

**Budget 2023**

**SUPPLEMENT TO  
THE ESTIMATES  
OF EXPENDITURE**

**BUDGET  
COMPLÉMENTAIRE**

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**2023/24**

Manitoba Health

Santé Manitoba

# Indigenous Land Acknowledgement

We recognize that Manitoba is on the Treaty Territories and ancestral lands of the Anishinaabe, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk peoples.

We acknowledge Manitoba is located on the Homeland of the Red River Métis.

We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

We respect the spirit and intent of Treaties and Treaty Making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

# Reconnaissance du territoire

Nous reconnaissons que le Manitoba se trouve sur les territoires visés par un traité et sur les terres ancestrales des peuples anishinaabe, anishinewuk, dakota oyate, denesuline et nehethowuk.

Nous reconnaissons que le Manitoba se situe sur le territoire des Métis de la Rivière-Rouge.

Nous reconnaissons que le nord du Manitoba comprend des terres qui étaient et sont toujours les terres ancestrales des Inuits.

Nous respectons l'esprit et l'objectif des traités et de la conclusion de ces derniers. Nous restons déterminés à travailler en partenariat avec les Premières Nations, les Inuits et les Métis dans un esprit de vérité, de réconciliation et de collaboration.

This publication is available online: [www.manitoba.ca/openmb/infomb](http://www.manitoba.ca/openmb/infomb)

This publication is available in alternate formats, upon request.

Contact: [department.services@gov.mb.ca](mailto:department.services@gov.mb.ca)

**Supplement  
to the Estimates  
of Expenditure  
2023/24**

**Manitoba Health**

**Budget  
complémentaire  
2023-2024**

**Santé Manitoba**

# Minister's Message



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## MINISTER OF HEALTH

Room 302  
Legislative Building  
Winnipeg, Manitoba R3C 0V8  
CANADA

I am pleased to provide the 2023/24 Health Supplement to the Estimates of Expenditure. As the minister responsible for Health, I am accountable for the basis on which the Supplement to the Estimates of Expenditure is prepared and for achieving the specific objectives listed in this document.

I am proud to lead a team of professionals who continue to work together to ensure our citizens receive quality healthcare services within a sustainable financial manner. The performance results of our business plans contained in this document will be included in the department's Annual Report.

The Manitoba government established the Health Human Resource Action Plan to meet the significant demand for health care professionals across Manitoba. First announced on November 10, 2022, the action plan's \$200 million strategy to recruit, train, and retain health care providers builds upon a number of ongoing strategies and programs aimed at improving health care for all Manitobans. The action plan supports the human resource needs of the healthcare sector by retaining valued staff and adding 2,000 health care providers to the provincial healthcare system. The first phase of the action plan is now in the process of being rolled out, with more targeted initiatives to be introduced in subsequent phases. Beyond the action plan itself, the Manitoba government is also working with health system stakeholders in developing innovative approaches to recruitment and retention. Other significant measures include supporting the expansion of health care provider training programs offered in the Universities, facilitating the continued development of health care providers.

The Manitoba government continues its commitment to address surgical and diagnostic waitlists through the Diagnostic and Surgical Recovery Task Force (DSRTF) through innovative solutions of building capacity in Manitoba, working with private and public Manitoba providers through a request for supply arrangements, and by implementing safe, out-of-province care options for some procedures. The DSRTF is pleased to highlight that the pandemic backlog in cataract surgery has been eliminated, the pandemic backlog in ultrasound has been reduced by 86 per cent, and DSRTF has considered close to 200 projects to reduce surgical or diagnostic backlogs. While work continues to move forward as we recover from COVID-19 related surgical and diagnostic backlogs, the combined strategic investments in staffing and health care infrastructure will continue to ensure that Manitobans have timely access to the care they need.

As first announced in Budget 2021, Manitoba is making an historic capital investment in building, expanding and renovating health care facilities across the province in support of Manitoba's Clinical and Preventive Services Plan. The plan, led by clinicians, improves access to care for all Manitobans and identifies planned investments in health infrastructure as being pivotal to efforts to support better care sooner and closer to home. Budget 2023 provides a total capital investment of \$1,344 million for the expansion, improvements or new health care facilities in Manitoba.

As you use this document, I hope you are able to take the time to reflect on the challenging and important work our government has undertaken to improve the efficiency of our health-care system, while providing Manitobans with the timely, quality care they deserve.

We will continue to invest in health care and build a provincial system that achieves better results and better meets the needs of Manitobans.

“original signed by”

Honourable Audrey Gordon

Minister of Health



# Message ministériel



## Ministre de la Santé

Bureau 302  
Palais législatif  
Winnipeg (Manitoba) CANADA  
R3C 0V8

J'ai le plaisir de présenter le budget complémentaire 2023-2024 du ministère de la Santé du Manitoba. En tant que ministre de la Santé, j'assume une responsabilité quant aux fondements sur lesquels repose l'établissement du budget complémentaire et à l'atteinte des objectifs énumérés dans ce document.

C'est avec fierté que je dirige une équipe de professionnels qui continuent de travailler ensemble pour que les résidents de notre province reçoivent des services de soins de santé de qualité, financés de façon durable. Les résultats en matière de rendement de nos plans d'activités dont fait état le présent document seront présentés dans le rapport annuel du ministère.

Le gouvernement du Manitoba a établi le Plan d'action sur les ressources humaines en santé afin de répondre aux besoins élevés en professionnels de la santé au Manitoba. Annoncé le 10 novembre 2022, ce plan d'action de 200 millions de dollars portant sur le recrutement, la formation et le maintien en poste de fournisseurs de soins de santé s'appuie sur un certain nombre de stratégies et de programmes à long terme afin d'améliorer les soins de santé à l'intention de tous les Manitobains. Il répond aux besoins en ressources humaines dans le secteur des soins de santé en favorisant le maintien en poste de précieux membres du personnel, en plus de prévoir l'ajout de 2 000 fournisseurs de soins de santé dans le système de santé provincial. La première phase du plan d'action est en cours de mise en œuvre, et des initiatives plus ciblées seront introduites dans les phases suivantes. Au-delà de ce plan, le gouvernement du Manitoba travaille également avec des intervenants du système de santé afin d'élaborer des approches novatrices axées sur le recrutement et le maintien en poste. Parmi les autres mesures importantes qui sont mises en œuvre figure le soutien à l'élargissement des programmes universitaires de formation des fournisseurs de soins de santé afin de faciliter le perfectionnement continu de ces professionnels.

Le gouvernement du Manitoba demeure déterminé à s'attaquer, par l'entremise du Groupe de travail sur le rétablissement des services chirurgicaux et diagnostiques, aux listes de patients en attente de tels services. À cette fin, il adopte des solutions novatrices pour renforcer les capacités au Manitoba, conclut des arrangements en matière d'approvisionnement avec des fournisseurs de soins privés et publics et met en place des options sûres pour la prestation de soins à l'extérieur de la province pour certaines interventions. Le Groupe de travail a examiné près de 200 projets pour réduire les arriérés qui découlent de la pandémie touchant les services chirurgicaux ou diagnostiques, et il est ravi de souligner que les arriérés pour les opérations de la cataracte ont été éliminés et que ceux pour les échographies ont été réduits de 86 %. Pendant que se poursuivent ces travaux, l'ensemble de nos investissements stratégiques dans la dotation en personnel et l'infrastructure des soins de santé permettront à la population manitobaine de continuer d'avoir accès aux soins dont elle a besoin en temps opportun.

Comme il l'avait annoncé dans le Budget de 2021, le Manitoba fait des investissements historiques dans les immobilisations, qui prennent la forme de projets de construction, d'agrandissement et de rénovation d'établissements de soins de santé aux quatre coins de la province, conformément au Plan de services cliniques et préventifs du Manitoba. Sous la direction de cliniciens, ce plan améliore l'accès aux soins pour tous les Manitobains et dresse la liste des investissements prévus dans l'infrastructure de santé qui sont considérés comme étant essentiels pour soutenir la prestation de meilleurs soins plus rapidement, plus près de chez soi. Le Budget de 2023 prévoit des dépenses en immobilisations – pour l'agrandissement, l'amélioration ou l'aménagement d'établissements de santé au Manitoba – totalisant 1 344 millions de dollars.

Pendant que vous lirez le présent document, j'espère que vous pourrez prendre le temps de réfléchir aux travaux difficiles et importants que notre gouvernement a entrepris pour améliorer l'efficacité de notre système de santé, tout en fournissant à la population du Manitoba les soins rapides et de qualité qu'elle mérite.

Nous continuerons d'investir dans les soins de santé et de bâtir un système qui donne de meilleurs résultats et qui répond mieux aux besoins de la population manitobaine.

La ministre de la Santé,

«original signé par»

Audrey Gordon



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# Introduction / Overview of the Supplement to the Estimates of Expenditure

This Supplement is intended to provide additional information to the Members of the Legislative Assembly and the public in their review of departmental information contained in the Summary Budget and departmental information contained in the Estimates of Expenditure for the fiscal year ending March 31, 2024.

This Supplement includes information on the department and other reporting entities. It includes consolidated financial details that align to the Summary Budget. Departmental information aligns with the Estimates of Expenditure and details the annual appropriations of the department to be approved by the Legislative Assembly through an appropriation act. The financial information is meant to supplement not replicate the detail included in the Estimates of Expenditure. For commitment level detail by sub-appropriation, please refer to the Estimates of Expenditure.

This Supplement also contains departmental staffing and full time equivalent (FTE) details that are not part of the Summary Budget or the Estimates of Expenditure.

The Supplement focuses on strategic priorities. Departments can then take steps to create operating plans that further identify how strategic priorities will translate into day-to-day operations. The performance results of these operations will be shared at the end of the fiscal year in the annual report which will be released in September 2024.

Balanced scorecards have been implemented across the Government of Manitoba to foster operational improvements by reinforcing transparency, urgency, alignment and accountability. Department-level balanced scorecards have been included in the Supplement to identify key priorities for each department that staff will work towards, with appropriate performance measures.

The format of the sub-appropriation content has been updated to align with the department's balanced scorecard. Sub-appropriation content formerly listed as "objectives", "activity identification" and "expected results" have been updated to include an overview and key initiatives and performance measures sections.

# Introduction/Aperçu du budget complémentaire

Ce budget complémentaire fournit de l'information additionnelle aux députés à l'Assemblée législative et au public afin de les aider à passer en revue les renseignements liés au ministère présentés dans le budget sommaire et dans le Budget des dépenses pour l'exercice se terminant le 31 mars 2024.

Le budget complémentaire comprend de l'information concernant le ministère et d'autres entités comptables. Il contient des données financières consolidées qui sont conformes au budget sommaire. Les renseignements liés au ministère correspondent au Budget des dépenses et donnent le détail des affectations de crédits annuels du ministère que doit approuver l'Assemblée législative en vertu d'une loi portant affectation de crédits. Les renseignements financiers sont destinés à compléter et non pas à répéter l'information figurant dans le Budget des dépenses. Pour en savoir plus au sujet du niveau d'engagement par sous-crédit, veuillez vous reporter au Budget des dépenses.

Le budget complémentaire contient également de l'information sur la dotation en personnel et les équivalents temps plein (ETP) du ministère qui ne fait pas partie du budget sommaire ou du Budget des dépenses.

Le budget complémentaire se concentre sur les priorités stratégiques. Les ministères pourront prendre des mesures pour créer des plans opérationnels décrivant plus en détail de quelle façon les priorités stratégiques seront intégrées aux activités quotidiennes. Les résultats en matière de rendement liés à ces activités seront présentés à la fin de l'exercice dans le rapport annuel, qui sera rendu public en septembre 2024.

Des tableaux de bord équilibrés ont été mis en œuvre dans l'ensemble du gouvernement du Manitoba pour favoriser l'amélioration sur le plan opérationnel en mettant l'accent sur la transparence, l'urgence, l'harmonisation et l'obligation redditionnelle. Les tableaux de bord équilibrés ministériels qui ont été inclus dans le budget complémentaire présentent les grandes priorités de chaque ministère sur lesquelles travaillera le personnel et décrivent les mesures du rendement appropriées.

La nouvelle présentation du contenu des sous-postes reflète celle du tableau de bord équilibré du ministère. On a mis à jour le contenu des sous-postes (qui portait anciennement sur les objectifs, les activités et les résultats attendus) pour y inclure un aperçu et des sections sur les initiatives clés et les mesures du rendement.

# Manitoba Health at a Glance

<b>Department Description</b>	The department operates under the provisions of the legislation and responsibilities of the Minister of Health. The legislation, as well as emerging health and health care issues, guide the planning and delivery of health care services for Manitobans.
<b>Minister</b>	Honourable Audrey Gordon
<b>Deputy Minister</b>	Karen Herd

<b>Other Reporting Entities</b>	<p style="text-align: center;"><b>7</b></p> <p style="text-align: center;">Service Delivery Organizations</p> <p style="text-align: center;"><b>124</b></p> <p style="text-align: center;">Licensed Personal Care Homes</p>	<ul style="list-style-type: none"> <li>• <b>Service Delivery Organizations:</b> CancerCare Manitoba Regional Health Authorities: Interlake-Eastern Regional Health Authority Northern Regional Health Authority Prairie Mountain Health Authority Southern Health-Santé Sud Winnipeg Regional Health Authority Shared Health</li> <li>• Licensed Personal Care Homes</li> <li>• Community Health Agencies</li> <li>• Rehabilitation Centre for Children, Inc.</li> <li>• St. Amant</li> </ul>
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Summary Expenditure (\$M)	
<b>7,133</b>	<b>6,664</b>
2023 / 24	2022 / 23

Core Expenditure (\$M)		Core Staffing <sup>1</sup>	
<b>6,778</b>	<b>6,275</b>	<b>729.30</b>	<b>812.00</b>
2023 / 24	2022 / 23	2023 / 24 - FTE	2022 / 23 - FTE

<sup>1</sup> Decrease as a result of transfer of direct care service delivery functions to Shared Health in 2022/23.

# Coup d'œil sur le ministère de la Santé

Description du ministère	Le fonctionnement du ministère est régi par des dispositions législatives et est également fonction des responsabilités confiées à la ministre de la Santé. Les textes de loi, ainsi que les questions de santé et de soins de santé émergentes, orientent la planification et l'offre de services de santé à l'intention de la population manitobaine.
Ministre	Audrey Gordon
Sous-ministre	Karen Herd

Autres entités comptables	<b>7</b> organismes de prestation de services	<ul style="list-style-type: none"> <li>• <b>Organismes de prestation de services</b> Action cancer Manitoba Offices régionaux de la santé Office régional de la santé d'Entre-les-Lacs et de l'Est Office régional de la santé du Nord Santé de Prairie Mountain Southern Health–Santé Sud Office régional de la santé de Winnipeg Soins communs</li> <li>• Foyers de soins personnels autorisés</li> <li>• Organismes de santé communautaire</li> <li>• Rehabilitation Centre for Children Inc.</li> <li>• St. Amant</li> </ul>
	<b>124</b> foyers de soins personnels autorisés	

Dépenses globales (en millions de dollars)	
<b>7,133</b>	<b>6,664</b>
<b>2023-2024</b>	<b>2022-2023</b>

Dépenses ministérielles (en millions de dollars)		Personnel ministériel	
<b>6,778</b>	<b>6,275</b>	<b>729,30</b>	<b>812,00</b>
<b>2023-2024</b>	<b>2022-2023</b>	<b>ETP en 2023-2024</b>	<b>ETP en 2022-2023</b>

<sup>1</sup> Diminution imputable au transfert à Soins communs des fonctions relatives à la prestation de soins directs en 2022-2023.

# Department Responsibilities

The minister of Health is the cabinet minister responsible for Manitoba Health. This includes emerging health and health care issues and the planning and delivery of health care services for Manitobans.

## The overall responsibilities of the minister and Department of Health include:

- The minister of Health is responsible for continuing to build a health care system that is: more focused on the patient; integrated and innovative; clear in its definition of roles, responsibilities and accountabilities; transparent in its measurement of outcomes through performance dashboards; equitable and accessible regardless of geography, cultural practices or social circumstances and sustainable for current and future generations.
- The department has a policy, planning, funding and oversight role to ensure that service delivery organizations (SDOs) (the regional health authorities, CancerCare Manitoba and Shared Health) and over 100 other service providers (primarily not-for-profit organizations) are accountable to provide high-quality services at a reasonable cost to Manitobans. This role is accomplished through resource allocation; legislation and regulations; planning and strategic direction; policy and standards; and performance monitoring, reporting, and management to achieve results.
- The department promotes and supports its mandate through engagement with Manitobans and the seven SDOs.
- The department provides leadership and policy support designed to influence the conditions that promotes the health of the public across all sectors of the population. The department also provides public health clinical leadership and ensures that a provincial public health system delivers to Manitobans on core public health priorities such as pandemics and communicable disease prevention.
- Legislation under the responsibility of the minister has been provided in the Statutory Responsibilities of the Minister of Health section.

# Department Shared Services

## Health's Finance Division

The Department of Health/Finance Division, is responsible for ensuring appropriate management and accountability of department resources and alignment with business strategies and priorities. The division provides shared services supporting budgeting, financial analysis and financial reporting for the Departments of Mental Health and Community Wellness and Seniors and Long-Term Care.

# Responsabilités du ministère

La ministre de la Santé est la ministre de la Couronne responsable de Santé Manitoba. À ce titre, elle est responsable des questions de santé et de soins de santé émergentes ainsi que de la planification et de l'offre de services de soins de santé à l'intention de la population manitobaine.

Les responsabilités générales de la ministre et du ministère de la Santé sont les suivantes :

- La ministre de la Santé est chargée de poursuivre l'édification d'un système de soins de santé qui soit : davantage axé sur le patient, intégré et innovant; clair dans sa définition des rôles, des responsabilités et des obligations redditionnelles; transparent dans sa mesure des résultats au moyen de tableaux de bord du rendement; équitable et accessible indépendamment de la région, des pratiques culturelles ou des circonstances sociales; et durable pour les générations actuelles et futures.
- Le ministère joue un rôle dans l'élaboration des politiques, la planification, le financement et le contrôle afin de garantir que les organismes de prestation de services (offices régionaux de la santé, Action cancer Manitoba et Soins communs) et plus de cent autres fournisseurs de services (principalement des organismes sans but lucratif) assument la responsabilité d'offrir à la population manitobaine des services de haute qualité à un coût abordable. Il s'acquitte de ce rôle dans le cadre des fonctions suivantes : affectation des ressources; législation et réglementation; planification et orientation stratégique; établissement de politiques et de normes; surveillance, communication et gestion du rendement en vue de l'atteinte des résultats voulus.
- Le ministère fait la promotion de son mandat et l'appuie par un dialogue continu avec la population manitobaine et les sept organismes de prestation de services.
- Le ministère fournit la direction et le soutien stratégique nécessaires pour influencer sur les conditions qui favorisent une bonne santé dans tous les secteurs de la population. De même, dans le domaine de la santé publique, il exerce un leadership clinique et garantit à la population manitobaine la prestation d'un système de santé axé sur des priorités essentielles comme la gestion des pandémies et la prévention des maladies transmissibles.
- Les lois et règlements relevant de la responsabilité de la ministre sont énumérés dans la section intitulée « Statutory Responsibilities of the Minister of Health ».

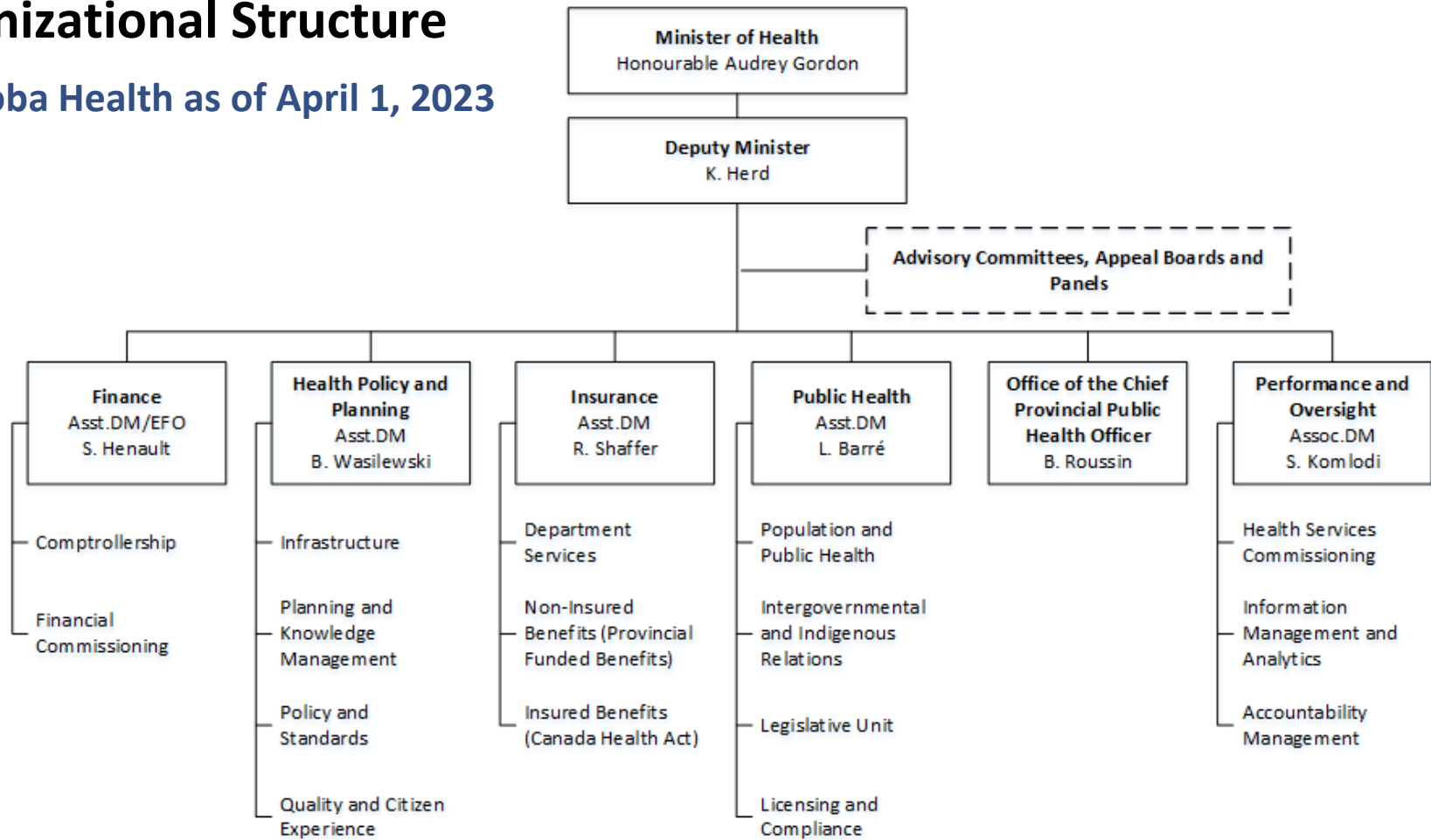
## Services partagés du ministère

### Division des finances du ministère de la Santé

La Division des finances du ministère de la Santé est chargée d'assurer une gestion appropriée des ressources ministérielles et l'obligation redditionnelle à cet égard, de même que la conformité aux stratégies et aux priorités opérationnelles. Elle fournit au ministère de la Santé mentale et du Mieux-être de la communauté et au ministère des Aînés et des Soins de longue durée des services partagés pour appuyer leurs activités de budgétisation, d'analyse financière et de production de rapports financiers.

# Organizational Structure

## Manitoba Health as of April 1, 2023



### Other Reporting Entities Accountable to Minister:

- CancerCare Manitoba (CCMB)
- Shared Health Inc. (SH)
- Rehabilitation Centre for Children
- St. Amant
- Regional Health Authorities:
  1. Winnipeg Regional Health Authority (WRHA)
  2. Interlake-Eastern Regional Health Authority (IERHA)
  3. Prairie Mountain Health (PMH)
  4. Northern Regional Health Authority (NRHA)
  5. Southern Health-Santé Sud (SH-SS)



# Department Strategy Map

The department strategy map lists the four Government priority areas: Quality of Life, Working Smarter, Public Service and Value for Money, with the department's objectives listed under each priority. Objectives, initiatives and performance measures are described in further detail following the strategy map.

## Vision

Working together toward excellent whole person healthcare for all Manitobans

## Mission

To ensure Manitoban patients, families and seniors have access to quality, timely healthcare wherever they live through a health care system that is sustainable and accountable

## Values

- Champion Quality
- Foster Adaptability
- Be Accountable
- Respect the Workforce
- Value the Community

## Department Balanced Scorecards Priorities and Objectives

### Quality of Life – Improving health care experience for Manitobans

1. Pursue a person-centred health care experience through improved service, standards and policies
2. Advance Reconciliation
3. Implement an integrated provincial health system that is aligned with the Manitoba Clinical and Preventive Services Plan
4. Identify and implement population health strategies to improve the health of Manitobans

### Working Smarter – Improving health system capacity, performance and accountability

5. Align and integrate the health system to transition from COVID-19 pandemic structures to an organization design and service model that is adaptable and flexible in responding to health system recovery efforts, diagnostic and surgical recovery, and emerging health pressures and public health risks
6. Reduce Red Tape
7. Improve the use of evidence to inform decision-making to ensure results and outcomes are measure and monitored so they are achieved

## **Public Service – Empowering an adaptable, high-performing workforce**

8. Develop our workforce and address human resource capacity through action-oriented recruitment, retention, resilience, and by enhancing skills, knowledge, innovation and quality improvement capacity.
9. Continue to build respectful, inclusive, culturally sensitive, and safe work environments and health care settings

## **Value For Money – Strengthen fiscal sustainability and value for money**

10. Implement and sustain commissioning to improve performance, financial management, and accountability.
11. Balance the Budget

# Schéma stratégique ministériel

Le schéma stratégique ministériel dresse la liste des quatre domaines prioritaires du gouvernement (qualité de vie, gestion plus ingénieuse, fonction publique, optimisation des ressources), les objectifs du ministère étant répertoriés sous chacune de ces priorités. Les objectifs, les initiatives et les mesures du rendement sont décrits plus en détail à la suite de ce schéma.

## Vision

Travailler ensemble pour offrir à tous les Manitobains d'excellents soins de santé qui tiennent compte de l'ensemble de la personne.

## Mission

Veiller à ce que les patients, familles et personnes âgées du Manitoba, où qu'ils résident, aient accès en temps opportun à des soins de santé de qualité par l'entremise d'un système de soins de santé durable et responsable

## Valeurs

- Promouvoir la qualité
- Favoriser l'adaptabilité
- Être responsable
- Respecter la main-d'œuvre
- Valoriser la communauté

## Priorités et objectifs des tableaux de bord équilibrés ministériels

### Qualité de vie – Améliorer l'expérience des soins de santé pour les Manitobains

1. Améliorer les services, les normes et les politiques afin de centrer l'expérience des soins de santé sur la personne
2. Faire progresser la réconciliation
3. Mettre en œuvre un système de santé provincial intégré conformément au Plan de services cliniques et préventifs du Manitoba
4. Élaborer et mettre en œuvre des stratégies pour améliorer la santé de la population manitobaine

### Gestion plus ingénieuse – Renforcer les capacités, le rendement et l'obligation redditionnelle du système de santé

5. Harmoniser et intégrer le système de santé pour faire passer les structures mises en place durant la pandémie de COVID-19 à un modèle de conception organisationnelle et de prestation de services souple et capable de s'adapter aux efforts de rétablissement qui sont déployés au sein du réseau et de ses services chirurgicaux et diagnostiques, aux nouvelles pressions qui sont exercées en matière de santé et aux risques qui planent sur la santé publique
6. Réduire la bureaucratie
7. Améliorer l'utilisation des données probantes pour éclairer la prise de décisions afin de s'assurer que les résultats à atteindre sont mesurés et contrôlés de près

## **Fonction publique – Outiller une main-d’œuvre adaptable et très efficace**

8. Renforcer la main-d’œuvre et les capacités en matière de ressources humaines en prenant des mesures pragmatiques pour accroître le recrutement, le maintien en poste et la résilience ainsi qu’en rehaussant les compétences, les connaissances, l’innovation et les processus d’amélioration de la qualité
9. Poursuivre la création de milieux de travail et de soins respectueux, inclusifs, adaptés à la culture et sécuritaires

## **Optimisation des ressources – Améliorer la viabilité financière et optimiser l’utilisation des ressources**

10. Mettre en œuvre et appuyer la mise en service pour améliorer le rendement, la gestion financière et l’obligation redditionnelle
11. Équilibrer le budget

# Department Balanced Scorecards Priorities and Objectives – Details

## Quality of Life – Improving health care experience for Manitobans

### 1. Pursue a person-centred health care experience through improved service, standards and policies.

#### Key Initiatives

- **Response to the COVID-19 pandemic and recovery of core public health services.** The department will respond to COVID-19 at a level appropriate to the context of the virus and rebalance priorities from the disproportionate focus on COVID-19 to emerging public health priorities, including those that were exacerbated by the pandemic. This initiative maintains an appropriate and scaled back response to COVID-19, reflecting the current status of the pandemic, while addressing the sexually transmitted and blood borne infections (STBBI) crisis, housing, food safety, work with families, and other vaccine programs. The work of recovering core public health services has already begun by shifting some resources away from pandemic response to other needed requirements, and assessing needs for the upcoming year.
- **Assess and transition COVID-19 taskforce functions that should be built into the Public Health model and integrated within the Public Health organizational structure and functions. This will result in temporary taskforce positions and functions being integrated or eliminated.** Manitoba Health is integrating necessary ongoing COVID-19 work into regular public health work and scaling back elements of the COVID-19 response that are no longer necessary. This initiative will continue to reduce the staffing and expenditures that were necessary at the height of the COVID-19 response. Some COVID-19 programs have already been completely or partially wound down, strict public health measures, and widespread community PCR testing.
- **Identify the public health infrastructure and resources required to respond to COVID-19 reactivation/surge plans.** The department has identified the relatively small component of the initial COVID-19 response that must continue over the long term and made reactivation plans for scaled back elements of the response, in case it becomes necessary. Immunization, and laboratory detection, and surveillance are examples of programs that must continue to ensure Manitoba is well-positioned to respond to a possible resurgence. Over the course of several waves of COVID-19, a base capacity, in addition to surge capacity, has been identified to ensure the system has ongoing response capabilities.
- **Work with the health system, and whole of government, to develop plans to ensure preparedness for future public health events or issues that may require incident command, addressing the disparities that were experienced in the COVID-19 pandemic.** The department will continue to engage with the health system and whole of government to plan for future public health emergencies. Planning is underway, and various teams in the health system have identified and documented lessons learned in the COVID-19 pandemic. Plans for implementation of an incident command structure in future events will be developed, as well as training for public health staff who are involved in future health emergencies.
- **Health System Transformation.** The department and the health sector are continuing in their efforts to ensure the health system is more patient-focused, safe and operates more efficiently and sustainably in the long-term. The department will continue to lead the system change, through policy support and planning, funding and performance requirements, oversight and accountability. Specific activities underway in 2023/24 include:
  - commissioning and accountability management implementation
  - implementation of Manitoba's Clinical and Preventive Services Plan
  - shared services development and implementation
- **Shared support services.** Work will continue to establish customer-focused, consistent and coordinated shared services, as identified in the health system transformation blueprint including services such as human resources, supply chain, capital planning and clinical engineering.
- **Emergency Department waits.** To address system oversight and performance, the department will continue to monitor and evaluate the performance on key health system indicators. One of the indicators being monitored is wait times. Wait

times, specifically, emergency department and urgent care wait times, are a primary indicator of public access to the Manitoba health care system.

- **Address wait times for surgical services.** Undertake procurement aligned with planning of priority procedures for addressing prolonged wait times and the COVID-19 backlog of postponed surgical and diagnostic procedures.
- **Supporting the Seniors and Long Term Care Strategy, develop and implement new long term care standards for the province in response to the Stevenson Report.**
  - **Personal Care Home Standards Modernization:** The modernization of personal care home standards as outlined in the Stevenson Report's Recommendation #16 will continue throughout 2023/24. During 2023/24, the department will: draft modernized personal care standards utilizing environmental scan, leading practice review, and stakeholder input; pilot draft standards in multiple settings and measure results, and; incorporate feedback into updated draft standards.
  - **Public Release of Personal Care Home Standards Review Reports:** The department will continue to inspect all 124 personal care homes and publicly post all standard review reports of personal care homes on [InfoMB website](#) approximately 90 days from the completion of the report. Posting these reports publicly is important because it allows for transparency into the licensing process and the quality of care provided by personal care homes.
- **Undertake improvements to the Protection of Persons in Care Office (PPCO) processes and changes to legislation, regulations and policies, as may be required, to improve the timelines and effectiveness of the administration of the Protections for Persons in Care Act.** The PPCO administers The Protections for Persons in Care Act and regulations, under which it investigates complaints from patients and their families concerning matters of potential abuse or neglect. The Protection for Persons in Care Office will align its internal resources to meet intake deadlines associated with processing referrals and conducting initial review of inquiries, with a goal of achieving 100% compliance with these measures during 2023/24. Meeting timelines will promote and advance patient/resident health and safety.
- **Implementation and oversight of various inquest, ombudsman and audit reports, including Manitoba Advocate for Children and Youth (MACY).** Audits, inquests and reviews from the Office of the Auditor General, Internal Audit, Inquests, Ombudsman and various other special reviews, such as the Stevenson Report and the Manitoba Advocate for Children and Youth that result in recommendations to the department and/or the health system are coordinated, monitored and reported on. The department is currently monitoring a total of 36 active reviews and this coordination and monitoring function ensures that the department has up to date information and is upholding its responsibilities regarding the implementation of these recommendations.
- **Shared Health conducted client and citizen engagement in redesign of health system.** For 2023/24 the department will continue to monitor and oversee provincial patient and public engagement activities that support health system improvements. This will include the establishment of the provincial patient engagement network that will enable and offer recruitment, training, and connecting patient partners to healthcare engagement opportunities. The work will also include the implementation of standardized processes and tools to support integrating the patient voice into decision-making, planning, quality improvement, strategic planning, and Clinical and Preventive Services Projects.
- **Modernize the reporting of critical incidents system.** For 2023/24 the department will update and strengthen patient safety policies and oversee the development and implementation of a modernized provincial digital occurrence and critical incident reporting system. This will improve the response to patient safety events and subsequent follow up on investigation findings, encourage opportunities to learn from events, and increase the safety and quality of the health care system.
- **French Language Services.** The department has developed a new and improved multi-year strategic French Language Services plan aimed at strengthening bilingual capacity in the department and achieving steady growth in the provision of French language services to the public. Carrying out the first year of the new plan in 2023/24 will help ensure that the department continues to serve and respond to the needs of Manitoba's Francophone population.
- **Develop modern communications to help citizens understand their health benefits.** A more user-friendly and person centered department website is being developed that will provide better communication and service to Manitobans.

## Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2023/24 Target
1.a Improve Manitoba's emergency department/urgent care centre wait time to physician initial assessment	3.9 hours	5.6 hours	3.9 hours	<b>3.9 hours</b>
1.b Increase provision of active offer for French language in all public interactions	42%	42%	55%	<b>65%</b>
1.c Meet timelines associated with referrals to the Protection for Persons in Care Office	-	-	-	<b>100%</b>
1.d Increase the number of public health inspections of regulated facilities within the province	4,565	3,849	5,600	<b>5,600</b>

**1.a Improve Manitoba's emergency department/urgent care centre wait time to physician initial assessment.** The maximum amount of time which 9 out of 10 (90%) of Emergency Department (ED) or Urgent Care Centre (UCC) patients waited between the earliest of registration or triage and the beginning of treatment by a physician, physician assistant, or nurse practitioners.

**1.b Increase provision of active offer for French language in all public interaction.** By monitoring the provision of Active Offer through an audit, and reviewing results with service areas, we will be able to determine improvements needed to services to ensure that Manitobans are offered services in both official languages. This measure represents the percentage of calls to active phone lines where Active Offer was provided with the goal of returning to pre-COVID-19 levels in 2022/23 and achieving steady improvement each year.

**1.c Meet timelines associated with referrals to the Protection for Persons in Care Office (PPCO).** This measure describes the length of time between a PPCO referral being processed at intake and an investigator's initial review (goal is within three working days). This measure will help to reduce the wait time associated with responding to referrals.

**1.d Increase the number of public health inspections of regulated facilities within the province.** Oversight and monitoring of regulated facilities such as restaurants, daycares, swimming pools, recreational camps and personal service facilities leads to safer food and safer facilities for the public to attend, and should correspond to better health outcomes, especially with regards to foodborne and waterborne diseases. This measures the number of routine public health inspections across all program areas in Manitoba with the goal of returning to pre-COVID-19 inspection levels.

## 2. Advance Reconciliation

### Key Initiatives

- **Truth and Reconciliation Commission (TRC) Training.** Promote the completion of The Path to Reconciliation training and report completion rates to divisions/branches. The training introduces employees to the history of Indigenous peoples, from pre-contact to the arrival of European settlers, to gain a stronger awareness and a better understanding of the intergenerational effects on Indigenous peoples. Participants learn how to build and maintain more effective and respectful relationships with Indigenous peoples in Manitoba.
- **Manitoba Indigenous Cultural Safety Training or equivalent.** Promote the completion of Manitoba Indigenous Cultural Safety Training or equivalent and report completion rates to divisions/branches. The Manitoba government offers the following courses pertaining to Indigenous cultural safety, awareness, and education:
  - Exploring The Historical And Modern Treaty Relationship
  - Building Your Indigenous Cross-Cultural Awareness
  - Treaty Relations Commission of Manitoba (TRCM) Speakers Bureau Series #7: Reflections On The National Inquiry Into MMIWG And 2SLGBTQQIA+ People
  - TRCM Speaker Bureau Series 2022 #5: What Is Indigenous Law?
  - TRCM Speakers Bureau Series #3: United Nations Declaration On The Rights Of Indigenous People
  - TRCM Speakers Bureau Series 2022 #4 - An Elder's Perspective On The Treaties - Treaty No.5
  - Consultation And Engagement With Indigenous Communities
- **Monitor the implementation of Truth and Reconciliation Calls to Action and ensure the required improvements are implemented and maintained.** The department will continue to monitor and provide oversight on health system efforts to address the TRC Calls to Action both regionally and as a health system. The department will also monitor and provide oversight to ensure all divisions within Manitoba Health are advancing implementation of TRC Calls to Action.

### Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2023/24 Target
2.a Percent completion of reconciliation training	-	-	New Measure	90%

**2.a. Percent completion of reconciliation training.** This measure will capture the percentage of department employees that have completed the online course “Advancing Reconciliation in Manitoba’s Public Service.” This measure supports the TRC Call to Action 57. It is expected that public servants will implement the learnings of the training through their work, thereby advancing reconciliation in their workplace. This is a new measure and this year will be used to collect data to establish a baseline and evaluate the target.

TRC Call to Action 57: “We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.”



### 3. Implement an integrated provincial health system that is aligned with the Manitoba Clinical and Preventive Services Plan

#### Key Initiatives

- **Approve and implement department policies relating to amendments to the Health System Governance and Accountability Act.** Department policies are strategic instruments for implementing legislative initiatives that support health system integration in alignment with the Manitoba Clinical and Preventive Services Plan. Following extensive planning and consultations with internal and external stakeholders these newly developed draft policies are now proceeding to final department approval.
- **Manitoba Clinical and Preventive Services Plan.** The Clinical and Preventive Services Plan (CPSP) supports an integrated provincial health system by providing the overall planning framework based on provincial priorities which guides service delivery organizations in making decisions about where to focus efforts and to allocate resources to ensure the best outcomes for Manitobans. To date, there have been two main areas of focus for the CPSP: realigning the provincial clinical network (PCN), as well as home and community care modernization (HCCM).

Going forward, CPSP will continue to advance its priorities (PCN and HCCM), along with a number of other initiatives to ensure CPSP transformation is successful. These include:

- formation of provincial clinical governance
- enhancement and expansion of digital innovations
- expansion of emergency response services
- **Invest in capital improvements to strengthen health care delivery (including Clinical and Preventive Services Plan related capital investments).** Capital improvements continue to focus on projects that support Healthcare System Transformation and the Clinical and Preventive Services Plan. Specific projects include:
  - new hospitals in Neepawa and Portage la Prairie
  - new endoscopy and, chemotherapy spaces at Dauphin Regional Health Centre
  - expansion of the Selkirk Regional Health Centre
  - expansion at the Boundary Trails Health Centre
  - expansion of the Bethesda Regional Health Centre
  - enhancement of health services in Brandon including addition and renovations at the Brandon Regional Health Centre and expansion and renovation of the Western Manitoba Cancer Centre
  - renovations to Ashern's Lakeshore General Hospital
  - expansion and redevelop at a number of sites including Virden, Souris, Killarney, Shoal Lake, Arborg and Beausejour
  - investments in northern Manitoba

All of these Clinical and Preventive Services Plan initiatives are currently in implementation, including design planning and in some cases, the site work is already in construction.

Continued capital commitment for the expansion and redevelopment of rural and northern health care facilities in addition to the projects under the Clinical and Preventive Services Plan are also underway:

- continued capital investment for the upgrading and replacement of building infrastructure and medical equipment such as diagnostic equipment, roof replacements, heating/cooling and electrical services
- continued capital investment for the upgrading and installation of fire protection systems in personal care homes
- continued capital investment for the renovations and new construction of facilities to support new or expanded health care programs
- continued capital investment for the upgrading and development of information and communications technology

- **St. Boniface General Hospital redevelopment.** St. Boniface Hospital Emergency Department redevelopment that will expand the size of the department and provide for increased patient capacity is underway. The project is a multi-phased project and the main phase “New Construction” started with demolition on August 16, 2021. The new Emergency Department is targeted to accommodate 55,000 visits annually, which is an increase of 7,000 visits over 2019/20 volumes.

The department will continue to provide oversight to this project which includes, but is not limited to the monthly review of the scope, budget and project schedule. In the next fiscal year, construction will continue with operational readiness planning starting in fiscal year of 2023/24.

## 4. Identify and implement population health strategies to improve the health of Manitobans

### Key Initiatives

- **Health Status of Manitobans Report.** The Health Status of Manitobans Report was to be released in 2020 but due to the COVID-19 pandemic, it was released in December of 2022. Preparations for the next report have begun, with a focus on non-health care related determinants and their impacts on health. The upcoming report will act as a reference for engagement with other departments and the public, to assist in improving the health of Manitobans.
- **Develop a set of health indicators at the population level that can be used to inform priority setting and help monitor health outcomes (e.g., inform the report of the chief provincial public health officer (CPPHO)).** Key public health performance indicators have been created in the areas of communicable disease control, immunizations, Families First programs, and environmental health to assist in priority setting and measuring health outcomes. Indicators will be reviewed on an ongoing basis to assist in the assessment of the impact of specific responses in these important areas. Additionally, five key population health indicators have been proposed and are under consideration: premature mortality rate, potential years of life lost, life expectancy, infant mortality rate, and total mortality (and cause-specific mortality).
- **Establish collaborative processes with other departments and stakeholders to address the underlying determinants of health.** Work has begun with other departments and stakeholders to assist in a collaborative response to address underlying determinants of health. Work will continue to be done to assist stakeholders and departments to understand their programmatic/service impacts on the social determinants of health and to leverage opportunities to improve outcomes.
- **Identify and implement strategies to reduce the impact of sexually transmitted and blood borne infections (STBBIs) and other priority health issues on the population.** Continue to focus on existing priorities, including: working in partnership on the implementation of an Indigenous led STBBI testing and treatment program for Urban Indigenous people in Winnipeg (partnership with Ka Ni Kanichihk); implementing and monitoring STBBI system performance indicators; improving access to treatment records for providers to coordinate care; exploring expanded service delivery options for STBBI services in Manitoba; updating clinical guidance on STBBIs; understanding how substance use impacts STBBIs, and raising awareness among health care providers and the public.
- **Increase immunization rates.** The priorities for 2023/24 are to continue the return to regular immunization schedules; to build on successful accessibility strategies to increase immunization rates across all geographic areas and communities; and to continue with recovery activities to catch up on missed immunizations due to disruption of routine health services during the pandemic. Decreased immunization rates lower herd immunity and raise risks of outbreaks of vaccine preventable diseases. Particular emphasis in 2023/24 will be placed on recovering primary series immunization rates impacted during the pandemic, after 2022/23 activities focused on school based immunization programs. Immunization remains one of the most effective public health interventions.

## Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2023/24 Target
4.a Reduce the number of newly diagnosed human immunodeficiency virus (HIV) cases in Manitoba	97	144	-	-
4.b Reduce the number of confirmed congenital syphilis cases in Manitoba	29	39	-	-
4.c Increase the percentage of Manitoba residents aged 13 who have been continuously registered with MB Health and have received at least 1 dose of meningococcal conjugate ACYW vaccine.	84.1%	-	-	85%

**4.a Reduce the number of newly diagnosed HIV cases in Manitoba.** This measure monitors percent reduction in the number of newly diagnosed cases of HIV in Manitoba (excluding introduced cases) in 2023 compared to 2022. Decreasing the incidence of HIV will require a whole-of-government effort, including coordination across all levels and departments of government, as well as community agencies, health care providers, and other partners working together, including people living with or at risk for HIV. Monitoring the annual number of HIV cases that are newly diagnosed in Manitoba can evaluate the success of policies in reversing the trend of HIV incidence in Manitoba. The baseline of 97 is based on the year 2020's figure. Verified case data for 2022/23 were not available at the time of the report, also making target setting impractical; targets will be considered in future years. Data are shown as fiscal year, but are in fact calendar year (i.e., 2022 data are shown as 2022/23).

**4.b Reduce the number of confirmed congenital syphilis cases in Manitoba.** This measure monitors percent reduction in the number of confirmed cases of congenital syphilis in Manitoba in 2023 compared to 2022. The number of confirmed cases has been steadily increasing since 2017. A reduction in the number of confirmed cases through public health initiatives on testing and treatment would have a significant overall impact on the health of Manitobans by reducing the number of infants born with a preventable chronic health condition. The baseline of 29 is based on the year 2020's figure. Verified case data for 2022/23 were not available at the time of the report, also making target setting impractical; targets will be considered in future years. Data are shown as fiscal year, but are in fact calendar year (i.e., 2022 data are shown as 2022/23).

**4.c Increase the percentage of Manitoba residents aged 13 who have been continuously registered with MB Health and have received at least 1 dose of meningococcal conjugate ACYW vaccine.** This measure monitors the percentage of Manitoba residents aged 13 who have been continuously registered with MB Health and have received at least 1 dose of meningococcal conjugate ACYW vaccine. Manitoba currently has a meningococcal vaccine coverage rate of 84.1 per cent for residents aged 13 who have been continuously registered with MB Health as published in the 2020 Annual Report of Immunization Coverage in children by continuous/non-continuous status. The measure indicates the proportion of the population who, by the age of 13, have received one dose of meningococcal conjugate ACYW vaccine to protect against invasive meningococcal disease, which causes significant morbidity and mortality. The baseline of 84.1 per cent is based on the year 2020's figure.

# Working Smarter – Improving health system capacity, performance and accountability

## 5. Align and integrate the health system to transition from COVID-19 pandemic structures to an organization design and service model that is adaptable and flexible in responding to health system recovery efforts, diagnostic and surgical recovery, and emerging health pressures and public health risks

### Key Initiatives

- **Diagnostic and Surgical Recovery Task Force (DSRTF).** The Task Force has been established to address wait-lists for diagnostic and surgical procedures, as well as related services affected by the COVID-19 pandemic. This includes identifying the priority needs of patients and implementing local and out-of-province services as a temporary initiative to offer the safest and most timely health-care solutions available.
  - **Develop and implement strategies to restore surgical activity and surgical waits to pre-pandemic levels with the Diagnostic and Surgical Recovery Task Force.** The department continues its commitments to address the surgical and diagnostic waitlists through the DSRTF. The DSRTF is continuing to find innovative solutions to address backlogs in health care resulting from the COVID-19 pandemic, by building capacity in Manitoba, with a request for supply arrangement (RFSAs) with private and public care providers in Manitoba, and by implementing safe, out-of-province care options for some procedures.

### Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2023/24 Target
5.a The percentage of the surgical and diagnostic backlog that has been eliminated (target is 100%)	0	0	55%	100%

**5.a The percentage of the surgical and diagnostic backlog that has been eliminated (target is 100%).** This measure represents the percentage of the known backlog that has been eliminated across multiple services lines. For example, 43% of the known backlog across 20 out of 33 in scope services has now been eliminated. This number will continue to grow until 100% has been eliminated.

## 6. Reduce Red Tape

### Key Initiatives

- **Reduce Red Tape.** Red tape reduction aims to remove regulatory requirements that are no longer achieving desired outcomes, or are doing so in an inefficient manner. Regulatory requirements that result in red tape may be unclear, overly prescriptive, poorly designed, redundant, contradictory or antiquated. Not all regulatory requirements create red tape.

## Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2023/24 Target
6.a Percent reduction of regulatory requirements	0.0%	5%	2.5%	2.5%

**6.a Percent reduction of regulatory requirements.** This measure accounts for the percentage reduction of regulatory requirements undertaken by the department in a fiscal year. In the fiscal year 2021/22, which is the most recent data available, the department achieved a net reduction of 5 per cent. The total number of regulatory requirements accounted for by the department at the end of 2021/22 was 109,571. Data for 2022/23 will be available in the Manitoba Regulatory Accountability Report 2023, which will be published by September 30, 2023. The baseline resets to zero at the beginning of every fiscal year, and the target of a 2.5 per cent reduction is applied.

## 7. Improve the use of evidence to inform decision-making to ensure results and outcomes are measure and monitored so they are achieved

### Key Initiatives

- **Proactive disclosure.** The department has developed a process for identifying and releasing documents and reports related to the performance of the health system and the health status of Manitobans for posting to the [Open MB website](#). Providing information of public interest supports the government's commitment to openness, transparency and accountability.
- **Monitor the results of the health system dashboard and ensure that required improvements are implemented by health system partners.** Monitor and expand the use of the health system performance dashboards to ensure continuous improvement on key performance indicators identified for 2023/24.

# Public Service – Empowering an adaptable, high-performing workforce

## 8. Develop our workforce and address human resource capacity through action-oriented recruitment, retention, resilience and enhancing skills, knowledge, innovation and quality improvement capacity.

### Key Initiatives

- Health human resource action plan and task force.** The Health Human Resources Action Plan (HHRAP) is a \$200 million strategy that was announced on November 10, 2022. The purpose of the HHRAP is to support the recruitment, training, and retention of health-care providers across Manitoba. Thirty-six initiatives were announced which build upon existing actions that are already underway. The HHRAP builds upon a number of ongoing strategies and programs aimed at improving health care for all Manitobans. It is intended to support the human resource needs of the health-care sector by retaining valued staff and adding 2,000 health-care providers to the provincial healthcare system. All of the action items and incentives are rolling out in a phased approach beginning in early 2023.

### Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2023/24 Target
8.a Percent completion of annual performance development conversations.	New Measure	-	60%	<b>60%</b>
8.b Number of health care providers added to the public system (target of 2,000)	0	0	2,000	2,000
8.c Increase the percentage of staff completing comptrollership training	-	-	New Measure	<b>90%</b>

**8.a Percent completion of annual performance development conversations.** This measure will track the percentage of department employees who have completed a formal performance development conversations, including Probation Reviews, with their supervisor each fiscal year. Completion of annual performance development conversations helps employees and supervisors work together to improve performance by ensuring work expectations are clear and that employees are provided with the tools necessary to support the programs and services Manitobans rely on. A 60 per cent completion rate was identified as the standard target for this measure.

**8.b Number of health care providers added to the public system (target of 2,000).** The Health Human Resource (HHR) Action Plan, announced on November 10, 2022, is a strategy to retain, train and recruit health-care providers across Manitoba. The HHR Action Plan will support the human resource needs of the health sector by retaining valued staff and adding 2,000 health care providers to the public health system. The purpose of the measure is to track government’s progress on adding 2,000 more health care providers to the public system. The baseline figure for this measure is the number of providers in the public health care system as of November 1, 2022.

**8.c Increase the percentage of staff completing comptrollership training.** This measure supports a balanced budget by strengthening financial comptrollership and accountability for department employees. The department will compare the number of people who complete required Comptrollership Framework Training modules for their specific role, against the total number required to take the training. This is a new measure and this year will be used to collect data to establish a baseline and evaluate the target.

# 9. Continue to build respectful, inclusive, culturally sensitive, and safe work environments and health care settings

## Key Initiatives

- **Employee feedback on respect in the workplace.** Promote employee participation in the Employee Perspectives Program Survey relating to employees’ perception of a respectful workplace environment.
- **Staff completion of the “Inclusion & Diversity in the Workplace” and “Building Respectful Workplaces: Foundations”.**

**Inclusion & Diversity in the Workplace:** Promote the completion of the Inclusion & Diversity in the Workplace training and report completion rates to divisions/branches. The training introduces employees to concepts, initiatives, legislation, policies and opportunities regarding workplace diversity and inclusion. Participants learn the benefits of a diverse and inclusive workplace, the many kinds of diversity, and how to identify and remove barriers to inclusion.

**Building Respectful Workplaces: Foundations:** Promote the completion of the respectful workplace training and report completion rates to divisions/branches. The training introduces employees to the Respectful Workplace Policy: Addressing and Preventing Sexual Harassment, Harassment and Bullying policy. Participants learn about their roles and responsibilities for working in and maintaining an environment that is respectful and free of all forms of harassment, including sexual harassment.

## Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2023/24 Target
9.a Number of Employment Equity Index benchmarks achieved	-	-	New Measure	3
9.b Per cent completion of diversity and inclusion training	-	-	90%	90%
9.c Per cent completion of respectful workplace training	-	-	90%	90%

**9.a Number of Employment Equity Index benchmarks achieved.** This measure will capture employee diversity across the department. Designated employment equity groups include women, Indigenous people, visible minorities, and persons with disabilities. The standard target is for all departments to achieve three of the four benchmarks. Manitobans are best served by a public service that is inclusive and representative of the diverse population of Manitoba. To view the target representation for each of these employment equity groups, refer to the “Equity and Diversity Benchmarks” section of this document. This is a new measure and this year will be used to collect data to establish a baseline and evaluate the target.

**9.b Percent completion of diversity and inclusion training.** This measure will capture the percentage of department employees that have taken mandatory diversity and inclusion training offered through the Public Service Commission. It is expected that employees will implement course learning through their work, supporting inclusive workplaces. A 90 per cent completion rate was identified as the standard target for this measure. This measure was previously listed as “Percentage of department employees who have completed mandatory diversity and inclusion training.”

**9.c Percent completion of respectful workplace training.** This measure will capture the percentage of department employees that have completed the mandatory respectful workplace training offered through the Public Service Commission. Completion of the training is an annual requirement, and employees have until the end of the fiscal year 2023/24 to complete the updated course, at which time data will be available to assess progress on this measure. It is expected that employees will implement course learning through their work, supporting inclusive and respectful workplaces. A 90 per cent completion rate was identified as the standard target for this measure. This measure was previously listed as “Percentage of department employees who have completed mandatory respectful workplace training.”

# Value for Money – Strengthen fiscal sustainability and value for money

## 10. Implement and sustain commissioning to improve performance, financial management, and accountability.

### Key Initiatives

- Redesign of departmental accountability and commissioning functions.** The department will continue to work with stakeholders, to align accountability and commissioning functions that enhance performance, financial management and accountability of the health system.
- Achieve the capital budget.** The department prepares the annual capital plan and budget in collaboration with service delivery organizations. The projects included in the annual capital plans include investments in medical equipment, buildings, and information technology within the established budgets.

Regular investments are required to health care facilities, information and communications technology (ICT) and medical equipment to ensure sustainable healthcare services remain available in Manitoba. The 2023/24 fiscal year capital program continues to focus on projects that support healthcare system transformation and the Clinical and Preventive Services Plan.

### Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2023/24 Target
10.a Achieve the Capital Budget	-	292.5M	290.2M	<b>289.9M</b>

**10.a Achieve the Capital Budget.** This measures the department’s efficiency in meeting its capital expenditure commitments. The Manitoba government has pledged a spending commitment in the health sector to Manitobans, which includes capital investments for projects of strategic priority to bring care close to home communities, expand local services, improve access and address building safety and security issues. It is critical to track capital spending across the health system.

## 11. Balance the Budget

### Key Initiatives

- Paper reduction.** Report on reducing the number of packages of paper used by the department. The reduction of paper by targeting redundancy, waste and inefficiency, will support government’s commitment to provide value for money and pursue actions that are better for the environment.

### Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2023/24 Target
11.a Reduce Paper Usage	6506	5313	4994 packages	<b>4695 packages</b>
11.b Work within Operating Budget – Cost of Health Administration	-	102.5%	100%	<b>100%</b>



**11.a Reduce Paper Usage.** The reduction in redundancy, waste and inefficiency will contribute to government’s commitment to provide value for money. The amount of paper used is a lead indicator for unnecessary paper-related operating expenditure. Paper usage is measured in packages of 500 sheets and the target represents an annual reduction of 6%. The baseline reported in last year’s Supplement was a quarterly measure. The measure has been updated to an annual measure. The unit of reporting is in packages. The baseline of 6,506 packages is based on the fiscal year 2019/20 figure.

**11.b Work within Operating Budget – Cost of Health Administration.** Working within an operating budget is a key indicator of fiscal accountability, and it allows the government to plan and manage financial resources to support projects and programs that best promote economic development. Health administers one of the most expensive and publicly-visible health care services provided by the government. As this represents a significant amount of spending for government, it is critical that expenditures are kept in line and budgets are effectively balanced. This can be tracked by comparing the Summary Operating Budget to the Summary Operating Forecast

# Financial Details

## Consolidated Expenditures

This table includes the expenditures of the department and other reporting entities that are accountable to the Minister and aligns to the Summary Budget.

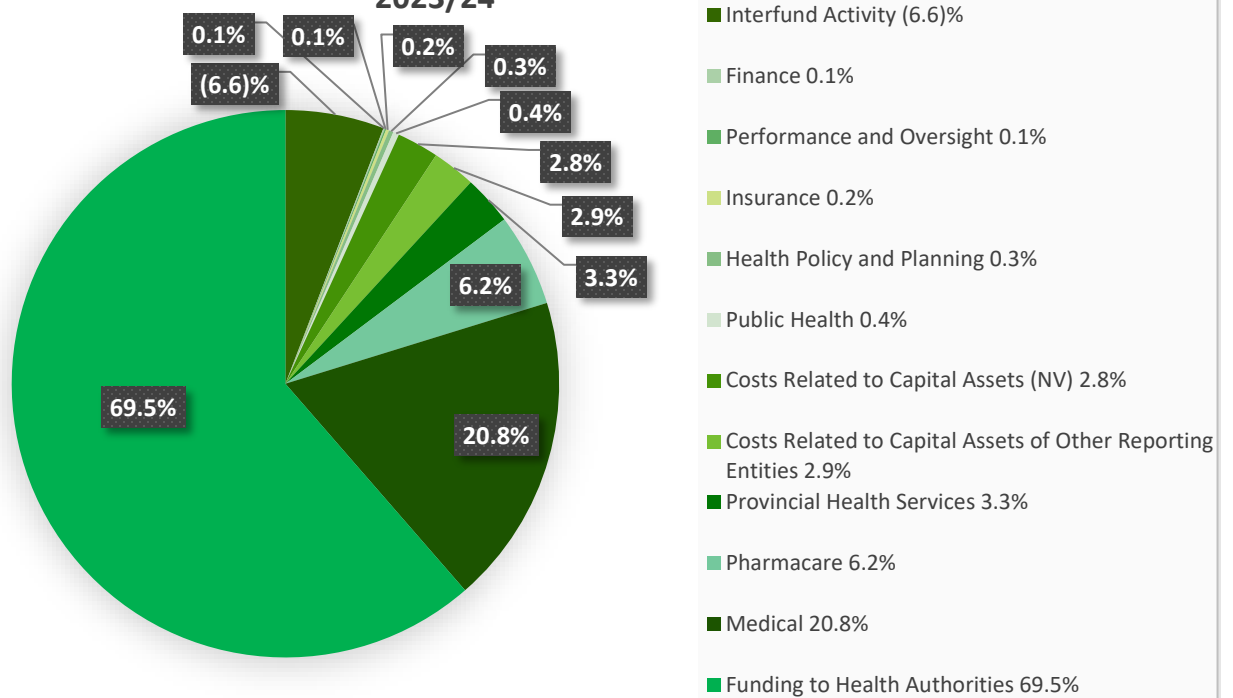
### Health includes the following OREs:

- Seven Service Delivery Organizations (SDOs): CancerCare Manitoba, five Regional Health Authorities, and Shared Health are consolidated with the Funding to Health Authorities appropriation.
- Personal Care Homes, Community Health Agencies, Rehabilitation Centre for Children, Inc., and St. Amant are funded by the SDOs.

Main Appropriations	Part A - Operating	Other Reporting Entities	Consolidation and Other Adjustments	2023/24 Summary	2022/23 Summary
\$(000s)					
Finance	7,886	-	-	<b>7,886</b>	6,978
Health Policy and Planning	18,302	-	-	<b>18,302</b>	17,561
Insurance	15,189	-	-	<b>15,189</b>	13,892
Public Health	28,572	-	-	<b>28,572</b>	27,597
Performance and Oversight	9,274	-	-	<b>9,274</b>	7,852
Funding to Health Authorities	4,330,825	669,283	(44,250)	<b>4,955,858</b>	4,500,736
Provincial Health Services	233,511	-	-	<b>233,511</b>	210,146
Medical	1,483,442	-	-	<b>1,483,442</b>	1,428,211
Pharmacare	442,899	-	-	<b>442,899</b>	322,535
Costs Related to Capital Assets of Other Reporting Entities	207,890	-	-	<b>207,890</b>	207,890
Costs Related to Capital Assets (NV)	443	201,733	-	<b>202,176</b>	212,225
Interfund Activity	-	-	(472,020)	<b>(472,020)</b>	(291,755)
<b>TOTAL</b>	<b>6,778,233</b>	<b>871,016</b>	<b>(516,270)</b>	<b>7,132,979</b>	<b>6,663,868</b>

NV – Non-Voted

### Percentage Distribution of Summary Expenditures by Operating Appropriation, 2023/24



## Departmental Expenditures and FTEs by Appropriation and Type

This table includes the expenditures of the department and aligns to the Estimates of Expenditure.

Main Appropriations	2023/24		2022/23	
	FTEs	\$(000s)	FTEs	\$(000s)
Finance	78.00	7,886	78.00	6,978
Health Policy and Planning	87.20	18,302	89.30	17,561
Insurance	210.20	15,189	211.50	13,892
Public Health	202.55	28,572	205.75	27,597
Performance and Oversight <sup>1</sup>	151.35	9,274	227.45	7,852
Funding to Health Authorities	-	4,330,825	-	4,024,548
Provincial Health Services	-	233,511	-	210,146
Medical	-	1,483,442	-	1,428,211
Pharmacare	-	442,899	-	322,535
Costs Related to Capital Assets of Other Reporting Entities	-	207,890	-	207,890
Costs Related to Capital Assets (NV)	-	443	-	7,500
<b>TOTAL</b>	<b>729.30</b>	<b>6,778,233</b>	<b>812.00</b>	<b>6,274,710</b>
<b>Expense by Type</b>				
Salaries & Employee Benefits	729.30	56,286	812.00	52,063
Other Expenditures	-	2,187,033	-	1,986,953
Grant Assistance	-	4,534,471	-	4,228,194
Amortization	-	443	-	7,500
<b>TOTAL</b>	<b>729.30</b>	<b>6,778,233</b>	<b>812.00</b>	<b>6,274,710</b>

Please refer to the Manitoba Estimates of Expenditure for the Reconciliation of the 2022/23 Adjusted Print

<sup>1</sup> Decrease as a result of transfer of direct care service delivery functions to Shared Health in 2022/23.

## Departmental Staffing

### FTE and Salaries and Employee Benefits by Appropriation

Main Appropriations	2023/24		2022/23	
	FTEs	\$(000s)	FTEs	\$(000s)
Finance	78.00	6,909	78.00	6,031
Health Policy and Planning	87.20	6,770	89.30	6,569
Insurance	210.20	12,694	211.50	11,432
Public Health	202.55	21,722	205.75	20,762
Performance and Oversight <sup>1</sup>	151.35	8,191	227.45	7,269
<b>TOTAL</b>	<b>729.30</b>	<b>56,286</b>	<b>812.00</b>	<b>52,063</b>

<sup>1</sup> Decrease as a result of transfer of direct care service delivery functions to Shared Health in 2022/23.

## Equity and Diversity Benchmarks

Manitobans are best served by a public service that is inclusive and representative of the diverse population of Manitoba at all levels of the organization, including senior management. Employment equity status is self-identified on a voluntary basis when individuals are hired into a position or at any time during their employment with Manitoba's public service. Employment equity groups include women, Indigenous peoples, visible minorities, and persons with disabilities. This measure will capture diversity in Manitoba's public service and in senior management.

Equity Group	Benchmarks	% Total Employees as of Dec. 31
Women	50%	71.5%
Indigenous People	16%	7.4%
Visible Minorities	13%	28.4%
Persons with Disabilities	9%	6.2%

## Position Summary by Career Stream

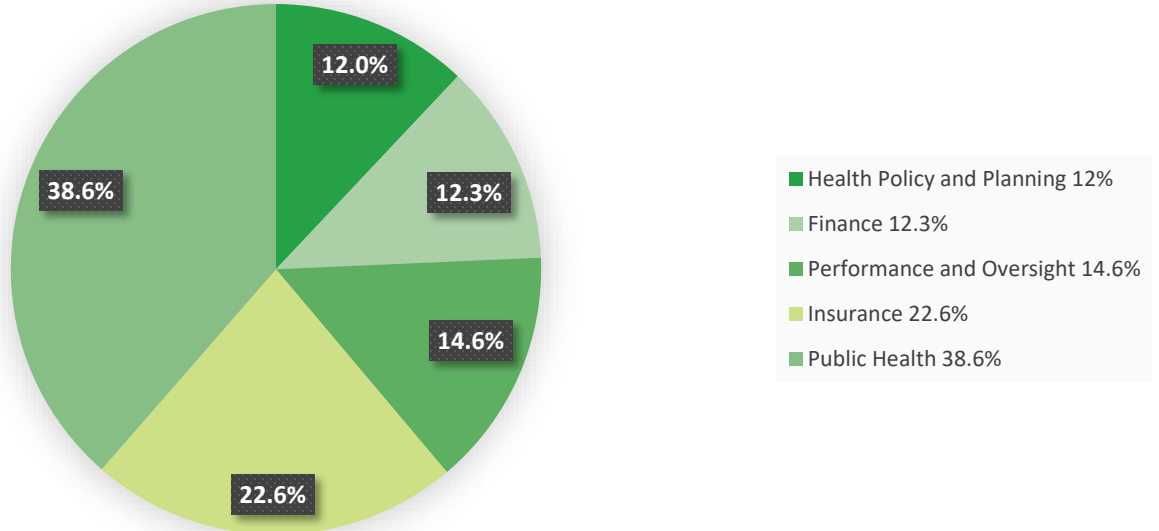
### Career Streams

<b>Executive</b>		Deputy ministers, assistant deputy ministers, executive directors and directors providing leadership to contribute to the strategic direction of the organization
<b>Management</b>		Management and supervisory professionals that oversee activities within a specified area. Positions have formal accountability for financial and organizational performance, which includes the responsibility to plan and direct the activities of a work unit consisting of at least 3 total reports.
<b>Individual Contributors*</b>	Professional & Technical	Individual contributors in a professional discipline or technical specialty
*Positions may have some supervisory responsibilities or lead hand responsibilities for a work team.	Trades	Individual contributors who provide either skilled trade services and unskilled trades.
	Support & Service	Individual contributors who provide direct service, operational support or administrative services.

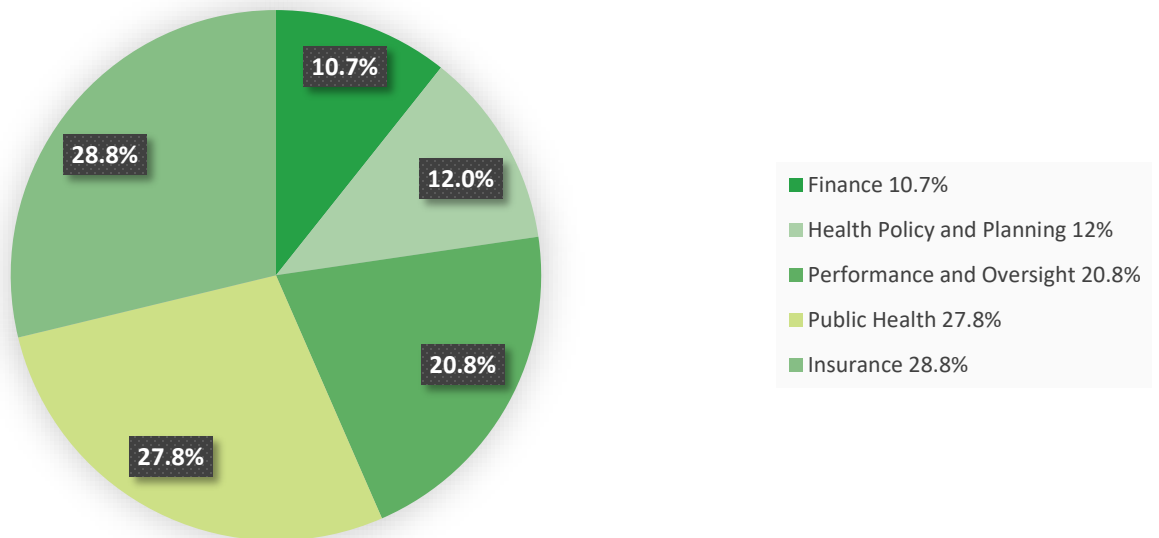
# Position Summary by Career Stream

Main Appropriations	Executive		Management		Professional & Technical		Trades		Support & Service		Total	
	FTEs	\$(000s)	FTEs	\$(000s)	FTEs	\$(000s)	FTEs	\$(000s)	FTEs	\$(000s)	FTEs	\$(000s)
Finance	6.00	690	7.00	655	38.40	2,517	-	-	26.60	1,401	78.00	5,262
Health Policy and Planning	6.00	710	3.00	273	63.90	4,289	-	-	14.30	563	87.20	5,835
Insurance	4.00	470	5.00	500	55.70	2,053	-	-	145.50	7,662	210.20	10,686
Public Health	8.00	1,515	13.00	1,032	146.55	11,914	1.00	-	34.00	980	202.55	15,440
Performance and Oversight	7.00	675	6.00	298	105.35	3,826	-	-	33.00	1,233	151.35	6,033
<b>TOTAL</b>	<b>31.00</b>	<b>4,060</b>	<b>34.00</b>	<b>2,758</b>	<b>409.90</b>	<b>24,599</b>	<b>1.00</b>	<b>-</b>	<b>253.40</b>	<b>11,840</b>	<b>729.30</b>	<b>43,257</b>
<b>Reconciliation to Other Schedules (Salary Costs)</b>					<b>\$(000s)</b>							
Salary Cost per above					43,257							
Employee Benefits					8,821							
Other Costs and Benefits					6,904							
Staff Turnover					(2,697)							
<b>TOTAL</b>					<b>56,286</b>							

### Percentage Distribution of Salaries and Employee Benefits by Operating Appropriation, 2023/24



### Percentage Distribution of Full Time Equivalents (FTEs) by Operating Appropriation, 2023/24





# Overview of Capital Investments, Loans and Guarantees

	2023/24	2022/23	
<b>Part B – Capital Investment</b>			<b>Expl.</b>
	<b>\$(000s)</b>		
Provides for the development or enhancement of information technology systems and the acquisition of equipment.			
General Assets	<b>950</b>	1,305	<b>1</b>

<sup>1</sup> Decrease as a result of fewer capital projects.

	2023/24	2022/23	
<b>Part D – Other Reporting Entities Capital Investment</b>			<b>Expl.</b>
	<b>\$(000s)</b>		
Provides for the development or enhancement of strategic infrastructure, equipment, and information technology systems.			
Health Capital Program	<b>288,913</b>	288,913	

# Departmental Program and Financial Operating Information – Part A Expenditure and FTEs

## Finance (Res. No. 21.1)

### Main Appropriation Description

Finance division provides centralized financial services and comptrollership, and oversees health system fiscal resourcing and organizational performance through formal approaches to commissioning of programs and services from health service delivery organizations. Provides advice, financial administration and support to the departments of Manitoba Health, Mental Health and Community Wellness, and Seniors and Long-Term Care.

### Sub-Appropriation Description

**Comptrollership:** Provides management and oversight of integrated financial planning, comptrollership, budgetary and accounting services, and develops financial systems, policies and procedures in accordance with government priorities and policies.

**Financial Commissioning:** Plans and oversees the allocation of available operating, medical, and capital funds to health service delivery organizations in accordance with government priorities. Monitors and reports the financial performance of health service delivery organizations.

### Key Initiatives

- Financial oversight, accountability and financial performance management in the department, and of actors and activities in the health care system ensuring value for taxpayer dollars
- Support the financial needs of the commissioning and accountability management framework in Manitoba, including leading the allocation of resources to provide a trusted base for population health management and performance improvement.
- Design and development of health sector estimates submission with full adherence to central government resourcing parameters and planning assumptions, including greater integration with government summary budgeting efforts.
- Develop and implement effective internal and budget controls and manage the department and divisional budget in accordance with government directives, The Financial Administrative Act, departmental policies, guidelines and acceptable professional accounting practices (Canadian Generally Accepted Accounting Principles (GAAP) and the accounting standards issued by the Public Sector Accounting Board (PSAB)).
- Provide high quality financial analysis and advice that helps the health system better understand and deliver on mandates, priorities, and needs.
- Continued support of central government quality improvement efforts including but not limited to SAP/ERP modernization.

### Performance Measures

**8.c** Increase the percentage of staff completing comptrollership training

**10.a** Achieve the Capital Budget

**11.b** Work within Operating Budget – Cost of Health Administration

<b>Sub-appropriations</b>	<b>2023/24</b>		<b>2022/23</b>		<b>Expl.</b>
	<b>FTE</b>	<b>\$(000s)</b>	<b>FTE</b>	<b>\$(000s)</b>	
Minister's Salary	<b>1.00</b>	<b>42</b>	1.00	42	
Executive Support	<b>16.00</b>	<b>1,575</b>	16.00	1,423	
Administration	<b>3.00</b>	<b>306</b>	3.00	307	
Comptrollership	<b>26.00</b>	<b>3,064</b>	26.00	2,648	1
Financial Commissioning	<b>32.00</b>	<b>2,899</b>	32.00	2,558	1
<b>Expense by Type</b>					
Salaries and Employee Benefits	<b>78.00</b>	<b>6,909</b>	78.00	6,031	1
Other Expenditures	-	<b>539</b>	-	509	
Grant Assistance	-	<b>438</b>	-	438	
<b>TOTAL</b>	<b>78.00</b>	<b>7,886</b>	78.00	6,978	

<sup>1</sup> Increase to support Shared Services.

## Health Policy and Planning (Res. No. 21.2)

### Main Appropriation Description

Supports government in developing policy objectives and planning solutions for the health care delivery system, and implements and oversees government direction. Oversees department, system, workforce and infrastructure planning and forecasting across the health care delivery system. Provides advice for the development, implementation and oversight of policies.

### Sub-Appropriation Description

**Infrastructure:** Provides advice and recommendations for government decision-making on health infrastructure investments, and oversees the progress and status of specific projects and the overall capital program. Develops capital program and policy options for infrastructure to support the continued delivery of health care across the province.

**Planning and Knowledge Management:** Leads oversight of health system planning to ensure its strategic integration and alignment with department activities and government's mandate. Ensures that the department and health system's structure and governance promotes integration of health services, along with the co-ordination of departmental responses to inquests, audits, proposals and regulatory accountability. Responsible for horizon scanning and providing advice on current and emerging health and health workforce issues, trends and best practices.

**Policy and Standards:** Undertakes activities to develop and provide policy advice and solutions on a range of health system issues and government policy decisions.

**Quality and Citizen Experience:** Oversees health system quality that includes patient-centred care, patient safety, accreditation and public engagement.

### Key Initiatives

- Enable and provide oversight for the effective implementation of multiple infrastructure projects, ensuring they are delivered on time, on budget and in scope.
- Continue to coordinate policy and funding reviews of the Clinical & Preventive Services Plan (CPSP) initiatives as the various implementation plans are developed. The department facilitates meetings between CPSP initiative leads and the department's branch leaders to ensure the implementation plans take into account any relevant policy (including legislative or regulatory) and funding requirements. The CPSP initiative leads may need to adjust their implementation plans to ensure alignment, but in some cases, the department may identify policy and funding barriers and/or enablers which may require updating in order to pave the way for successful implementation of the CPSP. This work is critical to ensuring the CPSP achieves its overall goal of improving health services to Manitobans.
- French Language Services is a key initiative under the strategic objective "Pursue a person centred health care experience through improved service, standards and policies". Please refer to the department balanced scorecards section above where French Language Services is described in full.
- As part of the Health Human Resources Action Plan (HHRAP), Manitoba Health will be rolling out a suite of thirty-six initiatives directed at the recruitment, training and retention of health-care workers in Manitoba. The department will be focused on the development, implementation and monitoring of the various incentives to ensure they are working as intended to support provincial health human resource needs and to ultimately strengthen the health-care system. Manitoba Health is in the initial phase of incentive development and implementation, and expects to make significant progress with each incentive in the year ahead.
- Coordinating the implementation of the Home and Community Care Modernization (HCCM) plan, which will enhance support to Manitoba's aging population and ensure individuals can access care in the appropriate settings.
- Providing policy advice to the Provincial Care Network's acute care transformation activities to enable the provision of improved patient pathways and enhanced access to emergency and urgent care services across Manitoba.

- These activities will improve the ability of Manitobans to access services, support the provision of care closer to home, and positively affect the quality of service towards improved patient outcomes, the patient experience and the reputation of the Health System.
- Redevelop patient safety policies that establish the health system's requirement to monitor, report and learn from patient safety incidents and risks. This work supports the objective of pursuing a person-centred health care experience and promotes improvements in health system quality.
- Establish a provincial accreditation contract and oversee implementation by the system in subsequent years. A provincial accreditation model supports provincial application of standards and provincial clinical and preventive services planning while reducing contracts and providing an integrated provincial view of service quality.
- Ensure that the health system engages with patients, families and the public when planning clinical services, program design, policy and strategy. Engagement helps identify opportunities for improvement and is essential to building a person-centred health-care system.

## Performance Measures

**1.b** Increase provision of active offer for French language in all public interactions

**5.a** The percentage of the surgical and diagnostic backlog that has been eliminated (target is 100%)

**6.a** Percent reduction of regulatory requirements

**8.b** Number of health care providers added to the public system (target of 2,000)

**9.a** Number of Employment Equity Index benchmarks achieved

Sub-appropriations	2023/24		2022/23		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Administration	3.00	358	3.00	322	
Infrastructure	19.00	8,742	19.00	8,746	
Planning and Knowledge Management	36.80	4,764	37.30	3,978	1
Policy and Standards	21.40	2,641	23.00	2,765	
Quality and Citizen Experience	7.00	1,797	7.00	1,750	
<b>Expense by Type</b>					
Salaries and Employee Benefits	87.20	6,770	89.30	6,569	
Other Expenditures	-	11,431	-	10,891	
Grant Assistance	-	101	-	101	
<b>TOTAL</b>	<b>87.20</b>	<b>18,302</b>	<b>89.30</b>	<b>17,561</b>	

<sup>1</sup> Net impact of normal salary adjustments for existing positions and increased funding for services at the TOBA Centre for Children and Youth.

## Insurance (Res. No. 21.3)

### Main Appropriation Description

Establishes and administers benefits as prescribed by The Canada Health Act as well as provincially funded benefits as prescribed by The Health Services Insurance Plan, The Pharmaceutical Act, and The Prescription Drug Cost Assistance Act. Establishes and monitors department administrative policies, processes, and standards.

### Sub-Appropriation Description

**Department Services:** Develops and supports alignment with administrative policies, processes and standards, as well as leads departmental communications, operations, and employee wellness, engagement and diversity/inclusion efforts. Provides administrative, technological and logistical support to the departments of Manitoba Health, Mental Health and Community Wellness, and Seniors and Long-Term Care.

**Non-Insured Benefits:** Plans, manages, and administers provincially funded benefits offered beyond those required by The Canada Health Act. Establishes eligibility criteria, service improvements, legislative amendments and related benefit plan design to support government goals and priorities in the delivery of health care.

**Insured Benefits:** Plans, manages, and monitors registration of Manitoba residents for benefits and fee-for-service payments to health care providers insured under the provincial health insurance plan. Interprets and translates benefits under the provincial health insurance plan to advise and direct service delivery organizations for alignment with requirements of The Canada Health Act. Establishes policy, benefit plan design, and corresponding legislative amendments to support government goals and priorities in the delivery of health care. Supports the development of negotiation mandates for health care providers, professional associations, and other provincial plans.

### Key Initiatives

- Develop and implement an employee engagement strategy that supports the department culture, and increases a sense of belonging, fulfillment and wellbeing for Manitoba Health employees as they fulfill their roles for Manitobans.
- Modernize the communications and service delivery model for health insurance registration and insured benefits services.
- Establish streamlined client-centered services such as modernized application procedures and improved information for clients on how to access coverage.

### Performance Measures

**2.a** Percent completion of reconciliation training

**8.a** Percent completion of annual performance development conversations

**9.b** Percent completion of diversity and inclusion training

**9.c** Percent completion of respectful workplace training

**11.a** Reduce Paper Usage

<b>Sub-appropriations</b>	<b>2023/24</b>		<b>2022/23</b>		<b>Expl.</b>
	<b>FTE</b>	<b>\$(000s)</b>	<b>FTE</b>	<b>\$(000s)</b>	
Administration	<b>3.00</b>	<b>310</b>	3.00	294	
Department Services	<b>29.00</b>	<b>2,751</b>	30.00	2,606	
Non-Insured Benefits	<b>63.50</b>	<b>5,232</b>	63.50	4,374	1
Insured Benefits	<b>114.70</b>	<b>6,896</b>	115.00	6,618	
<b>Expense by Type</b>					
Salaries and Employee Benefits	<b>210.20</b>	<b>12,694</b>	211.50	11,432	1
Other Expenditures	-	<b>2,081</b>	-	2,046	
Grant Assistance	-	<b>414</b>	-	414	
<b>TOTAL</b>	<b>210.20</b>	<b>15,189</b>	211.50	13,892	

<sup>1</sup> Net impact of normal salary adjustments for existing positions.

## Public Health (Res. No. 21.4)

### Main Appropriation Description

Provides strategic leadership and oversight to public health programs and services across Manitoba, in addition to Intergovernmental and Indigenous relations, administration of responsibilities under the Protections for Persons in Care Act, long-term care and emergency standards and licensing functions, and administration of the legislative mandates of the Minister of Health including the development of new or amended statutes and regulations. Public Health is also responsible for direct service delivery to Indigenous populations including the management of three northern nursing stations.

### Sub-Appropriation Description

**Population and Public Health:** In collaboration with the Office of the Chief Provincial Public Health Officer, leads the population and public health system policy, planning, oversight and clinical leadership functions, to advance the health of the population; leads and co-ordinates the health system on emerging public health issues, and ensures that health protection services are delivered.

**Intergovernmental and Indigenous Relations:** Provides policy support and advice, fosters relationships and engagement with Indigenous leaders and organizations and the broader health system to collaborate on Indigenous-led health initiatives and promote effective interfaces of the health services that are delivered by multiple governments. Provides co-ordination of policy advice and information to support work of ministerial and deputy minister federal, provincial, and territorial health tables.

**Office of the Chief Provincial Public Health Officer:** Provides co-ordinated and integrated public health leadership for public health services and programs at regional and provincial levels, including carrying out the role and responsibilities outlined in The Public Health Act for the purpose of promoting and protecting the health of the population.

**Legislative Unit:** Facilitates the development of new or amended statutes and regulations that are the responsibility of the Ministers of Health, Mental Health and Community Wellness, and Seniors and Long-Term Care. Provides information and advice on the application of the statutes and regulations. Manages access to information requests received by the departments of Health, Mental Health and Community Wellness, and Seniors and Long-Term Care under The Freedom of Information and Protection of Privacy Act.

**Licensing and Compliance:** Oversees health system compliance with applicable provincial legislation, policies and standards to ensure safe environments for patients are maintained. Administers The Protection for Persons in Care Act, including receiving reports of alleged patient abuse and neglect in designated health care facilities. Oversees licensing of Emergency Medical Services and Personal Care Homes.

### Key Initiatives

- Initiatives described under the strategic objective “Identify and implement population health strategies to Improve the health of Manitobans”:
  - Develop a set of health indicators at the population level that can be used to inform priority setting and help monitor health outcomes (e.g., inform the report of the chief provincial public health officer (CPPHO))
  - Establish collaborative processes with other departments and stakeholders to address the underlying determinants of health
  - Identify and implement strategies to reduce the impact of STBBIs and other priority health issues on the population
- Initiatives described under the strategic objective “Pursue a person centred health care experience through improved service, standards and policies”:
  - Response to the COVID-19 pandemic and recovery of core public health services
  - Increase immunization rates



- Assess and transition COVID-19 taskforce functions that should be built into the Public Health model and integrated within the Public Health organizational structure and functions. This will result in temporary taskforce positions and functions being integrated or eliminated.
- Identify the public health infrastructure and resources required to respond to COVID-19 reactivation/surge plans.
- Work with the health system, and whole of government, to develop plans to ensure preparedness for future public health events or issues that may require incident command, addressing the disparities that were experienced in the COVID-19 pandemic
- Develop and implement new long term care standards for the province in response to the Stevenson Report
- Undertake improvements to the Protection of Person's of Care Office (PPCO) processes and changes to legislation, regulations and policies, as may be required, to improve the timelines and effectiveness of the administration of the Protection for Persons in Care Act
- Initiatives described under the strategic objective "Identify and implement population health strategies to Improve the health of Manitobans":
  - Health Status of Manitobans Report
- Develop formal collaboration processes with Southern Chiefs Organisation (SCO) and Manitoba Keewatinowi Okimakanak Inc (MKO) towards clinical health planning and health system transformation.
- Support the development of cultural competency and cultural safety as it relates to the reconciliation priorities as per The Path to Reconciliation and Truth and Reconciliation (TRC) Calls to Action. Public Service Commission (PSC) TRC Call to Action #57 Working Group is supported by provincial departments and includes a Procurement Team to award this work to Indigenous facilitators to design and deliver online and in class training for civil servants.
- Collaborate and support the development of the meeting agenda and briefing materials for the annual face to face meetings of the Federal, Provincial and Territorial Ministers of Health, represented in Manitoba by the Ministers of Health, Mental Health and Community Wellness and Seniors and Long Term Care and the Federal, Provincial and Territorial Deputy Ministers of Health, represented in Manitoba by the Deputy Ministers of Health, Mental Health and Community Wellness and Seniors and Long Term Care.

## Performance Measures

- 1.c** Meet timelines associated with referrals to the Protection for Persons in Care Office (Investigator ensures that initial review of the file at Inquiry occurs within three (3) working days of receipt of the file)
- 1.d** Increase the number of public health inspections of regulated facilities within the province
- 4.a** Reduce the number of newly diagnosed HIV cases in Manitoba
- 4.b** Reduce the number of confirmed congenital syphilis cases in Manitoba
- 4.c** Increase the percentage of Manitoba residents aged 13 who have been continuously registered with MB Health and have received at least 1 dose of meningococcal conjugate ACYW vaccine.

<b>Sub-appropriations</b>	<b>2023/24</b>		<b>2022/23</b>		<b>Expl.</b>
	<b>FTE</b>	<b>\$(000s)</b>	<b>FTE</b>	<b>\$(000s)</b>	
Administration	<b>3.00</b>	<b>357</b>	3.00	350	
Population and Public Health	<b>153.55</b>	<b>21,608</b>	154.75	21,416	
Intergovernmental and Indigenous Relations	<b>7.00</b>	<b>1,524</b>	7.00	1,154	1
Office of the Chief Provincial Public Health Officer	<b>3.00</b>	<b>1,022</b>	3.00	1,024	
Legislative Unit	<b>12.00</b>	<b>1,741</b>	14.00	1,683	
Licensing and Compliance	<b>24.00</b>	<b>2,320</b>	24.00	1,970	1
<b>Expense by Type</b>					
Salaries and Employee Benefits	<b>202.55</b>	<b>21,722</b>	205.75	20,762	
Other Expenditures	-	<b>5,900</b>	-	5,885	
Grant Assistance	-	<b>950</b>	-	950	
<b>TOTAL</b>	<b>202.55</b>	<b>28,572</b>	205.75	27,597	

<sup>1</sup> Net impact of normal salary adjustments for existing positions.

## Performance and Oversight (Res. No. 21.5)

### Main Appropriation Description

Oversees the performance of the health care system through the commissioning of health services, management of health information and analytics, and by administering performance management, risk management, and accountability frameworks. Also provides services to the departments of Mental Health and Community Wellness, and Seniors and Long-Term Care.

### Sub-Appropriation Description

Oversees the performance of the health care system through the commissioning of health services, management of health information and analytics, and by administering performance management, risk management, and accountability frameworks. Also provides services to the departments of Mental Health and Community Wellness, and Seniors and Long-Term Care.

**Accountability Management:** Provides leadership in the oversight, evaluation and monitoring of health system performance through analysis, performance management, and reporting of results.

**Health Services Commissioning:** Leads the development, execution, and accountabilities for commissioned agreements with health authorities and funded agencies.

**Information Management and Analytics:** Leads and manages the provincial information management and analytics shared service aimed at providing accurate and timely information to decision makers across the health care system.

### Key Initiatives

- Lead the department in ensuring appropriate measures are in place for oversight of outcomes on health system priorities as defined in Manitoba Health's strategic plan
- Facilitate health system performance improvement through oversight, evaluation and/or monitoring of key performance indicators, including on the implementation of the Clinical and Preventive Services Plan
- Hold oversight over health system risk management in close collaboration with the service delivery organizations
- Ensure accountability agreements and corresponding schedules are in place between the Manitoba government and regional health authorities, CancerCare Manitoba, and Shared Health that include the services to be delivered, funding to be provided, and performance expectations to be met. Develop and manage agreements for approved health services initiatives with the regional health authorities, CancerCare Manitoba, and Shared Health
- Develop and manage request for service agreements with surgical and diagnostic facilities to support government's priority to address COVID-19 related backlogs for procedures
- Develop and manage agreements with the department's funded agencies to define expectations for deliverables and performance
- Develop and manage the provincial information management and analytics shared service aimed at providing accurate, quality, valid, and timely evidence to decision makers including government and the broader health system
- Enable health sector stakeholders to leverage data to make informed and evidence-based operational, tactical, and strategic decisions

### Performance Measures

- 1.a Improve Manitoba's emergency department/urgent care centre wait time to physician initial assessment

<b>Sub-appropriations</b>	<b>2023/24</b>		<b>2022/23</b>		<b>Expl.</b>
	<b>FTE</b>	<b>\$(000s)</b>	<b>FTE</b>	<b>\$(000s)</b>	
Administration	<b>5.00</b>	<b>479</b>	10.50	268	1
Accountability Management	<b>15.35</b>	<b>1,348</b>	85.95	1,187	2
Health Services Commissioning	<b>50.00</b>	<b>1,755</b>	50.00	1,550	
Information Management and Analytics	<b>81.00</b>	<b>5,692</b>	81.00	4,847	3
<b>Expense by Type</b>					
Salaries and Employee Benefits	<b>151.35</b>	<b>8,191</b>	227.45	7,269	
Other Expenditures	-	<b>1,083</b>	-	583	
<b>TOTAL</b>	<b>151.35</b>	<b>9,274</b>	227.45	7,852	

<sup>1</sup> Increase to provide support for the Performance and Oversight division and net impact of normal salary adjustments for existing positions.

<sup>2</sup> Decrease as a result of transfer of direct service delivery functions to Shared Health in 2022/23.

<sup>3</sup> Increase to support the Provincial Information Management and Analytics (PIMA) Shared Service infrastructure needs and net impact of normal salary adjustments for existing positions.

## Funding to Health Authorities (Res. No. 21.6)

### Sub-Appropriation Description

**Acute Care Services - Funding to Service Delivery Organizations:** Provides funding to health authorities, CancerCare Manitoba and Shared Health to provide services delivered within acute care settings. Funding for the acute care sector encompasses operating funding related to compensation, supplies, and drugs required to operate acute care facilities and programs.

**Long-Term Care Services - Funding to Service Delivery Organizations:** Provides funding to health authorities to deliver services to provincially licensed personal care homes. Funding for the long-term care sector includes operating funding related to compensation, supplies, and drugs required to operate long-term care facilities.

**Home Care Services - Funding to Service Delivery Organizations:** Provides funding to health authorities and Shared Health to provide home care and related services required to enhance patient care in their homes. Funding for the home care sector is largely comprised of compensation and supply costs.

**Community Health Services - Funding to Service Delivery Organizations:** Provides funding to health authorities and Shared Health to fund services provided through Community Health Agencies.

**Emergency Response and Transport Services - Funding to Service Delivery Organizations:** Provides funding to Shared Health for Emergency Response Services across the province, as well as funding to health authorities for the Northern Patient Transportation Program.

Sub-appropriations	2023/24		2022/23		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Acute Care Services - Funding to Service Delivery Organizations	-	2,744,294	-	2,541,338	1
Long-Term Care Services - Funding to Service Delivery Organizations	-	698,766	-	661,734	1
Home Care Services - Funding to Service Delivery Organizations	-	408,399	-	385,887	1
Community Health Services - Funding to Service Delivery Organizations	-	268,577	-	249,396	1
Emergency Response and Transport Services - Funding to Service Delivery Organizations	-	210,789	-	186,193	1
<b>Expense by Type</b>					
Other Expenditures	-	6,147	-	6,147	
Grant Assistance	-	4,324,678	-	4,018,401	1
<b>TOTAL</b>	-	<b>4,330,825</b>	-	<b>4,024,548</b>	

<sup>1</sup> Price and volume increases.

## Provincial Health Services (Res. No. 21.7)

### Main Appropriation Description

Provincial health-related programming and services, which include Out-of-Province, Blood Transfusion Services, Federal Hospitals, Ancillary Programs, Nursing Recruitment and Retention Initiatives, the Manitoba Learning Health System Network, and Immunizing Agents, Biologics and Drugs.

### Sub-Appropriation Description

**Out-of-Province:** Provides for insured hospital services required by Manitobans while temporarily out of the province. This fulfills the portability requirements of The Canada Health Act.

**Blood Transfusion Services:** Oversees and advises on policy, funding, planning, and support to interprovincial co-ordination regarding Manitoba's utilization of blood products, organ and tissue supply and associated expenditures to ensure that Manitobans have safe, reliable and sustainable access to appropriate transfusion and transplant products and services.

**Federal Hospitals:** Provides funding for medical services delivered to non-treaty residents of Manitoba at federal hospitals located in Norway House and Hodgson and 22 federal nursing stations.

**Ancillary Programs:** Provides for assistive devices as prescribed under The Prosthetic, Orthotic and other Medical Devices Insurance Regulation of The Health Services Insurance Act.

**Nursing Recruitment and Retention Initiatives:** Provides recruitment and retention initiatives for nurses in Manitoba.

**Manitoba Learning Health System Network:** Supports policy evaluation and research on priority health issues for the department through the Manitoba Centre for Health Policy, George and Fay Yee Centre for Healthcare Innovation, Manitoba Training Program for Health Services Research and Translating Research in Elder Care.

**Immunizing Agents, Biologics and Drugs:** Ensures the security of the supply of vaccines and drugs via purchase, storage and distribution of immunizing agents, biologics and drugs.

**Health Transformation:** Provides support for projects related to the transformation of the health system.

### Key Initiatives

- Provide payment to, or on behalf of residents of Manitoba for insured hospital services required while out of province and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents. To support Manitobans by securing appropriate out of province surgical capacities, for medically required insured services that are aligned to the surgical and diagnostic taskforce efforts.
- Represent Manitoba's blood and blood product requirements on the provincial territorial blood liaison committee, to oversee Canadian Blood Services accountability with the National Accountability Agreement. Provide oversight of the health system's blood and blood product utilization management. These activities ensure that Manitobans have cost efficient access to high quality critical blood and blood products necessary for treatments.
- Review and update product and device listings offered within the Ancillary Services portfolio
- Manitoba's Nursing Recruitment and Retention Fund (NRRF) has been at the centre of provincial nursing recruitment and retention efforts, and this will continue in the year ahead. NRRF is aimed at enhancing the delivery of health services in the province of Manitoba by addressing issues of nursing supply. The main functions of the NRRF include the development of strategies to assist with the recruitment and retention of registered nurses (RN), registered nurses – extended practice (RN-EP), registered psychiatric nurses (RPN), and licensed practical nurses (LPN) in Manitoba, and it offers a suite of targeted grants that are designed to address specific needs in the nursing workforce.
- In 2023, NRRF will be augmented by new incentives for nurses in the Health Human Resource Action Plan (HHRAP), which is now entering its implementation phase. The HHRAP is intended to respond to new and emerging needs in the health

workforce, and it will promote recruitment, retention and training of staff across the full range of health professions, including nursing.

- The department will continue its efforts at recruiting internationally educated nurses (IENs), and integrating them into the workforce in a manner that meets the needs of patients, employers and nurses alike. Manitoba Health provides support to IENs in various forms, including assistance with language training, assistance with the registration process, and financial assistance. These services will continue in the year ahead. Manitoba will also continue its efforts at growing the number of nurse training seats available in the province by building on recent commitments to expand existing education programs, including most recently in the HHRAP.
- Commission the Manitoba Learning Health System Network (MLHSN) through the University of Manitoba to support innovation, research, applied learning and knowledge synthesis and translation within the department and across the health regions at large. This will include providing funding support to maintain the Population Health Data Repository for use in research. The MLHSN partners include the Manitoba Centre for Health Policy, George and Fay Yee Centre for Healthcare Innovation, Manitoba Training Program for Health Service Research, and Translating Research in Elder Care.
- Purchase immunizing agents, biologics and drugs, attained at a cost savings through the national bulk purchasing contracts
- Store and distribute publicly-funded vaccines and drugs to meet program demand

Sub-appropriations	2023/24		2022/23		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Out-of-Province	-	62,986	-	62,986	
Blood Transfusion Services	-	69,081	-	63,998	1
Federal Hospitals	-	2,579	-	2,579	
Ancillary Programs	-	34,231	-	19,231	2
Nursing Recruitment and Retention Initiatives	-	4,016	-	4,016	
Manitoba Learning Health System Network	-	3,750	-	3,750	
Immunizing Agents, Biologics and Drugs	-	31,827	-	24,082	1
Health Transformation	-	25,041	-	29,504	3
<b>Expense by Type</b>					
Other Expenditures	-	233,511	-	210,146	
<b>TOTAL</b>	-	<b>233,511</b>	-	<b>210,146</b>	

<sup>1</sup> Price and volume increases.

<sup>2</sup> Increase to support expanded eligibility for insulin pumps and supplies

<sup>3</sup> Decrease due to Wave II Health Transformation Blueprint substantially completed in 2022/23.

## Medical (Res. No. 21.8)

### Main Appropriation Description

Provides payment to, or on behalf of, residents of Manitoba for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by physicians (including out-of-province physicians), optometrists, chiropractors, oral and maxillofacial surgeons and dentists, as well as non-fee-for-service payments to physicians. Provides support through the physician recruitment and retention programs towards the training, recruitment and retention of physicians in Manitoba.

### Sub-Appropriation Description

**Fee-For-Service:** Provides for services in respect of fee-for-service claims submitted by physicians.

**Alternate Funding:** Provides for services in respect of non-fee-for-service payments to physicians, physician assistants, and clinical assistants.

**Other Professional Services:** Provides for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by optometrists, chiropractors, and oral and maxillofacial surgeons and dentists.

**Out-of-Province Physicians:** Provides for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by physicians as well as non-fee-for-service payments to physicians for services required by Manitobans while temporarily out of the province.

**Physician Recruitment and Retention Program:** Provides for physician recruitment and retention programs towards the training, recruitment, and retention of physicians in Manitoba.

### Key Initiatives

- The department will continue to support physician recruitment and retention. The provincial funding for post-secondary medical education provides a stream of medical students in Manitoba. Medical students are an important part of health human resource planning, as they will form the next cohort of physicians in our province. At an individual level, medical students are also supported by grants and bursaries which are tied to return of service programs that secure commitments to practice in Manitoba.
- The department continues to support the recruitment of international medical graduates (IMGs) who wish to relocate to Manitoba. IMGs are also provided the opportunity to sign return of service agreements that provide financial and other types of assistance in exchange for commitments to practice in Manitoba.
- The department has announced a range of incentives under the Health Human Resource Action Plan, which includes various incentives available to physicians, including the reimbursement of professional registration fees. These and other initiatives will continue in the year ahead, as the department continues its efforts to grow the physician workforce.



Sub-appropriations	2023/24		2022/23		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Fee-For-Service	-	924,747	-	891,985	1
Alternate Funding	-	468,959	-	446,490	1
Other Professional Services	-	31,106	-	31,106	
Out-of-Province Physicians	-	33,044	-	33,044	
Physician Recruitment and Retention Program	-	25,586	-	25,586	
<b>Expense by Type</b>					
Other Expenditures	-	1,483,442	-	1,428,211	1
<b>TOTAL</b>	-	<b>1,483,442</b>	-	<b>1,428,211</b>	

Explanation

<sup>1</sup> Volume increases

## Pharmacare (Res. No. 21.9)

### Main Appropriation Description

Provides for prescribed pharmaceutical benefits subject to The Prescription Drugs Cost Assistance Act and regulations and The Pharmaceutical Act and regulations to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs. Includes prescribed pharmaceutical benefits provided under the Department of Families' Health Services program for social assistance participants.

### Key Initiatives

- Continue to ensure that new, innovative drugs are added in a timely way to the provincial formulary for Pharmacare, when evidence informed and approved by Health Canada for use in Canada.
- Continue to ensure that new generic drugs are added in a timely way to the provincial formulary for Pharmacare, as they become available in the Canadian market-place.

Sub-appropriations	2023/24		2022/23		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Drug Programs	-	521,591	-	400,427	1
Drug Expenditures Incurred by the Department of Families	-	(78,692)	-	(77,892)	
<b>Expense by Type</b>					
Other Expenditures	-	442,899	-	322,535	1
<b>TOTAL</b>	-	<b>442,899</b>	-	322,535	

<sup>1</sup> Price and volume increases.

# Costs Related to Capital Assets of Other Reporting Entities (Res. No. 21.10)

## Main Appropriation Description

Provides funding to the health authorities, CancerCare Manitoba and Shared Health for principal repayment on approved borrowing, equipment purchases, other capital expenditures and interest.

Sub-appropriations	2023/24		2022/23		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
Principal Repayments	-	127,317	-	127,317	
Equipment Purchases and Replacements	-	18,163	-	18,163	
Other Capital	-	7,700	-	7,700	
Interest	-	54,710	-	54,710	
<b>Expense by Type</b>					
Grant Assistance	-	207,890	-	207,890	
<b>TOTAL</b>	-	<b>207,890</b>	-	<b>207,890</b>	

## Costs Related to Capital Assets (Non-Voted)

Sub-appropriations	2022/23		2021/22		Expl.
	FTE	\$(000s)	FTE	\$(000s)	
General Assets	-	443	-	7,500	1
<b>Expense by Type</b>					
Amortization	-	443	-	7,500	
<b>TOTAL</b>	-	<b>443</b>	-	<b>7,500</b>	

<sup>1</sup> Decrease in amortization expense for retired assets and the transfer of Cadham Provincial Laboratory (CPL) assets to Shared Health Inc. (SH)

# Other Key Reporting

## Departmental Risk

Risk analysis is the process involved with the identification, measurement, and management of risks that could impact an entity's success. A risk analysis is important for departments because it provides a framework for decision making.

### Risks and Mitigation Plans

<b>Risk 1: Public Service Build Capacity</b>	<b>Activities taken to reduce / remove risk</b>
Potential Consequence	The challenges in human resource recruitment will affect the ability and timeliness of the department to provide services.
Likelihood	High
Impact	High
Treatment Plan	<ul style="list-style-type: none"><li>• Build capacity within the department (recruitment and retention of staff), including specialized skills.</li><li>•</li></ul>
Treatment Plan Due Date	Open and Ongoing
Risk Status	High

<b>Risk 2: Increased rates of vaccine preventable diseases (including COVID-19, influenza, childhood diseases), infectious disease spread, and other emerging diseases</b>	<b>Activities taken to reduce / remove risk</b>
Potential Consequence	Increased rates of vaccine preventable diseases
Likelihood	Moderate to High
Impact	Medium to High
Treatment Plan	<ul style="list-style-type: none"><li>• Enhanced monitoring and activities to improve immunization rates for vaccine preventable diseases including childhood immunizations (uptake was negatively impacted by COVID-19), influenza and COVID-19.</li><li>• Enhanced actions to reduce incidence of STBBIs and expanded access to treatment and harm reduction supports; activities include primary care engagement, enhanced outreach for case and contact management.</li></ul>
Treatment Plan Due Date	December 31, 2023
Risk Status	In progress

**Risk 3: Department Insurance Division  
Technology limitations**

**Activities taken to reduce / remove risk**

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Potential Consequence	Technology limitation affecting ability to advance policy efforts.
Likelihood	High
Impact	Significant
Treatment Plan	Digital and Technology Solutions (DTS) and Digital Health have been advised Information and Communication Technology (ICT) Investment Strategy oversight by department
Treatment Plan Due Date	Ongoing
Risk Status	High - Ongoing Tolerance

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# Appendices

## Appendix A - Other Reporting Entities

Other Reporting Entities (OREs) are accountable to the Minister. OREs are directly or indirectly controlled by government as prescribed by the Public Sector Accounting Board.

The following Other Reporting Entities (OREs) form part of the department's consolidated results:

### The seven Service Delivery Organizations (SDOs):

#### 1. CancerCare Manitoba

CancerCare Manitoba is the provincially mandated cancer agency and we provide clinical services to both children and adults.

For more information please visit: CancerCare Manitoba ([cancercare.mb.ca](http://cancercare.mb.ca))

#### 2. Interlake-Eastern Regional Health Authority

Interlake-Eastern Regional Health Authority is responsible for the planning and delivery of health care service to meet the needs of the population they serve.

For more information please visit: Interlake-Eastern Regional Health Authority ([ierha.ca](http://ierha.ca))

#### 3. Northern Regional Health Authority

Northern Regional Health Authority is responsible for the planning and delivery of health care service to meet the needs of the population they serve.

For more information please visit: Northern Regional Health Authority ([northernhealthregion.com](http://northernhealthregion.com))

#### 4. Prairie Mountain Health

Prairie Mountain Health is responsible for the planning and delivery of health care service to meet the needs of the population they serve.

For more information please visit: Prairie Mountain Health ([prairiemountainhealth.ca](http://prairiemountainhealth.ca))

#### 5. Shared Health

Shared Health leads the planning and coordinates the integration of patient-centred clinical and preventive health services across Manitoba. The organization also delivers specific province-wide health services and supports centralized administrative and business functions for Manitoba health organizations.

For more information please visit: Shared Health ([sharedhealthmb.ca](http://sharedhealthmb.ca))

#### 6. Southern Health-Santé Sud

Southern Health-Santé Sud is responsible for the planning and delivery of health care service to meet the needs of the population they serve.

For more information please visit: Southern Health-Santé Sud ([southernhealth.ca](http://southernhealth.ca))

## 7. Winnipeg Regional Health Authority

Winnipeg Regional Health Authority (WRHA) is responsible for the planning and delivery of health care service to meet the needs of the population they serve. The WRHA also provides health-care support and specialty referral services to nearly half a million Manitobans who live beyond these boundaries, as well as residents of northwestern Ontario and Nunavut, who often require the services and expertise available within the WRHA.

For more information please visit: [Winnipeg Regional Health Authority \(wrha.mb.ca\)](http://Winnipeg Regional Health Authority (wrha.mb.ca))

### Other agencies funded by the SDOs:

#### St. Amant

St. Amant is a comprehensive resource for Manitobans with developmental disabilities and autism.

For more information please visit: [St. Amant \(stamant.ca\)](http://St. Amant (stamant.ca))

#### Personal Care Homes

Personal Care Homes provide important healthcare services and care when citizens can no longer remain in their own homes.

3885136 Manitoba Association Inc. (operating as Calvary Place Personal Care Home) – For more information please visit: [calvaryplacepch.com](http://calvaryplacepch.com)

Actionmarguerite (Saint-Boniface) (Saint-Vital) and (St. Joseph) – For more information please visit: [actionmarguerite.ca](http://actionmarguerite.ca)

Bethania Mennonite Personal Care Home – For more information please visit: [bethania.ca](http://bethania.ca)

Donwood Manor Personal Care Home – For more information please visit: [donwoodmanor.org](http://donwoodmanor.org)

Eden Mental Health Centre – For more information please visit: [edenhealthcare.ca](http://edenhealthcare.ca)

Fred Douglas Personal Care Home – For more information please visit: [freddouglassociety.com](http://freddouglassociety.com)

Holy Family Home Inc. and Sisters Servants of Mary Immaculate Plant Fund – For more information please visit: [holyfamilyhome.mb.ca](http://holyfamilyhome.mb.ca)

Lions Personal Care Home – For more information please visit: [lhca.ca](http://lhca.ca)

Luther Home Corporation Personal Care Home – For more information please visit: [wrha.mb.ca](http://wrha.mb.ca)

Meadowood Manor Personal Care Home – For more information please visit: [meadowoodmanor.com](http://meadowoodmanor.com)

Menno Home for the Aged Inc. (Personal Care Home 1122 Division) – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Niverville Heritage Personal Care Home Inc. – For more information please visit: [heritagecentre.ca](http://heritagecentre.ca)

Odd Fellows and Rebekahs (Personal Care Homes Inc. Golden Links Lodge) – For more information please visit: [goldenlinks.mb.ca](http://goldenlinks.mb.ca)

Park Manor Care Inc. – For more information please visit: [parkmanor.ca](http://parkmanor.ca)

Pembina Place Mennonite Personal Care Home Inc. – For more information please visit: [bethania.ca](http://bethania.ca)

Prairie View Lodge – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Rest Haven Nursing Home – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Rock Lake Health District – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Salem Home Inc. – For more information please visit: [southernhealth.ca](http://southernhealth.ca)

Southeast Personal Care Home – For more information please visit: [southeastpch.ca](http://southeastpch.ca)

Tabor Home – For more information please visit: [southernhealth.ca](http://southernhealth.ca)



The Convalescent Home of Winnipeg – For more information please visit: ([tchw.com](http://tchw.com))

The Salvation Army Golden West Centennial Lodge – For more information please visit: ([goldenwestlodge.ca](http://goldenwestlodge.ca))

The Saul and Claribel Simkin Centre Personal Care Home – For more information please visit: ([simkincentre.ca](http://simkincentre.ca))

Villa Youville – For more information please visit: ([southernhealth.ca](http://southernhealth.ca))

West Park Manor Personal Care Home – For more information please visit: ([wrha.mb.ca](http://wrha.mb.ca))

## **Community Health Agencies**

Community Health Agencies empower citizens and communities to take control of their own health and wellness.

Clinique Youville Clinic – For more information please visit: ([youville.ca](http://youville.ca))

Hope Centre Health Care Incorporated – For more information please visit: ([hopecentrehealthcare.com](http://hopecentrehealthcare.com))

Klinik Incorporated (Operating as Klinik Community Health Centre) – For more information please visit: ([klinik.mb.ca](http://klinik.mb.ca))

MFL Occupational Health and Safety Centre – For more information please visit: ([ohcmb.ca](http://ohcmb.ca))

Main Street Project – For more information please visit: ([mainstreetproject.ca](http://mainstreetproject.ca))

Mount Carmel Clinic – For more information please visit: Aboriginal Health & Wellness Centre ([mountcarmel.ca](http://mountcarmel.ca))

Nine Circles Community Health Centre – For more information please visit: ([ninecircles.ca](http://ninecircles.ca))

NorWest Co-op Community Health Centre – For more information please visit: ([norwestcoop.ca](http://norwestcoop.ca))

Sexuality Education Resource Centre Manitoba – For more information please visit: ([serc.mb.ca](http://serc.mb.ca))

Women's Health Clinic – For more information please visit: ([womenshealthclinic.org](http://womenshealthclinic.org))

## Appendix B – Statutory Responsibilities

Any statutes that are not assigned to a particular Minister are the responsibility of the Justice minister, as are any amendments to those statutes.

Statutes that are the responsibility of the Health minister:

The Anatomy Act (A80)  
The Chiropractic Act (C100)  
The Defibrillator Public Access Act (D22)  
The Dental Association Act (D30)  
The Dental Hygienists Act (D34) SM 2005, c. 51  
The Denturists Act (D35)  
The Elderly and Infirm Persons' Housing Act (E20)  
[except with respect to elderly persons' housing units as defined in the Act]  
The Emergency Medical Response and Stretcher Transportation Act (E83)  
The Health Administration Act (H20)  
The District Health and Social Services Act (H26)  
The Health System Governance and Accountability Act (H26.5)  
The Health Care Directives Act (H27)  
The Health Sector Bargaining Unit Review Act (H29)  
The Health Services Insurance Act (H35)  
The Hearing Aid Act (H38)  
The Human Tissue Gift Act (H180)  
The Licensed Practical Nurses Act (L125)  
The Manitoba Medical Association Dues Act (M95)  
The Medical Laboratory Technologists Act (M100)  
The Midwifery Act (M125)  
The Naturopathic Act (N80)  
The Occupational Therapists Act (O5)  
The Opticians Act (O60)  
The Optometry Act (O70)  
The Personal Health Information Act (P33.5)  
The Pharmaceutical Act (P60)  
The Physiotherapists Act (P65)  
The Podiatrists Act (P93)  
The Prescription Drugs Cost Assistance Act (P115)  
The Private Hospitals Act (P130)  
The Protection for Persons in Care Act (P144)  
The Psychologists Registration Act (P190)  
The Public Health Act (P210)  
The Radiation Protection Act (R5) (unproclaimed)  
The Registered Dietitians Act (R39)  
The Registered Respiratory Therapists Act (R115)  
The Regulated Health Professions Act (R117)  
The Reporting of Supports for Child Survivors of Sexual Assault Act (Trained Health Professionals and Evidence Collection Kits) (S234) (unproclaimed)  
The Testing of Bodily Fluids and Disclosure Act (T55)  
The Tobacco Damages and Health Care Costs Recovery Act (T70)  
The Universal Newborn Hearing Screening Act (U38)

# Glossary

**Alignment** – The process of enabling all employees to see how their day-to-day actions are consistent with the values of the organization and how living those values is contributing to overall success. Creating alignment ensures employees are working toward the common goal, or vision.

**Annual Report** – Departmental annual reports are a supplement to the public accounts and provide variance explanations and background information to support the public accounts. Annual reports are either released (if the Legislature is not in session) or tabled in the Legislature (if in session) by September 30 following the fiscal year end.

**Appropriation** – amount voted by the Legislature approving the maximum amount that may be expended on a specific program or major activity during a fiscal year.

Main Appropriation – the total amount of each resolution passed by the Legislature as reported in the printed estimates of expenditure.

Sub Appropriation – the total amounts applicable to the various breakdowns of the main appropriations in the printed estimates of expenditure.

**Balanced Scorecard** – A scorecard is a business tool that shows what an organization wants to achieve (its broad priorities), and includes actions it needs to focus on to be successful. It also includes visual updates, such as the use of the colours red, yellow and green, to easily communicate progress made in each priority area. Red means “not on target,” yellow means “near target,” and green means “on target.” The ‘balance’ in a balanced scorecard refers to broadening traditional performance measures to not only include financial measures, but also customer, employee and process measures, which all play a part in helping an organization progress towards achieving its priorities.

**Borrowings** – Borrowings are securities issued in the name of the province to capital markets investors. Securities include debentures, treasury bills, promissory notes, medium-term notes and Manitoba Savings Bonds.

**Cascading** – This is the process of developing aligned scorecards throughout an organization. Each level of the organization will develop scorecards, based on the objectives and measures they can influence from the group to whom they report. Cascading allows every employee to demonstrate a contribution to overall organizational objectives.

**Consolidation Impacts** – The adjustments needed to bring the revenue and expenditure of the other reporting entities (ORE) into the summary budget, and to eliminate transactions between entities to avoid duplication of revenues and expenses (ex: a government grant is counted as an expenditure of core government and is eliminated from the revenue of the ORE).

**Full-Time Equivalent (FTE)** – A measurement for number of positions. Every full-time regular position represents one full-time equivalent position. Other categories (ex: term, departmental, seasonal, contract) are measured in proportional equivalents, ex: a program with a vote of 1.50 term FTE could hire staff in any combination that results in a total of one-and-one-half years (or 78 weeks) of employment (ex: 6 staff for 3 months (13 weeks) each; 2 staff for 9 months (39 weeks) each; 1 full-time and 1 half-time staff for 1 year; 3 half-time staff for 1 year; etc.).

**Government Reporting Entity (GRE)** – Includes core government and Crown organizations, government business entities and public sector organizations such as regional health authorities, school divisions, universities and colleges.

**Grants** – Public money provided to an individual, organization or another government to assist in attaining their objectives and for which the government does not receive a good or service.

**Gross Domestic Product (GDP)** – Represents the total market value of all final goods and services produced in the Manitoba economy.

**Guarantees** – The province, in the normal course of business, may provide a guarantee to honour the repayment of debt or loans of an organization, primarily GBEs. Such a guarantee is provided on the Manitoba Hydro Savings Bonds.

**Initiatives** – These are the specific programs, activities, projects, or actions an organization will undertake to meet performance targets. Initiatives are often projects or events that aim to improve a process or an outcome in one of the four perspectives.

**Measure** – A measure is a standard used to evaluate and communicate performance against expected results. Measures are normally quantitative in nature, capturing numbers, dollars, percentages, and so on. Reporting and monitoring measures helps an organization gauge progress toward effective implementation of strategy.

**Ministry** – A grouping of government components, organizations and partnerships within a specific area of public administration that is presided over by a minister, not including Government Business Enterprises (GBEs) and Government Business Partnerships (GBP).

**Mission Statement** – A mission statement defines the core purpose of the organization — why it exists, and reflects employees’ motivations for engaging in the organization’s work. Effective missions are inspiring, long-term in nature, and easily understood and communicated. The provincial Mission Statement is “Manitoba: Measuring Progress.”

**Objective** – The objective is a concise statement describing the specific things an organization must do well to execute its strategy. Objectives often begin with an action verb such as increase, reduce, improve, or achieve. Strategy Maps are comprised entirely of objectives. “Strengthen respect in our workplace” is an example of an objective on the government Strategy Map.

**Other Reporting Entities** – Entities in the GRE such as Crown organizations, government business entities and public sector organizations such as regional health authorities, school divisions, universities and colleges that are directly or indirectly controlled by the government, as prescribed by Public Sector Accounting Board – excludes core government.

**Perspective** – In balanced scorecard language, perspective refers to a category of performance objectives (the highest category of measures that sub-measures or key performance indicators tie into). The standard four perspectives are (Financial, Client, Internal Process, and Employee Learning and Growth).

**Special Operating Agencies (SOA)** – Service operations within departments granted more direct responsibility for results and increased management flexibility needed to reach new levels of performance. SOAs embrace market disciplines of the private sector while adhering to the public policy imperatives of government. Annual business plans define financial goals and performance targets. SOAs have the ability to raise capital outside of the Consolidated Fund.

**Strategy** – This represents the broad priorities adopted by an organization in recognition of its operating environment and in pursuit of its mission. Situated at the centre of the balanced scorecard system, all performance objectives and measures should align with the organization’s strategy.

**Strategy Map** – The strategy map is a one-page visual representation of what must be done well to execute strategy. Strategy maps reflect performance objectives spanning the four perspectives, combining to tell the organization’s strategic story.

**Target** – The target presents the desired result of a performance measure. They provide organizations with feedback about performance.

**Values** – Values represent the deeply-held beliefs of the organization, which are demonstrated through the day-to-day behaviours of all employees. An organization’s values make an open proclamation about how it expects everyone to behave. Values should endure over the long-term and provide a constant source of strength for an organization.

**Vision** – A powerful vision provides everyone in the organization with a shared mental framework that helps give form to the often abstract future that lies ahead. Effective visions provide a word picture of what the organization intends to ultimately become — which may be 5, 10, or 15 years in the future. This statement should contain as concrete a picture of the desired state as possible, and also provide the basis for formulating strategies and objectives. The vision serves as the guiding statement for the work being done. It should answer why the work being done is important.