REPORT TO THE HOUSE OF ASSEMBLY

Update on Recommendations from the November 2016 Annual Report

Office of the Auditor General
Newfoundland and Labrador

The Auditor General reports to the House of Assembly on significant matters which result from the examinations of Government, its departments and agencies of the Crown. The Auditor General is also the independent auditor of the Province's financial statements and the financial statements of many agencies of the Crown and, as such, expresses an opinion as to the fair presentation of their financial statements.

VISION

The Office of the Auditor General is an integral component of Government accountability.

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December 2019

Honourable Scott Reid, M.H.A.
Speaker
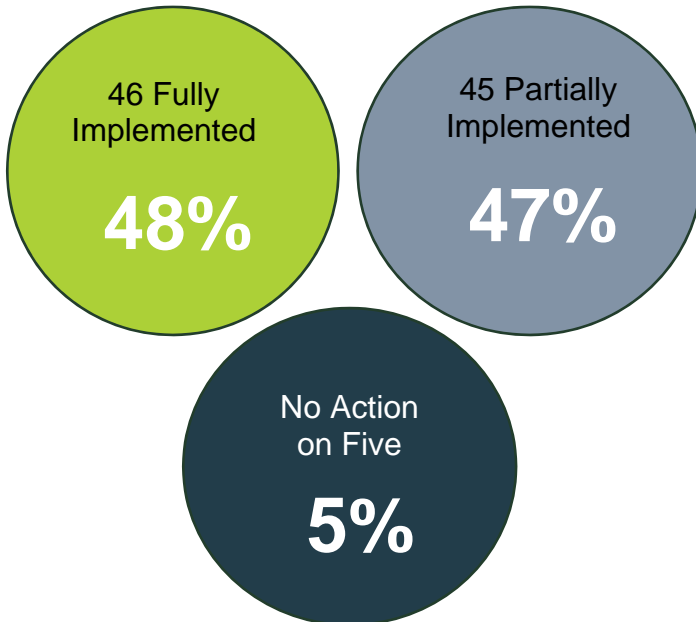House of Assembly

Dear Sir:

I am pleased to provide my 2019 Update on Recommendations from the November 2016 Annual Report. Copies of this Report are also available to Members of the House of Assembly through the Office of the Auditor General website at http://www.ag.gov.nl.ca/ag/ reports.htm.

Respectfully submitted,

JULIA MULLALEY, CPA, CA
Auditor General

96 recommendations issued in November 2016

AFTER THREE YEARS:

46 Fully Implemented
48%

45 Partially Implemented
47%

No Action on Five
5%

- We expect most recommendations to be fully implemented after three years
- Two of 13 entities have implementation rates over 85 per cent
- Eight of 13 entities have implementation rates less than 60 per cent
- Risks remain when recommendations are not implemented

7 Areas
Covered by Recommendations

- Acute Care Bed Management
- Child Protection Services
- Fire and Emergency Services
- Road Ambulance Services
- Safety and Weight Inspections of Commercial Vehicles
- Salaried Physicians
- Teacher Allocation in Schools

Recommendations issued to 13 Entities

- Central Regional Health Authority
- Department of Children, Seniors and Social Development
- Department of Education and Early Childhood Development
- Department of Health and Community Services
- Department of Municipal Affairs and Environment
- Department of Transportation and Works
- Eastern Regional Health Authority
- Labrador-Grenfell Regional Health Authority
- Memorial University of Newfoundland
- Newfoundland and Labrador English School District
- Office of the Chief Information Officer-Executive Council
- Service NL
- Western Regional Health Authority

CHAPTER 1

INTRODUCTION

Introduction

Why is this Update Report important?

The Office of the Auditor General is committed to promoting accountability and encouraging positive change over the stewardship, management and use of public resources. To this end, each year our Office conducts performance audits of Government departments and Crown agencies. The recommendations resulting from these audits are designed to improve processes and overall performance in the management of public resources. Therefore, it is important that Government carefully consider these recommendations and take appropriate action.

> **Monitoring and reporting on the status of implementation of recommendations from prior years' reports promotes accountability by providing the Public Accounts Committee, the House of Assembly and the public with information about how responsive Government has been to our recommendations designed to improve Government performance.**

How often do we report on the status of implementation of recommendations?

We monitor and report on the status of implementation of recommendations from each of our Reports on Performance Audits of Departments and Crown Agencies (Report) once. We follow up on Government's implementation of our audit recommendations approximately three years after a Report is issued.

> **Approximately three years after a Report is issued, we classify and report the status of each recommendation in one of three categories:**
>
> - **Fully implemented or otherwise resolved - recommendation has been adequately addressed or circumstances have changed and the recommendation was no longer applicable.**
>
> - **Partially implemented - action on recommendation was in progress but not complete.**
>
> - **No Action - implementation of recommendation has not yet started.**

What procedures do we perform?

For each recommendation, entity officials initially self-report whether the recommendation had been fully implemented or otherwise resolved, partially implemented or no action has been taken. For recommendations reported as fully implemented or otherwise resolved and partially implemented, we make enquiries of management officials and request and examine selected relevant documentation to support the level of implementation reported. Further details on the nature of our engagement and overall conclusion are provided in Appendix I.

CHAPTER 2

DETAILED OBSERVATIONS

Detailed Observations

We generally expect that it is reasonable for entities to fully implement most of our recommendations within three years after our audit report has been issued.

This Update Report provides a summary of the progress on recommendations included in our November 2016 Report to the House of Assembly on Performance Audits of Departments and Crown Agencies. The 2016 Report contained 96 recommendations related to seven audits across 13 Government departments and Crown agencies. Progress on these recommendations is reported as of August 31, 2019.

> **Overall, 48 per cent of recommendations had been fully implemented or otherwise resolved which is well below what we would expect. Recommendations not fully implemented leave organizations exposed to known risks. We encourage entities to implement all of our recommendations on a timely basis.**

No Action
(5 Recommendations)

Fully Implemented or
Otherwise Resolved
(46 Recommendations)

5%

48%

47%

Partially
Implemented
(45 Recommendations)
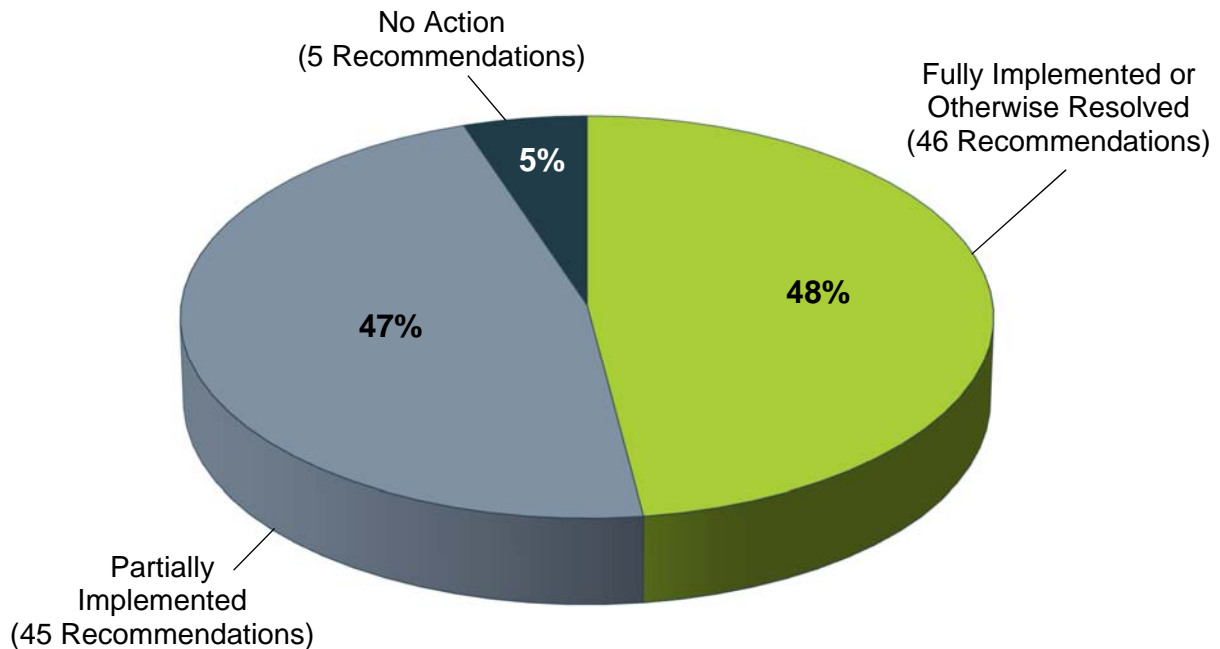
> **Only two of 13 entities had implementation rates greater than 85 per cent.**
>
> **Eight of 13 entities had implementation rates less than 60 per cent.**

The following two tables show how well the 13 entities we audited completed our recommendations. The first table shows implementation status by entity, summarized for multiple audit report topics where applicable.

% Fully Implemented	Entity	Fully Implemented or Otherwise Resolved	Partially Implemented	No Action	Total
Between 86% and 100% of Recommendations Fully Implemented					
100%	Memorial University of Newfoundland	2	0	0	2
100%	Newfoundland and Labrador Eastern School District	1	0	0	1
Between 60% and 85% of Recommendations Fully Implemented					
81%	Department of Children, Seniors and Social Development	22	5	0	27
67%	Service NL	4	2	0	6
63%	Western Regional Health Authority	5	3	0	8
Less than 60% of Recommendations Fully Implemented					
50%	Department of Education and Early Childhood Development	2	0	2	4
50%	Department of Municipal Affairs and Environment	2	2	0	4
33%	Eastern Regional Health Authority	4	7	1	12
21%	Department of Health and Community Services	3	9	2	14
13%	Labrador-Grenfell Regional Health Authority	1	7	0	8
0%	Central Regional Health Authority	0	8	0	8
0%	Office of the Chief Information Officer- Executive Council	0	1	0	1
0%	Department of Transportation and Works	0	1	0	1
	Total	**46**	**45**	**5**	**96**

The next table shows implementation status by report topic and the related entities accountable for implementing the recommendations.

Report Topic	Entity	Implementation Status
Road Ambulance Services	Department of Health and Community Services	🔴
	Eastern Regional Health Authority	🔴
Acute Care Bed Management	Central Regional Health Authority	🔴
	Eastern Regional Health Authority	🟡
	Labrador-Grenfell Regional Health Authority	🔴
	Western Regional Health Authority	✅
Teacher Allocation in Schools	Department of Education and Early Childhood Development	🔴
	Newfoundland and Labrador English School District	✅
Salaried Physicians	Central Regional Health Authority	🔴
	Department of Health and Community Services	🔴
	Eastern Regional Health Authority	🔴
	Labrador-Grenfell Regional Health Authority	🔴
	Memorial University of Newfoundland	✅
	Western Regional Health Authority	🔴
Fire and Emergency Services - Newfoundland and Labrador	Department of Municipal Affairs and Environment	🔴
Safety and Weight Inspections of Commercial Vehicles	Department of Transportation and Works	🔴
	Office of the Chief Information Officer- Executive Council	🔴
	Service NL	🟡
Child Protection Services	Department of Children, Seniors and Social Development	🟡

Legend	
✅	Complete (100 per cent)
🟢	86-99 per cent
🟡	60-85 per cent
🔴	<60 per cent

Recommendations are provided to improve processes and overall performance in the management of public resources and reduce known risks. For purposes of this Update Report, we provide additional focus on recommendations and related risks in the eight entities that had overall implementation rates of less than 60 per cent.

Road Ambulance Services

Department of Health and Community Services

The Department of Health and Community Services fully implemented 13 per cent (1 of 8) of recommendations related to the audit of Road Ambulance Services. The following recommendations are not fully implemented:

1. The Department of Health and Community Services should evaluate its basis for road ambulance attendant skill level policy, which is below Canadian industry best practice, and determine whether it is sufficient to ensure quality care.

2. The Eastern Regional Health Authority should ensure that the road ambulance services provided by private and community based operators for the Eastern Regional Health Authority meet the skill levels required by the Department of Health and Community Services. In instances in which operators demonstrate that they must temporarily employ attendants with less than the required skill levels, the Eastern Regional Health Authority and the Department of Health and Community Services should ensure there is adequate documentation for relief under the "Best Efforts" policy.

3. The Department of Health and Community Services should ensure that its policies and procedures and the Ambulance Operations Standards Manual:
    *   are up to date and reflect all requirements of the road ambulance program;
    *   are being enforced; and
    *   are conveyed in an easy to follow format.

4. The Department of Health and Community Services should evaluate its basis for dispatcher training, and determine whether it is sufficient to ensure quality care.

5. The Department of Health and Community Services should set ambulance response time targets, giving consideration to Canadian industry best practice for response times.

6. The Department of Health and Community Services should ensure it is providing effective oversight of the road ambulance program, through the establishment and communication of clearly defined performance objectives and its information needs to the Regional Health Authorities and the Provincial Medical Oversight Program.

7. The Department of Health and Community Services should monitor the road ambulance program to ensure intended results are achieved.

Eastern Regional Health Authority

The Eastern Regional Health Authority did not fully implement any (0 of 4) of the recommendations related to the audit of Road Ambulance Services. The following recommendations are not fully implemented:

1. **The Eastern Regional Health Authority should ensure that the road ambulance services provided by private and community based operators for the Eastern Regional Health Authority meet the skill levels required by the Department of Health and Community Services. In instances in which operators demonstrate that they must temporarily employ attendants with less than the required skill levels, the Eastern Regional Health Authority and the Department of Health and Community Services should ensure there is adequate documentation for relief under the "Best Efforts" policy.**

2. **The Eastern Regional Health Authority should ensure targets that the Department of Health and Community Services sets are being monitored for the eastern region of the Province.**

3. **The Eastern Regional Health Authority should ensure that Patient Care Reports are included in patient medical records and that the Patient Care Reports are not altered after the patient transports are completed.**

4. **The Eastern Regional Health Authority should have systems and processes in place to effectively monitor the day-to-day operations of road ambulance services provided by base hospitals and private and community operators, and their compliance with Department of Health and Community Services policy.**

The road ambulance program is a critical component of the health care system and provides an essential service to the people of Newfoundland and Labrador. In many instances, a road ambulance is the first point of contact for an individual in an emergency and the quality of care and timeliness of the service could have a direct impact on the outcome of a patient's condition.

As a result of recommendations from the Road Ambulance Services audit not being fully implemented, risks remain. For example, if the skill levels of road ambulance service providers are not meeting the requirements set by the Department of Health and Community Services, an appropriate standard of care may not be met.

The Department of Health and Community Services and the Eastern Regional Health Authority should fully implement the recommendations to ensure known risks are mitigated.

Acute Care Bed Management

Regional Health Authorities

The audit of acute care bed management resulted in four recommendations issued to four Regional Health Authorities. Western Regional Health Authority fully implemented all four recommendations. Eastern Regional Health Authority fully implemented 75 per cent (3 of 4) of recommendations and Labrador-Grenfell Regional Health Authority fully implemented 25 per cent (1 of 4) of recommendations. Central Regional Health Authority did not fully implement any (0 of 4) of the recommendations. The following recommendations are not fully implemented:

1. **Regional Health Authorities should identify and/or establish performance indicators related to acute care bed management and ensure national benchmarks are identified or hospital targets are established for each performance indicator.**

2. **Regional Health Authorities should develop acute care bed management policies and procedures which encompass admission and discharge processes that are complete and comprehensive.**

3. **Regional Health Authorities should establish bed management processes and systems which include daily multidisciplinary meetings, daily bed huddles, electronic bed boards, posted and informative whiteboards in units and patient rooms, early discharge times, patient-transfer/repatriation protocols, and information systems that promote good planning and monitoring of acute care bed usage/availability.**

4. **Regional Health Authorities should compare actual results to established benchmarks and targets for key performance indicators, in order to identify variances that require follow up and action. Statistical and performance indicator reports should be provided to senior staff, bed managers and other interdisciplinary team members for effective planning and resource decisions.**

Recommendations not fully implemented by Regional Health Authority are as follows:

Recommendation Not Fully Implemented	Eastern Regional Health Authority	Central Regional Health Authority	Labrador-Grenfell Health Authority
#1	Fully Implemented	X	X
#2	Fully Implemented	X	Fully Implemented
#3	X	X	X
#4	Fully Implemented	X	X

The proper management of acute care patient services, including the timely, safe and appropriate admission, placement, treatment and discharge from hospital, are vital to the well-being of patients.

As a result of recommendations from the Acute Care Bed Management audit not being fully implemented, risks remain. There is a risk that Regional Health Authorities may not maintain effective and efficient processes in admitting and discharging acute care patients from hospitals. This could result in, for example, increased or unnecessary lengths of stay, unnecessary wait times for patients awaiting acute care services and increased costs.

The Regional Health Authorities should fully implement the recommendations to ensure known risks are mitigated.

Teacher Allocation in Schools

Department of Education and Early Childhood Development

The Department of Education and Early Childhood Development fully implemented 50 per cent (2 of 4) of recommendations related to the audit of Teacher Allocation in Schools. The following recommendations are not fully implemented:

> 1. **The Department of Education and Early Childhood Development should, with the assistance of the Newfoundland and Labrador English School District, establish a formal evaluation framework that includes documented goals, specific objectives, performance indicators, expected outputs and expected outcomes. The Department of Education and Early Childhood Development should use this framework to periodically evaluate the Teacher Allocation Model to determine whether intended results are being achieved.**
>
> 2. **The Department of Education and Early Childhood Development should determine whether an evaluation of the Teacher Allocation Model as directed by Cabinet is still required.**

Beginning in the 2008-09 school year, the Department began allocating teachers to school districts in accordance with the revised Teacher Allocation Model which was based upon recommendations from the May 2007 report Education and Our Future: A Road Map to Innovation and Excellence (the Teacher Allocation Commission Report). The revised Teacher Allocation Model, although still based in part on student enrolments, emphasized the allocation of teachers based on the needs of students and also provided class cap sizes for grades K- 9. This revised model was designed to ensure that students would continue to be engaged in high quality curriculum that would prepare them for successful post-secondary education and future career opportunities.

As a result of recommendations from the Teacher Allocation in Schools audit not being fully implemented, risks remain. To determine whether the Teacher Allocation Model is meeting the intended outcomes, it is necessary that the model be evaluated on a periodic basis and considers any significant developments in teacher allocations, including, for example, impacts of the Department's recent Education Action Plan. Further, to effectively evaluate the model on an on-going basis, the Department needs to develop an evaluation framework.

The Department of Education and Early Childhood Development should fully implement the recommendations to ensure known risks are mitigated.

Salaried Physicians

Department of Health and Community Services and Regional Health Authorities

The Department of Health and Community Services fully implemented 33 per cent (2 of 6) of recommendations related to the audit of Salaried Physicians. Central Regional Health Authority and Labrador-Grenfell Regional Health Authority did not fully implement any (0 of 4) of the recommendations. Western Regional Health Authority and Eastern Regional Health Authority fully implemented 25 per cent (1 of 4) of recommendations.

The following recommendations are not fully implemented:

1. **The Department of Health and Community Services should consider development of province-wide performance appraisal standards specifying how often physicians employed at the Regional Health Authorities and Memorial University of Newfoundland are to be formally assessed.**

2. **The Regional Health Authorities should conduct performance appraisals in accordance with their internal policies.**

3. **The Regional Health Authorities should develop and implement detailed workload requirements for salaried physicians.**

4. **The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should develop an accountability system to track the level of service provided by salaried physicians.**

5. **The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should ensure they comply with the Salaried Physicians Quick Reference Guidelines when hiring salaried physicians.**

> **6.** **The Department of Health and Community Services should update the Salaried Physicians Quick Reference Guidelines to reflect the current hiring processes in place at the Regional Health Authorities and the Department.**

Recommendations not fully implemented by entity are as follows:

Recommendation Not Fully Implemented	Department of Health and Community Services	Eastern Regional Health Authority	Central Regional Health Authority	Western Regional Health Authority	Labrador-Grenfell Regional Health Authority
#1	X	N/A	N/A	N/A	N/A
#2	N/A	Fully Implemented	X	X	X
#3	N/A	X	X	X	X
#4	X	X	X	X	X
#5	X	X	X	Fully Implemented	X
#6	X	N/A	N/A	N/A	N/A

Given the significant amount of money being spent on salaried physicians to deliver quality health care services, it is important that there are processes in place that effectively determine workload requirements, establish performance appraisal standards and measure and assess the performance of salaried physicians.

As a result of recommendations from the Salaried Physicians audit not being fully implemented, risks remain. For example, if an accountability system that sets and tracks the workload levels of a salaried physician does not exist, then it is difficult to determine whether workload expectations are being met.

The Department of Health and Community Services and the Regional Health Authorities should fully implement the recommendations to ensure known risks are mitigated.

Fire and Emergency Services

Department of Municipal Affairs and Environment

The Department of Municipal Affairs and Environment fully implemented 50 per cent (2 of 4) of recommendations related to the audit of Fire and Emergency Services. The following recommendations are not fully implemented:

1. **Fire and Emergency Services - Newfoundland and Labrador should monitor and encourage that all department Business Continuity Plans are updated in accordance with Fire and Emergency Services - Newfoundland and Labrador guidance.**

2. **Fire and Emergency Services - Newfoundland and Labrador should ensure that the Government Business Continuity Plan is maintained in accordance with the Emergency Services Act.**

Business Continuity Plans contain procedures and guidelines to help recover and restore essential services to operational status following an emergency or disruptive event.

As a result of recommendations not being fully implemented, risks remain that if the business continuity plans are not updated, they may not contain all necessary considerations in response to an emergency or disruptive event.

The Department of Municipal Affairs and Environment should fully implement the recommendations to ensure known risks are mitigated.

Safety and Weight Inspections of Commercial Vehicles

Department of Transportation and Works

The Department of Transportation and Works did not fully implement the recommendation (0 of 1) related to the Safety and Weight Inspections of Commercial Vehicles. The following recommendation which was directed to Service NL, in conjunction with the Department of Transportation and Works, is not fully implemented:

1. **Service NL, in conjunction with the Department of Transportation and Works, should ensure that it utilizes a life cycle management plan to ensure complete and accurate systems are in place to facilitate the Department's ability to effectively monitor and maintain Provincial weigh scales.**

Office of the Chief Information Officer - Executive Council

The Office of the Chief Information Officer - Executive Council did not fully implement the recommendation (0 of 1) related to the Safety and Weight Inspections of Commercial Vehicles. The following recommendation which was directed to Service NL, in conjunction with the Office of the Chief Information Officer, is not fully implemented:

> **1. Service NL, in conjunction with the Office of the Chief Information Officer, should determine the cause of the problems within the information system and resolve the issues identified.**

Safety and weight inspections of commercial vehicles help to identify unsafe or overweight commercial vehicles and initiate enforcement action when appropriate. By identifying overweight commercial vehicles, these inspections also help to prevent premature deterioration and associated maintenance costs of Provincial roadways.

As a result of these recommendations not being fully implemented, risks remain, including for example, that a life cycle management plan is not being utilized to effectively determine and evaluate capital and maintenance needs of the scales used in inspections of commercial vehicles.

Service NL, in conjunction with the Department of Transportation and Works and the Office of the Chief Information Officer, should fully implement recommendations to ensure these risks are mitigated.

CHAPTER 3

STATUS OF RECOMMENDATIONS NOVEMBER 2016 REPORT

Introduction

This Chapter contains the details of the 96 recommendations contained in our November 2016 Report and the status of each recommendation based upon our monitoring activity as of August 31, 2019.

2016 (Part 3.1) – Teacher Allocation in Schools

Entities: **Department of Education and Early Childhood Development**
Newfoundland and Labrador English School District

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
Department of Education and Early Childhood Development			
1. The Department of Education and Early Childhood Development should, with the assistance of the Newfoundland and Labrador English School District, establish a formal evaluation framework that includes documented goals, specific objectives, performance indicators, expected outputs and expected outcomes. The Department of Education and Early Childhood Development should use this framework to periodically evaluate the Teacher Allocation Model to determine whether intended results are being achieved.			√
2. The Department of Education and Early Childhood Development should determine whether an evaluation of the Teacher Allocation Model as directed by Cabinet is still required.			√

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
3. The Department of Education and Early Childhood Development should ensure that the Teacher Allocation Model reflects the teaching needs of Kindergarten classes.	√		
4. The Department of Education and Early Childhood Development should ensure that the deployment for all Component 2 - needs-based teachers is supported, consistently applied amongst all Newfoundland and Labrador English School District regions and based upon the special needs of students each year.	√		
Newfoundland and Labrador English School District			
1. The Newfoundland and Labrador English School District should ensure that the deployment of all needs-based teachers is supported and communicated to the Department of Education and Early Childhood Development.	√		

2016 (Part 3.2) - Child Protection Services

Entity: Department of Children, Seniors and Social Development

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
Department of Children, Seniors and Social Development			
1. The decisions of social workers in response to allegations of child maltreatment should be reviewed and approved by supervisors in accordance with the Risk Management Decision Making Model.	√		

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
2. Social workers should complete and supervisors should review and approve safety assessments, safety plans and protection investigations in accordance with the Risk Management Decision Making Model.	√		
3. Social workers should complete and supervisors should approve Risk Assessment Instruments and Family Centered Action Plans for children in the Protective Intervention Program in accordance with the Risk Management Decision Making Model.	√		
4. Risks to children included on Family Centered Action Plans should be clearly linked to the activities required to reduce those risks.	√		
5. Activities included on Family Centered Action Plans to reduce risks to children should be measurable.	√		
6. Social workers should document on the Family Centered Action Plan whether activities were achieved by the completion dates set and whether risks to children were reduced.	√		
7. Social workers should visit higher risk family homes more frequently than lower risk family homes. The results of these visits should be documented in a timely manner.	√		
8. Social workers should complete and regional managers should approve Kinship Home Assessments prior to placing children in kinship homes in accordance with the Protection and In-Care Policy and Procedure Manual.	√		

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
9. The Department of Children, Seniors and Social Development should consider reassessing kinship homes that were approved under the previous Child Welfare Allowance Program.	√		
10. The Department of Children, Seniors and Social Development should address the risks to children when they are placed in kinship homes prior to receipt of criminal record and vulnerable sector check documentation from the police.	√		
11. The Kinship Home Assessment Form should be revised to clearly indicate all of the people residing in the kinship homes.	√		
12. Social workers should assess whether parents can financially support their children in kinship homes in accordance with the Protection and In-Care policy and Procedure Manual.	√		
13. Social workers should prepare and review Kinship Care Agreements in accordance with the Protection and In-Care Policy and Procedure Manual.	√		
14. The Department of Children, Seniors and Social Development should review the level of financial support and social worker monitoring provided to children in kinship homes.		√	
15. Social workers should place children In-Care with placement resources in accordance with the Protection and In-Care Policy and Procedure Manual.	√		
16. Social workers should complete In-Care Progress Reports for children in accordance with the Protection and In-Care Policy and Procedure Manual.	√		

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
17. The goals and tasks in In-Care Progress Report work plans should be measurable and specific timeframes for completion should be set.	√		
18. Social workers should document on the In-Care Progress Report work plan whether goals and tasks were achieved and the service needs of children were met.	√		
19. The Department of Children, Seniors and Social Development should establish time to permanency expectations for children In-Care.		√	
20. Social workers should visit with children In-Care and placement resources once a month in accordance with the Protection and In-Care Policy and Procedure Manual. The results of these visits should be documented in a timely manner.	√		
21. Social workers should complete annual reviews of regular foster homes in accordance with the Protection and In-Care Policy and Procedure Manual.	√		
22. The Department of Children, Seniors and Social Development should consider implementing annual reviews for relative foster homes.		√	
23. The Department of Children, Seniors and Social Development should establish results-oriented goals and performance expectations to address program and service delivery system performance.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
24. The Department of Children, Seniors and Social Development should identify and monitor performance indicators to measure the performance of the Protective Intervention and In-Care Programs.		√	
25. The Quality Assurance Division should develop policies and procedures and annual work plans to support and guide its activities, including the investigation of irregular statistical results in referral screen out rates.	√		
26. The Department of Children, Seniors and Social Development should provide the Quality Assurance Division with the accessible data necessary to monitor whether programs are delivered in accordance with Department policies and procedures.	√		
27. The Department of Children, Seniors and Social Development should report program performance results to the public.	√		

2016 (Part 3.3) – Acute Care Bed Management

Entities: Labrador-Grenfell Regional Health Authority
Western Regional Health Authority
Central Regional Health Authority
Eastern Regional Health Authority

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
Labrador-Grenfell Regional Health Authority			
1. Regional health authorities should identify and/or establish performance indicators related to acute care bed management and ensure national benchmarks are identified or hospital targets are established for each performance indicator.		√	
2. Regional health authorities should develop acute care bed management policies and procedures which encompass admission and discharge processes that are complete and comprehensive.	√		
3. Regional health authorities should establish bed management processes and systems which include daily multidisciplinary meetings, daily bed huddles, electronic bed boards, posted and informative whiteboards in units and patient rooms, early discharge times, patient transfer/repatriation protocols, and information systems that promote good planning and monitoring of acute care bed usage/availability.		√	

| | Status | | |
Recommendation	Fully implemented or otherwise resolved	Partially implemented	No action
4. Regional health authorities should compare actual results to established benchmarks and targets for key performance indicators, in order to identify variances that require follow up and action. Statistical and performance indicator reports should be provided to senior staff, bed managers and other interdisciplinary team members for effective planning and resource decisions.		√	
Western Regional Health Authority			
1. Regional health authorities should identify and/or establish performance indicators related to acute care bed management and ensure national benchmarks are identified or hospital targets are established for each performance indicator.	√		
2. Regional health authorities should develop acute care bed management policies and procedures which encompass admission and discharge processes that are complete and comprehensive.	√		
3. Regional health authorities should establish bed management processes and systems which include daily multidisciplinary meetings, daily bed huddles, electronic bed boards, posted and informative whiteboards in units and patient rooms, early discharge times, patient transfer/repatriation protocols, and information systems that promote good planning and monitoring of acute care bed usage/availability.	√		

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
4. Regional health authorities should compare actual results to established benchmarks and targets for key performance indicators, in order to identify variances that require follow-up and action. Statistical and performance indicator reports should be provided to senior staff, bed managers and other interdisciplinary team members for effective planning and resource decisions.	√		
Central Regional Health Authority			
1. Regional health authorities should identify and/or establish performance indicators related to acute care bed management and ensure national benchmarks are identified or hospital targets are established for each performance indicator.		√	
2. Regional health authorities should develop acute care bed management policies and procedures which encompass admission and discharge processes that are complete and comprehensive.		√	
3. Regional health authorities should establish bed management processes and systems which include daily multidisciplinary meetings, daily bed huddles, electronic bed boards, posted and informative whiteboards in units and patient rooms, early discharge times, patient transfer/repatriation protocols, and information systems that promote good planning and monitoring of acute care bed usage/availability.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
4. Regional health authorities should compare actual results to established benchmarks and targets for key performance indicators, in order to identify variances that require follow-up and action. Statistical and performance indicator reports should be provided to senior staff, bed managers and other interdisciplinary team members for effective planning and resource decisions.		√	
Eastern Regional Health Authority			
1. Regional health authorities should identify and/or establish performance indicators related to acute care bed management and ensure national benchmarks are identified or hospital targets are established for each performance indicator.	√		
2. Regional health authorities should develop acute care bed management policies and procedures which encompass admission and discharge processes that are complete and comprehensive.	√		
3. Regional health authorities should establish bed management processes and systems which include daily multidisciplinary meetings, daily bed huddles, electronic bed boards, posted and informative whiteboards in units and patient rooms, early discharge times, patient – transfer / repatriation protocols, and information systems that promote good planning and monitoring of acute care bed usage/availability.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
4. Regional health authorities should compare actual results to established benchmarks and targets for key performance indicators, in order to identify variances that require follow-up and action. Statistical and performance indicator reports should be provided to senior staff, bed managers and other interdisciplinary team members for effective planning and resource decisions.	√		

2016 (Part 3.4) – Road Ambulance Services

Entities: Department of Health and Community Services
            Eastern Regional Health Authority

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
Department of Health and Community Services			
1. The Department of Health and Community Services should evaluate its basis for road ambulance attendant skill level policy, which is below Canadian industry best practice, and determine whether it is sufficient to ensure quality care.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
2. The Eastern Regional Health Authority should ensure that the road ambulance services provided by private and community based operators for the Eastern Regional Health Authority meet the skill levels required by the Department of Health and Community Services. In instances in which operators demonstrate that they must temporarily employ attendants with less than the required skill levels, the Eastern Regional Health Authority and the Department of Health and Community Services should ensure there is adequate documentation for relief under the "Best Efforts" policy.			√
3. The Department of Health and Community Services should ensure that its policies and procedures and the Ambulance Operations Standards Manual: ▪ are up to date and reflect all requirements of the road ambulance program; ▪ are being enforced; and ▪ are conveyed in an easy to follow format.		√	
4. The Department of Health and Community Services should evaluate its basis for dispatcher training, and determine whether it is sufficient to ensure quality care.			√
5. The Department of Health and Community Services should set ambulance response time targets, giving considerations to Canadian industry best practice for response times.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	Partially implemented	No action
6. The Department of Health and Community Services should ensure it is providing effective oversight of the road ambulance program, through the establishment and communication of clearly defined performance objectives and its information needs to the Regional Health Authorities and the Provincial Medical Oversight Program.		√	
7. The Department of Health and Community Services should ensure that contracts with the private and community operators are negotiated and renewed in a timely manner and ensure that it seeks the advice of the Regional Health Authorities when negotiating the contracts.	√		
8. The Department of Health and Community Services should monitor the road ambulance program to ensure intended results are achieved.		√	
Eastern Regional Health Authority			
1. The Eastern Regional Health Authority should ensure that the road ambulance services provided by private and community based operators for the Eastern Regional Health Authority meet the skill levels required by the Department of Health and Community Services. In instances in which operators demonstrate that they must temporarily employ attendants with less than the required skill levels, the Eastern Regional Health Authority and the Department of Health and Community Services should ensure there is adequate documentation for relief under the "Best Efforts" policy.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
2. Eastern Regional Health Authority should ensure targets that the Department of Health and Community Services sets are being monitored for the eastern region of the Province.			√
3. The Eastern Regional Health Authority should ensure that Patient Care Reports are included in patient medical records and that the Patient Care Reports are not altered after the patient transports are complete.		√	
4. The Eastern Regional Health Authority should have systems and processes in place to effectively monitor the day-to-day operations of road ambulance services provided by the base hospitals and private and community operators, and their compliance with Department of Health and Community Services policy.		√	

2016 (Part 3.5) – Salaried Physicians

Entities: **Department of Health and Community Services**
Labrador-Grenfell Regional Health Authority
Western Regional Health Authority
Central Regional Health Authority
Eastern Regional Health Authority
Memorial University of Newfoundland

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
Department of Health and Community Services			
1. The Department of Health and Community Services should consider development of Province-wide performance appraisal standards specifying how often physicians employed at the Regional Health Authorities and Memorial University of Newfoundland are to be formally assessed.		√	
2. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should develop an accountability system to track the level of service provided by salaried physicians.		√	
3. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should ensure they comply with the Salaried Physicians Quick Reference Guidelines when hiring salaried physicians.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
4. The Department of Health and Community Services should assess the remuneration policy of salaried physicians working in both a clinical and academic capacity to ensure it reflects appropriate value.	√		
5. The Department of Health and Community Services should require the Regional Health Authorities and Memorial University of Newfoundland to provide well documented, needs-based justifications for each salaried physician hiring request and the Department should base their approval decision on this needs-based information.	√		
6. The Department of Health and Community Services should update the Salaried Physicians Quick Reference Guidelines to reflect the current hiring processes in place at the Regional Health Authorities and the Department.		√	
Labrador-Grenfell Regional Health Authority			
1. The Regional Health Authorities should conduct performance appraisals in accordance with their internal policies.		√	
2. The Regional Health Authorities should develop and implement detailed workload requirements for salaried physicians.		√	
3. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should develop an accountability system to track the level of service provided by salaried physicians.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
4. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should ensure they comply with the Salaried Physicians Quick Reference Guidelines when hiring salaried physicians.		√	
Western Regional Health Authority			
1. The Regional Health Authorities should conduct performance appraisals in accordance with their internal policies.		√	
2. The Regional Health Authorities should develop and implement detailed workload requirements for salaried physicians.		√	
3. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should develop an accountability system to track the level of service provided by salaried physicians.		√	
4. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should ensure they comply with the Salaried Physicians Quick Reference Guidelines when hiring salaried physicians.	√		
Central Regional Health Authority			
1. The Regional Health Authorities should conduct performance appraisals in accordance with their internal policies.		√	
2. The Regional Health Authorities should develop and implement detailed workload requirements for salaried physicians.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	Partially implemented	No action
3. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should develop an accountability system to track the level of service provided by salaried physicians.		√	
4. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should ensure they comply with the Salaried Physicians Quick Reference Guidelines when hiring salaried physicians.		√	
Eastern Regional Health Authority			
1. The Regional Health Authorities should conduct performance appraisals in accordance with their internal policies.	√		
2. The Regional Health Authorities should develop and implement detailed workload requirements for salaried physicians.		√	
3. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should develop an accountability system to track the level of service provided by salaried physicians.		√	
4. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should ensure they comply with the Salaried Physicians Quick Reference Guidelines when hiring salaried physicians.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
Memorial University of Newfoundland			
1. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should develop an accountability system to track the level of service provided by salaried physicians.	√		
2. The Department of Health and Community Services, Regional Health Authorities and Memorial University of Newfoundland should ensure they comply with the Salaried Physicians Quick Reference Guidelines when hiring salaried physicians.	√		

2016 (Part 3.6) – Fire and Emergency Services – Newfoundland and Labrador

Entity: **Department of Municipal Affairs and Environment**
              (Formerly Department of Municipal Affairs)

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
Department of Municipal Affairs and Environment			
1. Fire and Emergency Services – Newfoundland and Labrador should ensure that municipalities are contacted and encouraged to finalize any Municipal Emergency Management Plans that are not yet in place and to update their Municipal Emergency Management Plans in accordance with Fire and Emergency Services - Newfoundland and Labrador guidance. Fire and Emergency	√		

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
Services – Newfoundland and Labrador should ensure that this contact is documented.			
2. Fire and Emergency Services – Newfoundland and Labrador should ensure that all municipalities are encouraged to perform tests and debriefs on their Municipal Emergency Management Plans in accordance with Fire and Emergency Services – Newfoundland and Labrador guidance.	√		
3. Fire and Emergency Services – Newfoundland and Labrador should monitor and encourage that all department Business Continuity Plans are updated in accordance with Fire and Emergency Services – Newfoundland and Labrador guidance.		√	
4. Fire and Emergency Services – Newfoundland and Labrador should ensure that the Government Business Continuity Plan is maintained in accordance with the Emergency Services Act.		√	

2016 (Part 3.7) – Safety and Weight Inspections of Commercial Vehicles

Entities: **Service NL**
            Department of Transportation and Works
            Office of the Chief Information Officer - Executive Council

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
Service NL			
1. Service NL should monitor violation statistics, collision information, and other enforcement data and use this information to direct enforcement operations.	√		
2. Service NL should confirm inspectors receive required training prior to conducting inspections and that annual and other training recertification requirements are met.	√		
3. Service NL, in conjunction with the Office of the Chief Information Officer, should determine the cause of the problems identified with the information systems and resolve the issues identified.		√	
4. Service NL should develop a policies and procedures manual for the safety and weight inspections and enforcement of commercial vehicles.	√		
5. Service NL, in conjunction with Transportation and Works, should ensure that it utilizes a life cycle management plan to ensure complete and accurate systems are in place to facilitate the Department's ability to effectively monitor and maintain Provincial weigh scales.		√	

Recommendation	Status		
	Fully implemented or otherwise resolved	**Partially implemented**	**No action**
6. Service NL should establish a process to evaluate the effectiveness of the highway enforcement and weigh scales for commercial vehicles program.	√		
Department of Transportation and Works			
1. Service NL, in conjunction with Transportation and Works should ensure that it utilizes a life cycle management plan to ensure complete and accurate systems are in place to facilitate the Department's ability to effectively monitor and maintain Provincial weigh scales.		√	
Office of the Chief Information Officer - Executive Council			
1. Service NL, in conjunction with the Office of the Chief Information Officer, should determine the cause of the problems within the information system and resolve the issues identified.		√	

APPENDIX I

Limited Assurance Engagement Description

We completed an independent limited assurance attestation engagement on the status of recommendations included in the November 2016 Report to the House of Assembly on Performance Audits of Departments and Crown Agencies. We provide limited assurance as of August 31, 2019 on recommendations assessed as fully implemented or otherwise resolved, partially implemented or no action, to determine if departments' and agencies' assessments were free from material misstatement.

For recommendations assessed as fully implemented or otherwise resolved and partially implemented, our work consists primarily of enquiry and discussion with management officials at Government departments and Crown agencies, and an examination of selected supporting documentation. No procedures were performed, and therefore no assurance is provided where the status on recommendations is noted as no action.

This is a limited assurance engagement, as opposed to a reasonable assurance engagement, and accordingly, the level of assurance obtained from procedures performed is lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

We conducted our work in accordance with Sections 12 of the Auditor General Act.

We comply with Canadian Standard on Quality Control 1 and, accordingly, maintain a system of quality control that includes documented policies and procedures to ensure compliance with professional standards, ethical requirements and legal and regulatory requirements.

We complied with the independence and ethical requirements of the Rules of Professional Conduct of Chartered Professional Accountants of Newfoundland and Labrador.

Conclusion

Based on the limited assurance procedures performed and the evidence reviewed, nothing has come to our attention to cause us to believe that the recommendation statuses presented in this Report do not present fairly, in all significant respects, the progress made in implementing the recommendations in the November 2016 Report.