



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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## PROGRESS ON THE PWC RECOMMENDATIONS

### **Recommendation**

*It is recommended that Report No. 095-13 re Progress on the PwC Recommendations be received for information.*

### **Key Points**

- Significant progress has been made on six highest-priority PwC recommendations. In time, these areas should yield increased Health Unit administrative efficiency and effectiveness.

### **Background**

Board of Health members will recall that at the May 9 Board of Health meeting, PricewaterhouseCoopers (PwC) presented the “Efficiency and Shared Services Review” (see [Report No. 063-13](#)) and the Board passed resolutions enabling staff to begin implementation of the PwC recommendations.

Then at the June 20 Board of Health meeting, staff reported the initial implementation plan which prioritized those PwC recommendations which appeared to offer the greatest value for money (see [Report No. 089-13](#)). The June report also mentioned that staff would follow-up in September to “update the Board on progress across all areas and seek further input on next steps.”

### **Progress on the High Priority Recommendations**

Six high-priority PwC recommendations were identified via analysis by the Senior Leadership Team. Much progress has been made over the summer on these recommendations:

1. Automation and Streamlining Administrative Paper Processes
2. Renegotiation of the Travel Clinic Lease
3. Investigation of Fit-Testing as a Possible Revenue Source
4. Integration of Health Unit Planning and Budgeting Processes
5. Alignment of Health Unit Finance Policies with Broader Public Sector Guidelines
6. Development of Key Performance Indicators

#### **1. Automation and Streamlining Administrative Paper Processes**

Led by the Health Unit’s IT Department and Business System Analyst (BA), much has been done to support automation and streamlining of administrative paper processes. This includes the completion of a new SharePoint-based intranet platform to be launched on Oct 21st. In addition to enhanced staff communication functions and self-service capabilities, the new platform will allow staff to complete electronic forms for a variety of finance and HR processes that had previously been paper-based, requiring additional resources for data entry. The first automated process will be mileage submissions, launching in the fall.

The BA has also been assessing HR and finance IT system requirements and arranging demonstrations of new software that can support further automation and streamlining within the HR and finance departments. Once all the system requirements are documented, a formal procurement procedure will identify possible software solutions.

## **2. Renegotiation of the Travel Clinic Lease**

A lease renegotiation process was completed over the summer between the Health Unit and Dr. David Colby. This includes provisions for the Clinic to pay rent to the Health Unit, and reduced Health Unit costs for administrative support. These discussions also identified opportunities to generate a small amount of additional revenue when clients seek vaccination for travel through our walk-in clinic.

## **3. Investigation of Fit-Testing as a Possible Revenue Source**

Led by the Manager of Emergency Preparedness, a business case has been drafted to determine whether the Health Unit could generate revenue from offering fit-testing services to the public (namely students and health professionals). Although the process has been delayed due to staff injury, the case is currently undergoing review by the senior leadership team to determine next steps.

## **4. Integration of Health Unit Planning and Budgeting Processes**

Given the complexity of this task and PwC's expertise regarding planning and budgeting, PwC was engaged to assist with specific elements of the planning and budgeting integration process. Progress to date on this process includes (a) an assessment of the Health Unit's diverse budget/planning submission and reporting requirements (including different requirements from municipal, provincial and federal government funders); (b) a management engagement session to determine opportunities for improvement with current budget and planning processes, (c) an assessment of the various planning approaches used within the Health Unit, and (d) an assessment of the budgeting and program performance information needs of Finance and Facilities Committee members.

This work has led to the development of a new and integrated budget/planning process. This process has been approved by the Finance and Facilities Committee and is currently being reviewed by Health Unit management. The new process will be piloted for the 2014 budget/planning cycle.

## **5. Alignment of Health Unit Finance Policies with Broader Public Sector Guidelines**

The Senior Leadership Team also engaged PwC to review its finance policies to ensure they underwent an objective review and reflect the Broader Public Sector Guidelines. PwC completed their review in late August and the policies are now under review by the Senior Leadership Team. These policies will then be integrated into the Health Unit's policy manual and staff will be educated on the revisions.

## **6. Development of Key Performance Indicators**

Key performance indicators (KPIs) are being developed using a phased approach. The first phase has involved developing indicators for HR functions. The potential indicators for HR focus on (a) absenteeism, (b) recruitment/staff turnover, and (c) occupational health and safety. This KPI work will eventually be replicated for KPIs across Health Unit administrative and program areas. Work is also being done to determine the feasibility of a Health Unit -wide performance scorecard.

## **Next Steps**

The fall will see further progress on each of these recommendations. Direction from the Board of Health will be sought for each of these initiatives, as appropriate. Furthermore, staff will continue to report progress on each of these areas to the Board and will provide further analysis to the Board about which of the PwC recommendations will provide greatest value to the organization in terms of decreasing costs and/or increasing quality of the Health Unit's public health programs and services. To date, \$106,235 of the \$135,000 allocated to the PwC contract has been used. The remaining \$28,765 will be used by year end to further this analysis.

This report was prepared by Mr. Ross Graham, Manager of Strategic Projects and Dr. Christopher Mackie, Medical Officer of Health.

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