



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 032 • 1st SESSION • 41st PARLIAMENT

EVIDENCE

Tuesday, May 8, 2012

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Chair

Mr. Greg Kerr

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• (1625)

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): Folks, we're convening for the public session.

This is the start of our next study. I'm referring to the wording exactly so that I don't upset Mr. Casey by calling it "transition" or something weird. Our study is called "Transformation Initiatives at Veterans Affairs Canada".

I want to welcome our witnesses today.

From the department, we have Charlotte Stewart, director general, service delivery and program management, and David Robinson, director general of transformation—there you go, that's the right word. We also have with us Bernard Butler, director general, policy and research division.

Welcome, all. We are pleased that you are going to get our study under way.

You know the routine.

David, I think you're new to it, but you'll love this process. It's as friendly as all get-out.

You have 10 minutes for a presentation.

I understand, David, that you'll be doing that. Then we'll open it up to questions and see how far it goes from there.

Thank you for coming. Please proceed.

Mr. David Robinson (Director General of Transformation, Department of Veterans Affairs): Thank you, Mr. Chair.

Good afternoon, everybody.

On behalf of my colleagues, I want to thank you very much for having us here. We certainly welcome this opportunity to be with you today.

[Translation]

We are here to set the context for the upcoming weeks of presentations and discussions on the significant transformation program that is under way at the Department of Veterans Affairs.

[English]

The department has decades of commitment to providing quality care and support to Canada's veterans. In order to fulfill this commitment, the department must change as the needs of Canada's

veterans and their families change. That is our focus: improving service to Canada's veterans and their families.

Today we'll outline the department's transformation agenda to cut red tape and improve services for veterans. We'll describe the results that veterans and their families can expect to see and outline how we'll measure our progress towards achieving the intended results.

On behalf of all Canadians, members of this committee have been interested for some time in how the department is addressing the fact that the needs and demographics of those we serve are changing dramatically.

In October of last year, Keith Hillier, ADM of service delivery, and James Gilbert, ADM policy, communications, and commemoration, provided this committee with an overview of the context for change that the department is operating under.

[Translation]

I would like to start my overview of the elements of transformation by touching on the key factors that have led the department to this critical juncture in its history.

[English]

It is well known that as the traditional veteran population decreases, the number of Canadian Forces veterans who receive benefits and services from VAC is increasing. We know, too, that the future veteran population served by Veterans Affairs will be more diverse and will represent several generations.

VAC now needs simultaneous programs and service delivery systems to address the very diverse and urgent needs of different generations of veterans—those who served in the Second World War and Korea, the baby boomers who followed them, and those Canadians from generations X and Y who are the youngest veterans in the department's care.

We're listening to all our veterans, no matter when they served. They are telling us that we need to do things differently and we need to do things better to meet their needs. With this in mind, the department has launched a five-year transformation agenda to overhaul VAC programming and service delivery to keep pace with the evolving needs of Canada's veterans.

What do we mean by transformation?

By definition, transformation is a process of profound and radical change. Typically, it's associated with fundamental shifts that reorient an organization, taking it in a new direction and to an elevated level of effectiveness. Often, it implies a change in the character or culture of an organization at the most basic level.

This accurately describes transformation at VAC. Transformation will touch all business lines, adjust those that are not working as well as they could, enhance those that do, and create those processes that we feel are missing. It will build on our greatest strengths as a department: employees who care about their work and the people they serve. As one case manager recently said to me, "I'm not here just because it's a job". Our employees believe deeply in our mission.

When Keith Hillier appeared here in October about transformation, he stated that "we can either fear this change, or embrace it as an opportunity to reorganize the department and to ensure that we have the right people with the right skills in the right places to meet the needs of veterans of all ages".

Specifically, the vision for transformation at VAC is to be responsive to the diverse and changing needs of veterans and their families by ensuring relevant programs and policies, fast and easy access to benefits and services, professional service by employees who understand the military experience, and seamless transition from military to civilian life. In the simplest terms, we are attempting to create a hassle-free environment for veterans so they receive the benefits and services they need when they need them.

• (1630)

We will define success by the experience that veterans and employees have with the department in this way. Veterans will have access to programs that are tailored to needs and professional services available through multiple channels, and our employees will be supported so they are well equipped to do their jobs and better understand military culture.

The transformation agenda is organized according to five themes: reducing complexity; overhauling service delivery; partnerships; sustaining the new Veterans Charter; and adapting to changing demographics by reorganizing the department. I'll take a moment to describe the activities we're undertaking under each theme.

The first theme, reducing complexity, takes aim at one of our fundamental challenges—that is, policies, programs, and operations that are hampered by a striking level of complexity that has developed over many decades. This work involves modernizing our policy suite so that policies are written in a simpler language and are in a user-friendly format. This will support our front-line staff in making more consistent, effective decisions on behalf of our veterans. We are also simplifying our internal administration of those offerings, clearing out unnecessary steps, rules, or rigidities that impede service delivery.

The second theme, overhauling service delivery, aims at how we deliver: focusing face-to-face services where most needed; moving from paper-based to electronic processes wherever possible; and reducing decision times from months to days or even to hours. The department is eliminating the bottlenecks—cumbersome ways of doing business and outdated technology—that are slowing us down.

For example, by moving to digital imaging and electronic records, we're reducing the amount of paper and allowing veterans to receive better service. By enhancing our online services, we are providing veterans around-the-clock access to services with the department. This service overhaul will be the external face of transformation and will determine how veterans will measure our success.

The third theme, strengthening partnerships, is about fully maximizing existing partnerships and creating new ones. As the care of veterans begins with Canadian Forces, extends to VAC, and goes beyond to the private sector health professionals and service agents, the department needs to maintain and establish an array of partnerships in order to achieve a better outcome for our clients and their families.

We are maximizing opportunities that exist outside of our department. For example, research is under way in other jurisdictions on social determinants of health. These same findings could apply to our veterans who are also seniors, unemployed, or disabled, and will help us better attune our plans to proven needs.

We are looking at new ways to partner with the private sector. Encouraging employment of veterans transitioning to civilian life is an example of that.

Our fourth theme, sustaining the new Veterans Charter, is about maintaining a fundamentally sound and modern approach to disability management. The new Veterans Charter was implemented in 2006 to better support veterans in making a successful transition to civilian life by offering the financial help they need while providing full physical and psychological rehabilitation services, vocational assistance, health care benefits, and one-on-one case management. Recent enhancements to the new Veterans Charter, implemented in October 2011, offer seriously ill and injured veterans additional support.

A significant transformation initiative is to ensure that Canadian Forces members and veterans are better informed about the services and benefits for which they may be eligible. We are actively strengthening our approach to stakeholder engagement, making better use of technology in engaging younger veterans, and broadening our outreach on our major programs and services.

The final theme addresses how we continue to adapt to the changing demographics of veterans by reorganizing the department to respond to shifts in demand for service. As we continue to modernize veterans benefits, cut red tape, reduce the paper burden, clear administrative obstacles, and embrace new technologies, we will also monitor veteran demographics. This includes keeping pace with geographic shifts, take-up rates, and veterans' service needs to ensure the department is appropriately aligned with the right people and the right skills in the right places.

• (1635)

In short, we are refocusing on changing the way we do business and are adjusting the workforce to match. This is not about asking fewer employees to absorb the same workload; it is about tightening our focus on core functions, such as case management, adjudication, and delivery of benefits and services.

Over the coming weeks in this study, committee members will hear from various subject matter experts who will outline our detailed plans and our progress on transformation. You will be provided details on how, in the first year of the transformation agenda, the department has laid the foundation for important improvements. You will hear from VAC subject matter experts and their counterparts in the broader national community. They will talk about consultation and outreach; partnerships aimed at improving service delivery, speed, and accessibility of service delivery, which means cutting red tape; and case management.

I want to acknowledge the important advice and guidance we are receiving along the way. Our employees, those who work daily with our veterans, are bringing their best ideas forward. The department is also building on input from stakeholders and partners.

[Translation]

We are committed to getting this right and we will make adjustments as we proceed.

[English]

With that, Mr. Chair, I would like to thank you and your committee for this time. I hope I have provided a useful outline of the framework for transformation and that it will assist you in your future discussions. I note that your work will continue on Thursday, when you will hear from my colleagues Colleen Soltermann and Krista Locke on the subject of outreach and engagement.

My colleagues and I are now happy to respond to your questions. Thank you very much.

The Chair: Thank you, Mr. Robinson. You did okay for your rookie introduction to this process.

We will now turn to Mr. Chicoine, for five minutes.

[Translation]

Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP): Thank you, Mr. Chair.

I would like to thank the witnesses for being here to comment on the changes that are forthcoming.

As someone who is new to the committee, I am not yet well-versed in the new charters and all that they entail. You are in the midst of radically changing how Veterans Affairs operates.

I would appreciate it if you would enlighten me on the staff changes that have taken place in the past three years and those that will be made in the months ahead. How many employees did you have not that long ago? And how many do you have now? Were there any layoffs?

[English]

Mr. Bernard Butler (Director General, Policy and Research Division, Department of Veterans Affairs): I'll perhaps commence the response by speaking about changes to the new Veterans Charter and our suite of programs and services available to veterans.

In that context, Mr. Chair, I'll take you back a few years to 2006 and the implementation of the new Veterans Charter. It was a fundamental shift in programming directed towards modern-day veterans. It basically encompassed a fundamental change in how programming was oriented.

We moved away from an old compensation-based scheme, with monthly benefits payable under the Pension Act, to a wellness and re-establishment model that encompasses various program elements, including compensation for non-economic loss, disability awards, rehabilitation, earnings-loss support, health care benefits, career transition services, and related programs.

That's the modern-day approach to disability management and wellness issues captured under the rubric of the new Veterans Charter. That speaks to basic program changes.

I think you may be more interested in actual changes associated with structure, staffing complements, and resources. To that extent, I will perhaps turn to my colleague, Charlotte, who will talk about the service infrastructure in the department.

• (1640)

Ms. Charlotte Stewart (Director General, Service Delivery and Program Management, Department of Veterans Affairs): I'd be pleased to. Thank you.

Over the last few years, we haven't had a major shift in the number of employees in the department. What we have done, though, over the last number of years, beginning with our pre-transformation work, which we called our "modernization", was to begin to move resources to the areas of highest need. This meant in some cases that....

As we looked at returning veterans from Afghanistan, we realized that we had to shift some of our resources to the areas where they were deciding to live when released from the military. This led to a couple of things.

First of all, we increased our case managers across the country by 20, and particularly focused on those bases that had the highest activity. In this case we're speaking about Halifax, Petawawa, Valcartier, and Edmonton.

Beyond that, we began to see other shifts. We spoke about one of them at this committee before—namely, the establishment with DND of our integrated personnel support centres. We shifted 100 employees who were working in our district offices and we put them, co-located with DND, in 24 sites across the country. You can imagine what a benefit that was to releasing members when they could walk onto the base that was closest to them and not only meet with the DND case manager but at the same time be introduced to their new VAC case manager.

So that was a shift that we began, and really, it's fundamental to our transformation story. Our shift means that we need to put people, our people, where they're needed most.

Going forward, as we look at the coming years, we have two things that we have to be very cognizant of. Number one, as David has mentioned, our overall number of veterans is going to decline. Number two, we have to modernize. We have to update. We have to become a technological department.

With both of these shifts, we're going to see some changes in our overall employee numbers. You've seen the numbers recently in the media. The department, through transformation, is going to be reducing by 550 employees, approximately, and through budget 2012 there'll be about an additional 250.

That's all about making sure the department is the right size, but it's also about seeing the changes that are coming to us through technology put in place. That will allow us to achieve some streamlining, reduce the red tape, and make it easier for veterans.

The Chair: Thank you very much, Ms. Stewart.

We're over the—

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): A point of order.

The Chair: A point of order?

Mr. Peter Stoffer: A point of order, yes.

It appears there's a slight contradiction in the presentation from what was just said, and perhaps I can clear it up. You can decide whether it's a point of order or not.

On page 2, Mr. Robinson says very clearly that “the number of Canadian Forces Veterans who receive benefits and services from VAC is increasing”, but Madam, you just gave testimony that the number of veterans is declining.

That indicates, at least to the person who's not listening carefully, that, oh, because we have fewer veterans, we could lay people off or readjust the numbers we have; that's why the 804 people are being laid off now, and others.

So the question—

The Chair: Mr. Stoffer, no, it's not—

Mr. Peter Stoffer: I didn't want them to contradict themselves.

The Chair: It makes a great question when your turn comes back around, but it's not a point of order

Mr. Peter Stoffer: It's not? Okay.

The Chair: You want clarification—

Mr. Peter Stoffer: Yes.

The Chair: —which they can provide, but in your next turn, I think.

It was an interesting intervention—

Mr. Peter Stoffer: Not bad, eh?

The Chair: —but it was not a point of order.

Mr. Chisu, for five minutes, sir.

Mr. Corneliu Chisu (Pickering—Scarborough East, CPC): Thank you very much, Mr. Chair.

Thank you very much for appearing in front of our committee. I listened with great care to your presentation.

I would just mention that I served in Afghanistan as a military person in the regular forces. I retired—from Petawawa—in 2009. That was before the transformation started, and I can tell you that I was not very much impressed about how the release from the Canadian Forces towards Veterans Affairs was shifting.

Can you elaborate on how you are looking at this new transformation phase that we are contemplating—the correlation between DND and Veterans Affairs, what project initiatives are contemplated—and on whatever you can do so that the forces members who are retiring from the army, not necessarily only the wounded but all the people who are retiring and are becoming new veterans, can benefit from the services from Veterans Affairs? Perhaps you could elaborate on the services and what they are.

For example, career counselling services were not very much present in 2009. Even though I'm an engineer by profession—

Ms. Charlotte Stewart: No, you're right—

Mr. Corneliu Chisu: —I have had a problem with the qualifications, let's say, or the advice from the case managers or whoever. I'm wondering how you are addressing the issue in this vast transformation. I understand you are working hard on this.

●(1645)

Ms. Charlotte Stewart: Yes, certainly. I'd be pleased to address this.

A great deal has changed since 2009. In 2009 we were on the cusp of making decisions, particularly with DND, that have changed the landscape—we think very significantly—for the releasing member. So let me just summarize those. You've mentioned a number of different aspects, so I'll try to capture all of them in my response.

First of all, what we have committed to with DND is a much stronger harmonization between the two departments, and this shows up in many ways. At the very senior levels, there are quarterly meetings to discuss the programs and services of each department to make sure that as changes are occurring in one, they are well understood in the other, and that we link things up.

So if DND has a program, for instance, that supports a soldier returning from Afghanistan to stay mobile in his own home, perhaps, or supports him while he gets retraining, our work with DND has been to make a crosswalk between that program in DND and the same service in Veterans Affairs. So when the member releases and becomes a veteran and a client of Veterans Affairs Canada, the transition should be fairly seamless.

I mentioned the integrated personnel support centres. These are key to the story. I want to reinforce that. When the releasing member, at least six months before release, and often even earlier, gets notification that they will be releasing, they begin to work with a DND case manager. If they've had any issues—medical, psychosocial, etc.—they'll be assisted by DND during that transition. That precedes their eventual release.

At that time, we've made a commitment with DND to engage our VAC case managers with theirs so they get a good understanding of what this veteran's story is, what their needs are, and what their family's needs are, so that when they do release, it's not into an unknown situation. It's into a situation where they will already have met a person in Veterans Affairs Canada who can help them. That's part of that bridge. That happens primarily at the integrated personnel support centres, the IPSCs as we call them, but also at our district offices.

Since 2006 we have focused extensively on making sure that when they do release, if they are in need of any level of rehabilitation, they get the support they need. That can be one of three elements. It can be medical rehabilitation, so the support they're getting in DND will continue. It can be psychosocial, because sometimes there are other issues that are not physical—PTSD being a prime example. Or it can be vocational. You mentioned how a person makes a transition. They work first of all with DND, but then with VAC, to identify what their individual aptitudes and aspirations are and how their social network is going to support them. Where there are gaps and where they need support, our programs can assist them with the transition.

If they are not medically releasing, they have access to job search and resumé-writing tools as well as websites with job postings. So they get good support in that way. If they do have a medical issue that precludes them from perhaps picking up from their previous career, we will give them retraining.

It's an extensive program. It will see them through from beginning to end. If they leave our care and after a couple of years find they're having trouble, they can come back to our program. This is something in the new Veterans Charter that was not in place in the department before 2006.

• (1650)

The Chair: Thank you, Ms. Stewart.

We're quite a bit over, but this is all interesting.

I hate to cut it off, but we're way past your time, Mr. Chisu.

We now go to Mr. Casey for five minutes.

Mr. Sean Casey (Charlottetown, Lib.): Thank you, Mr. Chairman.

Welcome back, Mr. Butler and Ms. Stewart, and welcome, Mr. Robinson.

I want to start at page 6 of your prepared remarks, Mr. Robinson. In the very first bullet of the second theme, you indicate that you intend to focus face-to-face services where they are most needed.

If I drill down a bit on that, it would indicate that it's the opinion of the department that there are some areas now where you provide face-to-face services that are not needed, or that are less important than they would be in some other areas. So as you focus your face-to-face services, which ones are going to be lost?

Ms. Charlotte Stewart: I can address that question. The department is now in a process whereby we are making sure that our resources are where we need them the most. As is the case with all federal departments, we are making decisions and tough choices around making sure resources are in the right place at the right time.

There are areas of the country where the demand is increasing. I've spoken about those, and we expect that will continue. At the same time, there are areas of the country where we currently have district offices and the demand is declining.

We forecast this demand and we work very hard to understand what it means. What that means in some of these districts is that over time—not this year and not next year, necessarily, but past that point—we're going to see such a significant decline that we'll have to rebuild our service delivery model. That doesn't mean we're going to take services away from our veterans, and it doesn't mean that Veterans Affairs Canada will not be providing face-to-face service for veterans in those areas.

I'll use an example. If we have an area where currently we have an office and where perhaps the space is too large or whatever, then we're going to rightsize things. We have to do that. Frankly, it's in our accountability as professional managers in the public service to do that.

What it means, though, is that our case managers will still be there. They'll be able to provide face-to-face service. They'll be available to provide home visits. That is what's key. Case managers are the front-line staff who provide the service to our most complex cases, and that will not change.

Mr. Sean Casey: Which district offices in Atlantic Canada are going to close?

Ms. Charlotte Stewart: The district offices in Atlantic Canada are Corner Brook, Sydney, and Charlottetown.

Mr. Sean Casey: Those are the ones that are going to close...?

Ms. Charlotte Stewart: Those are forecast to close. That's correct. There will be no closures within the next two years, and what that shows is that we have a commitment to proper planning and getting things right. We have two years to set things up properly. As we look forward and project over those two years, we're going to find a better way to deliver services to people in those areas.

Mr. Sean Casey: So where are the district offices in Atlantic Canada that will survive?

Ms. Charlotte Stewart: We have offices in St. John's, Saint John, Fredericton, and Halifax, and we also have integrated personnel support centres. We have an integrated personnel support centre in Charlottetown, which is a satellite of the one in Moncton, and that will remain in place.

Mr. Sean Casey: Thank you.

If I go to the very back of the report, it tells us who had a run at this. Who is the acting ADM of CS? I presume that's corporate services.

•(1655)

Ms. Charlotte Stewart: Yes, that's correct.

Mr. Sean Casey: Who's that?

Mr. David Robinson: Our ADM of HR and corporate services is Heather Parry.

Mr. Sean Casey: Okay. What is the ASDM?

Mr. David Robinson: That's the associate deputy minister.

Mr. Sean Casey: Is that Madam Chaput?

Mr. David Robinson: That's correct.

Mr. Sean Casey: At page 8, you talk about "stakeholder engagement". Now, I am aware that you have a stakeholder group that meets from time to time with the minister and the deputy. I remember hearing the stat that this stakeholder group has provided 500 recommendations, of which three have been followed. Is your plan for actively strengthening your approach for stakeholder engagement to disband that stakeholder group?

Mr. Bernard Butler: Perhaps, Mr. Chair, I will respond to the question.

Stakeholder engagement is an area of great interest to the department, to try to ensure we are working with a broad range of stakeholders. There may be some confusion on this, but previously we had a number of advisory committees that were set up over time, such as the Gerontological Advisory Council, the New Veterans Charter Advisory Group, and so on.

These various committees generated a number of reports over the years, going back some time now. Within those reports, roughly 250 recommendations were made. Of those 250 recommendations, the Department of Veterans Affairs has basically actioned about 160—fully or partially. Of the remaining, some of them were simply not feasible to implement. Some of them we've put on the side table. We're not dismissing them by any means, but they will come back to us at a future time as we look at various initiatives around transformation and around modernization of our health care programs.

But those were advisory councils. In the last few years, Veterans Affairs has had a very strong relationship with core veterans groups, with the traditional veterans groups such as the Royal Canadian Legion, ANAVETS, War Amps, and so on. We do realize and understand, however, that engagement needs to be broadened, so in the last year or two we have made a considerable effort to try to extend that outreach to a much broader range of veterans organizations. Some of them are fairly new. Some of them are largely founded in social media, for instance; however, all of them have outreach and an important role to play.

Over the last year we've had three meetings at a national level with a larger group of veterans stakeholders, and that is a committee we've been working with to try to share common issues, hear concerns of veterans organizations, and help us prioritize future directions. That's one aspect of a stakeholder strategy. There are certainly many others that we're working on to broaden our reach and engagement.

The Chair: Thank you, Mr. Butler.

We've gone over the time quite a bit, but I know that question is important to everybody, so I didn't want to cut it off.

Mr. Lobb is next, for five minutes.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you, Mr. Chair.

My first question is for Mr. Robinson.

Obviously, as the director general of transformation, you've had a lot of time to think about what has taken place in the past and where you'd like to see things go in the future. If you could boil it down, when you took this position, what were three glaring issues you saw where transformation was required so badly, and why?

Mr. David Robinson: Thank you very much for the question, Mr. Chair.

I'm new in the role of director general of transformation at Veterans Affairs. I joined the department and moved to Charlottetown only last November.

As for my previous experience, I came from another department completely. I came from the Department of Canadian Heritage, where I was in charge of all the planning and preparation for hosting the Olympic and Paralympic Winter Games in Vancouver in 2010. It was 10 years of work preparing for the bid and then preparing for the actual hosting of the games.

That was a large-scale project with a lot of moving parts and many partners. A big part of the work I did at Canadian Heritage was with many federal family members—some 42 departments and agencies. It was a very complex process to deliver something on time—

•(1700)

Mr. Ben Lobb: Sorry, but I have to cut you off because we only have five minutes.

What would you say the specific three were?

Mr. David Robinson: I was very pleased on arrival to find that the transformation and changes the department was proposing were already well in place throughout the department. They didn't live in any one particular office. They were led right from the top by the deputy minister and associate deputy minister, and they lived throughout the organization.

What is most remarkable about the work that has already been done is some of the deliberate and careful planning that has gone into making sure that we continue to focus on delivering services to our vets and families and that we put systems in place that are going to enhance that experience.

Most specifically, quite a lot of work is being done on automation and making sure our networks are up to the task of handling quite a lot of data. We've talked about moving from paper records, and all the people who would be involved in handling paper records and all the storage required for paper records...to moving them to electronic records. It takes some time to make sure you have the rails to run all your freight down and to make sure you have the bandwidth required. We have been working to put all of that in place to allow that to happen.

Mr. Ben Lobb: Okay. So let's say that at the end of the five-year transformation period things are implemented, and you are satisfied with where it is, where it has gone, and where it is going to go. How are this committee, veterans, and veterans organizations going to be able to assess how well the transformation has been done?

I come from a background in industry, where we had a shared set of metrics. You could look at every day, week, or month, and you could see that you had 80% or whatever the number or target was. Is this something that the department is looking at implementing so that this committee, the Legion, and the veterans will know that you said you were going to do something, that you're doing it, and how well you're doing what you said you were going to do?

Ms. Charlotte Stewart: Perhaps I could address that question.

Yes, that's exactly what we are doing. We do have service standards already in place, but we've also set targets for where we want to reduce even further.

For instance, for our first applications for disability, we've set a target to go from 24 to 16 weeks, and that has already been achieved. That's a 30% reduction and we're hearing about that from our veterans.

We set a target for reducing from four weeks to two the time it takes to get your decision on eligibility for a rehabilitation program. That was achieved.

So we've set some goals, we're measuring them, and we're reporting on them.

Overall, the department has service standards. They are reported quarterly. They are available on our website.

Client satisfaction is key. We've always had fairly high satisfaction levels from our traditional war veterans—not so high from our Canadian Forces veterans. And that's our target. We want to excel in that area. So we're setting targets, we're measuring them, and we're reporting on them.

Mr. Ben Lobb: So do you work with new veterans to agree on actually what they feel is value for what you are going to measure...? Because obviously... I'm not saying you would, but you could cherry-pick what you thought was good service, and a new veteran would say, "I disagree". So how do you have that meeting in the middle, that meeting of the minds where both sides agree?

Because obviously the department comes to our committee meetings and they say, "We're doing great and everything is going good". Then sometimes we get other witnesses who come in and say the exact opposite.

So as a committee, these targets or metrics are very important. Because if everybody agrees to them, they have to agree with what the results are.

The Chair: I'm going to have to ask for a fairly brief answer, if you don't mind, please.

Ms. Charlotte Stewart: Okay. Briefly, we get strong feedback from our veterans organizations. Bernard Butler has spoken to some of our engagements more recently with veterans organizations that extend past the traditional groups we have dealt with. They're very clear. They communicate directly with us.

The ombudsman plays a key role in this as well. The ombudsman's office is the spokesperson for many veterans. We get input from them about what makes the most difference.

Also, our client satisfaction survey does allow us to ask direct questions and get direct answers.

I just want to say that we've often come to this committee and we've said that we know where we need to improve, and I think that's important, because we've spoken to our critics and we hear them, and we've spoken to this committee about the fact that we need to listen and we have a lot of improvement to do. That's why the transformation agenda has been put in place.

● (1705)

The Chair: Thank you very much.

Now we'll go to Ms. Mathyssen for five minutes.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you very much, Mr. Chair.

Thank you for being here today. We appreciate what you bring to the understanding of this committee.

I did want to pursue, though, the question that Mr. Stoffer introduced. That has to do with numbers of veterans.

We've heard—I believe it was from Mr. Hillier—that the number of traditional veterans is decreasing. World War II and Korean War vets are fewer in numbers. Savings were anticipated as a result of that. But this brief indicates that the number of Canadian Forces veterans who receive benefits and services from VAC is increasing. I would assume that these are the modern-day veterans and that their needs would be more complex and would demand a great deal more from Veterans Affairs Canada.

Could you square that circle in terms of what seems to be a contradictory statement? We have heard numbers indicating that since 2005 the numbers of veterans who have needed support have indeed increased.

Mr. David Robinson: I was trying to share with the committee our view, Mr. Chair, that we are noting the decline in our traditional vets, and I was trying to make the point that the number of new vets is increasing, so it's just to talk about the change in the overall population of our vets....

But I don't know if you have some metrics you can share, Mr. Butler.

Mr. Bernard Butler: I have some metrics here.

Mr. David Robinson: Thank you.

Mr. Bernard Butler: Mr. Chair, I have some metrics that I can share with you just briefly, based on forecasts. To put it in a context I think will make far more sense.

If we look at our traditional veterans today, we see that we're serving about 63,000 traditional veterans. By 2015 that's forecast to drop to 36,000 and, by 2020, to 13,000. On the other side of that ledger, however, for the CF veterans we're serving today, we have about 68,000. It's anticipated that it will be around 85,000 by 2015. By 2020, it will be in the vicinity of 99,000.

When you look at the totals, however, they will decline, because of the disproportionate ratio of traditional veterans to modern-day veterans. When you look at the overall numbers, we are forecasting a decline from roughly 208,000 veterans and their survivors as clients today to about 167,000 by 2020.

So it's a declining number of clients for the department and, as Charlotte indicated earlier, that creates a different challenge, because the complexity of the issues the modern-day veterans are coming forward with to Veterans Affairs is increasing. So our challenge is to find that balance between a resource framework that will support both the numbers—realistically—and the challenges. In a sense, that's what transformation is about—to take us to that end state.

Ms. Irene Mathysen: Also in the brief, you talk about the five-year transformation, of course, and we know that there has been an announced layoff of 804 staff at VAC and 1,300 from Ste. Anne's Hospital. So that makes about 2,100 staff who will be lost over the next two or three years. Staff was at 4,100, so that will leave you with about 2,000. Do I have that number right? How many employees do you anticipate having in five years at the end of the transformation?

Mr. David Robinson: I don't have an end state figure for you. But you used the term “layoff”, and I should just point out for you that over the five years going forward, while we know that we're going to have to reduce the size of our organization by about 800 people, we are planning and focusing on trying to make sure that wherever we possibly can—and it won't work everywhere—we're meeting these numbers through attrition.

I should just tell you, for the benefit of the committee.... It's not a perfect lineup, but we have about 1,062 employees in the same period who will be eligible to retire. When you take note of that number, plus numbers of terms and casuals or people who just come and go from the department normally, we think we are going to be able to manage that reduction.

• (1710)

The Chair: Thank you very much. We're over the five minutes.

We'll now go to Mr. Lizon for five minutes.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Thank you very much, Mr. Chair.

I also would like to welcome the witnesses. Thank you for coming here this afternoon.

I just want to follow up to clarify something, because a member mentioned the number of employees from Ste. Anne's Hospital to be laid off or terminated. Can you confirm the number? Is it correct? Is it incorrect?

Mr. David Robinson: I believe that during the same period we're talking about there is a total forecast of some 53 people who will be reduced at Ste. Anne's between now and 2015-16. I believe that's the number, but I might have to confirm that for you.

Mr. Wladyslaw Lizon: Thank you very much.

In your presentation, you stated the five themes of the transformation agenda.

The first question I have, just for information, is on digital imaging and electronic records. What stage are you at, as far as electronic records go, at the present time? Are you somewhere in the beginning? Are you halfway through?

Who is doing the work? Are you doing it in the department? Are you subbing the work to someone? How is it done?

Ms. Charlotte Stewart: Digital imaging is one of the cornerstone technologies we put in place, which we spent a lot of time on last year, because it's one of the foundations for many of the changes that will happen in the future.

Right now, most of our records are in Library and Archives Canada. If you were released from the military, your medical records would have been sent there. In the past, of course, we had to request the paper version, make photocopies, ship them across the country, file them, sort them, and maintain them. Now we don't do that.

Library and Archives Canada has agreed, through a service level agreement with Veterans Affairs Canada, to provide this information directly to the Public Works site in Matane, Quebec. Public Works and Government Services Canada is the Government of Canada source and technology expert in this area. We're not investing any additional money in this, because the Government of Canada has already done it. They have a world-class facility. It has the highest privacy and security safeguards possible.

The records are shipped to Matane, Quebec, where they are scanned. They only scan what they need. Then, of course, the material is sent back to Library and Archives Canada. We've already scanned two million pages.

Once it's scanned, it goes right into our client service network, which is basically the network on the case manager's desk. It allows them to go online and look at the record instantly, as opposed to having to sort through paper and move paper around the country.

That's where we are. We have an agreement with Public Works and Government Services Canada. We pay them a fee for this service, which is very efficient for us. As I say, we're not going to duplicate an investment that's already been made.

I can speak to some improvements that have happened as a result of this. For instance, when I mentioned that our rehabilitation turnaround times have gone from four weeks to two, that's supported, in part, by the use of this technology. That's one example. Another example is that we've improved the turnaround time for a disability first application to 16 weeks. As many of you have heard from Mr. Hillier, we're going to go a lot further than that. But it will be supported by the use of this technology as well.

The good news is that we can have a disability application reviewed by an adjudicator in Charlottetown very quickly. When it's fully functional, it will shave weeks off the turnaround time. At the same time, a case manager can be adjudicating an application for rehab for the same client by simply looking at his or her screen. That was simply not possible in the past without a great deal of effort and photocopying in, frankly, a less secure system. Privacy has also been a cornerstone of our commitment to digital imaging.

• (1715)

Mr. Wladyslaw Lizon: What percentage of your clients would already have electronic records? Everybody?

Ms. Charlotte Stewart: Frankly, those in the military who have joined quite recently, meaning new recruits and those who have not been in the military very long, will have mostly electronic records. Anyone who left the military five years ago or beyond that will have paper records, because DND is just now making the transition to the electronic capture of their data.

Therefore, for most of our clients, we'll still be dealing with paper records for a long time. As I say, if you join the military today, you're likely going to have only an electronic record. But you can see that for most of our clients, we'll have, today and for many years, a combination of paper and electronic records to deal with for a while.

The Chair: Thank you very much, Ms. Stewart.

The reason Mr. Stoffer came back to join us was that he knew Mr. Storseth was up next in the batting order. We're all looking forward to his five-minute intervention.

Mr. Brian Storseth (Westlock—St. Paul, CPC): Thank you very much, our valued chairman.

Ladies and gentlemen, I'd like to thank you very much for coming today. It has been very interesting.

I do have a couple of questions and I want to follow up on the questions Mr. Lobb asked. You talked about the fact that you had been listening and that the department has taken input from organizations across the country and also from different streams of organizations, different from those that we would maybe traditionally be taking input from. You noted that we do need to improve. My question would be, in what fields? Where are we looking? What is our priority to improve...?

Ms. Charlotte Stewart: Many of you have heard the criticism of the department that our processes are too cumbersome and they take too long, that it's hard to understand the procedures and even our applications can be very complicated, and that the decisions we render when we issue a letter sometimes are written in a way that is great for a bureaucrat but not so good for a client. So we're bringing a lot of effort to bear on simplification.

That really touches on a lot of areas. I think it's important, though, to focus on a couple of key pieces of this. Many of our processes were built up over many years. We added new pieces to programs and changed some legislation. As a result, our own internal procedures became bulky, cumbersome, and difficult.

We're systematically rebuilding them. We're doing business process re-engineering of all of our major programs, so we're cutting out steps. That allows us to actually remove work from the

department. It's not about making people do more. It's saying that it took 20 steps to do this in the past, but business process re-engineering shows us a better way, and it's going to take four steps, so let's get it done. That's one thing.

Another area I would point to is the use of technology, because the reality is that as we move forward with Canadian Forces members releasing, they want to be able to receive service from the Government of Canada in the way they want—and they should be able to, as should all Canadians. That doesn't mean we're taking away face-to-face service for those who want that. What it means is that if you want to check your application at 10 o'clock at night, when your kids are in bed, then you can do that. We have to build technology.

It's allowing them the choice. We shouldn't be telling them how they're going to be served. They should be telling us, "Look, when I need really complex care, you had better be there," and we will be there with our case managers. But if they work nine to five, they want to go home and be able to access services online. Technology will greatly assist with that.

The other thing is that we need to have Veterans Affairs Canada employees working on bases. That's key. That's a cornerstone. That's our commitment. That's where the forces want us to be. That's where they're most comfortable when they leave the military, and that's so important to them as they bridge into a transition to civilian life. They feel they will always have a connection to their base, to their reserve, to their company, and by putting our investment there, that's where I think we can serve them very well.

Those are just three quick areas.

• (1720)

Mr. Bernard Butler: Mr. Chair, I might just add one quick one. It's on the area of policy renewal. Policy renewal is the foundation on which our front-line staff administer programs.

As part of transformation, we are actively engaged in trying to fundamentally rework how we do policy and how we write policies, making them simpler, easier to understand, and more accessible to staff. We want to ensure that when you go into a policy you have linkages to business processes and directives, so that you can more quickly and more effectively advise and counsel veterans on what programs and benefits are available to them.

Policy renewal is another key platform or part of the transformation agenda.

Mr. Brian Storseth: Thank you.

That sounds really great, especially the last one. I have two quick questions left for you. One is about serving people on the base. Do we have any concrete examples of this happening already or starting to happen?

Two, what's our feedback mechanism? How are we measuring if we're being successful in this or not? What is the deeming of success in this?

Ms. Charlotte Stewart: The Integrated Personnel Support Centres began to be established about two years ago. As the military would say, “We stood them up very quickly”. It was a commitment, and we moved very rapidly to do it. We gradually added employees to those locations. At this point, I can say that we have a stable workforce of about 100 on those bases.

You're asking how we would know if we're doing a good job. We do various things to measure that. In Charlottetown, we review files that would examine a real case and ask how this worked. We would ask if they got timely assistance and what kind of assistance they got.

We do know that over 1,000 members are getting service directly every month on these sites. That number is increasing. We're keeping stronger statistics around that, because we want to make sure that if we need to, we'll put more Veterans Affairs Canada employees there.

So we have different measurement systems. We measure every element of our case managers' workload. We have a commitment to ensure they have no more than 40 cases, which is seen as an industry norm, and that's for complex cases. We measure what type of complexity these cases reflect. As I say, we have a standard of 40, and our national average is well below that. It's just over 30 per case manager. We think we're getting certain things right.

The Chair: Ms. Stewart, I'm going to have to cut it there. We're way over, and that's the end of the first round.

I'm going to try to give a couple of quick questions to the NDP and then go back to the government.

Mr. Stoffer, please.

All of this is all going to have to be very brief.

Mr. Peter Stoffer: Just for future reference, can you folks send to the committee how many veterans, RCMP members, and retired individuals are considered DVA?

Also, how many veterans are receiving a DVA benefit as of, say, a couple of months ago? How many of those veterans with benefits are still within the military? Because as you know, some military personnel receive the benefit.

Last, very quickly, how many DVA employees do you anticipate having at the end of this five-year transition period?

Thank you.

Manon, you have 12 seconds.

The Chair: Madam Perreault, you're going to have to be very brief, if you wouldn't mind, because his 10-second time was closer to a minute.

Mr. Peter Stoffer: No, it wasn't....

[Translation]

Ms. Manon Perreault (Montcalm, NDP): I know I am almost out of time, but I have a hard time understanding how you will measure progress while, at the same time, strengthening partnerships.

Won't that really complicate the process of figuring out whether veterans services have improved?

[English]

Ms. Charlotte Stewart: Do we have a report right now that we can provide to you on our progress...? I think I understood that question correctly.

We have reports on every element of transformation. I know that David's team has milestones and targets and is the owner of our reporting on that.

David, I don't know if at this point you wanted to speak publicly about that provision.

• (1725)

The Chair: Very briefly, Mr. Robinson, as we're running out of time here.

[Translation]

Ms. Manon Perreault: One last quick question.

We are talking about social determinants of health, about people with health problems, physical as well as mental. But I want to focus on mental health for a moment. If a veteran has a mental health issue of some sort as a result of their military service, can that person be seen by individuals who are less accustomed to dealing with patients of that nature? Should there not be specialists to treat veterans in these situations?

[English]

Ms. Charlotte Stewart: Absolutely—

The Chair: Excuse me. Can you provide that in writing, along with answers to Mr. Stoffer's questions? Because we do literally shut down by 5:30. We'll make sure we get the answers to everyone.

I'm going to give a couple of minutes to Ms. Adams and then we'll wrap up.

Ms. Eve Adams (Mississauga—Brampton South, CPC): I'd like to commend the department on the plain language review letters. They are being very well received by our veterans.

They are very simply stated. Veterans can very easily understand exactly why a decision is being rendered, what information was used in developing the decision that is rendered, and how someone might go about appealing that decision or providing additional information if the decision does not accurately reflect the medical state that the veteran finds himself or herself in. Thank you very much for that.

Could you perhaps provide some additional details for us on what more the department is doing to cut red tape and other barriers for our veterans?

Ms. Charlotte Stewart: I mentioned that we've tackled each of our programs. As I said, our programs are very cumbersome. Some are procedures. You mentioned the letters. We're taking each of them and reducing the application process to simpler forms and fewer steps. That's one way of reducing red tape.

I mentioned as well that our front-line staff remain key to our service delivery and that we've delegated additional authority to them. When you think about it, instead of having people behind the scenes making decisions, we've given the decision-making authority to the front-line staff. Case managers today can make virtually all decisions related to a case plan for a veteran who needs rehabilitation.

In the past, that might have had to go to a higher level of decision-making, or even to Charlottetown sometimes, etc., but it has all been moved to the front line wherever possible.

Ms. Eve Adams: So staff have been empowered to offer that decision right then and there. Is that correct?

Ms. Charlotte Stewart: Yes, absolutely.

Ms. Eve Adams: They're the ones who can actually look at the veteran and see what he or she might need.

Ms. Charlotte Stewart: They're the ones who make the determination, in consultation with the veteran, about what their path will be. They will discuss together their medical needs or training needs. The case manager is key to that whole relationship, and now they have the autonomy to make those decisions at the front line.

Ms. Eve Adams: Do you keep metrics of how much faster the veterans are provided with these types of services because of these changes?

The Chair: I'll have to get that in writing, along with the questions, if you don't mind. We're running out of time.

I want to thank you very much for being here. I think this is a great introduction to the study. There's a lot of information, and I know that more information will be sent along.

You've heard the questions. There's a lot of interest in this. We may see you—or at least your colleagues—again in the rotation.

I will remind the committee that we have witnesses starting off the meeting next week, and then we will go into business around 4:30. The witnesses think an hour will do for their presentation.

If there's nothing further, the meeting is adjourned until Thursday.

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