-based best practices. Evidence on nursing models of care delivery conclusively shows that fragmentation of care leads to serious errors, deficient clinical and health outcomes, and poor health system experiences for patients and staff. Evidence also shows that using registered nurses results in improved clinical and financial outcomes in the short, medium and long terms.

Following the advice of private consultants rather than credible, peer-reviewed scientific evidence, RNs continue to be sacrificed to balance hospital budgets at the peril of patient outcomes and system effectiveness—in fact, I would say at the peril of patient safety, one of the government's own agendas.

RNAO again urges the standing committee in the strongest possible terms to ensure transparency and accountability for cost-effective, high-quality health care by mandating the public distribution and posting of reports submitted by hospitals to LHINs, and by LHINs to the ministry.

In order to improve accountability and ensure transparency in the health system, the public must have full access to information on the expenditures of taxpayer dollars. While this includes making hospitals subject to public scrutiny under the Freedom of Information and Protection of Privacy Act and ensuring public oversight of hospital consultant contracts, it also means granting the Ontario Ombudsman authority to investigate public complaints against hospitals and other health organizations.

1540

Currently, Ontario is the only province in which the Ombudsman does not have jurisdiction over hospitals and long-term-care homes despite receiving many serious complaints from those facilities. A high-quality health care system must be accessible, equitable, integrated, patient-centered and focused on population health, as well as transparent.

The Ontario Ombudsman's authority has not been modernized in over 30 years, and the province has fallen

behind in the oversight of organizations which provide critical public services.

What is commonly referred to as the MUSH sector includes municipalities, universities, school boards and hospitals, as well as long-term-care homes, police and children's aid societies. The Ombudsman of Ontario's authority with respect to this sector is the most limited in Canada, and I can't emphasize enough that RNAO urges the standing committee to extend the Ombudsman Act to include hospitals and long-term-care homes.

The amendments that RNAO is proposing to Bill 122 support the government's stated objectives to raise the standard of accountability and transparency for hospitals, LHINs and other broader public sector organizations. On behalf of over 30,000 registered nurses who voluntarily joined RNAO, I would like to thank the standing committee for the opportunity to have input into this important legislation, which affects nursing and, more importantly, the health of the people we serve.

The Chair (Mr. Shafiq Qaadri): Thank you, Ms. Grinspun. To the government side: a minute and a half. Mr. Kular.

Mr. Kuldip Kular: Thank you for appearing on behalf of the registered nurses of Ontario. How do you see the legislative requirements for the public reporting of expense claims being used as a tool to strengthen transparency in our hospitals?

Ms. Doris Grinspun: Well, we believe that every single cost that is coming from taxpayers' dollars should be up to scrutiny. This is just one of them.

On the issue of the spending of people who work in the facilities, as well as consultants, we actually have raised the issues for a couple of years, including freedom of information on the indiscriminate use of consultants by hospital entities. That is why we are so satisfied that the freedom of information now is proposed to be also open for hospitals.

Mr. Kuldip Kular: Are you aware that the official opposition has introduced a bill this year related to accountability that did not—

The Chair (Mr. Shafiq Qaadri): Thank you, Mr. Kular. To the PC side: Ms. Jones.

Ms. Sylvia Jones: Thank you for your presentation. I have one question that really is a follow-up to page 4, where you make the recommendation about the LHIN reports being tabled in the Legislature and posted on the Ministry of Health and Long-Term Care website. One of the previous presenters talked about the fact that this bill has no consequences if the reporting wasn't fulfilled. Do you have a recommendation for the committee on what you think should be included in terms of consequences?

Ms. Doris Grinspun: Yes. First of all, the fact that it's unclear and very ambiguous in the bill what will happen with the reports only contributes—right?—to having no consequences. I can assure you that the moment that these reports will go not only to the Minister of Health and Long-Term Care but then to the Legislature and will be posted publicly, people will start to shape up, to be quite frank.

It was very disturbing to see the findings that we saw. Some of them were not surprising to us because, on the issue of consultants, as I mentioned to the government side, we have been on that case for a long time, very unsuccessfully, because it's not open to the hospitals. We have no access, so we don't get the information.

Ms. Sylvia Jones: Well, certainly in the LHINs in our various ridings, we see how much they're using consultants, so in some ways, it wasn't surprising—

Ms. Doris Grinspun: Yes, and some of that is being pushed into organizations; some of that is initiated by organizations. Quite frankly, we have asked the Minister of Health and Long-Term Care that no more consultants be used for nursing because nurse leaders are—

The Chair (Mr. Shafiq Qaadri): Thank you. Madame Gélinas.

M^{me} France Gélinas: I'm pleased to see you, Dr. Grinspun. I can assure you that the NDP will support including long-term-care homes, Ombudsman oversight of hospitals and clarification on reporting. The question I'm asking, you haven't covered, and you can answer now or later. People who are uncomfortable with making conversation under quality improvement will now be FOIable. So if at a department meeting you talk about infection rates and compare different providers, this information would be FOIable; therefore, it could hold back quality improvement. Have any nurses expressed those reservations?

Ms. Doris Grinspun: We have not heard reservations. It is very true that that can be compromising in small communities, because you can actually identify if there are one or two physicians or a group of nurses in a small place. However, at the end of the day, we all work for the public and the public has a right to know the downfalls on quality in any specific facility. So the approach should not be punitive; the approach should be truly quality improvement, but it should be available to the public.

The Chair (Mr. Shafiq Qaadri): Thank you.

PPI CONSULTING LTD.

The Chair (Mr. Shafiq Qaadri): I now invite our next presenter, Mr. Grant of PPI Consulting, to please come forward. Your material has already been distributed to the members of the committee. I invite you to be seated and please begin now.

Mr. Howard Grant: Good afternoon. I'm here today focusing just on the procurement elements of Bill 122, and not speaking to any of the other elements.

I want to first give some context on really why, as a consequence of what's happening in today's environment, Bill 122 is in fact required. Historically, when governments or organizations have been involved in procurements, one of the things that has emerged is that by not making those procurements visible and public they have either spent too much or not gone out to the marketplace to get the best solution. Unfortunately, the sector that is currently being looked at has been reasonably invisible with respect to certain major initiatives.

What is also happening is that the media and vendors have been trying to understand what's been going on in the sector itself, particularly vendors who have been shut out of opportunities in certain of these organizations for no good reason. When you bring in broader public sector supply chain guidelines, it forces those organizations to be a lot more transparent and visible with respect to what they're doing.

The shame, though, is that a number of these organizations actually have very good practices, but they're being tarred because we're looking at things like spending too much on expenses, or executive salaries are too high. So this bundling of issues, in certain cases, is giving a bad reputation to certain good procurement organizations within some of these entities.

The other thing that has emerging is that as the economy gets softer, the vendors themselves look to the public sector as a very good source of business opportunities. Generally, they'll look at it on the basis that the profit margin may be lower than in the private sector; however, if you sell to government you'll generally get paid. As a consequence, because of the number of opportunities vendors are facing, they're going to look to the public sector and they're going to get frustrated if they don't have an opportunity to participate.

There's no sanction against a vendor calling a newspaper and saying there's some inappropriate behaviour, and that is being done increasingly, irrespective of whether they have a case or not. When we're working with clients, we're very concerned about reputational risk. So from our point again, Bill 122 is going to make stuff visible, which is going to in fact mitigate vendors complaining that they're not getting a fair shot at the processes.

1550

The government introduced version 1 of the BPS supply chain guidelines, and we thought it was a very good first step, but the application of the guidelines has been challenging for some organizations, primarily because it wasn't followed up with procurement training for the people. Because one of the things that's emerging now is that there is still a belief that procurement is purchasing, which it isn't. The old people involved in the purchasing profession think that, historically, it's about getting the lowest cost. Procurement isn't about that; it's actually looking at the business outcome and putting a combination of quality and price.

It's interesting when people push back against the guidelines to say, "You're going to force us to buy cheap and sacrifice quality." Clearly, not just as a practitioner, but as a user of health care in this province, I actually want appropriate equipment. There is every mechanism in the procurement field to support the combination of quality and a good price, not always the lowest price.

The other thing that's emerged, that's coming on now is that there's a view that organizations can afford themselves a lot of legal protection. In fact, a recent decision, Tercon, which I think probably the speaker who's going to follow me may mention, means that

organizations cannot skirt their rights and privileges and just say, "Okay, because I'm going to treat you unfairly, because I'm going to do whatever I want, because I'm going to pick anybody I want, even though you may not be the lowest price or the best quality"—those days are a bit limited for organizations.

What's needed in the good news? We need clear and unambiguous rules. We have those now already in the BPS guidelines. We need to help the organizations get better at what they're doing. What's emerged, though, is that our view of the world has changed. Maybe I'll just give you a very brief example.

Many years ago, boards of directors of hospitals would be made up of a local architect, a lawyer, an accountant—various sorts of the professionals. They were doing their public duty and were giving of their time being involved in those organizations. They could have been on the board for five or 10 years and an issue comes up, maybe of a financial nature, and the board would turn round and say, "Joe, you're our finance guy. Could you help us out?" That was reasonable. It wasn't unfair. That was the way business used to be done. The people who gave of their time on those public boards were not doing it because they saw significant revenue, but the view was that there was a confidence, a trust from the fellow board members that that was a way that they would be asked to contribute.

Clearly, we now know in 2011 that that type of behaviour is something that we stay away from, but five years ago it wasn't. One of the challenges we're faced with is, we're using today's standards to look at what was actually acceptable behaviour many years ago. That's unfair. That's why I think we believe that the guidelines proposed by the government are evolutionary, not revolutionary. It's just that our view of what's appropriate is evolving, and unfortunately, occasionally a couple of people overstep the mark and then the focus comes on it. There's nothing new in what we're looking at. Open, fair and transparent procurement's been around for a long, long time. The challenge is people's belief that it applies to them or they can ignore it for whatever reason, either for certain goods or services or whatever it is.

In our view, the bill will contribute to achieving the business and process outcomes. It sets the framework for clear rules, and it is appropriate and prudent to address the challenges. As I said, the world has changed, our view of what is acceptable has changed, and the guidelines that are already in place for other organizations, the broader public sector, can be appropriately applied and should be applied to this sector. Thank you.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Grant. About three minutes or so per side, beginning with the PC caucus, Ms. MacLeod.

Ms. Lisa MacLeod: Last year, the Minister of Government Services said, "Our government has moved decisively to introduce greater accountability and transparency in the area of procurement. Our procurement policies ensure value for money by implementing open, fair and transparent competitive processes." That was

said in the spring of 2010. Then we saw the Auditor General's report. Obviously the minister's comments were obsolete, given the fact that we're now dealing with this piece of legislation.

Earlier today I asked a question of renowned whistleblower Allan Cutler: why, in Ontario, we're four years behind the federal government, which has, as a result of the Gomery commission, put forward probably one of the toughest ethics packages in the world in dealing with public money. I guess in terms of your presentation on procurement and the current environment, I'd like to have your opinion on that.

Mr. Howard Grant: I'll give you that, in fact, the federal government may appear to have very strong legislation but it has not worked practically. I will share with you an anecdote talking about that. In fact, I think that the minister at that time, in terms of where the directors were going, was very effective. The Ontario government is probably one of the best buyers around, and all it's doing is extending those best practices through to the broader public sector, which is appropriate.

I had the opportunity to speak to the Ontario Hospital Association, about the time you're talking about, on procurement and fairness, and I got the impression at that meeting, unfortunately, that there was still a series of denials in the hospital sector, that even though here was an event sponsored by the Ontario Hospital Association, these guidelines on procurement and the use and application of fairness maybe didn't apply to them. So I think that all this bill is going to do is just reinforce that it does apply to them.

It's disappointing that the boards of the hospitals—

The Chair (Mr. Shafiq Qadri): Thank you, Ms. MacLeod. To you, Madame Gélinas.

Ms. Lisa MacLeod: He's the official cutter-offer. He's very good at it.

Mr. Howard Grant: I'm fine with that.

M^{me} France Gélinas: Go ahead and finish your thought.

Mr. Howard Grant: It's disappointing that the hospitals or the boards themselves, from a governance and accountability point of view, didn't understand what their responsibilities were. I come back to it: The role of the board, from a governance point of view, has changed; the accountability has changed. With all the stuff happening in the newspapers, why hospital boards would think that they'd be immune from some of this stuff, I don't understand.

To me, it's disappointing that this bill has to be in place, from a procurement point of view. But if this is what it's going to take to make people be responsible—

M^{me} France Gélinas: So you're more or less telling us that the procurement rules that were there were good, they were just not being followed. So what we need to do is, "Wake up, everybody; that applies to you"?

Mr. Howard Grant: Correct.

M^{me} France Gélinas: Wow. Okay. I thought that's what you had said, but—

Mr. Howard Grant: What comes out of it, though, as I mentioned, we have to make some investment in training people.

One of the things that occurs, just in further answer to your question—one of the challenges that procurement people are faced with is that the way they sit in an organization is generally behind finance. In a lot of cases, they are not given the opportunity. They will see something that may be inappropriate—there's been a competition and there's a view to give it to number two, but because they don't sit at the executive table, it makes it difficult. I'm not saying it happens all the time but it's one of the challenges: that we still don't view procurement as a strategic activity, and yet it's a significant part of any organization.

If you look at the hospital sector—

M^{me} France Gélinas: They're all set up the same way, where the procurement is under finance; even if they see something, they couldn't even bring it forward?

Mr. Howard Grant: Well, it's a challenge because they're so low down in the organizational structure.

M^{me} France Gélinas: So it doesn't matter what rules we put into place, if the people who have the knowledge have no way to bring that knowledge forward, we're back to square one, are we not?

Mr. Howard Grant: It's a challenge. That's a governance issue.

All I'll say to you is, in most organizations, even in the hospital sector, I would suggest to you, 20% to 30% of the total spend of a hospital—maybe more—is on goods and services. If you can extract a 10% saving, which is not difficult, which competitive procurement will show—

The Chair (Mr. Shafiq Qadri): Thank you, Madame Gélinas. Mr. Kular or Mr. Johnson.

1600

Mr. Rick Johnson: You mentioned earlier about shortcomings of the federal legislation. Could you expand on that? I'd just like to hear your viewpoint on what those shortcomings are.

Mr. Howard Grant: You've got to do two things. When you introduce something, you've got to give people confidence that they truly can be a whistle-blower, and that is not there in the public sector. I deal with public sector people all the time. I don't want to paint the fact that every procurement the federal sector do is incorrect, because that's not the case. But what I will tell you is, there are certain cases where it is inappropriate and it's not strong enough.

Mr. Rick Johnson: What outcomes do you think hospitals will receive by having clear procurement rules and oversight in place?

Mr. Howard Grant: It's got to be done as part of a changed management strategy. Within the hospitals, you've got to really educate the finance people, you've got to educate the procurement people, that this is a way to do it. In essence, I think that once they understand how to do it correctly—and a lot of them already do, but it's actually convincing the business owners, which we don't

like talking about in hospitals, who could be doctors or certain other people saying, “No, I only want product from company A.” So it makes it difficult.

One of the things that this will potentially do is make visible where hospitals clearly are trying to wire a bid. It’ll make it more visible in the marketplace.

So I think there could be an interesting ride as this is implemented, but in the long term, for the citizens, we will get significantly more value for money.

The Chair (Mr. Shafiq Qaadri): Thank you for your deputation.

THE PROCUREMENT OFFICE

The Chair (Mr. Shafiq Qaadri): I’d now call upon our next presenter to please come forward: Mr. Emanuelli of the Procurement Office. Your materials have already been distributed. I’d invite you to please be seated. I guess you’ve got a PowerPoint as well. Please go ahead.

Mr. Paul Emanuelli: I would like to thank the committee for the opportunity to speak today. I’ve had the benefit of reviewing the Office of the Auditor General of Ontario’s October 2010 special report on consultant use in selected health organizations, and its findings and recommendations relating to health sector procurement in Ontario. I have also had the benefit of reviewing the text of Bill 122. I’m here to speak in support of the honourable minister’s attempt to enhance the probity and transparency of government procurement in Ontario and to offer some suggestions regarding the implementation of good governance measures for public procurement. My comments will focus on two main points.

First of all, we need to be more proactive in dealing with compliance with our public procurement rules. There are far too many examples where tendering infractions and the systemic mismanagement of public funds are only discovered through costly litigation or after-the-fact audits. We need a clearer operating system that provides proactive guidance to public institutions through the creation of uniform rules.

Secondly, there are many international examples we can draw from to help inform our good governance standards to help ensure that we keep pace with other jurisdictions.

We are falling behind in Canada when it comes to establishing clear and uniform public procurement rules. I’ve circulated copies of *The Laws of Precision Drafting: A Handbook for Tenders and RFPs*. In this handbook, I attempt to give guidance to procurement professionals on how to properly draft their procurement documents, taking into account case law, policy and statutory developments across a broad range of Commonwealth countries. This project evolved from my main text, *Government Procurement*, which consolidates over a quarter century of Canadian case law. After having completed these two projects, I can draw two interrelated conclusions.

First of all, when it comes to public procurement, Canada appears to be the most litigious jurisdiction in the

English-speaking world. Our courts have occupied the field faster and with greater penetration than any other Commonwealth country. That evolving jurisprudence has created a risky and often unpredictable operating system for public procurement. I offer the February 24, 2010, *Journal of Commerce* article entitled “Supreme Court’s Tercon Ruling May Force New Approach to Contracts” as just one recent example of the legal uncertainty inherent in the current tendering system.

Secondly, relative to other Commonwealth countries, we do not appear to be responding to our past mistakes by implementing effective and consistent remediation measures. We are falling behind the UK, Australia and Africa. For the most part, our procurement operation lacks a statutory spine. Public institutions are left to their own devices, forced to interpret complex and often contradictory case law findings and navigate a murky patchwork of treaties, directives and guidelines to develop and implement their own operating rules.

The absence of a clear and uniform operating system is one of the primary reasons why we have so much litigation and why we have so many after-the-fact audit findings. We need to be better at learning from past mistakes and taking a proactive approach to the development and implementation of our own procurement rules.

Rather than reinventing the wheel, if we want to address the issues raised in the Auditor General’s special report, I suggest that we consider the wealth of examples available to us from other jurisdictions, those jurisdictions that have faced similar challenges. Drawing from the precision drafting handbook, I offer you four examples of how other jurisdictions are dealing with the issues raised in the Auditor General’s report.

(1) The Auditor General’s special report speaks to instances in which: (a) there was a lack of advanced planning and approvals with respect to certain contracts; (b) there was a lack of transparency with respect to both contractual objectives and evaluation criteria; (c) higher-priced consultants were given preferred treatment in the procurement process; and (d) contracts exceeded the original cost estimates or were extended without competition. To address similar issues, Ghana’s Public Procurement Act compels advance planning by making it a statutory requirement to disclose contract requirements and contract evaluation criteria, including weightings, in public tenders. To draw on another example, the European Parliament’s procurement directives, along with the UK regulations which are based on those directives, create clear statutory rules requiring the disclosure of contract award criteria, including the disclosure of any non-price factors that will inform contract awards. These examples can help inform the creation of clear, standardized rules for public procurement in Ontario to help guard against unclear award criteria, unclear contract requirements and the cost overruns that often result from that lack of initial clarity.

(2) The Auditor General’s special report speaks to some procurement processes where suppliers were given an insufficient amount of time to respond to tender calls.

Australia's Commonwealth Procurement Guidelines and the European Parliament's procurement directive both allow for tighter posting time frames where institutions have provided pre-notice of intended procurements as part of their annual procurement plan. These rules create a clear protocol to take pressure off the day-to-day tendering cycle by entrenching proactive planning into the procurement process.

(3) Bill 122 speaks to lobbying by public institutions. However, as the Gomery and Bellamy reports have detailed, when it comes to government procurement we have significant issues arising from the lobbying of public institutions. The Auditor General's special report notes a number of instances where local health integration networks failed to obtain conflict of interest declarations from their consultants. This deficiency requires clear remediation to help guard against procurement improprieties.

Kenya's Public Procurement and Disposal Act establishes clear rules against inappropriate conduct within the supplier community, including a ban from government contracts for up to five years for those suppliers who have breached the statute. We should consider implementing similar measures so that our conflict of interest protocols are supported with meaningful sanctions against suppliers who contravene our ethics rules.

(4) The Auditor General's special report speaks to a number of consulting contracts that were awarded without competition, particularly in the hospital sector. The United Nations model law on procurement provides a broad range of recommendations regarding the use of various procurement formats, including prequalification procedures. These can help alleviate the urgency that leads to many non-competed contracts. Similarly, Malawi's Public Procurement Act also provides clear rules regarding the assessment of contractor qualifications and serves as an example of the types of factors that can be standardized to help provide guidance to public institutions in pre-qualifying suppliers and avoiding un-competed contracts.

In summary, I would like to conclude by reiterating our need to proactively establish clear and uniform good governance rules. We have many international best practices to draw from in the creation of a clear operating system for our government procurement operations.

I want to thank the committee for this opportunity to provide my submissions.

The Chair (Mr. Shafiq Qadri): Thank you. We have about two minutes or so per side, beginning with Madame Gélinas.

M^{me} France Gélinas: Thank you very much for your information. It was very well presented, lots of info in a very short time period.

1610

Am I right in thinking that what you see in the bill is that we're going in the right direction, but that if we don't have the right guidelines that go with it, all could be for nothing? Because we could still be in a place

where contracts are extended without appropriate open bidding etc.

Mr. Paul Emanuelli: As they often say in procurement and elsewhere, the devil is in the details. What I suggest is that this is a good step forward in the right direction in setting up a framework under which we can then implement, by way of directive, guideline or regulation, the greater details necessary to create clarity in an operating system, to give the guidance that our broader public sector requires.

M^{me} France Gélinas: So, if those have existed and are actually published, how come we've never implemented them?

Mr. Paul Emanuelli: I can't speculate on that, but we're now moving in the right direction, so I would encourage us to continue on that path.

M^{me} France Gélinas: Okay. Thank you.

The Chair (Mr. Shafiq Qadri): Mr. Kular.

Mr. Kuldip Kular: Thank you so much for coming before the committee, and thank you for supporting this bill.

Can you talk more about the importance of oversight of procurement by boards and how the reporting requirements in this bill will improve the hospital procurement?

Mr. Paul Emanuelli: One of the necessary winning conditions in ensuring open, transparent and defensible procurement is external oversight. It ought not to be a substitute for internal regulation. Institutions ought to govern themselves, but there also should be the light shone on procurement, the transparency shone on procurement, by way of external oversight. So I think it's commendable that that is a part of the statute, and I do encourage that. It sends a clear message to those procurement professionals I work with on a daily basis at the front lines of the tendering cycle that there is leadership and there is encouragement that, at the centre, we take this seriously. That's a message that I think is a good one to send—to support them, as Mr. Grant spoke previously, in their ongoing legitimate efforts to try to follow the rules. So that external oversight is a necessary aspect of that.

Mr. Kuldip Kular: Thank you.

The Chair (Mr. Shafiq Qadri): Thank you, Mr. Kular. To the PC caucus: Ms. MacLeod.

Ms. Lisa MacLeod: That was an excellent presentation. I was very happy to see the level of dedication you put into your research. I think that some of those ideas, if not all of them, should be explored by this committee as amendments. May I ask, is that why you put them forward, as possible amendments to this legislation?

Mr. Paul Emanuelli: I would suggest that I wouldn't necessarily recommend them as amendments to the legislation. They can inform. It's up to this committee—I defer as to the implementation method. But the ideas or the substance, in one way or another, ought to be considered, by way of regulation, directive or guideline, to help inform and give procurement professionals a clear operating system.

Ms. Lisa MacLeod: So we could do better as a Legislature, and we could adopt tougher laws that would protect taxpayer dollars?

Mr. Paul Emanuelli: The area of public procurement is one where we can often and always strive to do better, yes.

Ms. Lisa MacLeod: Excellent. I can assure you that the official opposition will be doing further research on your ideas. I guess I would implore, at this point in time, the government to do the same and to consider this through a clause-by-clause.

Thanks very much. It was a very good presentation.

Mr. Paul Emanuelli: Thank you.

The Chair (Mr. Shafiq Qadri): Thank you, Ms. MacLeod, and thanks to you, Mr. Emanuelli, for your deputation.

ONTARIO HEALTH COALITION

The Chair (Mr. Shafiq Qadri): I invite our next presenter to please come forward, Ms. Mehra of the Ontario Health Coalition. Welcome. I invite you to please begin now.

Ms. Natalie Mehra: Thank you very much. The Ontario Health Coalition is an organization dedicated to protecting and expanding the public health system under the principles of the Canada Health Act. We represent more than 400 member organizations from every region of Ontario.

We're very interested and have been working for some time on the issue of improving transparency and public accountability in the health care system. So we support the improvements to the public accountability and transparency provisions of Ontario legislation in this bill, particularly those related to expanding the provisions of the Freedom of Information and Protection of Privacy Act and improved capability of the government to set rules and require reporting of expenses. We note that these are first steps. They're important first steps, but they really are only first steps.

The Ontario Health Coalition spent much of the spring touring Ontario, doing public hearings on the future of small and rural hospitals. In those hearings, we heard an extraordinary level of public anger about the high-handedness of both the LHINs and local hospitals but also of the provincial government, in terms of decision-making regarding the future of hospitals, public access to information and documents regarding planning and decision-making, cuts to services, and other important policy and planning issues for their local communities. While this bill deals with some of those concerns, it does not deal with all of the concerns of Ontarians regarding improved transparency, democracy and public accountability.

From the Ontario Health Coalition's point of view, we've spent many years trying to get information disclosed in the public health system, and we've had some frustrating experiences. I'm going to share some of

these with you, because they highlight how the bill will work to improve some things but not necessarily others.

We and our member groups and the opposition have had to make repeated requests under FIPPA for access to information on care levels in long-term-care homes. Despite winning access to this information years ago in an appeal, which should have been unnecessary in the first place, updates have not been provided on this information, despite the fact that we're asking for the same information that has been disclosed before and has been won on appeal. We've had to deal with repeated delays and frivolous requests for clarification. Currently, the information in the public domain is more than two years old, and information on fewer and fewer of Ontario's long-term-care homes is disclosed each year. I should note that in the United States, this basic information on care levels in long-term-care homes is posted publicly on websites and in the homes themselves.

We and our member groups and affiliates have tried to get information out of local health integration networks. This information includes such items as information on whether or not the Toronto Central LHIN approved the closure of rehabilitation beds at Providence Healthcare and on what basis that decision was made. We've been waiting for more than two months for this information and we are restricted, according to the LHINs legislation, from appealing such decisions unless we do it within 60 days. It's impossible to appeal a decision if you can't obtain the information on whether a decision has even been made by that LHIN or any of the documentation supporting it within the time limits required in the legislation.

In Shelburne, Ontario, for example, city councillors, mayors and the community were concerned about the LHIN decision to close down their local hospital—that's their entire local hospital—in the last 12 months. They found out that the LHIN considered three options in its decision-making, but the LHIN would not disclose to anybody in the community what those three options were.

The LHINs are supposed to be governed by an overarching plan for the health system from the Ministry of Health. Freedom-of-information work done by the then Conservative health critic, Elizabeth Witmer, revealed that the government does have a 10-year health plan, but this document has been kept secret under FIPPA, using the excuse that it is a cabinet document.

We are currently trying to get basic financial information on more than \$3 billion worth of P3 hospital projects across Ontario. We first asked for the information in June. As of today, we still don't know whether or not Infrastructure Ontario will provide any of the information that we've asked for.

So while we support extending the Freedom of Information and Protection of Privacy Act to cover hospitals, we think that there are shortfalls in the act that need to be addressed perhaps in subsequent amendments to legislation. In addition, we and our member groups have also tried to get information on CCAC deficits and cuts, long-

term-care lobbying activity, care levels and financial information, and information regarding public health, often with little success. We believe that there really is no justification for excluding long-term-care homes, the for-profits, the CCACs and their agencies and public health from public access to information provisions under this legislation. All of these entities receive public funding and/or user fees from the public. In the case of long-term-care homes, these homes house more than 70,000 Ontarians, funded by their user fees and by public funding, and so their explicit exclusion is surprising and unjustifiable.

The access-to-information provisions under FIPPA should include all of these entities. Access-to-information provisions should also include retirement homes if they are receiving public funding to take patients or residents.

Since under FIPPA ministries and agencies may require those seeking information to pay fees for that information's retrieval, we see no reason to limit the backdating of information that's being sought. If cost is the issue, FIPPA contains mechanisms to deal with that.

But the idea that standards have changed does not provide a sufficient excuse, and while it protects the agencies from a look even at their historical behaviour, it's hard to see how that could be in the public interest.

1620

We support sections 5 and 6, requiring hospitals and LHINs to make reports on the use of consultants, but we think these sections should be amended to ensure that these reports can be made available to the public. It's not clear to us, even with the expansion of FIPPA, that those reports would ever make it into the public domain.

In terms of the procurement section, this is the other section where we have some problems. It's not clear what the criteria are, what the limits on the procurement directives might be from Management Board of Cabinet, and how those directives may affect other directives that exist. So we believe that there are not clear enough limitations, that there's not a clear enough definition of procurement in that section, and in fact that the intent of that section needs to be clarified and limited so as not to have unintended consequences on other directives of government, including, perhaps, the expansion of competitive bidding across the whole health care system, the expansion of for-profit privatization, and contracting out within the health care system.

Those are our major concerns. Thanks.

The Chair (Mr. Shafiq Qadri): Thank you. Two minutes a side, beginning with the government.

Mr. Kuldip Kular: Thank you, Chair, and thank you, Ms. Mehra, for appearing before the committee. My question to you is, do you think providing greater oversight of hospital procurement and opening hospitals to the Freedom of Information and Protection of Privacy Act is good public policy?

Ms. Natalie Mehra: Of course. I don't think anyone would disagree. I think the problem is, is it sufficient to do what needs to be done? Hospitals can claim commercial confidentiality to hide significant amounts of financial information. They can claim that planning, for

instance, of levels of hospital services holds implications for labour relations and thereby exclude those documents from the public domain. There are lots of ways within FIPPA to avoid public disclosure of information. So is it a good first step? Yes. Is it sufficient? No, it's not.

Moreover, is it justifiable that only hospitals would be covered, and not long-term-care homes, CCACs, their agencies, and the whole privatized portion of the health care system? No, it's not.

The Chair (Mr. Shafiq Qadri): Thank you. To the PC side.

Ms. Sylvia Jones: Thank you. You have touched on a number of issues that previous presenters have as well, and I appreciate that, but I wanted to get your thoughts on the fact that there don't seem to be consequences written into the legislation. If the reporting is not done, if it is not done sufficiently for disclosure, do you have any recommendations to the committee on what the consequences could or may be?

Ms. Natalie Mehra: Good question. Actually, we haven't come up with those, but I will bring it back, and in our written submission we will bring some recommendations that we have consensus on.

Ms. Sylvia Jones: Thank you. As an aside, the Shelburne community is still very concerned about the closure of their hospital.

The Chair (Mr. Shafiq Qadri): Thank you, Ms. Jones. Madame Gélinas?

M^{me} France Gélinas: Thank you, Ms. Mehra. I realize that your agency has accumulated quite a depth of knowledge about some of the hardships people face when they try to gain access to information from different players within the health care system. You certainly have been a champion in this and I thank you for the battles you've fought for everybody else.

When you talk about the shortcomings of freedom of access to information, you certainly speak in favour of extending it to long-term care and others; so will the NDP. I'm curious to see if you have given any thought to Ombudsman oversight of hospitals.

Ms. Natalie Mehra: Yes, we have given thought to that, and yes, we support the extension of the Ombudsman's powers to cover hospitals also.

M^{me} France Gélinas: And you see this as distinct from the information you would get under freedom of access to information?

Ms. Natalie Mehra: Absolutely.

M^{me} France Gélinas: Thank you.

The Chair (Mr. Shafiq Qadri): Thank you, Madame Gélinas, and thanks to you, Ms. Mehra, for your deputation on behalf of the Ontario Health Coalition.

ONTARIO HOSPITAL ASSOCIATION

The Chair (Mr. Shafiq Qadri): I'd invite our next presenters to please come forward: Professor Baker and Ms. Butts of the Ontario Hospital Association, and in various capacities. Welcome. Please be seated, and please begin.

Ms. Jodi Butts: Thank you, Mr. Chair. My name is Jodi Butts. I'm the vice-president, corporate services, and general counsel for Mount Sinai Hospital. Joining me is Dr. Ross Baker from the department of health policy, management and evaluation, at the University of Toronto, and a researcher on patient safety and quality-of-care issues. We are very pleased to address this committee about Bill 122, the Broader Public Sector Accountability Act, on behalf of the Ontario Hospital Association.

The Auditor General's recent special report identified a number of areas where hospitals must improve their practices. Bill 122 will help us to make those improvements, and we strongly support it because we strongly support transparency and accountability.

In fact, you may recall that last October, the Ontario Hospital Association invited freedom-of-information legislation to be extended to hospitals because we knew it was one more way to enhance the public's trust and confidence in their health care system. At that time, we stated that any such legislation must take into account the complexity of the work hospitals do every day. While Bill 122, if passed, would accomplish many positive things, it does not, in our opinion, sufficiently protect quality-of-care information that falls outside the Quality of Care Information Protection Act, or, as it's popularly known, QCIPA. For that reason, we request that Bill 122 be amended to specifically exclude that category of quality-of-care information.

QCIPA is a useful piece of legislation. Its focus, however, is actually quite narrow. QCIPA allows for discussions and review of serious incidents involving the harm or death of a patient, and protects those discussions from ever being used in litigation or other disciplinary proceedings. The legislation is very clear and sets out strict parameters for what information can be protected, extending only to activities of a specifically and specially designated quality-of-care committee.

As you know, conversations about improving quality and patient safety are commonplace in hospitals, occurring in many situations that extend well beyond the meetings of any one select committee. Because Bill 122 only protects the quality-of-care information in QCIPA, any records prepared for or used by a hospital to evaluate and discuss quality, safety and risk management would be available through a freedom-of-information request.

As I have seen first-hand, internal reporting and a culture of openness are the most productive ways for health care organizations to identify areas of improvement, examine contributing factors, apply lessons learned, prevent errors, and enhance overall performance.

Inadequate protection of quality-of-care information outside of QCIPA would almost certainly undermine that culture of openness, honesty and candour about patient safety that hospitals have worked so hard to establish.

Consider this example: Let's say infection rates in a hospital department are trending higher. We would want the professionals in this department to be able to freely and without reservation explore why this is happening by

reviewing individual practices, any recent changes to their working environment, or other contributing system-level factors. This may involve an independent review by experts or a review of hospital charts and a discussion of their findings.

These candid and honest reviews are how health care professionals identify areas for general improvement. However, if these same professionals felt that records of their frank and open discussions could be made public through a freedom-of-information request, they may very likely stop participating in the reviews or stop being as candid as we need them to be. This would serve no one and, as I mentioned earlier, would only undermine that patient safety culture that has begun to take root in hospitals.

To be clear, patients would still maintain full access to important data about how their hospitals are performing through the public reporting of patient safety initiatives and other venues, such as myhospitalcare.ca. We are simply interested in extending protections to facilitate the important and often sensitive conversations had in the name of improving safety.

To talk more about the importance of that, I'll now turn it over to Dr. Baker.

1630

Dr. Ross Baker: Thank you very much, Jodi.

Six years ago, I led a team of researchers that was responsible for carrying out the Canadian Adverse Events Study, the first large-scale study of patient safety in Canadian hospitals. Our research, and that of others in Canada and elsewhere, has shown that solving the system issues and creating effective work environments requires that physicians, nurses and other caregivers feel free to report incidents where patients are harmed or almost harmed: the so-called "near misses." Hospitals can only learn about these incidents when nurses and physicians report them and when we can identify the types of changes that will prevent their reoccurrence. Capturing these issues, conducting detailed reviews and then implementing improvements is how we enhance care. It is the documentation of these important conversations that's so conducive to improving patient care.

It's also important that these records and the documentation of these conversations remain protected. That's because these individuals fear being named as responsible for poor outcomes, even when, as is usually the case, it is a series of mishaps that leads to an incident.

Unlike airline travel or nuclear power, to name two other examples of high-risk industries, health care is largely dependent on human interactions. We cannot automate these interactions between doctors and patients, nor would we wish to. Instead, we must learn of incidents and near misses that occur every day and create safer care by reviewing our work and designing a more effective care environment.

As Ms. Butts has already stated, health care organizations rely upon QCIPA to protect conversations about the most critical incidents, yet we know that there are many other patient safety related conversations and reviews

that need to take place. Hospitals need to create learning environments where staff feel free to share their insights about how the work of doctors, nurses, pharmacists and others could be changed to create safer and higher-quality care for all patients and where hospital leadership feels well advised to make systemic changes that directly improve care for patients.

When hospitals carry on investigations under QCIPA, they cannot share the results of their learning with other hospitals. So, in that sense, it's a good thing that relatively few incidents are examined within QCIPA protection. We want to encourage broad-based conversations and promote a culture of safety across the health care system. Relying on QCIPA alone is likely to have a chilling effect on the efforts of hospitals to improve the safety of their care, as fewer incidents will be reported and the lessons learned from them cannot be easily shared.

Extending freedom-of-information legislation to hospitals promotes accountability and transparencies, but an exclusion is necessary for quality-of-care information so that we don't restrict the ability of staff to identify and learn from events, reducing the capability of hospitals to improve their care to patients on an ongoing basis. As potential patients, we all want a safer system. Freedom-of-information legislation shouldn't be a barrier to that.

Thank you.

The Chair (Mr. Shafiq Qadri): Thank you. About, let's say, two and a half minutes per side, beginning with the PC caucus. Ms. MacLeod.

Ms. Lisa MacLeod: Thanks very much. I appreciate your attendance here today. I also think that you've done incredible work in laying the groundwork for this Legislature expanding freedom of information to hospitals. I think it couldn't have been done without you, so thank you very much. Our party, the official opposition, put forward a bill based on your recommendations last May.

Having said that, I do have a quick question: Do you think this bill goes far enough in the entire broader public service? I know that your sector right now is going to comply with freedom of information. I had the Deputy Information and Privacy Commissioner here earlier today, and he said, "Why not expand it throughout more of the public sector?" I'd like your opinion on that.

Ms. Jodi Butts: I'm not sure if we're really in a position to talk about those other sectors. I know this sector very well and I think that further transparency is actually going to be a tremendous benefit to it. That may transpose to other sectors, but I couldn't give you an informed opinion on that.

Ms. Lisa MacLeod: Sure.

Earlier today we had the Registered Nurses' Association of Ontario in, and they had a couple of comments about the LHINs, which I think you are probably a little bit more comfortable talking about. They had some concerns, given the reporting mechanisms that are in place in the current law. They had questions about whether or not the LHINs—who they report to, when they need to report; that's all very much a grey matter here, a grey area.

I would like your opinion: Right now there is a mandatory review of the LHINs that was supposed to occur; it hasn't yet. This would give a directive or an ability for the minister to do those audits from time to time. What's your position on that?

Ms. Jodi Butts: On the review of the LHINs?

Ms. Lisa MacLeod: On the reviews.

Ms. Jodi Butts: The legislation was introduced and it had some very clear mandates for the LHINs. I think they can be measured against the mandate that was set out in the Legislature.

I think at least the Toronto Central LHIN—that's the only one I've certainly had any exposure to—has provided some really sound guidance and stewardship in a number of areas. But, ultimately, I think they were creatures of statute that were created to help the government get closer to health care. I think, from the hospitals' perspective, they've succeeded in part on that mandate. But from the government's perspective, I'm not sure. I've actually never looked at it from that—

The Chair (Mr. Shafiq Qadri): Thank you, Ms. MacLeod. To Madame Gélinas.

M^{me} France Gélinas: I was really interested in what you had to say about safety of care. I understand that we have to find the balance: You support freedom of access to information, but you also see the chilling effect it could have on safety of care and those discussions.

Do you have a live example where freedom of information, or something similar, was introduced and how it really set back the safety conversation?

Ms. Jodi Butts: I'll definitely let Ross speak to this point as well, but I think part of the peculiarity is the Ontario context. If we look at other provinces where hospitals are subject to freedom-of-information legislation, they also have a very different statute that completely takes all quality assurance information out of the litigation system, as opposed to in Ontario, where we have QCIPA, which has fairly rigid requirements in terms of designating in writing the committees and only sharing information for very defined reasons and only to select recipients.

It's hard to look to other provinces for examples, and because we've never been under freedom-of-information legislation here, there aren't examples here. I do apologize.

M^{me} France Gélinas: That's okay.

Ms. Jodi Butts: Ross, you may have—

Dr. Ross Baker: I'd just add to that. I think we're coming out of a period where there was a lot of fear about reporting and learning. Creation of the structures has really worked, over the last decade, really, to try and make a much more open environment for people to work on this. But it's still a very fragile culture, I think, around learning patient safety.

If you look to other countries, if you look to New Zealand, where there is no opportunity for physicians to be sued if they're found negligent, even in those cases there's still a great amount of fear about reporting events

and feeling that somebody's going to be holding a witch hunt.

I think, ironically, that we're better served by creating an environment where we encourage people to come forward and we give them the opportunity to have these protected conversations, knowing that in the long run, that will create a safer for environment for care for all of us.

M^{me} France Gélinas: And you don't feel that PHIPA does that?

Dr. Ross Baker: I think it's insufficient.

M^{me} France Gélinas: It's insufficient? Thank you.

The Chair (Mr. Shafiq Qadri): Thank you, Madame Gélinas. Government side, Mr. Kular.

Mr. Kuldip Kular: Thank you to you both. I'm a physician myself. It's my understanding at this point in time that any quality-of-care information related to a specific patient or to the conduct of any medical professional could be exempted through the existing protections in PHIPA. Why can you not use those exemptions?

Dr. Ross Baker: You could use those, but I'm saying that the problem with doing that is that it puts all those discussions behind a wall and then doesn't let the larger system learn from it. What we don't want is a situation where every hospital has to find a particular kind of event, do the analysis and then share the learning from that.

QCIPA does protect some events, but the hospital association has surveyed its members and discovered that the great majority of hospitals—70% of hospitals—do most of their investigations outside of QCIPA because they feel it's a more structured environment for learning about care and learning what can be done to improve care, rather than using the legislative requirements.

If we were to create a situation where the hospitals felt that any discussion about patient safety could happen in an open environment and be disclosed, then I think we would push more of those discussions under QCIPA, and ironically, we would end up in a situation where there's less opportunity for hospitals to learn about what needs to be done to protect patients.

1640

Ms. Jodi Butts: Also, add to that?

The Chair (Mr. Shafiq Qadri): Please, yes.

Ms. Jodi Butts: Thank you very much. While certainly a lot of these reviews start with an individual patient, they often grow well beyond just an individual patient's case. What I think Dr. Baker's study has demonstrated is that many errors are created by a system. Many of the documents generated as part of these reviews don't necessarily refer to an individual patient, so it doesn't meet that definition of personal health information because they're more grounded in system reviews. So while they're definitely targeted at improving the quality of care, you can't necessarily—

The Chair (Mr. Shafiq Qadri): I need to intervene there. Thanks, Dr. Kular, and thanks to you, Ms. Butts and Professor Baker, for your deputation on behalf of the Ontario Hospital Association.

NATIONAL CITIZENS COALITION

The Chair (Mr. Shafiq Qadri): I invite now our next presenter to please come forward, Mr. Coleman of the National Citizens Coalition and entourage. Please begin.

Mr. Peter Coleman: Hi. I'm Peter Coleman, president of the National Citizens Coalition. Thank you for having me here today.

Any discussion of transparency, accountability and integrity is a discussion that we, as an organization, are proud to be a part of. Frankly, I believe these factors ought to be a part of every piece of legislation and every decision carried out by our government. This is not an esoteric discussion of theory and good intentions; it's a real discussion about preventing, reducing and identifying poor governance and spending controls.

First of all, it should be understood that we applaud any efforts to improve transparency and accountability to taxpayers. It's difficult to applaud very loudly when these efforts fall short of what's necessary. This government has repeatedly affirmed its intentions to improve transparency and accountability, yet it hasn't moved with the urgency required. Let's not mince words: There's an urgency here now. When a lack of accountability and oversight leads to the waste of millions and millions of dollars, alarm bells should be ringing for everybody.

This year, taxpayers have been asked to applaud a government for returning an \$18-billion deficit, which is an improvement over last year. That's not acceptable. Had proper oversight been established by this government during its two terms in office, some of these things may have gone away. We applaud you for coming forward with this bill today, but some of this stuff should have been done a lot sooner than it has been.

A major concern for us becomes the politicization of this debate. This committee should all be working together to make sure that the best thing's done to respect the will of taxpayers. There should be no partisanship allowed in this conversation. The most important part in legislation is the follow through, making sure things are done when the legislation's passed. In September 2009, the government promised that Ontario agencies, boards and commissions would post their expenses online, yet today, there's still over 500 or so organizations that have yet to do so. That's not acceptable. It shows disrespect for taxpayers.

We encourage this bill. We think the bill should be extended. It should be broader than just the health care system; it should be any government agency that gets money from the government—which is coming from the taxpayers, in reality.

There was a bill proposed by Ms. MacLeod's opposition party early in April; they talked about the Truth in Government Act. There were some concrete proposals there that we, at that time, approved. It wasn't a partisan conversation on our part; we just thought there were some good proposals there. I would urge the committee to go back and look at some of those things and see if there's some value to be included in this bill as well.

Since April, many sole-sourced contracts have still been approved. The process is still going on in many agencies. If some of these measures that we're talking about being included could be put into place today, maybe we can avoid some of the issues going forward.

I'd only repeat to you the organization's—it seems to me that we have to get back to a proactive approach to taxpayers' money and not be reacting to situations as they pop up. I think that would give everybody in government a lot more cover with the taxpayers. We have an election coming up and I think that taxpayers deserve to see that parties of all stripes in this government are doing what they have to be doing to protect taxpayers in a really difficult environment.

The most compelling argument to make these changes as far as transparency and online disclosure is that it doesn't really cost much money for the government to do. A lot of these online things can be done with virtually no cost to the taxpayer. I think a fair start would be to go back and look at all the things you've done in the last several years and say, "Have these agencies met these conditions that we've asked them to do?" If they haven't, go back and say, "We're here on behalf of the taxpayers. We're going to ring the bell. We think you need to start doing what you were told by us to do."

It's only fair in this tough economic environment, where people are making sacrifices, that they stop reading about problems in the headlines of the papers about money being wasted, consultant contracts and favoured deals. We encourage this process to stop all the way.

To conclude, you need to take a broader approach. I encourage what you've done today. I think you should include this transparency in all government agencies. Anybody who's receiving money from the taxpayers should be included in the process.

Lots of people talked about things that have to be exempt and dealt with for security reasons, as far as the privacy of patients' care. You have to consider those, obviously, but I think when it comes to money in the health care conversation—as politicians, I don't need to tell you—you're staring at half of the budget going toward health care. There's enough money in the health care system; we have to find a way to stop wasting the money that's in there and allow the care to go toward the doctors and nurses who are providing the care, and not reward people outside the system who are costing tens of millions of dollars that could be used to improve health care for all hard-working Ontarians.

Freedom-of-information request conversations have come up a few times today. It is almost impossible to get information out from any level of government. It's a frustrating process. Every year, the Ombudsman of Ontario comes forward and says it's a problem. Every level of government deals with this—not just the current government, but the ones back in the past. The bureaucracy needs to be told that they are working for the taxpayers and to respect these information requests. Sensitive information, for sure, should be kept out, but there's lots of information that people just can't get a handle on, which doesn't give any credibility to the gov-

ernment doing their job properly and enforcing existing rules that are in place.

The last issue I think you've talked about a bit is this issue of government contracts. I think you have lots of jurisdictions in North America that routinely post online what government contracts are over \$10,000. I would encourage you to raise that level across the board to all these government agencies and not just stop at health care or other places, and enforce what rules you have in place today and make sure you expand this act, which I think is a very good first step, to include anybody who's receiving taxpayers' money.

The Chair (Mr. Shafiq Qadri): Thank you very much. Mr. Coleman left generous time for questions, three or so minutes per side, beginning with Madame Gélinas.

M^{me} France Gélinas: I would be interested in you sharing with us examples of people who have put in a complaint and it has gone through their hospital complaint mechanism, did not get closure, did not get satisfaction, and needed to go to the Ombudsman, only to be told that our Ombudsman cannot investigate hospital complaints.

Mr. Peter Coleman: Not just within the hospitals, but I can speak for us, as an organization—we've routinely asked for information and it's been well over a year where we don't get a response. It doesn't give people comfort that the system is working well when you have the Ombudsman saying the system is not working well.

This shouldn't be about the bureaucracy trying to hide what they're doing. It just leads to a higher level of mistrust when people are saying, "I can't get information. I don't know if they're doing a good job or not. I'm asking for reasonable information and I'm getting no response."

So it's not just the health care system; I think that across the board this is a problem, quite frankly.

M^{me} France Gélinas: Can you give me an example of a freedom-of-information request you have in front of anyone right now for which you cannot have access?

Mr. Peter Coleman: I don't really want to get into conversations about things we've asked for and gone through, but we've done it over the years, in many cases, and we've routinely been rebuffed. This goes back years and years and years. It could be the Conservatives, it could be the Liberals, it could be whoever is in power. It isn't limited to one party. It's the bureaucracy and being told by the government to enforce the rules, and a lot of times they're protecting their own fiefdom too.

The Chair (Mr. Shafiq Qadri): Mr. Kular?

Mr. Kuldip Kular: Thank you for your presentation, as well as your suggestions.

You may be aware that the official opposition voted against this bill at second reading. Do you think all the parties should support this bill, as this bill implements the Auditor General's recommendations?

Mr. Peter Coleman: As I said, I think it's a good first step; I don't think it goes far enough. I wish you would make it a much broader spectrum of the government agencies that are receiving money from, ultimately, the

taxpayer. I think it should be a much broader sector that's being included. I don't think you should restrict this to hospitals. People are talking about it within the hospital industry; there are a lot of sectors that are being excluded. I think you have to go much further than you have gone right now.

We would encourage all parties to adopt what you're talking about today, but go a step further and have much more inclusion of a lot more government agencies than just this sector you're talking about today, because there are bigger problems. You can't just say, "Well, here's a fire. We've got to put this fire out." Realize there's a fire here as far as a problem, and deal with it in the context of a much bigger problem, potentially covering a lot more government agencies than just the hospitals. I would encourage you to deal with that whole broader sector.

The Chair (Mr. Shafiq Qadri): To the PC caucus. Ms. MacLeod?

Ms. Lisa MacLeod: I really appreciate you taking the time, Mr. Coleman. As always, the National Citizens Coalition has brought forward some very important points.

1650

My colleague in the government mentioned that we did vote against this bill at second reading. It is because of the points that you just conveyed. We don't feel that this has gone far enough, given the robust measures that we introduced earlier on, in May. We're here to give the opportunity to the government to adopt a more full set of rules and make positive amendments to this legislation. You mentioned a few: Whether that's online disclosure, because it doesn't cost very much; it's using information that's readily available to Ontario taxpayers today, because it's information that we already possess.

Are there any other tools that you think this committee could adopt throughout this process? I understand we have clause-by-clause amendments that are due on Friday. Next week, on Monday, we'll be dealing with clause-by-clause of this bill to improve it. Any recommendations?

Mr. Peter Coleman: I think, first of all, you need to all act as if you're taxpayers, which you are, and say, "We've got lots of regulations in place that people aren't following." I think you have to look at the existing legislation you already have there and say, "Why aren't we getting information? Why can't people get access to information from the broad segment of sectors? Why aren't we moving towards online disclosure? What is the real issue here?"

I don't think this should be a partisan thing for you. We're all facing challenges in this province, with the economic upheaval that we've gone through, with the deficits and the question of how we get back to balanced budgets. We have a health care system that's imploding, as far as becoming half of the budget. There are strains there in that situation. You have to look at every government sector, I think; go through all of them and say, "What rules do we have in place that aren't being enforced?" and put the message down in a totally non-partisan way, saying, "Enough's enough. We want

respect for taxpayers' dollars through all levels of government." That's not currently happening, I don't think.

Ms. Lisa MacLeod: You mentioned that rules are in place and we're always reacting here in Ontario, and that we have an opportunity now to be proactive. One of the other challenges we face, of course, are rules that are going through this Ontario Legislature, yet once they're in place there is no regard for them. I give to you the example of Mr. McGuinty putting forward the promise that 22 of the major agencies in Ontario would have to post their expenses online. So far, according to the Ontario Taxpayers Federation, those goals have not yet been met. Is that a frustration for transparency and taxpayer accountability organizations like yourself, that there is no enforcement?

Mr. Peter Coleman: I think there's a sense in some people in the community, and we're certainly some of them, that they're above the government; they can do what they want. I think if the government makes a decision, they have to follow through and say, "We expect you to do this, and there will be consequences if you don't." That's the only way you can enforce it. They can't just sort of decide to follow some guidelines and not follow others—

The Chair (Mr. Shafiq Qadri): Thank you, Ms. MacLeod. Thanks to you, Mr. Coleman, for your deputation on behalf of the National Citizens Coalition.

MS. DEBBIE JODOIN

The Chair (Mr. Shafiq Qadri): Our next presenter is coming to us by a conference call: Ms. Debbie Jodoin. Ms. Jodoin, are you there?

Ms. Debbie Jodoin: Yes, I am.

The Chair (Mr. Shafiq Qadri): Great. It's Dr. Qadri of the social policy committee. You're live before a committee of Parliament. You have 10 minutes in which to make your presentation. I invite you to begin now.

Ms. Debbie Jodoin: Thank you, Chair, and thank you, committee. I'm here on behalf of the Ontario taxpayers against the eco fees.

From the onset, I'd have to say that Bill 122, the Broader Public Sector Accountability Act, 2010, doesn't go far enough when it comes to protecting Ontario taxpayers' dollars. This bill is in response to McGuinty Liberal scandals that have plagued this government for the last seven years, including the OLG, the WSIB, eHealth, Cancer Care Ontario and the Toronto Cricket Club, to name just a few. I could keep on going, but I won't.

One of the most recent scandals that I have become an activist on is the eco taxes that this government snuck through on July 1 of this year on top of the HST. To make it even worse, an official actually confirmed that the government tried to keep this hidden and made no effort to advertise that this hidden tax was coming down the pipe. On July 1, thousands of new products—over 8,000—were added to the fee list, including batteries, fire extinguishers, thermometers, alarm clocks and fish bowls, a

perfect example of how out of touch this government has become.

Since then, a group of grassroots activists that I am proud to be part of, who are upset at being taxed to death by this government, have been protesting across Ontario. We are protesting because this government backtracked on the eco tax implementation to do damage control for an ill-conceived plan. Ontarians still have not received a penny back on all these fees we were charged between July 1 and July 20. Ontarians have been ripped off by the eco fees. We want our money back, and we deserve our money back. It is ridiculous and unacceptable for any government to do this to the taxpayers. It is not your money; it is our money.

Bill 122 is just another example of how this government is reactionary rather than proactive, something that governments are supposed to be. Bill 122 is filled with loopholes, exclusions and ministerial interference that are too many to count and allow the government to bypass all the things the voting public want and expect from our elected officials and not a corrupt Liberal Party.

It's only because you've been caught yet again taking advantage of Ontario families. You've picked out of our pockets at a time when we cannot afford to pay any more, and to give it back to your Liberal-friendly consultants. We are tired of it, and we want more accountability in the process here. Bill 122 stops short of what the PC caucus would have enacted with the Truth in Government Act and does not go far enough to protect our tax dollars. Ontarians deserve respect, and this bill does not offer it.

The Chair (Mr. Shafiq Qadri): You have concluded, Ms. Jodoin?

Ms. Debbie Jodoin: Yes.

The Chair (Mr. Shafiq Qadri): Thank you. We have a lot of time for questions, I guess about four minutes or so per side, beginning with the government.

Mr. Kuldip Kular: Thank you very much for your presentation. I really understand and appreciate the points you have tried to make.

The Chair (Mr. Shafiq Qadri): To the PC side: Ms. MacLeod.

Ms. Lisa MacLeod: Welcome, Ms. Jodoin. I just want to point out to folks what you were up to this past summer and why you're appearing here today, because in my city that I grew up in, or that I represent—I shouldn't say I grew up there; I grew up in Nova Scotia—where I learned to pay taxes, in Ottawa, you have made headlines in our city, and I just wanted you to tell the committee a little bit about that.

Ms. Debbie Jodoin: We've been protesting the McGuinty government on the eco taxes. We're quite upset that there are unelected officials taxing the people of Ontario. This is taxation without representation. This is a no-go with the people of Ontario. We've been heard right across this great province. It's time that the Liberals come forward. You're sitting on \$76 million in eco fees, you charged us another \$5 million while you were in a coma, and now you just gave the municipality another

\$12 million. That's \$91 million unaccounted for. Where is it? We want it back.

Ms. Lisa MacLeod: I appreciate that, Ms. Jodoin. You brought up the eco taxes. I guess that's probably your biggest issue right now: that money that has been unaccounted for throughout that debacle, and I guess that speaks to the larger issue. Is it your opinion that this legislation, while it's a start, doesn't go quite far enough and in fact should be more of a proactive plan rather than a reactive plan, perhaps even looking at something like the federal government enacted with the ethics package that they put forward?

Ms. Debbie Jodoin: Yes. I believe that all governments should be proactive, not reactionary. You're there, and you're representing us, the people of Ontario, not yourselves. You're there to make sure that our money is protected and well spent, not on your friends and consultants. We can't afford this anymore. We need—

Ms. Lisa MacLeod: Just a final question, Ms. Jodoin. How many taxpayers in the city of Ottawa do you currently represent?

Ms. Debbie Jodoin: About 2,000.

Ms. Lisa MacLeod: Excellent. Well, listen, thanks very much for taking the time today. I'm sorry that we couldn't be in Ottawa, myself and the third party. The official opposition and the NDP both requested that we go to Ottawa to talk to—

Interjections.

Ms. Lisa MacLeod: Sorry. The Liberals are trying to shout me down here, but the reality is that the official opposition tried to get to the city of Ottawa, but the Liberal government voted us down. They're trying to shut us down on this accountability bill. It's unfortunate, when you're dealing with transparency and accountability, that they will shut you down as they're trying to do to me right at this point. Thank you very much.

Ms. Debbie Jodoin: Well, keep up the fight. Thank you.

Interjections.

The Chair (Mr. Shafiq Qadri): Gentlemen, I would invite you to desist.

Madame Gélinas?

M^{me} France Gélinas: Thank you, Mr. Chair, and pleased to talk to you, Madame Jodoin.

It was rather refreshing how you stated your point. We tend to use language here that has been very washed up, but you call things exactly the way that you saw it, and it is language that I certainly fully understand. Some people here are taking a little bit of a defensive mode to this, but you are certainly free to share with us how you feel.

I agree with you that there are loopholes, especially when it comes to the exclusions to the bill. The bill won't cover long-term-care homes, it won't cover for-profit health care delivery and there is a list of exemptions that also causes us problems. I can assure you that when we go through clause-by-clause, which is what we call the exercise when we read the bills over and try to make changes, I will be bringing changes to close those loopholes, to decrease the list of extensions and exemptions so that we try to do what you, the 2,000 ratepayers who

you represent, and basically the people of Ontario want us to do. They want our health care dollars to go for front-line care, and they want people who are tasked with managing those funds to be accountable back to us, the residents of Ontario.

So I thank you. Bravo for your really open and candid dialogue with us. I think we need more of you, every now and again, to come down to Queen's Park and tell us exactly the way you see it. Merci; thank you.

Ms. Debbie Jodoin: Thank you.

The Chair (Mr. Shafiq Qadri): Thank you, Madame Jodoin, for your deputation, and to you, Madame Gélinas, for your questions.

If there are no further comments, either benign or aggressive, then I will conclude this hearing. Any further comments? Fine. Committee adjourned until tomorrow.

The committee adjourned at 1702.

STANDING COMMITTEE ON SOCIAL POLICY

Chair / Président

Mr. Shafiq Qadri (Etobicoke North / Etobicoke-Nord L)

Vice-Chair / Vice-Président

Mr. Vic Dhillon (Brampton West / Brampton-Ouest L)

Mr. Vic Dhillon (Brampton West / Brampton-Ouest L)

Ms. Cheri DiNovo (Parkdale–High Park ND)

Mr. Rick Johnson (Haliburton–Kawartha Lakes–Brock L)

Ms. Sylvia Jones (Dufferin–Caledon PC)

Mr. Jean-Marc Lalonde (Glengarry–Prescott–Russell L)

Mr. Ted McMeekin (Ancaster–Dundas–Flamborough–Westdale L)

Mr. Shafiq Qadri (Etobicoke North / Etobicoke-Nord L)

Mr. Khalil Ramal (London–Fanshawe L)

Mrs. Elizabeth Witmer (Kitchener–Waterloo PC)

Substitutions / Membres remplaçants

M^{me} France Gélinas (Nickel Belt ND)

Mr. Kuldip Kular (Bramalea–Gore–Malton L)

Ms. Lisa MacLeod (Nepean–Carleton PC)

Clerk / Greffière

Ms. Susan Sourial

Staff / Personnel

Ms. Carrie Hull, research officer,
Legislative Research Service

CONTENTS

Monday 22 November 2010

Subcommittee report	SP-301
Broader Public Sector Accountability Act, 2010, Bill 122, Ms. Matthews / Loi de 2010 sur la responsabilisation du secteur parapublic, projet de loi 122, Mme Matthews.....	SP-303
Ministry of Health and Long-Term Care	SP-303
Hon. Deborah Matthews	
Ontario Council of Hospital Unions.....	SP-305
Mr. Michael Hurley	
Mr. Doug Allan	
Mr. Steven Barrett	
Mr. Allan Cutler	SP-308
Canadian Association of Management Consultants	SP-310
Mr. Glenn Yonemitsu	
Mr. Richard Lundeen	
Information and Privacy Commissioner	SP-312
Mr. Ken Anderson	
Registered Nurses' Association of Ontario	SP-314
Ms. Doris Grinspun	
PPI Consulting Ltd.	SP-316
Mr. Howard Grant	
The Procurement Office	SP-319
Mr. Paul Emanuelli	
Ontario Health Coalition	SP-321
Ms. Natalie Mehra	
Ontario Hospital Association	SP-322
Ms. Jodi Butts	
Dr. Ross Baker	
National Citizens Coalition	SP-325
Mr. Peter Coleman	
Ms. Debbie Jodoin	SP-327