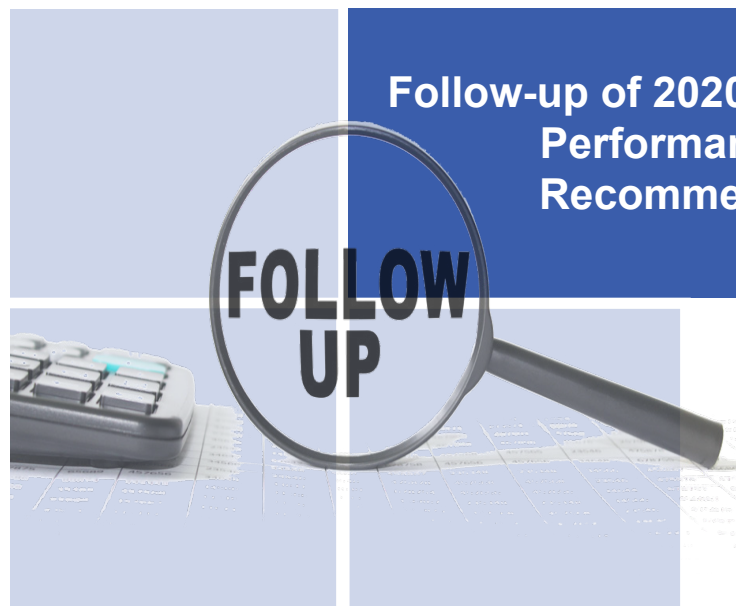


**2025**  
**Report of the Auditor General  
to the Nova Scotia  
House of Assembly**

**Follow-up of 2020, 2021, and 2022  
Performance Audit  
Recommendations**



**Performance Audit**  
**Independence • Integrity • Impact**



April 15, 2025

Honourable Danielle Barkhouse  
Speaker  
House of Assembly  
Province of Nova Scotia

Dear Madam Speaker:

I have the honour to submit herewith my Report to the House of Assembly under Section 18(2) of the *Auditor General Act*, to be laid before the House in accordance with Section 18(4) of the *Auditor General Act*.

Respectfully,

**Kim Adair, FCPA, FCA, ICD.D**  
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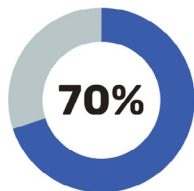
# Table of Contents

<b>Overview of Follow-up of 2020, 2021, and 2022 Performance</b>	
<b>Audit Recommendations</b> .....	4
Overview .....	4
Important Recommendations Still Incomplete .....	4
Additional 2019 Recommendations Still Incomplete .....	4
Why We Follow Up .....	5
<b>1 2020 Performance Audit Recommendations</b> .....	6
2020 Overall Results .....	6
Score Card .....	6
Recommendations Outstanding .....	6
Questions Nova Scotians May Want to Ask Regarding 2020 Audits .....	7
Audits with Recommendations Not Completed .....	8
July 2020: QEII New Generation Project – Halifax Infirmary Expansion and Community Outpatient Centre – Phase II .....	8
July 2020: Contaminated Sites .....	10
Organizations with All Recommendations Completed .....	11
<b>2 2021 Performance Audit Recommendations</b> .....	12
2021 Overall Results .....	12
Score Card .....	12
Organizations with All Recommendations Completed .....	12
<b>3 2022 Performance Audit Recommendations</b> .....	13
2022 Overall Results .....	13
Score Card .....	13
Recommendations Outstanding .....	13
Questions Nova Scotians May Want to Ask Regarding 2022 Audits .....	14
Audits with Recommendations Not Completed .....	15
June 2022: Oversight and Management of Government Owned Public Housing .....	15
November 2022: Immigration and Population Growth .....	20
Organizations with All Recommendations Completed .....	22
<b>4 Follow-Up on Additional Recommendations from 2019 and 2024</b> .....	23
2019 Results – Public Works Five-Year Check-In .....	23
Score Card .....	23
2024 Results – Opportunities and Social Development Six-Month Check-In .....	23
Score Card .....	23
Questions Nova Scotians May Want to Ask Regarding Additional Audits .....	24
May 2019: Selection and Quality Management of Bridge Projects in Central and Western Districts .....	25
May 2024: Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes .....	29
Appendix I: Limited Assurance Attestation Engagement Description and Conclusion ...	30
Appendix II: Results by Organization as Confirmed by the Auditor General .....	31
Appendix III: Organizational Progress Update for 2023 Performance Audit Recommendations as of December 31, 2024 .....	33

# Follow-up of 2020, 2021, and 2022 Performance Audit Recommendations

## Overview

Collective Three-Year Implementation Rate is 80% (2023 – 60%)



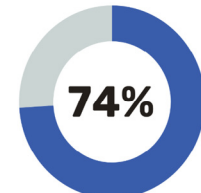
**2020**

- After four years, government has completed 14 of 20 recommendations



**2021**

- After three years, government has completed 26 of 26 recommendations



**2022**

- After two years, government has completed 42 of 57 recommendations

## Important Recommendations Still Incomplete

### 2020 Audit of Contaminated Sites

2 of 5 recommendations not completed

**Public Works** does not have a complete inventory of known and potentially contaminated sites under Provincial responsibility.

**Public Works** has not finalized a risk-based approach to assess and prioritize all known and potentially contaminated sites under Provincial responsibility.

### 2020 Audit of QEII New Generation Project – Halifax Infirmary Expansion and Community Outpatient Centre – Phase II

4 of 4 recommendations not completed

**Build Nova Scotia** has not completed remaining mitigation strategies from the objectivity analysis.

**Build Nova Scotia** and **Nova Scotia Health** have not made sure the master plan reflects the user needs identified through the functional programming process.

### 2022 Audit of Oversight and Management of Government Owned Public Housing

12 of 20 recommendations not completed

**Growth and Development** has not implemented a lease renewal process to verify tenants' continued eligibility for public housing, including assessing whether they are over-housed.

**Growth and Development** has not assessed the eligibility criteria and the screening process used to determine access to public housing.

## Additional 2019 Recommendations Still Incomplete

### 2019 Audit of Selection and Quality Management of Bridge Projects in Central and Western Districts

5 of 7 recommendations not completed after five years

**Public Works** has not taken steps to complete bridge inspections as required.

**Public Works** has not implemented consistent criteria to prioritize bridge repair and replacement.

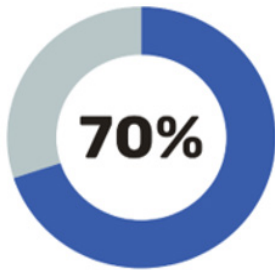
## Why We Follow Up

- Risks remain when government does not complete the recommendations they committed to implement.
- Government has agreed to our recommendations and Nova Scotia’s Auditor General Performance Audit policy states recommendations are to be completed within two years.
- Our Office typically provides assurance on recommendations starting two years after a report is released, however our Office can begin following up earlier if the Auditor General deems it necessary.
- This report will assist the Public Accounts Committee, the House of Assembly, and the public to hold government accountable for timely completion of the recommendations.
- Results by Organization as confirmed by the Auditor General for all recommendations from 2020, 2021, 2022 and select recommendations from 2019 and 2024 can be found in Appendix II.
- Early progress updates from organizations with recommendations issued in 2023 can be found in Appendix III. These updates are for information purposes and have not been audited.



# Chapter 1

## 2020 Performance Audit Recommendations



### 2020 Overall Results

Government completed 70% (14 of 20) after four years

Government accepted all recommendations from our 2020 audit reports. We continue to encourage government to work to address the remaining outstanding recommendations

### SCORE CARD

Legend	100%	50-99%	Less than 50%
Recommendations Completed	✓	!	✗

Report and Audit Title	Recommendations				
	Total	Not Completed	Completed		
<b>June 2020</b>					
Nova Scotia Liquor Corporation – Phase I	11	0	11	100%	✓
<b>July 2020</b>					
QEII New Generation Project – Halifax Infirmary Expansion and Community Outpatient Centre – Phase II	4	4	0	0%	✗
Contaminated Sites	5	2	3	60%	!
<b>Total</b>	<b>20</b>	<b>6</b>	<b>14</b>	<b>70%</b>	

### Recommendations Outstanding

2020 Audits – Outstanding Recommendations	Organization	# Not Completed
<b>July 2020:</b> QEII New Generation Project – Halifax Infirmary Expansion and Community Outpatient Centre – Phase II	Build Nova Scotia	3
	Nova Scotia Health	1
<b>July 2020:</b> Contaminated Sites	Public Works	2

## Questions Nova Scotians May Want to Ask Regarding 2020 Audits

### QEII New Generation Project – Halifax Infirmary Expansion and Community Outpatient Centre – Phase II

1. How does Build Nova Scotia intend to develop a transition plan, a stakeholder engagement plan, and a benefits realization plan to guide the Project through its various stages?
2. How will Build Nova Scotia assess the impact of COVID-19 on the risks related to the Project?
3. What steps have been taken to guarantee the user needs identified in the functional programs have been accurately captured in the master plan?

### Contaminated Sites

4. Will Public Works develop a complete inventory of known and potentially contaminated sites for which the Province is responsible?
5. How will Public Works assess and prioritize all known and potentially known contaminated sites for which the Province is responsible?

# 1 2020 Performance Audit Recommendations

## Audits with Recommendations Not Completed

- 1.1 Six recommendations from our 2020 audits remain not completed after four years.
- 1.2 We provide management responses from each organization in the following paragraphs for audit recommendations not completed and the risks that remain.

### July 2020: QEII New Generation Project – Halifax Infirmary Expansion and Community Outpatient Centre – Phase II

- 1.3 The objectives of this audit were to determine whether the department conducted a reasonable and appropriate analysis to select a project delivery model, and whether the department and Nova Scotia Health followed a reasonable and appropriate methodology to develop a master plan for the Halifax Infirmary Expansion and Community Outpatient Centre components of the QEII New Generation Project.
- 1.4 Our office acknowledges the significant changes to this project since the audit was completed, and recognizes some recommendations may not be able to be fully implemented until the project has reached substantial completion.
- 1.5 Build Nova Scotia and Nova Scotia Health have not completed the following four recommendations:



#### Recommendation 1.1

The Department of Transportation and Infrastructure Renewal should ensure that appropriate steps are taken through the implementation and operational periods of the Project, including developing a transition plan to guide the Project through its various stages, a stakeholder engagement plan, and a benefits realization plan.



Our 2020 audit found the Business Case did not include steps to develop a stakeholder engagement plan outlining a communication approach for the project or a transition plan to guide the transition from selection to construction to operation. It also did not include steps for a realization plan detailing the criteria to be used to determine if the project met its objectives. Without appropriate future-oriented planning to guide the project through various stages, there is a risk project success could be compromised and value for money may not be achieved.

**Build Nova Scotia response as of October 2024:** Using the framework defined within the Bayers Lake Community Outpatient Centre (COC) Contract Management Manual, Build NS will develop a subsequent manual for the Halifax Infirmary Expansion project. The form and function of this document will reflect any lessons learned from the implementation of the COC Contract Management Manual. The subject recommendation will remain open until such point that the Halifax Infirmary Expansion Project reaches operationalization and the 30-year operating term begins.

**Target completion date: November 2031**



**Recommendation 1.2**

The Department of Transportation and Infrastructure Renewal should ensure that remaining mitigation strategies from the Objectivity Analysis are completed for the Halifax Infirmiry Expansion and the Community Outpatient Centre. In addition, the Department should complete a thorough assessment to determine the impact of COVID-19 on the Project and on the Business Case used to select the Design, Build, Finance and Maintain (DBFM) model.



Our 2020 audit found the Department had not reassessed the risks associated with the project which were significantly impacted by COVID-19. The mitigation strategies recommended by the consultant were also not reassessed to determine if they were still applicable. By not completing this recommendation, the Department may not be aware of the impact of COVID-19 or other risks on the selection of a project delivery model or if the current model being used is still the best option for the project.

**Build Nova Scotia response as of October 2024:** Build Nova Scotia will continue to ensure the mitigation strategies from the Objectivity Analysis are completed for the Halifax Infirmiry Expansion Project. In coordination with receipt of the final financial submission, Build Nova Scotia will complete an updated Value for Money analysis. Build Nova Scotia will also leverage specific Project Agreement conditions that contain processes to address the impact of future pandemic or epidemic events. The subsequent analysis for the Halifax Infirmiry Expansion project will be completed prior to Financial Close. The subject recommendation will remain open until such point that the final financial submission is received and evaluated.

**Target completion date: February 2025**

**Recommendation 1.3**

The Department of Transportation and Infrastructure Renewal and the Nova Scotia Health Authority should ensure the master plan as well as any subsequent planning documents, including final design documents, reflect the details determined through the functional programming process. Departments within the hospital should be given the opportunity to review any significant changes from the functional programming and master planning processes with the appropriate oversight committee used to review and approve changes.



Our 2020 audit found the space requirements for two departments in the master plan did not reflect the needs identified in functional programs. The square footage on the master plan for these two departments did not agree with the projected amount determined through the functional plan. By not completing this recommendation, the needs of the departments may not be accurately captured as the Project moves forward and it could result in not enough, or too much, space being built. This would impact the delivery of healthcare services in the future.

**Build Nova Scotia and Nova Scotia Health response as of October 2024:** Using established and formalized mechanisms, Build Nova Scotia (formerly Nova Scotia Lands Health Infrastructure) will continue to work with Nova Scotia Health (NSH) to engage end users throughout the design process. Both Build Nova Scotia and NSH have collaboratively built a process which values user input and enables transparency from the Master Planning stage through to the final Functional Program and building design. The project team will continue to leverage this process to help ensure that the right product is provided upon completion of the Public Private Partnerships (P3) contract. The subject recommendation will remain open until such point that issued for construction (IFC) documents are developed for the Halifax Infirmiry Expansion Project.

**Target completion date: April 2027**

## July 2020: Contaminated Sites

- 1.6 The purpose of this audit was to determine whether the Province of Nova Scotia is appropriately identifying and managing contaminated sites for which it is responsible.
- 1.7 The Department of Public Works has not completed the following two recommendations:



### Recommendation 1.2

The Province of Nova Scotia should have a complete inventory of known and potentially contaminated sites the Province is responsible for, including a process to monitor relevant information for decision making.



Our 2020 audit found the Province did not have an adequate management information system in place to monitor contaminated sites. We found departments did not track all potentially contaminated sites, and historical information was not readily available. By not completing this recommendation, management may not have the appropriate information to make resourcing decisions, and to assess potential risks arising from future activities on the sites.

**Public Works response as of October 2024:** Government has developed an interdepartmental advisory group (IAG) that reports known and potentially contaminated sites to the Deputy Minister Committee. The Deputy Minister Committee provides an oversight structure for awareness and inventory reporting. The IAG has implemented a more consistent approach to achieve awareness and reporting by having regular IAG/DM meetings according to terms of references, regularly updating an inventory during, and at the end of each fiscal year, that is cross referenced with Nova Scotia Environment and Climate Change and Treasury Board to ensure the list is accurate. Required policies have been developed and are being finalized through the working group.

**Target completion date:** None provided

### Recommendation 1.3

The Province of Nova Scotia should implement a risk-based approach to assess and prioritize all known and potentially contaminated sites the Province is responsible for.



Our 2020 audit found the Province did not have a process to prioritize site evaluations and remediation. Sites were dealt with individually and there was no government-wide plan to assess risks and prioritize work for an effective use of resources. By not completing this recommendation, the Province may inefficiently use its financial and human resources and not provide the most benefit to the public in terms of protecting human health and the environment.

**Public Works response as of October 2024:** Government has developed an Interdepartmental Advisory Group (IAG) to advise an oversight body, the Deputy Minister (DM) Committee, on known and potentially contaminated sites to ensure the effective management within the regulatory framework using a risk-based approach. Departments manage contaminated sites in accordance with Finance and Treasury Board and Contaminated Site Regulations, which are risk-based. The IAG will consider appropriate mechanisms for continued risk-based management within the regulatory framework, including developing policies and guidelines to complement Finance and Treasury Board

and Contaminated Sites Regulations. Required policies have been developed and are being finalized through the working groups.

**Target completion date: None provided**

### Organizations with All Recommendations Completed

2020 Audits – All Recommendations Completed	Organization
<b>June 2020:</b> Nova Scotia Liquor Corporation – Phase I	Nova Scotia Liquor Corporation
<b>July 2020:</b> Contaminated Sites	Environment and Climate Change
	Executive Council Office

*\*See Appendix II for a list of the completed recommendations*

# Chapter 2

## 2021 Performance Audit Recommendations



### 2021 Overall Results

Government completed 100% (26 of 26) after three years

### SCORE CARD

Legend	100%	50-99%	Less than 50%
Recommendations Completed	✓	!	✗

Report and Audit Title	Recommendations				
	Total	Not Completed	Completed		
<b>May 2021</b>					
Nova Scotia Liquor Corporation – Phase II	11	0	11	100%	✓
<b>July 2021</b>					
Planning and Implementation of the Pre-Primary Program	9	0	9	100%	✓
<b>November 2021</b>					
Internet for Nova Scotia	4	0	4	100%	✓
Value for Money of Early COVID-19 Relief Programs for Individuals and Small Businesses	2	0	2	100%	✓
<b>Total</b>	<b>26</b>	<b>0</b>	<b>26</b>	<b>100%</b>	

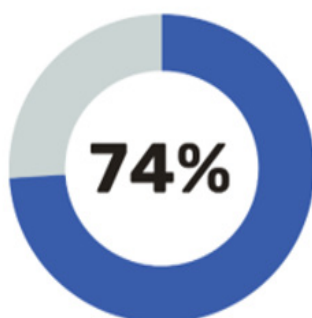
### Organizations with All Recommendations Completed

2021 Audits – All Recommendations Completed	Organization
<b>May 2021:</b> Nova Scotia Liquor Corporation – Phase II	Finance and Treasury Board
	Nova Scotia Liquor Corporation
<b>July 2021:</b> Planning and Implementation of the Pre-Primary Program	Education and Early Childhood Development
<b>November 2021:</b> Internet for Nova Scotia	Build Nova Scotia
	Finance and Treasury Board
<b>November 2021:</b> Value for Money of Early COVID-19 Relief Programs for Individuals and Small Businesses	Education and Early Childhood Development
	Finance and Treasury Board

\* See Appendix II for a list of the completed recommendations

# Chapter 3

## 2022 Performance Audit Recommendations



### 2022 Overall Results

Government completed 74% (42 of 57) after two years

Government accepted all recommendations from our 2022 audit reports. We continue to encourage government to work to address the remaining outstanding recommendations

### SCORE CARD

Legend	100%	50-99%	Less than 50%
Recommendations Completed	✓	!	✗

Report and Audit Title	Recommendations				
	Total	Not Completed	Completed		
<b>May 2022</b>					
Oversight and Management of Individuals Serving Community-Based Sentences	10	0	10	100%	✓
<b>June 2022</b>					
Oversight and Management of Government Owned Public Housing	20	12	8	40%	✗
<b>September 2022</b>					
Healthy Eating in Schools	12	0	12	100%	✓
<b>November 2022</b>					
Immigration and Population Growth	15	3	12	80%	!
<b>Total</b>	<b>57</b>	<b>15</b>	<b>42</b>	<b>74%</b>	

### Recommendations Outstanding

2022 Audits – Outstanding Recommendations	Organization	# Not Completed
<b>June 2022:</b> Oversight and Management of Government Owned Public Housing	Growth and Development	12
<b>November 2022:</b> Immigration and Population Growth	Labour, Skills and Immigration	3

## Questions Nova Scotians May Want to Ask Regarding 2022 Audits

### Oversight and Management of Government Owned Public Housing

1. When will the Department begin publicly reporting information that will help housing applicants develop realistic expectations about access to public housing?
2. Does the Department intend to retain historical waitlist information to allow verification that the appropriate applicant was offered a unit?
3. When will the Department have an organizational approach to quality assurance addressing tenant placement, priority access placements, and renewals?

### Immigration and Population Growth

4. When will the Department improve transparency by requiring clear support for the approval or denial of service providers and the determination of funding costs?

# 3 2022 Performance Audit Recommendations

## Audits with Recommendations Not Completed

- 3.1 Fifteen recommendations from our 2022 audits remain not completed after two years.
- 3.2 We provide management responses from each organization in the following paragraphs for audit recommendations not completed and the risks that remain.

### June 2022: Oversight and Management of Government Owned Public Housing

3.3 The purpose of this audit was to determine whether the Department of Growth and Development (previously Department of Municipal Affairs and Housing) and the regional housing authorities provide vulnerable individuals and families with access to affordable, well-managed public rental housing in a clear and consistent manner.



3.4 The Department of Growth and Development has not completed the following 12 recommendations:

#### Recommendation 1.1

We recommend the Department of Municipal Affairs and Housing implement an effective governance structure and accountability framework, which includes:

- establishing clear goals and performance metrics for public housing,
- clarifying roles and responsibilities for reporting,
- monitoring results internally at regular intervals, and
- taking action to determine and address the root cause of poor results.



Our 2022 audit found a new governance model was necessary for public housing. A Fall 2019 governance analysis found Housing Nova Scotia had been operating in a state of ambiguity for several years caused by an unclear governance structure. Formal accountability requirements were lacking for Department oversight of the regional housing authorities and where accountability mechanisms existed, they were largely outdated or not functioning as intended. This created opportunities for known issues to go unaddressed for significant periods of time.

**Growth and Development response as of October 2024:** Since June 2022, Government created the Nova Scotia Provincial Housing Agency (NSPHA), a new Crown corporation responsible for the delivery of public housing. In March 2023, NSPHA established a Policy Framework to provide an overarching structure for policy development, approval, communication and review. In March 2024, NSPHA published its 2023-2028 Strategic Plan, which sets out strategic priorities and performance targets to make meaningful changes to the public housing program. Work continues on a policy and operational framework and client service standards – a significant, resource dependent, undertaking. NSPHA remains on schedule to deliver this recommendation by fiscal 2026/27.

**Target completion date: Fiscal 2026/27**



**Recommendation 1.2**

We recommend the Department of Municipal Affairs and Housing report publicly at regular intervals information necessary for public housing applicants to develop realistic expectations for access to public housing based on prioritization, region, and unit size.



Our 2022 audit found the Department was not effectively utilizing public housing data. There was no publicly available performance reporting or information outlining waitlists, vacancy rates or turnaround times. Publicly reporting on this information enhances Department accountability to deliver public housing that is responsive to Nova Scotians' needs.

**Growth and Development response as of October 2024:** In June 2024, NSPHA launched a new website with “Facts and Figures” that provides applicants with average wait times by district. Work is underway to include additional data points so that applicants can develop realistic expectations for access to public housing.

**Target completion date: None provided**

**Recommendation 1.5**

We recommend the Department of Municipal Affairs and Housing assess the eligibility criteria and screening processes used to grant access to public housing, and update policy to adequately address eligibility in a fair and consistent manner.



Our 2022 audit found instances where incomplete or ineligible applications were presented to, and approved by, the regional housing authority boards. Issues identified with the approved applications included no confirmation of the municipal residency requirement, and gross monthly income often exceeding the household income limits. Approving applicants with incomplete applications who may not meet the eligibility criteria reduces the number of available units for people who qualify for them.

**Growth and Development response as of October 2024:** Work is underway to review and update eligibility criteria and screening processes used to grant access to public housing in alignment with NSPHA's legislated mandate. This work remains on schedule to be completed by fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

**Recommendation 1.9**

We recommend the regional housing authorities retain historical waitlist information for new placements to allow for verification of whether the appropriate applicants are being offered units.



Our 2022 audit found historical waitlist information from past placements was not consistently retained as only moment-in-time information could be viewed. Without historical waitlist information, we were unable to confirm applicants were at the top of the waitlist when offered a unit. Without historical waitlist information, preferential treatment could go largely undetected as staff could offer units to applicants without regard to their waitlist position.

**Growth and Development response as of October 2024:** In summer 2023, NSPHA launched an online Applicant Portal, which has functionality to efficiently and effectively manage applicant data and generate waitlists that accurately reflect placements in accordance with current policy. The Applicant Portal also retains historical waitlist information for new placements to enhance accountability and is used to regularly generate reports that provide assurance that applicants are being offered units based



on their waitlist positions. Work is underway on a fulsome review of our waitlist management policy and processes and remains on schedule to be completed by fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

#### Recommendation 1.11

We recommend the Department of Municipal Affairs and Housing establish a goal to reduce unit turnaround times and implement regular monitoring and public reporting against the target.



Our 2022 audit found the unit turnaround target of 60 days set in the Housing Authorities Policy Manuals was consistently not met. The average unit turnover in number of days for the province was 126 days in 2019 (4.2 months) and 151 days in 2020 (5 months). There was no regular reporting or monitoring of units exceeding the established turnover target and no process to clearly document unit condition, required actions, and expected timelines for completion. Units should be turned over in a timely manner so they can be occupied by new tenants as soon as possible.

**Growth and Development response as of October 2024:** NSPHA is committed to getting more low-income Nova Scotians into public housing faster. In December 2022, NSPHA implemented a new Unit Turnaround Process Guide that establishes a consistent approach and identifies roles and responsibilities for meeting targets. Additionally, the client service and asset management system upgrade introduced new functionality to enhance preventative maintenance and minimize the risk of costly repairs and long-term damage to our units. Unit turnaround times have already been reduced and work is underway on a digital platform for publicly reporting on unit turnaround targets is expected to be completed by fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

#### Recommendation 1.12

We recommend the Department of Municipal Affairs and Housing review the existing annual application review process, to:

- clarify what files should be reviewed,
- define who should complete the reviews, and
- develop a process for creating and monitoring action plans to resolve any identified deficiencies.



Our 2022 audit found there was an annual application review process. However, there was no evidence of any action taken when deficiencies were identified, and no requirement to test a specific number of regular applicants, priority access, or rejections. Without adequate attention to detail throughout this process, issues could go undetected or unresolved.

**Growth and Development response as of October 2024:** The client service and asset management system upgrade automated the annual lease review process. Lists of tenants due for lease reviews are generated monthly to ensure staff have the information they need to complete this work on schedule. NSPHA established a cross-functional work group to update lease administration policies, including the annual lease review process. In summer 2024, NSPHA released a new standard lease agreement and Landlord Rules so the same rules and conditions apply to all tenants and also published an online Tenant Handbook. We expect to implement new lease administration policy and processes in fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

**Recommendation 1.13**

We recommend the Department of Municipal Affairs and Housing complete an assessment of all significant processes and develop an organizational approach to quality assurance that includes at a minimum routine tenant placement, priority access placements, and renewals.



Our 2022 audit found there was no quality assurance process in place to examine new tenant placement decisions, priority access placements, or ongoing annual lease renewals. With no quality assurance process over these placements and renewals, there is a risk they may be approved or rejected inappropriately.

**Growth and Development response as of October 2024:** In November 2024, NSPHA worked with the Department of Community Services to broaden its priority access stream to include Nova Scotians experiencing homelessness. In consultation with key stakeholders, we created new tools to support consistent implementation of all priority access policies and processes with clear assessment criteria for each priority access stream. These changes ensure fair and equitable access to public housing for eligible priority access applicants. Work underway to review and update all our waitlist management policies, including an organizational approach to quality assurance, remains on schedule to be completed by fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

**Recommendation 1.16**

We recommend the Department of Municipal Affairs and Housing implement lease renewal processes that verify the continued eligibility of public housing tenants, including considering whether tenants may be over-housed and whether tenants may own property and take appropriate action when issues are identified.



Our 2022 audit found there were more than 1,500 units that met the definition of overhousing, which limits the effective management of tenant capacity and causes an inefficient use of provincially owned housing. Also, there was no monitoring of dispositions or continued use of tenant-owned properties after entering public housing. With no process in place to monitor rental income, a risk exists that it could affect the tenant's monthly rent charge or the eligibility for public housing.

**Growth and Development response as of October 2024:** In Spring 2023, NSPHA developed new processes to support consistent implementation of our existing over-housing policy. Through this work, we reduced the number of over-housed households from 1,986 (December 2022) to 1,906 (June 2024), creating space for 80 more low-income families to access public housing. In Summer 2024, NSPHA implemented new standard lease and Landlord Rules that require tenants to demonstrate ongoing eligibility for public housing every year. This includes addressing whether they own property or are over-housed. It is expected that new lease administration policy and procedures will be implemented in fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

**Recommendation 1.17**

We recommend the Department of Municipal Affairs and Housing, in collaboration with the regional housing authorities, develop and implement:

- a process and guidance for documenting and addressing tenant-related issues within public housing buildings, and
- a process to report on ongoing trends, and unique or significant tenant-related issues, to regional housing authority management.



Our 2022 audit found there was no policy or process outlining how tenant-related issues and concerns were to be documented and addressed, including complaints made by tenants directly to property management staff or observations made by staff in the buildings. There was also no guidance on how building management and staff should address specific situations such as mental health or substance abuse concerns. The regional housing authorities did not track trends in tenant-related issues within the buildings or provide regular reports to management. Without tracking and reporting, the regional housing authorities are at risk of inefficiently using their resources to complete preventative maintenance or deal with escalating tenant issues.

**Growth and Development response as of October 2024:** Phase 1 of the client service and asset management system upgrade introduced new functionality for case tracking. Guidelines were developed to help NSPHA staff efficiently manage and resolve tenant-related issues within the public housing buildings. Work is underway to implement a formal reporting process to monitor and analyze ongoing trends, ensuring continuous improvement in client service delivery and issue resolution. This is expected to be completed in fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

#### Recommendation 1.18

We recommend the Department of Municipal Affairs and Housing, in collaboration with the regional housing authorities, develop and implement a public housing complaint resolution process, including controls and service standards around receiving, documenting, and responding to complaints.



Our 2022 audit found there was no policy or process for situations where complaints were sent directly to regional housing authority offices. Inadequate controls to ensure all complaints are logged, validated, and addressed as necessary in a timely and efficient manner were noted across the three housing authorities. Without a consistent process, there is a risk complaints may not be appropriately prioritized or treated fairly.

**Growth and Development response as of October 2024:** NSPHA introduced a case tracking system and standardized guidelines to ensure consistent documentation, tracking and resolution of tenant complaints. The case tracking system includes features to monitor the progress of complaints and flag those that are overdue. NSPHA is focused on continuous improvement and ensuring consistent implementation of the case tracking system across the province. This is expected to be completed in fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

#### Recommendation 1.19

We recommend the Department of Municipal Affairs and Housing, in collaboration with the regional housing authorities, review the tenant engagement initiative to clarify the purpose and frequency requirements of engagement sessions.



Our 2022 audit found there were very few instances of staff completing bi-weekly visits to public housing buildings to engage with tenants during advertised meeting times, and many buildings were not visited at all. If visits are not occurring, client service improvement may not occur as expected.

**Growth and Development response as of October 2024:** NSPHA is committed to improving fairness and consistency for our tenants. In spring 2024 we launched a new website to make information easier to access for Nova Scotians, along with an online Applicant Portal to reduce the barriers for applicants to public housing. We also implemented a new Tenant Handbook that contains tips and useful information about their tenancy with NSPHA, including what they can expect from us their landlord. Work underway on a new Client Engagement Strategy that will clarify the purpose and frequency of engagement sessions remains on schedule to be completed by fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

### Recommendation 1.20

We recommend the Department of Municipal Affairs and Housing develop a management review process to hold staff accountable in addressing issues identified by tenants at engagement sessions.



Our 2022 audit found the memo communicating the new tenant engagement initiative to improve client service included documentation requirements for issues raised at engagement sessions. Of the 30 engagement sessions we looked at, 22 did not have the resolution dates and outcomes recorded as required. With no documentation to support resolutions and timelines, there is a risk staff may not be held accountable for addressing issues.

**Growth and Development response as of October 2024:** NSPHA communicates with tenants in accordance with our landlord responsibilities under the *Residential Tenancies Act*. District-level tenant engagement happens as needed to address concerns, seek input and improve client service. A case tracking system was implemented in summer 2023 to standardize documentation of tenant concerns, improve staff communication and increase the efficiency and effectiveness of our complaints resolution process.

In Q4 2024/2025, NSPHA will conduct a Tenant Survey to measure satisfaction and gather insights on the benefits of public housing and how to enhance tenant experience. Data collected will inform the development of a Tenant Engagement Strategy in fiscal 2026/27.

**Target completion date: Fiscal 2026/27**

## November 2022: Immigration and Population Growth

- 3.5 The purpose of this audit was to determine whether the Department of Labour, Skills and Immigration is attracting and retaining immigrants who meet the labour needs of the province while also maintaining the integrity of the immigration system.
- 3.6 The Department of Labour, Skills and Immigration has not completed the following three recommendations:



**Recommendation 1.2**

We recommend the Department of Labour, Skills and Immigration complete an assessment of the training needs of the Immigration and Population Growth Branch to guide the development and implementation of a training plan for new hires and existing staff. Required training must be delivered to all staff with documentation maintained to support the completion.



Our 2022 audit found there was no formalized, mandatory training plan for staff responsible for assessing applications to the Nova Scotia Nominee Program or the Atlantic Immigration Pilot, and management had not assessed the training needs of staff. Without ensuring all staff have equal and adequate training, there is a risk applications may not be assessed consistently.

**Labour, Skills and Immigration response as of October 2024:** Immigration and Population Growth (IPG) is dedicated to the professional development of our staff and continuous improvement of our operations.

To support this commitment to accountability and operational efficiency, we are implementing a centralized tracking tool, fully operational by March 31, 2025. This initiative ensures all staff training is properly documented, and our processes are optimized for better management and oversight.

**Target completion date: March 31, 2025**

**Recommendation 1.8**

We recommend the Department of Labour, Skills and Immigration improve the documentation of the review of proposals to the Settlement Funding and the Labour Market Integration Funding programs. Specifically, there must be documentation that clearly explains why settlement service providers were approved or denied along with an explanation to support the amount of funding approved.



Our 2022 audit found there was limited documentation to explain why some service providers were selected for funding while others were not. There was no documentation to explain how the funding amounts awarded to each approved service provider were determined. Without clear documentation to explain how service providers and funding amounts were determined, the transparency of the process is reduced, increasing the risk of poor decisions being made.

**Labour, Skills and Immigration response as of October 2024:** Immigration and Population Growth (IPG) is dedicated to continuous improvement and maximizing the impact of the Settlement Services we support. While the funding decisions for Settlement Service Providers for 2023-26 were made through a transparent and fair evaluation process, we acknowledge the OAG's recommendation that documenting the reasons for each funding approval, in the same way as refusals, will further enhance transparency in the Call for Proposal (CFP) process for 2026-29. IPG will follow through on this commitment in the 2026 CFP, providing an opportunity to better showcase the meaningful work being done by Service Providers, especially where new funding is awarded on the merit of an organization's proven success.

**Target completion date: December 31, 2026**

**Recommendation 1.9**

We recommend the Department of Labour, Skills and Immigration require settlement service providers provide annual audited financial statements and documentation, such as invoices and proof of payment, to support the information included in quarterly reports. The supporting documentation must be used to assess whether the information included in quarterly reports is accurate.



Our 2022 audit found no requirement to include supporting documentation, such as invoices and audited financial statements, in quarterly reports. This creates a risk the information provided may not be accurate and funding may not be compliant with the terms and conditions of the funding agreement.

**Labour, Skills and Immigration response as of October 2024:** Adding clarity to our auditing process for this requirement will enhance our approach for the next Call for Proposals. Immigration and Population Growth (IPG) considers the capacity of service providers when applying this requirement and will ensure that smaller organizations can negotiate a compromise if providing an audited statement would reduce their ability to deliver quality services to newcomers. Through this process, IPG will ensure that financial reporting and disclosure is in a form and function acceptable to the Department. We accept the OAG’s recommendation to develop clear, formal guidelines to determine when exemptions can be made, ensuring the process remains fair and manageable for all providers in preparation for the next funding cycle. We appreciate the OAG’s recognition that generating audited financial statements can be a significant burden for smaller organizations.

**Target completion date: April 30, 2025**

### Organizations with All Recommendations Completed

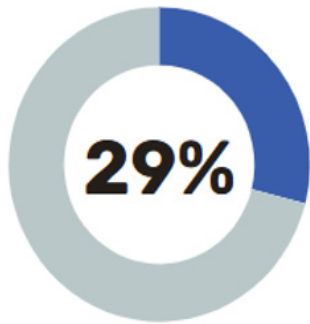
2022 Audits – All Recommendations Completed	Organization
<b>May 2022:</b> Oversight and Management of Individuals Serving Community-Based Sentences	Justice
<b>September 2022:</b> Healthy Eating in Schools	Education and Early Childhood Development
	Nova Scotia Health

\* See Appendix II for a list of the completed recommendations



# Chapter 4

## Follow Up on Additional Recommendations from 2019 and 2024



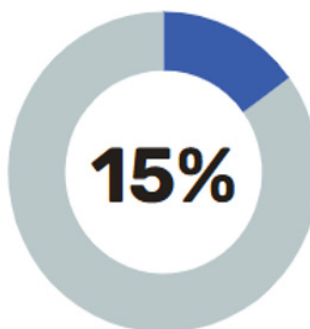
### 2019 Results – Public Works Five-Year Check-In

Although Public Works accepted all recommendations from our 2019 audit report, Public Works has only completed 29% (2 of 7) after five years. We strongly urge the Department to take action to address the remaining recommendations to allow it to effectively and efficiently manage the selection and quality of bridge projects

### SCORE CARD

Legend	100%	50-99%	Less than 50%
Recommendations Completed	✓	!	✗

Report and Audit Title	Recommendations			
	Total	Not Completed	Completed	
<b>May 2019</b>				
Selection and Quality Management of Bridge Projects in Central and Western Districts	7	5	2	29% ✗



### 2024 Results – Opportunities and Social Development Six-Month Check-In

Department of Opportunities and Social Development completed 15% (3 of 20) after only six months

Opportunities and Social Development accepted all recommendations from our 2024 audit report six months ago. We continue to encourage the Department to work to address the remaining recommendations

### SCORE CARD

Report and Audit Title	Recommendations		
	Total	Not Completed	Completed
<b>May 2024</b>			
Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes	20	17	3 15%

## Questions Nova Scotians May Want to Ask Regarding Additional Audits

### Selection and Quality Management of Bridge Projects in Central and Western Districts

1. What is Public Works doing to ensure warranty repairs are covered by the responsible parties and not Nova Scotian taxpayers?
2. How will Public Works make sure bridges are safe for Nova Scotians?

### Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes

3. Does the Department of Opportunities and Social Development have a plan to improve oversight of both child and youth care homes and temporary emergency arrangements?
4. Has the Department of Opportunities and Social Development reduced reliance on child and youth care homes and temporary emergency arrangements since the audit first flagged the issue in 2024?



# 4 Follow Up on Additional Recommendations from 2019 and 2024

## May 2019: Selection and Quality Management of Bridge Projects in Central and Western Districts

4.1 The purpose of this audit was to determine whether the department had adequate processes to effectively and efficiently manage the selection and quality of bridge projects. We also examined whether the department appropriately monitored whether bridge projects met established standards.

4.2 Our office chose to continue to follow up on the recommendations from this audit after five years due to the significant number of recommendations that were not complete after last year's follow-up report. This decision was driven by the critical importance of these recommendations and their impact on the safety and well-being of Nova Scotians.



4.3 Five years after our 2019 audit, five recommendations are still not complete.

4.4 We are concerned that the Department has yet to complete these recommendations. Delays in addressing the recommendations pose risks to Nova Scotia's infrastructure and the efficient use of provincial resources. While some progress has been made, further action is needed to properly select, manage, and monitor bridge projects. Without effective oversight and quality control, the province may lack an accurate understanding of the condition of bridges, leading to inefficient and ineffective prioritization of work. Completing these recommendations will improve accountability and help demonstrate taxpayers' dollars are used responsibly.

4.5 For audit recommendations not completed, we provide additional information including work the department has completed since 2019, work remaining, and management responses in the following paragraphs.

4.6 The Department of Public Works has not completed the following five recommendations:


### Recommendation 2.1

The Department of Transportation and Infrastructure Renewal should review its processes and systems used to track bridge information and inspections. The Department should identify and take appropriate action to ensure information about bridges, including recommended repairs and maintenance history, is complete, accurate, and accessible.



Our 2019 audit found the Department did not have a process to centrally record work completed on bridges, even though its information system was capable of recording maintenance history. By not completing this recommendation, the Department may not have complete, accurate and accessible information about bridges including recommended repairs and maintenance history.

Work completed since 2019 confirmed by OAG	Work Remaining
<ul style="list-style-type: none"> <li>• New Structure Asset Management System (SAMS) launched in 2024.</li> <li>• Historical bridge condition data for one district has been uploaded into SAMS.</li> <li>• Starting in 2024, level two inspections are recorded in SAMS.</li> </ul>	<ul style="list-style-type: none"> <li>• Historical bridge condition data for the three remaining districts need to be uploaded to SAMS. This information is currently maintained by District staff via spreadsheets and paper records.</li> <li>• Annual level one inspections are not yet documented in the new information system.</li> </ul>
<p><b>Public Works response as of October 2024:</b> The Department has taken significant and extensive action responding to the recommendation 2.1, of which the development and implementation of SAMS played a significant role. Action on the remaining issues identified is already under way and will be completed in 2025. Regular reviews and updates to data will happen as per the recently approved Structure Asset Management Procedure as part of the commitment to prioritize data quality and system reporting.</p> <p><b>Target completion date: 2025</b></p>	

<b>Recommendation 2.2</b> The Department of Transportation and Infrastructure Renewal should implement a process of using consistent criteria to assist management to determine bridge priorities at the district and provincial levels.	
 <p>Our 2019 audit found management did not have documented criteria to objectively rank and assess projects. By not completing this recommendation, bridges that are the highest priority for repair or replacement may not be identified appropriately.</p>	
Work completed since 2019 confirmed by OAG	Work Remaining
<ul style="list-style-type: none"> <li>• A new procedure requires all bridge prioritizations be done using decision trees within SAMS.</li> </ul>	<ul style="list-style-type: none"> <li>• Procedure is not yet fully implemented as the SAMS decision trees are being created.</li> <li>• Districts are still prioritizing projects based on their own data, the same process that was in place at the time of the audit.</li> </ul>
<p><b>Public Works response as of October 2024:</b> The Department has taken significant and extensive action responding to the recommendation 2.2, of which the development and implementation of SAMS plays a significant role. Action on the remaining issues identified is under way and will be completed in 2025. Until completed, the Department will continue to prioritize work using current practices. It is critical to note that shifting priorities, changes in circumstances and Engineering judgement all play a critical role in the determination of projects. Regular reviews and updates to data and review of SAMS outputs will happen as per the recently approved Structure Asset Management Procedure and the Structure Project Prioritization Procedure as part of the commitment to prioritize data quality, analysis and system reporting.</p> <p><b>Target completion date: 2025</b></p>	

**Recommendation 2.3**

The Department of Transportation and Infrastructure Renewal should complete bridge inspections as required by Department policy.



Our 2019 audit found inspectors were not completing all regular inspections as required. By not completing this recommendation, inspections may not be completed, and safety concerns may not be identified in a timely manner.

Work completed since 2019 confirmed by OAG	Work Remaining
<ul style="list-style-type: none"> <li>Starting in 2025, inspection procedures were updated to include the use of SAMS for completing and recording all inspections.</li> <li>Testing performed by our office confirmed level one inspections are occurring as required.</li> </ul>	<ul style="list-style-type: none"> <li>SAMS status reports show 86 bridges with overdue level two inspections.</li> <li>Our testing identified issues in all six overdue files we selected. These issues included:                             <ul style="list-style-type: none"> <li>Three bridges had either been removed or reclassified as something other than a bridge, yet it still appeared in SAMS as requiring a level two inspection.</li> <li>The district information was recorded incorrectly for one bridge.</li> <li>The next required inspection year was incorrect for another bridge.</li> </ul> </li> <li>Incorrect information caused at least one inspection to not be completed.</li> <li>Due to SAMS overwriting due dates and lacking historical information, the Department cannot confirm if level two inspections are occurring on time as required.</li> </ul>

**Public Works response as of October 2024:** The Department has taken significant and extensive action responding to the recommendation 2.3. The majority of required inspections are being completed in accordance with the Inspection of Structures procedure and compliance with the procedure will continue to be a priority. The remaining issues identified are primarily due to data quality which will be addressed in 2025. Regular reviews and updates to data will happen as per the recently approved Structure Asset Management Procedure as part of the commitment to prioritize data quality and system reporting. This will help ensure staff are provided with correct and accurate information to complete inspections.

**Target completion date: 2025**


**Recommendation 2.4**

The Department of Transportation and Infrastructure Renewal should implement regular monitoring of information system data, inspection results and documentation, and project files to ensure there is complete and accurate information on the condition of bridges and to monitor compliance with Department policies and processes.



Our 2019 audit found the Department did not have a monitoring process for the data in the information system or for the inspection of bridges. Annual reviews were also not completed as part of the internal quality assurance process. By not completing this recommendation, management may not have up to date inspection data to support decision making and project prioritization, and safety concerns or other issues may not be identified and corrected in a timely manner.

Work completed since 2019 confirmed by OAG	Work Remaining
<ul style="list-style-type: none"> <li>Procedures include guidelines requiring bridge related information be recorded in SAMS.</li> <li>A new position titled Structure Asset Management Engineer (SAME) has been created.</li> <li>SAME is responsible for ensuring bridge data is kept up to date.</li> <li>Staff have been tasked with performing project file quality assurance audits comparing project files to the guidelines set out in the Project Engineers Field Manual. One project file quality assurance audit took place in December 2024.</li> <li>Policies include guidance that audits are to be completed over level one and two bridge inspections every two years.</li> </ul>	<ul style="list-style-type: none"> <li>Policies lack clear guidelines of how identified issues relating to inspection completion are to be addressed.</li> <li>Data issues explained above in Recommendation 2.3 demonstrates current data monitoring processes are either not being applied, or working, as planned.</li> <li>Beginning in 2025 five project file quality assurance audits will be completed annually.</li> <li>Level one and level two inspection audits are not occurring as required by policy.</li> </ul>
<p><b>Public Works response as of October 2024:</b> The Department has taken significant and extensive action responding to the recommendation 2.4. The majority of required Level 1 and Level 2 inspections are being completed in accordance with the Inspection of Structures procedure and monitoring of compliance with the procedure will continue to be a priority. Action on the remaining issues identified is under way and will be completed in 2025. Regular reviews and audits will happen as part of the commitment to prioritize data quality, system reporting and compliance with procedures.</p> <p><b>Target completion date: 2025</b></p>	

<b>Recommendation 2.6</b>	
<p>The Department of Transportation and Infrastructure Renewal should implement a process to monitor bridge-related warranties.</p>	
	<p>Our 2019 audit found staff did not complete the required check of contractors' work for nine of the 12 projects tested that were entering or completing their one-year and/or three-year warranty period. By not completing this recommendation, the Department may pay for repairs a contractor should have corrected under warranty.</p>
Work completed since 2019 confirmed by OAG	Work Remaining
<ul style="list-style-type: none"> <li>Bridge Warranty procedure has been updated.</li> <li>Warranty inspections are taking place before the warranty expiry date as required by the procedure.</li> </ul>	<ul style="list-style-type: none"> <li>Letters outlining issues found during the warranty inspections are not being provided to contractors prior to the warranty expiry date.               <ul style="list-style-type: none"> <li>In one file we reviewed, the inspection was completed in June 2024 prior to the warranty expiry the same month, but as of our review in November 2024 no letter outlining the issues had been sent to the contractor.</li> </ul> </li> <li>Procedures lack guidance on how the Department will monitor the warranty process to make sure it is followed.</li> </ul>
<p><b>Public Works response as of October 2024:</b> The Department has developed a thorough Bridge Warranty Procedure which has been regularly reviewed and updated in an effort of continuous improvement in alignment with the Office's recommendation. Follow up monitoring has identified documentation of communications between the contractor and the Department is deficient in some circumstances selected for testing. The Department is committed to improving documentation of communications through staff training, has identified responsibilities for documenting communications and has assigned responsibility to monitor the procedure for effectiveness.</p> <p><b>Target completion date: None provided</b></p>	

## May 2024: Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes

4.7 The purpose of this audit was to determine if the Department of Opportunities and Social Development (formerly the Department of Community Services) was adequately ensuring the health, safety, and well-being of children placed in child and youth care homes and temporary emergency arrangements.

4.8 Our office chose to conduct an early follow-up on the recommendations from this audit because of the impact they have on a vulnerable population. Despite having only six months to address these recommendations, the Department has made notable progress, including successfully completing three recommendations within this short timeframe.



4.9 Work performed to address the three complete recommendations included updating policies to reflect current social worker contact requirements with children in temporary emergency arrangements. Child and youth care home inspection policies have been updated to reflect current practices and include acceptable timelines for addressing violations noted during inspections. The Department has also demonstrated they are reviewing and approving extensions to timelines for correcting inspection violations as required by policy.

4.10 The Department is committed to addressing the remaining 17 recommendations, with work underway based on our review of management provided summaries for each recommendation. These remaining recommendations will be included in future follow-up engagements.

## Limited Assurance Attestation Engagement Description and Conclusion

We completed an independent limited assurance attestation engagement on the status of certain audit recommendations included in the 2019, 2020, 2021, 2022 and 2024 Performance Audit Reports of the Auditor General. Our objective was to provide limited assurance, as of October 11, 2024, on those recommendations assessed as “completed” since our last follow-up report, to determine if government’s assessment was free from material misstatement. We did not perform any procedures, and provide no assurance, on recommendations noted in this report as not completed.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Government organizations (departments, agencies, and boards) are responsible for assessing their status of implementing recommendations of the Auditor General. For recommendations they assessed as completed, we substantiated the assessment through interviews and examination of documentation. We evaluated the implementation status using criteria based on whether the supporting information provided by the organization addressed the audit recommendation (see Appendix II), and whether the information was relevant, complete, reliable, neutral, and understandable. Our work was based on qualitative characteristics of information as described in the CPA Canada Handbook.

For a recommendation assessed as “do not intend to implement” or “action no longer required,” we focused on the reasons why government chose not to implement the recommendation or why management believes it is no longer applicable. If the rationale appeared reasonable, we removed the recommendation from our statistics and will not conduct further follow-up work on it.

We conducted our work in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3000 – Attestation Engagements Other than Audits or Reviews of Historical Financial Information set out by the Chartered Professional Accountants of Canada; and Sections 18 and 21 of the *Auditor General Act*. We obtained sufficient and appropriate evidence on which to base our conclusion on March 18, 2025 in Halifax, Nova Scotia.

We apply the Canadian Standard on Quality Management 1 (CSQM 1), and we have complied with the independence and other ethical requirements of the Code of Professional Conduct of the Chartered Professional Accountants of Nova Scotia.

**Conclusion on completed recommendations** – Based on the limited assurance procedures performed and evidence obtained, no matters have come to our attention to cause us to believe the status of the recommendations reported as completed have been materially misstated. Additional information provided in this report is not intended to take away from our overall conclusion.



## Appendix II

## Results by Organization as Confirmed by the Auditor General

	Recommendations				
	Total	Not Completed	Completed		Recommendation Number Completed as confirmed by the AG
<b>Build Nova Scotia</b>					
July 2020: QEII New Generation Project – Halifax Infirmary Expansion and Community Outpatient Centre – Phase II	3	3	0	0%	N/A
November 2021: Internet for Nova Scotia	3	0	3	100%	1.2 to 1.4
<b>Education and Early Childhood Development</b>					
July 2021: Planning and Implementation of the Pre-Primary Program	9	0	9	100%	1.1 to 1.9
November 2021: Value for Money of Early COVID-19 Relief Programs for Individuals and Small Businesses	1	0	1	100%	1.2
September 2022: Healthy Eating in Schools	9	0	9	100%	1.1 to 1.9
<b>Environment and Climate Change</b>					
July 2020: Contaminated Sites	1	0	1	100%	1.4
<b>Executive Council Office</b>					
July 2020: Contaminated Sites	1	0	1	100%	1.1
<b>Finance and Treasury Board</b>					
May 2021: Nova Scotia Liquor Corporation – Phase II	1	0	1	100%	1.8
November 2021: Internet for Nova Scotia	1	0	1	100%	1.1
November 2021: Value for Money of Early COVID-19 Relief Programs for Individuals and Small Businesses	1	0	1	100%	1.1
<b>Growth and Development</b>					
June 2022 : Oversight and Management of Government Owned Public Housing	20	12	8	40%	1.3, 1.4, 1.6 to 1.8, 1.10, 1.14, 1.15
<b>Justice</b>					
May 2022: Oversight and Management of Individuals Serving Community-Based Sentences	10	0	10	100%	1.1 to 1.10
<b>Labour, Skills and Immigration</b>					
November 2022: Immigration and Population Growth	15	3	12	80%	1.1, 1.3 to 1.7, 1.10 to 1.15
<b>Nova Scotia Health</b>					
July 2020: QEII New Generation Project – Halifax Infirmary Expansion and Community Outpatient Centre – Phase II	1	1	0	0%	N/A
September 2022: Healthy Eating in Schools	3	0	3	100%	1.7, 1.9, 1.10
<b>Nova Scotia Liquor Corporation</b>					
June 2020: Nova Scotia Liquor Corporation – Phase I	11	0	11	100%	1.1 to 1.11
May 2021: Nova Scotia Liquor Corporation – Phase II	10	0	10	100%	1.1 to 1.7, 1.9 to 1.11
<b>Public Works</b>					
July 2020: Contaminated Sites	3	2	1	33%	1.1

## Results by Organization as Confirmed by the Auditor General for Additional Follow-Up

	Recommendations				Recommendation Number Completed as confirmed by the AG
	Total	Not Completed	Completed		
<b>Opportunities and Social Development</b>					
May 2024: Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes	20	17	3	15%	1.2, 1.18, 1.19
<b>Public Works</b>					
May 2019: Selection and Quality Management of Bridge Projects in Central and Western Districts	7	5	2	29%	2.5, 2.7





Appendix III (unaudited)

## Organizational Progress Update for 2023 Performance Audit Recommendations as of December 31, 2024

This appendix provides all performance audit recommendations from 2023 and a management-prepared summary of the current progress towards addressing the recommendations. We have not conducted any work and provide no assurance on these management responses. They are presented for information purposes only.

The Province of Nova Scotia's Auditor General Performance Audit policy states that the generally accepted time frame for completion of agreed-upon recommendations is two years. Performance audit recommendations issued in 2024 have not been included in this appendix to allow time for auditees to address the recommendations.

Audit	Page
<b>2023 Audits</b>	
January 2023 – Metropolitan Regional Housing Authority – Examination of Service Contract Awards	33
February 2023 – Green Fund: Effectiveness Over First Two Years	34
May 2023 – Provincial Fire Safety Management	35
June 2023 – Investigation of Island Employment Association	37
September 2023 – Ground Ambulance Services	37

Recommendation	Organization Update as of December 31, 2024 (unaudited)
<b>January 2023 – Metropolitan Regional Housing Authority – Examination of Service Contract Awards</b>	
<p><b>1.1</b> We recommend the Department of Municipal Affairs and Housing direct the Metropolitan Regional Housing Authority to adhere to the Housing Authority Conflict of Interest Policy and address the following:</p> <ul style="list-style-type: none"> <li>taking the appropriate action to address the conflicts identified in this report;</li> <li>ensuring employees are informed of the conflict of interest policy;</li> <li>determining whether a conflict of interest exists and what actions are to be taken;</li> <li>establishing procedures for employees to report and document a conflict of interest to their supervisor; and</li> <li>establishing procedures for supervisors to mitigate the conflict.</li> </ul>	<p><b>Department of Growth and Development:</b> In January 2023, the Nova Scotia Provincial Housing Agency (NSPHA) implemented a new Conflict of Interest (COI) Policy, Procedures and Guidelines to help employees identify, manage and mitigate conflicts of interest. The Guidelines outline ways employees can avoid conflicts of interest, standard procedures for disclosing conflicts of interests and provides guidance to supervisors on how to mitigate them.</p> <p>The Policy was updated in March 2023 to include additional case examples based on direction provided by the Conflict of Interest Commissioner.</p> <p>All employees are required to review the Policy and complete conflict of interest training annually. NSPHA achieved 100% compliance with the Policy in fiscal year 2023-24.</p>
<p><b>1.2</b> We recommend the Department of Municipal Affairs and Housing direct the Metropolitan Regional Housing Authority to add conflict-of-interest language and disclosure requirements in all public tenders.</p>	<p><b>Department of Growth and Development:</b> Since January 2023, all Nova Scotia Provincial Housing Agency (NSPHA) public tenders include conflict of interest language and disclosure requirements to ensure fairness to all bidders in the procurement process. NSPHA public tenders require all proponents declare and provide details on any actual or potential conflict of interest in the preparation of their proposal and/or fulfilling the contractual obligations outlined in the tender.</p>
<p><b>1.3</b> We recommend the Department of Municipal Affairs and Housing direct the Metropolitan Regional Housing Authority to incorporate bidder operational capability and capacity into the scoring guidance when evaluating tender submissions.</p>	<p><b>Department of Growth and Development:</b> In January 2023, the Nova Scotia Provincial Housing Agency (NSPHA) incorporated bidder operational capability and capacity into the scoring guidance when evaluating tender submissions. This includes asking the bidder to provide references from previous clients who tendered projects of similar scope and budget. Additionally, when equipment is involved in a service tender, we request a list of the equipment that specifies whether it is owned or leased, information on equipment service providers and any existing service contracts to help mitigate project delays caused by equipment repairs.</p>

(continued)

Recommendation	Organization Update as of December 31, 2024 (unaudited)
<p><b>1.4</b> We recommend the Department of Municipal Affairs and Housing direct the Metropolitan Regional Housing Authority to follow government procurement policy for alternative procurements that are not publicly tendered. Projects using the alternative procurement process should be led by the purchasing Department and include the following:</p> <ul style="list-style-type: none"> <li>• a documented business case; and</li> <li>• clearly developed objectives, goals, and key performance indicators.</li> </ul>	<p><b>Department of Growth and Development:</b> In spring 2023, the Nova Scotia Provincial Housing Agency (NSPHA) adopted Government's procurement policy for alternative procurements that are not publicly tendered. Alternative procurement practices are only permitted in urgent, specialized or exceptional circumstances.</p> <p>In fall 2023, the NSPHA developed standard procedures for purchasing goods and services as well as supporting tools to ensure all employees across the province are following the same procurement processes.</p> <p>Additionally, the NSPHA implemented a new signing approval authority process for all procurement types and a new functionality in our asset management system that tracks procurement processes and approvals to optimize our operations and increase accountability.</p>
<p><b>February 2023 – Green Fund: Effectiveness Over First Two Years</b></p>	
<p><b>1.1</b> We recommend the Department of Environment and Climate Change disburse Green Fund money based on partners' annual funding requirements.</p>	<p><b>Department of Environment and Climate Change:</b> The Department has implemented the Auditor General's recommendation by continuing to work with the Treasury and Policy Board, as they retain authority over annual funding distribution. Further, the Department has taken key actions to mitigate risks by introducing a standardized Memorandum of Understanding (MOU) where all funding agreements must include mandatory provisions, such as clauses for unspent funds, interest handling, and administration fees. Lastly, the Department has a thorough process to ensure regular reporting and accountability, with performance targets tracked and results made publicly available in annual reports.</p>
<p><b>1.2</b> We recommend the Department of Environment and Climate Change appropriately monitor Green Fund programs including:</p> <ul style="list-style-type: none"> <li>• Meeting regularly to determine if established performance targets are being achieved, and documenting discussions</li> <li>• Taking action if performance targets are not on track to be met</li> <li>• Reviewing administration fees on a program basis to ensure fees are in line with contract requirements.</li> </ul>	<p><b>Department of Environment and Climate Change:</b> The Department has addressed the Auditor General's recommendation by implementing the Enhanced Monitoring Program, ensuring robust oversight of initiatives funded. This program has established a structured approach, including regular monitoring of whether meetings are taking place to assess and document the achievement of performance targets, with health checks conducted via an Excel-based tool. Any unmet targets are flagged to leadership through reports to the Executive Leadership Team. Additionally, administration fees are now defined in MOUs and contribution agreements, with a detailed breakdown of costs required for each program to ensure compliance with contract requirements.</p>
<p><b>1.3</b> We recommend the Department of Environment and Climate Change clearly report results against performance targets in its public annual report.</p>	<p><b>Department of Environment and Climate Change:</b> The Department has implemented the Auditor General's recommendation to report results against performance targets in its public annual report. Appendix A in the 2022 and 2023 Annual Green Fund Reports offers a comprehensive overview of program grants, including performance targets and results. These reports are publicly available on the Climate Change in Nova Scotia website. The Department's actions included a comprehensive review of reporting practices, resulting in an appendix outlining performance targets, a comparative analysis of targets versus actual results, and narrative summaries providing context and explanations for the results achieved.</p>



(continued)

Recommendation	Organization Update as of December 31, 2024 (unaudited)
<p><b>1.4</b> We recommend, in accordance with the <i>Environment Act</i>, the Department of Environment and Climate Change define legitimate departmental administrative, staffing and other operational expenses that can be charged to the Green Fund.</p>	<p><b>Department of Environment and Climate Change:</b> The recommendation to define legitimate administrative, staffing, and operational expenses for the Green Fund has been fully addressed. The Department implemented a policy, effective April 1, 2024, that clearly defines eligible expenses for the future Climate Change Fund. This policy has been carefully aligned with the <i>Environment Act</i> to ensure compliance with legislative requirements, providing clear guidance on what departmental expenses can be charged to the fund. By doing so, the Department has ensured accountability in fund management, addressing the Auditor General's concerns.</p>
<p><b>1.5</b> We recommend the Department of Environment and Climate Change use a transparent and competitive procurement or grant application process when selecting Green Fund program partners.</p>	<p><b>Department of Environment and Climate Change:</b> The recommendation to use a transparent and competitive procurement process when selecting Green Fund program partners has been fully implemented. As of April 1, 2024, the Department has introduced an internal guide to support departments and staff in adhering to government procurement and grant management policies. This guide ensures a fair and transparent process for selecting and contracting funding recipients for the Nova Scotia Climate Change Fund. By establishing clear guidelines, the Department has met the Auditor General's recommendation, promoting accountability and consistency in partner selection.</p>
<p><b>1.6</b> We recommend the Department of Environment and Climate Change consistently include mandatory provisions in all third-party contracts including but not limited to:</p> <ul style="list-style-type: none"> <li>• Unspent funding clause</li> <li>• Interest clause</li> <li>• Defined administration fees</li> <li>• Dispute resolution process</li> <li>• Performance management process</li> </ul>	<p><b>Department of Environment and Climate Change:</b> The recommendation to include mandatory provisions in all third-party contracts has been fully implemented. The Department has modified existing contracts and integrated a standardized template for contribution agreements into MOU with departments. This ensures consistency, transparency, and accountability in managing third-party contracts. Key provisions include clauses on unspent funding, interest handling, defined administration fees, dispute resolution, and performance management. These steps ensure that both current and future agreements align with the recommended clauses, providing a clear framework for contract management and ensuring the proper use of funds and effective partner performance evaluation.</p>
<b>May 2023 – Provincial Fire Safety Management</b>	
<p><b>1.1</b> We recommend the Department of Municipal Affairs and Housing in collaboration with the Office of the Fire Marshal properly fulfill statutory obligations to protect the public by implementing a comprehensive review of the Office of the Fire Marshal's organizational structure, competencies, and training expectations of management.</p>	<p><b>Department of Municipal Affairs:</b> The Office of the Fire Marshal (OFM) has worked to strengthen its management practices and training programs. The OFM has reviewed its organizational structure and implemented new policies to better support staff and operations. A training policy has been introduced to ensure ongoing professional development, while an inspection heat map has been implemented to improve resource allocation and management. These efforts reflect a commitment to fulfilling statutory obligations and enhancing public safety.</p>
<p><b>1.2</b> We recommend the Office of the Fire Marshal implement:</p> <ul style="list-style-type: none"> <li>• A quality assurance process which includes key operational activities that provide management the ability to assess Office performance in relation to their mandate</li> <li>• Performance standards and well-defined expectations for Deputy Fire Marshals</li> <li>• The provincial performance management policy to regularly monitor and assess staff performance</li> <li>• A fire safety complaint tracking and resolution process.</li> </ul>	<p><b>Office of the Fire Marshal:</b> The Office of the Fire Marshal has introduced improvements to better assess performance and support operations. This includes setting clear performance standards for staff, implementing a fire safety complaint tracking process and adopting a system to regularly monitor staff performance. A new records management system is being explored for possible implementation by end of 2026/27 which will include a mechanism for complaints and resolution tracking. These steps help strengthen the Office of the Fire Marshal's ability to meet its mandate effectively.</p>

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Recommendation	Organization Update as of December 31, 2024 (unaudited)
<p><b>1.3</b> We recommend the Office of the Fire Marshal ensure municipalities are meeting legislative requirements under the <i>Fire Safety Act</i> by:</p> <ul style="list-style-type: none"> <li>• Reviewing and updating the Memorandum of Understanding between the Office of the Fire Marshal and Halifax Regional Fire and Emergency Service</li> <li>• Instituting a process to regularly update and compile a complete municipal fire inspectors listing</li> <li>• Implementing an audit function to make sure municipalities are meeting legislative requirements.</li> </ul>	<p><b>Office of the Fire Marshal:</b> To ensure municipalities are meeting their legislative requirements under the <i>Fire Safety Act</i>, the Office of the Fire Marshal (OFM) discussed updating the MOU with Halifax Fire and Emergency Services to ensure the municipality was meeting its legislative requirements. A new records management system is being explored for possible implementation by end of 2026/27 which will allow for improved business processes, including a municipal oversight function. The OFM has also introduced process improvements to ensure on an annual basis an accurate list of all municipal fire inspectors and improved its records process to ensure municipal audit functions are properly documented and tracked.</p>
<p><b>1.4</b> We recommend the Office of the Fire Marshal update the inspection policy to ensure all appropriate documentation is captured in the inspection files and require management to assess the appropriateness of inspection activity.</p>	<p><b>Office of the Fire Marshal:</b> The Office of the Fire Marshal (OFM) has updated its fire inspection policy and introduced process and document improvements for all staff, including a management audit function, to ensure the appropriateness of inspection activity and the completeness of files.</p>
<p><b>1.5</b> We recommend the Office of the Fire Marshal establish a process requiring building listings be updated regularly for completeness and accuracy.</p>	<p><b>Office of the Fire Marshal:</b> The Office of the Fire Marshal (OFM) established an annual process to ensure that it has an up to date listing of all buildings under legislation they are required to inspect.</p>
<p><b>1.6</b> We recommend the Office of the Fire Marshal develop a new construction and renovation building plan review policy detailing actions, completion timeframes, and construction and renovation inspection requirements.</p>	<p><b>Office of the Fire Marshal:</b> The Office of the Fire Marshal (OFM) implemented a new plan examination policy to address the Auditor General's recommendation in a way that is consistent with industry standards and OFM authority.</p>
<p><b>1.7</b> We recommend, in consultation with the Conflict of Interest Commissioner, the Department of Municipal Affairs and Housing complete a review of conflict of interest practices and related training at the Office of the Fire Marshal. The review should include the appropriateness of current boards the Office of the Fire Marshal is on, and support provided to external associations by the Office of the Fire Marshal to ensure that potential conflicts of interests are addressed appropriately.</p>	<p><b>Department of Municipal Affairs:</b> The Department of Municipal Affairs, in consultation with the Conflict of Interest Commissioner, has reviewed conflict of interest practices at the Office of the Fire Marshal (OFM). This review included an assessment of OFM's involvement with external boards and associations. As a result, a new conflict-of-interest policy has been implemented to better address and manage potential conflicts.</p>

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Recommendation	Organization Update as of December 31, 2024 (unaudited)
<b>June 2023 – Investigation of Island Employment Association</b>	
<p><b>1.1</b> Based on the significance of the dollar values involved, the importance of the services provided to Nova Scotians, and the severity of the concerns identified at Island Employment Association, we recommend the Department of Labour, Skills and Immigration complete a comprehensive assessment of how the Nova Scotia Works program is delivered. The assessment and resulting response should include at a minimum:</p> <ol style="list-style-type: none"> <li>1. Determining whether program objectives have been established and are being met;</li> <li>2. Evaluating risks related to outsourcing program delivery, including fraud risks;</li> <li>3. Identifying the actions needed to mitigate risks to an acceptable level;</li> <li>4. Improving the process to select and renew agreements with service providers, including:             <ol style="list-style-type: none"> <li>i. Documenting all key decisions and assumptions; and</li> <li>ii. Assessing service provider past performance.</li> </ol> </li> <li>5. Updating terms and conditions of service provider contribution agreements to:             <ol style="list-style-type: none"> <li>i. Strengthen and clarify subjective terms;</li> <li>ii. Require service providers to submit detailed lists of transactions to support their financial reporting;</li> <li>iii. Require service provider Boards of Directors to complete regular governance training; and</li> <li>iv. Require annual declarations of conflicts of interest for all staff and directors.</li> </ol> </li> <li>6. Improving the monitoring and oversight of service provider compliance with contribution agreements through:             <ol style="list-style-type: none"> <li>i. Strengthened departmental monitoring of service provider financial processes and controls, such as increased departmental testing of service provider transactions for compliance, periodic reviews of provider financial practices by internal or external auditors, or other monitoring mechanisms.</li> <li>ii. Regularly assessing service provider governance practices and competencies to make sure they meet department expectations and are functioning as intended.</li> </ol> </li> <li>7. Periodic review to determine whether actions taken from this assessment are working.</li> </ol>	<p><b>Department of Labour, Skills and Immigration:</b> Labour, Skills and Immigration (LSI) completed a review of the Nova Scotia Works (NSW) Program, including:</p> <ul style="list-style-type: none"> <li>- Fraud reporting service for staff/board members and citizens.</li> <li>- Two external financial audits of Labour Market Transfer Agreements.</li> <li>- Three fraud workshops and agreement management training for LSI staff.</li> <li>- Updates to contribution agreements in areas of financial reporting, expected service outcomes, training, governance, and conflicts of interest.</li> <li>- An auditing firm completed a compliance audit of all NSW agreements.</li> <li>- Province’s Internal Audit Centre has developed a new Labour Market Support System “risk assessment.”</li> </ul> <p>LSI is committed to a periodic review of the NS Works (NSW) program and Organizational Funding Agreements (OFAs), to ensure outcomes are met and actions taken from the assessment of the NSW program are effective. The compliance audit and risk assessment will be completed November 30, 2024.</p> <p>OFAs 2025-2027 are expected to be signed December 2024.</p>
<b>September 2023 – Ground Ambulance Services</b>	
<p><b>1.1</b> We recommend the Department of Health and Wellness monitor Emergency Medical Care Inc.’s timely implementation of the accepted recommendations from both Fitch and Associates reports.</p>	<p><b>Department of Health and Wellness:</b> The Emergency Health Services branch within the Department of Health and Wellness has established a process to monitor Emergency Medical Care Inc.’s timely implementation of the accepted recommendations from both Fitch reports. Each recommendation has been assigned an owner and is constantly tracked as part of the bi-weekly Executive Forum meetings with Emergency Medical Care Inc. Progress towards the completion of the recommendations is periodically documented.</p>

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Recommendation	Organization Update as of December 31, 2024 (unaudited)
<p><b>1.2</b> We recommend the Department of Health and Wellness perform its own quarterly assessment of Emergency Medical Care Inc.'s performance on all ground ambulance performance standards instead of relying on Emergency Medical Care Inc.'s self-assessment of performance.</p>	<p><b>Department of Health and Wellness:</b> Actions are underway to increase the Department's ability to perform its own assessments and additional resources have been added to the Emergency Health Services (EHS) team with the necessary skillset to assess system performance. This effort is progressing through:</p> <ol style="list-style-type: none"> <li>the development of several frameworks and plans governing the assessment of Emergency Medical Care Inc.'s ground ambulance performance,</li> <li>the creation of real-time data dashboards by the EHS data team,</li> <li>the onboarding of a Quality Compliance Officer with the primary role of assuring the system's performance and monitoring, and</li> <li>quarterly performance meetings with the purpose of data and performance validation (Performance Standards Committee).</li> </ol>
<p><b>1.3</b> We recommend the Department of Health and Wellness define what conditions will be required to reinstate holding Emergency Medical Care Inc. accountable for response times, in addition to reestablishing accountability by:</p> <ul style="list-style-type: none"> <li>Revising exemption criteria to hold Emergency Medical Care Inc. accountable for response times in the current environment of emergency department offload delays;</li> <li>Requiring requested exemptions to be submitted monthly by Emergency Medical Care Inc.;</li> <li>Reviewing and approving the exemptions submitted in a timely manner; and</li> <li>Calculating the contractual response times and providing this information quarterly to the Performance Standards Committee.</li> </ul>	<p><b>Department of Health and Wellness:</b> The Department of Health and Wellness (DHW) has undertaken a detailed review of current contract terms and operational processes and proposed to Emergency Medical Care Inc. (EMCI) a new, robust method of accountability for EMCI's response time performance. Negotiations with EMCI are underway to revise terms in the 2021 operating agreement to meet the requirements of this recommendation and ensure accountability for EMCI's response time performance. DHW expects the First Watch system, a public safety technology system currently being used by EHS, to help with the management of exemption requests since it has specific functionality that will enable better tracking of exemption requests.</p>
<p><b>1.4</b> We recommend the Department of Health and Wellness introduce financial penalties for failing to meet medical performance standards. Specifically, penalties should be imposed if Emergency Medical Care Inc. fails to achieve performance standards relating to:</p> <ul style="list-style-type: none"> <li>the completion and disclosure of electronic patient charts to hospitals receiving ambulance patients; and</li> <li>providing all requested Clinical Quality Improvement records to the Department.</li> </ul>	<p><b>Department of Health and Wellness:</b> The Department of Health and Wellness currently does not have the contractual ability to introduce financial penalties for failing to meet the performance standards noted in the recommendation. Negotiations are underway to amend the 2021 operating agreement terms to establish a clear process for accountability, including financial penalties for noncompliance or poor performance, for the performance standards noted in the recommendation.</p>
<p><b>1.5</b> We recommend the Department of Health and Wellness clearly define who is accountable for directives at both the Department and Nova Scotia Health relating to offload delays at emergency departments and continue to monitor Nova Scotia Health's compliance with the directives.</p>	<p><b>Department of Health and Wellness:</b> Accountability is clearly established pursuant to the <i>Health Authorities Act</i>. The Minister of Health and Wellness is responsible for the health system, including the Department of Health and Wellness (DHW) and Nova Scotia Health (NSH). Discussion and operations between the DHW, Emergency Medical Care Inc., and NSH has clarified that NSH has the accountability for offload delays and performance at emergency departments. DHW continues to monitor NSH's compliance with directives.</p>



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Recommendation	Organization Update as of December 31, 2024 (unaudited)
<p><b>1.6</b> We recommend the Department of Health and Wellness require Emergency Medical Care Inc. to develop a staffing strategy that identifies the appropriate level of resources required to deliver the ground ambulance system. At a minimum, the plan should:</p> <ul style="list-style-type: none"> <li>• Evaluate the paramedic staffing demands of the current system;</li> <li>• Forecast the paramedic staffing demands of the future, considering historical data on sick time and paramedic time spent in offload;</li> <li>• Identify other system strains and factor into forecasting;</li> <li>• Work to address overtime and missed breaks;</li> <li>• Set goals for recruitment and retention of paramedics; and</li> <li>• Identify whether there are additional locations where training programs could be offered.</li> </ul>	<p><b>Department of Health and Wellness:</b> A comprehensive staffing model for ground ambulance was requested by the Department of Health and Wellness (DHW) from Emergency Medical Care Inc. (EMCI) in January 2023, with a due date of September 30, 2023. After an initial draft was provided within deadlines, EMCI was requested to provide a revised plan with a more detailed analysis of all staffing issues. The plan was provided to DHW in June 2024 and included a comprehensive analysis of EMCI's current staffing levels, future workforce distribution and targeted initiatives, while considering for population growth and increased system demands. DHW has requested that EMCI complete an annual review and resubmission of this plan to ensure it remains up-to-date and in effect.</p>
<p><b>1.7</b> We recommend Emergency Medical Care Inc. offer and document exit interviews to all departing paramedics in a timely manner and provide aggregate results to the Workforce Steering Committee and the Department of Health and Wellness to respond accordingly.</p>	<p><b>Emergency Medical Care Inc.:</b> Since August 2023, an automated Exit Interview Survey is available for all Emergency Medical Care Inc. (EMCI) employees. Powered by Qualtrics and integrated with EMCI's Human Capital System (Workday), employees who leave their position at EMCI are automatically invited to participate in the survey. Exit interview dashboards are generated with a summary from which aggregate results are provided by EMCI to the Workforce Steering Committee and the Department of Health and Wellness. The Department is planning to review this process in the coming months and recommend adjustments, as required. EMCI intends to use data collected to inform adjustments to its managerial practices.</p>
<p><b>1.8</b> We recommend the Department of Health and Wellness require Nova Scotia Health to address inaccuracies in public dashboard ambulance system data.</p>	<p><b>Department of Health and Wellness:</b> The Department of Health and Wellness (DHW) has worked with Nova Scotia Health (NSH) to ensure results on the internal dashboard match the public dashboard. DHW also shares the offload and response time data for reporting with NSH through the Health Analytics Platform to ensure usage of the same data sources. The inaccuracies in the public dashboard that this recommendation alludes to have been resolved.</p>
<p><b>1.9</b> We recommend the Department of Health and Wellness publicly report weekly ground ambulance response times by community and offload times by hospital.</p>	<p><b>Department of Health and Wellness:</b> The Action for Health - Public Reporting Tableau dashboard by Nova Scotia Health is updated on a weekly basis with ground ambulance response times at the Emergency Health Services Region and Community Category level to ensure patient privacy and offload times are reported for all level one and two healthcare facilities. Reporting is provided on a weekly basis as aligned with the data system capabilities.</p>
<p><b>1.10</b> We recommend the Department of Health and Wellness add additional indicators to their public reporting on ground ambulances to convey other pressures on the ground ambulance system such as emergency department closures.</p>	<p><b>Department of Health and Wellness:</b> The Department of Health and Wellness and Nova Scotia Health have instituted quarterly wait times as part of the Action for Health dashboard. The annual indicator on emergency department closures is available in the public long-term health system dashboard.</p>
<p><b>1.11</b> We recommend the Department of Health and Wellness require Emergency Medical Care Inc. to create and implement a new process that will result in a more accurate and reliable transfer of care time that is useful for decision-making purposes.</p>	<p><b>Department of Health and Wellness:</b> The Department of Health and Wellness and Emergency Medical Care Inc. have agreed on a new definition and process for the transfer of care and are in the process of finalizing new operational expectations with Nova Scotia Health for the revised standard process. This solution will address the need for greater accuracy and reliability of transfer of care times, improving data accuracy and usefulness.</p>

Recommendation	Organization Update as of December 31, 2024 (unaudited)
<p><b>1.12</b> We recommend the Department of Health and Wellness formalize in the ground ambulance contract the costs, if any, that should be excluded from the calculation of the management fee paid to Emergency Medical Care Inc., particularly where there is no relationship to EMC's management ability of the contract.</p>	<p><b>Department of Health and Wellness:</b> The 2021 agreement between the Department of Health and Wellness and Emergency Medical Care Inc. (EMCI) covers the provision of ground and air ambulance services and clarifies the baseline budget elements that are used to calculate the management fee paid to EMCI.</p>
<p><b>1.13</b> We recommend the Department of Health and Wellness use the audit clause in the ground ambulance contract with Emergency Medical Care Inc. to begin conducting regular audits, with topics selected based on risk.</p>	<p><b>Department of Health and Wellness:</b> The Department of Health and Wellness is working to finalize an Audit and Compliance Framework outlining the Department's requirements for establishing and conducting regular audits and implementing compliance procedures across the Emergency Health Services system. Risks have been identified, a risk assessment has been completed, and monitoring is underway. The Department expects to finalize the framework, establish an audit plan, and begin conducting regular audits in 2025. Moreover, compliance training and planning is underway, with ongoing compliance site visit plans and objectives.</p>
<p><b>1.14</b> We recommend the Department of Health and Wellness design and implement a consistent and documented process for the Strategic Investment Fund that includes details on:</p> <ul style="list-style-type: none"> <li>• approvals for expenditures</li> <li>• reconciliation of actual cost against approved cost</li> <li>• quantity of items purchased, and</li> <li>• nature of purchases.</li> </ul>	<p><b>Department of Health and Wellness:</b> The Department of Health and Wellness has clarified the process for the use of the Strategic Investment Fund via a formal Guideline document which outlines how items are requested and approved to be funded by the Strategic Investment Fund.</p>



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