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February 6, 2019

Andrew Will, Vice President
Infrastructure, Information & Support
Saskatchewan Health Authority
701 Queen St.,
Saskatoon, SK S7K 0M7

Dear Mr. Will:

RE: Provincial Security Review – Final Report

SEIU-West is now in possession of the full report authored by Tony Weeks, consultant commissioned by the Saskatchewan Health Authority (SHA) to conduct the above provincial review. While we have not had the time to fully digest the full impact of the Final Report upon patient/client/resident health care services or our membership or other members of the health care team, we do have a number of concerns to share.

Although the SHA advised our representatives at the briefing on February 4, 2019, that we need not be concerned about the recommendation (#27) in the report, which set out the possibility of the privatization of Security Services as a long term goal, we admit to some scepticism regarding this assurance. This item appeared as a highlight in both the memo prepared for All Staff and Physicians and that prepared for Security Officers. It also appeared in the Q&A document. We are concerned about the less than transparent nature of a message that frames recommendation #27 as a priority for one audience, yet purposefully diminishes its importance and relevance for another. We request your confirmation that you intend to maintain in-house Security Officer presence at the former Saskatoon Health Region (SHR) facilities where they currently stand as a valued part of the health care team.

We do appreciate the value of conducting a security assessment at all SHA facilities and we would propose that following this audit of added needs that the SHA, independent of the report author, consult with both Security Officers and their representatives (SEIU-West, CUPE & SGEU) to generate options as to how these needs might best be met.


We are apprehensive about the recommendation (#13) of establishing a Provincial Security Advisory Council. While the former Health Regions invested heavily in LEAN training which champions the value of designing change with input from the front-line workers, this has not been modeled

during transformational changes (transition to one health authority). It is essential that the make-up of this kind of Council be done with caution so as to include those who have experience with security services in a health care setting and those stakeholders who are representatives of the current Security Officers. In order to maximize the potential for success of the Council, it must not adopt a top-down information structure. It has to listen to, and be guided by, the employees who best know the work floor issues and best know how to implement best practices.

Our members who work in Security Services recall their experience in having a Mental Health Committee established to provide overall direction in the start-up of the new Dube Centre. There were far too many patients who were put in harm's way without informed consent as a result of the general direction that patients ought to direct their own care plan and that the static security mechanisms (door locks) not be operationalized. We hope that this will be viewed as a learning opportunity.

Finally, in respect to the recommendation (#14), we have grave concerns that this discussion will digress to a cost-cutting measure at the expense of the professionalism of our current Security Officers. There needs to be an understanding that safety equipment includes Personal Protective Equipment (PPEs); adequate resources are needed to ensure that all tools remain available – effective training, safety equipment and the uniform necessary as a psychological safety tool to convey the duty that Security Officers are charged with to maintain safety in the health care environment.

We look forward to our future discussions with your group in March. In reviewing the last page of the report, we share the view of the author that some of the recommendations will require investment of funds. These critical decisions cannot be made without the proper measurement of risk – to the safety of patients, clients, residents and all staff and physicians. We hope that you will be willing to provide the requested assurances that the recommendations referenced herein will not create an environment of distrust for our members.

Yours truly,
 Vice President
for
Barbara Cape
President
SEIU-West

BC/jb USW 5917

cc. Honourable Jim Reiter, Minister of Health
Honourable Greg Ottenbreit, Minister for Rural & Remote Health
Max Hendricks, Deputy Minister, Ministry of Health
Scott Livingstone, Chief Executive Officer, SHA

Mike Northcott, Chief Human Resources Officer, SHA
Karen Barber, Executive Director, St. Paul's Hospital
Derek Miller, Executive Director, Infrastructure Management, SHA
Russ Laidlaw, Director Protective Services & Health Emergency Management, SHA
Curtis Grueter, Manager of Security Operations, SHA
Kevin Zimmerman, Executive Director, Labour and Employee Relations, SHA
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