

Attachment 1 - Recommendation-Specific Responses

R11

Government is committed to resolving the concerns you have raised. To that end, we will work with you to request the specifics of the documents of interest with the goal of, wherever possible and in accordance with FOIPPA, providing them to the individuals.

R21(a)

The Comptroller General will continue to identify further training opportunities for investigators, and any other employees leading an investigation, over and above training activities to date. The Comptroller General will also ensure the 2018/19 Investigation and Forensic Unit Professional Development Framework and Plan underscores the importance of ongoing professional development on administrative and procedural fairness in the same way this importance is highlighted in the Investigation and Forensic Unit Policy and Procedures Manual.

Specific requirements are for investigative staff to achieve approved investigative qualifications commensurate with their role in conducting active investigations, and to include ongoing professional development in investigative technique in their annual employee performance and development plan. Development plans must include, in each performance development cycle, specific training objectives in the area of ethics, and administrative and procedural fairness.

R33

Work to deliver on R33 began almost immediately after the release of the Ombudsperson's report. Initially, the Ministry of Health hoped and intended to have a detailed organizational reconciliation plan in place prior to the September 30, 2017 deadline. However, the Ministry soon realized that while the plan could be sketched out in broad strokes, extensive engagement and iteration was required to identify and explore the issues and ensure a meaningful plan that would meet the organizational reconciliation goals.

The process underway is being driven by Ministry employees and their experience of the workplace. Consultations began April 13; since then the Ministry has facilitated 30 consultation sessions attended by over 450 staff. Employees have submitted nearly 200 responses online or in physical suggestion boxes. This fall, conversations shifted to how the Ministry might build on strengths to address the challenges identified and move toward a healthier workplace. On November 15, Deputy Minister Stephen Brown presented the findings of these sessions to all ministry staff, and encouraged each of them to participate in three full days of workshops at the end of November. These workshops focused on the priority areas that were identified; work will continue in Winter 2018 to ensure all ministry employees have the opportunity to contribute

their input. Teams of ministry employees will implement solutions, develop new policies and programs, and move forward with innovative responses to these challenging issues. This work will be completed over the next year.

R34

The report prepared in support of R34 outlines the key themes that surfaced during discussions with the research community, consultations with the affected researchers and contractors, and internal analysis by Ministry of Health staff. The Ministry recognizes that the gap assessment does not reflect all of the specific details of each conversation.

The Ministry of Health thanks the researchers and consultants for their valuable input. In drafting the report, the Ministry intentionally chose to consider remaining gaps in terms of the current needs and capacity in its evidence-based programs. It does not exhaustively list all specific research projects underway or under consideration in 2012, or gaps outside the scope of evidence-informed pharmaceutical policy, population and public health surveillance, health services policy or data analysis capacity. For example, issues related to organizational decisions or changes to the Ministry of Health's mandate and role in the health system were excluded from the report. Beyond these perceived gaps, some researchers made recommendations to improve the culture, policy, organization structure and processes within the Ministry.

The Ministry carefully considered the input it received and is confident these outstanding concerns have been addressed in its response to R35.

R39

The Ombudsperson recommended that government create a policy about disclosure. Government has done this and is confident the policy provides the necessary clarity coroners require to carry out their role. Knowing that the circumstance of each death and the needs of each death investigation are unique, it is not possible to provide guidance on the myriad of sources and types of information, along with their content, that a coroner may acquire or when it may be appropriate to disclose these as necessary or incidental to an investigation, except for the most routine: the autopsy and toxicology findings. The policy does, however, remind coroners that electronic information must be treated in the same manner as hard copy information and the same considerations must be made when considering disclosure. Finally, the policy provides that a coroner consult with their Regional Coroner (manager) before releasing any sensitive information. Regional Coroners are generally experienced former coroners. Additionally, consultation across the Coroners Service on the revised policy provided the opportunity for review of various scenarios regarding information disclosure - including electronic information – and the opportunity to reflect these in policy.

Disclosure of information that is not necessary or incidental to a coroner's investigation is done under the discretionary provisions of the *Freedom of Information and Protection of Privacy Act*. This would occur only in exceptional circumstances, particularly for an open investigation.

The BC Coroners Service will evaluate the policy with coroners on an ongoing basis to ensure it meets their needs.