



# Office of the Auditor General

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## Auditor General's Statement to the Media

Release of June 2016 Report to the Nova Scotia House of Assembly  
6/8/2016



**Office of the Auditor General of Nova Scotia**  
**Auditor General's Statement to the Media, June 8, 2016**  
**Release of the Spring 2016 Report to the Nova Scotia House of Assembly**

Good morning, ladies and gentlemen. Thank you for coming.

Today, I presented to the Members of the legislature my report on three performance audits completed in 2016. The report includes audits at the Departments of Community Services, Health and Wellness, Natural Resources, and at the Nova Scotia Health Authority.

Chapter 2 reports the results of an audit of hospital system capacity. Staff from my office visited all 9 regional hospitals across Nova Scotia, 9 community hospitals and the QEII – 19 hospitals in total. It is clear that historical ways of providing health care are not sustainable and changes are required. Health and Wellness spends approximately 40%, or \$4 billion, of the province's \$10 billion annual budget.

The Department and the Nova Scotia Health Authority need to determine when and where health services will be provided and communicate this to Nova Scotians so people know what they should expect.

It is widely known that the province's hospitals have significant infrastructure needs and funding has not been sufficient to complete all urgent repairs and maintenance. Some hospitals are located very close to each other. Certain of these facilities need repairs, while others may be running at less than their capacity.

The Health Authority needs to look at the location, usage and operation of facilities throughout the province and determine how to best use limited financial resources. This includes figuring out how and where to provide services currently offered at the VG site, and making this happen as quickly as reasonably possible respecting strong management practices.

Another challenge in the hospital system is slow patient movement. This can result from delays in moving people out of hospital.

For example, some may experience delays getting into a long term care facility; others may remain in hospital due to limited resources in the community. This can contribute to emergency department backups because there are no hospital beds available when someone in the ER needs to be admitted. People visiting the ER for nonemergency cases can also be a factor in slow patient movement through that department.

Chapter 3 looked at management of the province's approximately 60 species at risk. We found the Department of Natural Resources needs to make species at risk a higher priority.

In our sample of 14 plans to recover and manage species, eight were late, in some cases, by several years. Also, Natural Resources needs to do a better job of communicating with teams put in place to identify options to recover species.

Without current plans and improved communication, efforts to conserve and recover species may not be as effective as possible.

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While Natural Resources works well with external parties to help it monitor species at risk, monitoring carried out by Department staff needs improvement. This responsibility is shared among two divisions at the Department. One division assigns tasks, while the other carries out monitoring.

We found coordination between the divisions needs work. Some species were not monitored as planned, while extra monitoring was carried out in other areas.

For example, eight monitoring surveys were planned for one species, but 26 were completed, while none of the six planned surveys were done for another species.

Biodiversity, the variety of plants and animals in the environment, is another important area for species at risk. The Department has a biodiversity strategy but its plans were often not comprehensive enough to show what needed to be done and when.

Natural Resources needs to develop detailed plans with clear outcomes to implement its biodiversity strategy.

The final audit in this report looked at licensing and inspection of homes for special care at Community Services and Health and Wellness.

Approximately 10,000 Nova Scotians live in 468 homes for special care. In 2014-15, the two Departments spent more than \$770 million for these homes for special care.

Our audit found that Community Services is effectively managing the inspection process for its homes while Health and Wellness needs to make improvements.

Community Services has well-defined processes that help promote consistency among inspectors. It also has an information system which it uses to schedule inspections and record results.

Health and Wellness needs an information system to track inspections. The Department's monitoring and enforcement actions are not consistent and are not always timely. It also lacks written enforcement guidance for inspectors when deficiencies are identified.

Neither Department has evaluated long-term funding needs for homes for special care, although both have begun projects in this area.

That concludes my comments on the report. I invite you to visit our website if you are interested in reviewing a brief video on each audit.

Once again, I want to thank my staff for their tremendous efforts to produce this report. Also my thanks goes out to the public servants across government whose cooperation is essential to our work.

Now I am happy to take your questions.