

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

PUBLIC ACCOUNTS

Wednesday, October 5, 2022

LEGISLATIVE CHAMBER

**2022 Report of the Auditor General - Follow-up of 2017, 2018 and 2019
Performance Audit Recommendations Re:**

**December 2019 Report of the Auditor General: Ch. 2, QEII New Generation
Project-Halifax Infirmary and Community Outpatient Centre**

**November 22, 2017 Report of the Auditor General: Ch. 2, Mental Health
Services and Ch. 3, Managing Home Care Support Contracts**

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Public Accounts Committee

Hon. Kelly Regan (Chair)
Nolan Young (Vice-Chair)
Dave Ritcey
John A. MacDonald
Melissa Sheehy-Richard
Trevor Boudreau
Hon. Brendan Maguire
Susan Leblanc
Kendra Coombes

[Melissa Sheehy-Richard was replaced by Kent Smith.]

In Attendance:

Kim Leadley
Acting Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

Kim Adair,
Auditor General

WITNESSES

Department of Public Works

Gerard Jessome - Chief Executive of Engineering, Building Infrastructure
John O'Connor - Senior Director
Joe Dunford - Senior Director, Procurement and Project Delivery

Department of Seniors and Long-term Care

Tracey Barbrick - Associate Deputy Minister
Kim Silver - Director, Home and Community Care

Nova Scotia Health Authority

Karen Oldfield - President and CEO
Dr. Alex Mitchell - Vice President of Clinical Infrastructure
Dana Pulsifer - Senior Director, Mental Health and Addictions Program
Dr. Andrew Harris - Senior Medical Director, Mental Health and Addictions Program



House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, OCTOBER 5, 2022

STANDING COMMITTEE ON PUBLIC ACCOUNTS

9:00 A.M.

CHAIR

Hon. Kelly Regan

VICE CHAIR

Nolan Young

THE CHAIR: I now call the Standing Committee on Public Accounts to order. My name is Kelly Regan. I am the MLA for Bedford Basin, and I am the Chair of this committee.

I'd like to remind everyone to place their phones on silent. I'm going to ask committee members to introduce themselves, beginning with the member nearest me. Ms. Coombes.

[The committee members introduced themselves.]

THE CHAIR: I would also note that we have officials with us from the Auditor General's Office, the Legislative Counsel Office, Hansard, and the Legislative Committees Office in attendance as well.

On today's agenda, we have officials with us from the Department of Public Works, the Department of Seniors and Long-Term Care, and the Nova Scotia Health Authority. This is with respect to both the December 2019 Report of the Auditor General: Chapter 2, the QEII New Generation project - Halifax Infirmary and Community Outpatient Centre; and the November 22, 2017 Report of the Auditor General: Chapter 2, Mental Health Services, and Chapter 3, Managing Home Care Support Contracts.

I will ask the witnesses to introduce themselves, beginning with Mr. Jessome.

GERARD JESSOME: Good morning, Madam Chair, and members of the committee. Thank you for this opportunity to return to this committee to discuss the QEII New Generation project . . .

THE CHAIR: Mr. Jessome, we're just doing introductions right now, and then we'll get to your opening remarks. We'll go next to Mr. Dunford.

[The witnesses introduced themselves.]

THE CHAIR: Now I would invite Mr. Jessome to make his opening remarks.

GERARD JESSOME: Thank you, Madam Chair. Good morning, members of the committee. I should have done this previously, but my name is Gerard Jessome. I am the Chief Executive of Engineering with Building Infrastructure, with the Department of Public Works. I am also currently the Acting Vice-President of Infrastructure with the Nova Scotia Lands Healthcare Infrastructure Division.

I am joined here today by my colleagues Joe Dunford, who is a senior director with Nova Scotia Lands, and John O'Connor, a senior director at Public Works. In addition to addressing your questions, we are also here today to provide an update on ongoing efforts to uphold the recommendations from the Auditor General's 2019 report on this project.

As the largest health care infrastructure project ever undertaken in Nova Scotia, the QEII New Generation project is complex and ambitious. Two major pieces of this initiative are the construction of the Bayers Lake Community Outpatient Centre and the expansion of the Halifax Infirmary.

In 2020, EllisDon Infrastructure Healthcare was awarded the contract to design, build, finance, and maintain the new Community Outpatient Centre in Bayers Lake. Construction for the project is currently under way and progressing very well. The Halifax Infirmary expansion project includes the construction of a new in-patient tower with operating room suites, a combined cancer care and ambulatory care building, an innovation and learning centre, research space, and a new parkade in the central utility plant.

In 2019, EllisDon Infrastructure Healthcare and Plenary PCL Health Partners qualified to bid on the project. However, this past June, EllisDon made the decision to no longer participate in the procurement process. Since 2019, changes in the domestic, national, and global markets have impacted the construction industry. Inflation, increasing labour costs, commodity supply chain issues, and increases to financing have affected infrastructure projects locally and across Canada. In facing these challenges, the Province remains committed to the procurement process and has been moving forward collaboratively with the remaining bidder.

The financial submission deadline is scheduled for October 27th. Once we've reviewed the submission, completed the negotiations, and financially closed the project, we will provide an update at that time. As the bid remains open, it is not possible to disclose confidential information from the procurement process at this time.

Regarding the Auditor General's recommendations, we are pleased to note that in July 2020, the Office of the Auditor General issued a follow-up report that recognized the progress we've made in implementing the 2019 recommendations. Currently, the team has completed the majority of the recommendations, with the only outstanding items being contingent on the closure of the project.

In closing, I want to assure this committee that our team is working hard to advance the QEII New Generation project in accordance with best practices. We are engaging with experienced and qualified partners. We are working closely with our NSHA and DHW colleagues. We continue to maintain the Auditor General's recommendations to ensure the appropriate oversight and governance.

Madame Chair, thank you very much for this time. My colleagues and I look forward to your questions.

THE CHAIR: Ms. Barbrick.

TRACEY BARBRICK: Thank you for the opportunity speak about our progress on the Auditor General's recommendations around managing home care contracts. The department is committed to ensuring that our seniors live with dignity and get the care that they need and deserve.

Our department has made key investments to address some of the top issues facing older Nova Scotians and those who provide their care. Through the work of our staff and partners, the waitlist to receive home care from a publicly funded agency has been cut almost in half in the past year. We have also increased direct funding so that more Nova Scotians and their families can purchase home support directly from other providers, and we are investing to support recruitment through continuing care.

We have also put in place an aggressive recruitment strategy for continuing care assistants that focuses both on local needs and abroad. We are pleased to be well on our way to meeting or exceeding our commitment of 1,000 free CCA training seats this year. Over the next two years, we hope to welcome over 2,000 CCAs into the continuing care sector in Nova Scotia that will serve both long-term care and home care.

With regard to the topic of the day, the Auditor General provided the Department of Health and Wellness with seven recommendations related to the management of home care contracts when this work fell with that department. Our newly formed Department of Seniors and Long-term Care accepted all the Auditor General's recommendations, and a

lot of work has been done since then. We have completed five of the recommendations, with two still in the end stages of completion. Those two items relate to both tracking and verification of information from our partners across the province.

It is important that complaints and issues are properly tracked and shared between the department and our partners at the Nova Scotia Health Authority, and that the data reported by publicly funded home care providers can be verified consistently. As with all things, COVID-19 has added a layer of complexity in bringing these final recommendations to completion. That said, we have been working closely with our partners to continue to advance the recommendations.

The department has provided funding for nine of our home support agencies to upgrade their current technology platform to provide electronics visit verification, as well as other quality and accountability data. These agencies are now transitioning to that new platform with completion expected in this fiscal.

Looking ahead, planning is under way to develop an overarching platform for all funded agencies as well as the Nova Scotia Health Authority that we work with, to address the remainder of the outstanding recommendation. The remaining recommendation is a joint effort to implement and maintain an integrated record of home support complaints received and their outcome. The Province now uses a database to log complaints received and their resolution and shares an overview with our partners at Nova Scotia Health Authority. We are now working with the Nova Scotia Health Authority to put technology in place to allow them to track and share complaints with our department.

I'd like to make it clear that complaints continue to be received and addressed while this work is ongoing. The department and the Nova Scotia Health Authority work closely to ensure that issues and complaints are received and promptly addressed by the appropriate organization, but we recognize the importance of ensuring these complaints and their outcomes are properly logged, tracked, and shared as appropriate to provide valuable insight to us on program improvement. They are also an important indicator for accountability and performance.

We will continue to work with our partners across government to complete these outstanding recommendations as we collectively work to meet the needs of older Nova Scotians. With that, we're happy to take questions when ready.

THE CHAIR: Ms. Oldfield.

KAREN OLDFIELD: As noted, my name is Karen Oldfield. I am the interim President and CEO of Nova Scotia Health Authority. I'm joined here today by Dr. Alex Mitchell, who's the Vice President of Clinical Infrastructure. As well, just behind me, Dana Pulsifer, who's the Senior Director of Nova Scotia Health Authority's Mental Health and Addictions Program, and Dr. Andrew Harris, the program's Senior Medical Director.

Before I dive into my remarks, I really would like to just take a moment to acknowledge and say thank you to our countless health care workers who have been working tirelessly in the post-Fiona phase of recovery across the province. These are folks - I'm sure even in the room - who have lost their power, their food in their fridge, and their telecommunications. Yet they are still coming to work, providing care for Nova Scotians. I'd just like to say thank you to them - thank you for what you do.

Now I'd like to take just a minute to talk about some of the work that's happened across the Nova Scotia Health Authority in the past year. First, we are implementing the Surgical Access and Quality Improvement Strategy to reduce surgical wait times, to provide safe, quality care, and achieve standard benchmarks. Our plan has us reducing wait-lists by completing 2,500 additional surgeries in the next 12 months.

We've also added, as you have heard, a new care delivery model to our system. This is called an Urgent Treatment Centre. We have one now in North Sydney, one in Parrsboro, we've just announced a new centre in Annapolis, and a temporary centre in Baddeck will open shortly. An Urgent Treatment Centre provides appointments for unexpected but non-life-threatening health concerns - for example, an ear infection or a stomach pain.

I've personally hosted several discussions with diverse partner communities to address health inequity and systemic racism that exists in the organization, and we recently welcomed Professor David Divine to Nova Scotia Health Authority to accelerate this important work. Those are just a couple of examples.

It is no secret, ladies and gentlemen, that the cornerstone of Atlantic Canada's health care has been subject to some major infrastructure problems over the past decade, but the care offered at the QEII Health Sciences Centre continues to be unparalleled. As part of the QEII New Generation Project, the first hybrid operating room in Atlantic Canada is now open. A hybrid OR is state-of-the-art. It uses sophisticated diagnostic imaging equipment, such as CT scanners and an MRI, to guide surgeries, allowing for minimally invasive surgeries. For patients and their families, it means shorter hospital stays and less recovery time.

As I expect we'll hear, the much-anticipated Bayers Lake QEII Community Outpatient Centre has now achieved weather-tight status, bringing it one step closer to providing patient care. This outpatient centre will make a substantial difference by eliminating the commute downtown for care. Since the New Gen project's official launch in 2018, much has been accomplished. In December 2021, it handed over an extensively renovated and expanded Dartmouth General Hospital with eight new ORs, expanded outpatient and dialysis capacity, a new day surgery, and close to 50 more patient beds on the new fifth floor. It has 200 additional parking spaces for patients and their families.

[9:15 a.m.]

In 2020, renovated and improved interventional radiology suites were turned over to operations at the Halifax Infirmary. With its own dedicated recovery area, it shortens hospital stays and decreases recovery times. In its first year opened, it performed over 1,000 more procedures, and in 2018, two renovated operating rooms opened at Hants Community Hospital. In the first year running, two ORs - it performed over 800 more surgeries.

As we shift to the 2017 Auditor General's Report on Mental Health Services, I'm happy to report that nearly all recommendations assigned to Nova Scotia Health Authority's Mental Health and Addictions Program have been completed and accepted by the Auditor General's Office. As part of the recommendations in partnership with the IWK, a protocol and pathway of care were developed for patients under 19 to ensure equitable and broadly consistent practices for child and youth requiring psychiatric care admission. Through this work, there is standardization and admission and patient transfers to make care seamless and timely.

The program's strategic plan, called Milestones on Our Journey and Mental Health and Addictions Program Direction 2025 plan, took a need-based approach to services planning. As a result, it did identify gaps in care and opportunities for investment. There are action plans in place, including objectives with target timelines, resource allocation, budgeting, and key performance indicators that assist in measuring and reporting on progress. Examples of progress include the new Recovery Support Centre model of care. A new centre opened in Dartmouth with centres coming for Truro, North Sydney, and Halifax, and other services will transition to this model over the next two years.

The Province's first mental health acute day hospital opened this year at the QEII Health Sciences Centre. A new community-led project called Roots of Hope NS launched and will reduce the community impacts of suicide. Work continues on a responsive, accessible, effective, and equitable public mental health and addictions system, one that is easy to navigate and keeps recovery, wellbeing, and the positive mental health of individuals and communities as the focus.

Thank you for your time, thank you for the opportunity to discuss highlights from the past year. We look forward to addressing your questions.

THE CHAIR: Thank you, Ms. Oldfield - and thank you for introducing Ms. Pulsifer and Dr. Harris. My apologies for the oversight there.

We are now heading to 9:18 a.m. Each party will have 20 minutes of questioning. We begin first with the Liberal Party and Mr. Maguire.

HON. BRENDAN MAGUIRE: Thank you, Madam Chair. I have well over 40 questions, so I'm going to keep it direct and I just ask that the witnesses keep their answers direct also.

Early in the government's mandate, it applied the brakes to the QEII Redevelopment Project, insisting that more time was needed to review the scope of the project. We still know very little about why this project was paused. Who in the government initiated the scope review?

THE CHAIR: Who would the question go to? Ms. Oldfield.

KAREN OLDFIELD: Sure, I'll take a stab at it and then look to my right and left for reinforcement. As with any new government - one, coming up to speed with the files, and two, ensuring that the work under way meets the needs of Nova Scotians. I'm not sure that pause is the right word, but certainly a good hard look was taken at the redevelopment plan.

One of the things in particular that would have been of concern is the growing demographic in the Province of Nova Scotia which, over the course of the last two to three years has been significant.

BRENDAN MAGUIRE: That wasn't the question. The question was: Who in government initiated the scope of the review? Who initiated the review within government?

KAREN OLDFIELD: I'm not really able to comment on a scope review change. I think that the government certainly took time to become familiar with the file and to understand the underlying assumptions. I think, as Mr. Jessome has already said, we're continuing on the process to culminate the procurement currently under way.

BRENDAN MAGUIRE: So if we can't find out who initiated it, can we at least find out who was involved in the review? Who within government was involved in this review?

KAREN OLDFIELD: I'm not sure if anybody else wants to comment on that. I would simply repeat, as I've just said, I know for sure that the underlying assumptions were reviewed. I don't think that anything was put on pause other than to make sure that the government fully understood the nature of the project and all of the ins and outs contained within the procurement process.

BRENDAN MAGUIRE: So we're not finding out who initiated it, we don't know who was involved - we're not being told who was involved. So do we know how much time this added to the time frame and how much this actual review cost? If we can't find out who initiated it from the government, who was involved from the government, can we at least find out how much the review cost?

THE CHAIR: Mr. Jessome.

GERALD JESSOME: It's not uncommon for a review to be taken on procurement projects this large and of this complexity. For sure, we had a change in market since this project was conceived in 2018. Labour conditions are totally changed, supply and commodity issues - all of those challenges we have to deal with. As well, we have a good challenge of demographics and increasing population in the province.

Those things had to be reviewed going forward. It's not uncommon throughout this type of procurement process to review those and take the time to make sure we're getting things right to move forward. We're totally focused now on getting a financial submission with the proponent. That's where our efforts are going toward.

BRENDAN MAGUIRE: I feel like I'm playing baseball. I'm 0 for 3 here. The question was: Who was involved, who initiated, and what was the cost? And we haven't got an answer yet. I'll try to go 1 for 4. What were the findings of the review?

GERALD JESSOME: We decided to move forward with the existing process, the RFP process. This project was built really from the ground up. It's a project to solve the problem that we have at the VG. It was many stakeholders, many consultations with user groups. We're involved in the planning process to get to this RFP that we have in the procurement process now. We're working very closely with the proponent to get to a financial submission. We'll analyze those numbers once we get that financial submission, and we'll make some recommendations going forward to government to get direction.

BRENDAN MAGUIRE: I'm glad that you said recommendations. Were there any recommendations that actually came from this review - yes or no?

GERALD JESSOME: I think with the rising population in the province, there are challenges to be solved, for sure, in other innovative ways. I know that's top of mind with our friends at Nova Scotia Health Authority and the Department of Health and Wellness. I know they're working on innovative solutions to solve those problems.

I guess this current project that we're working on with the HI expansion is to solve the issue that we have at the VG.

BRENDAN MAGUIRE: This government made significant changes to the Crown corporation, including dissolving Nova Scotia Lands, where - let's be honest - a lot of the subject matter of a project of this scale would have lain.

I guess I'll ask Ms. Oldfield this: As of right now, who is the project clinical lead for this project?

KAREN OLDFIELD: As noted, I'm joined here today by Dr. Alex Mitchell, who is the Vice President of Clinical Infrastructure. He is here beside me and can certainly answer that question.

THE CHAIR: Dr. Mitchell.

DR. ALEX MITCHELL: We'll go to why - what's happened. Unprecedented changes in demographic patterns in Nova Scotia. The original project - these are huge projects with long planning runways and lot of demographic data that goes into them, and two major changes occur.

We get revised data from both Treasury and Policy Board and from federal census data, which demonstrates county-specific data that we didn't have access to in 2015 but now do, and significant pressures in terms of population increase in Nova Scotia - specifically in the Western Zone and the Central Zone, which occurred through the early phase of the pandemic, and as everybody I think is aware, just continues. Even last quarter, an additional 19,000 people coming to the province.

This kind of influx of people could not have been predicted in 2015. Numbers that show, if we take the Central Zone for example, and HRM, where the greatest increase in population is to occur between 2021 and 2043, a 30 per cent increase in the population of HRM. Specifically, who are the customers of health care? The customers of health care are those 65 and older - predominantly those 75 and older that use the majority of the acute care services in the system. Those individuals specifically in HRM, a 75-and-older age group, sustain a 96 per cent increase in that patient population. A 96 per cent increase in the number of patients that we potentially need to care for.

Why is all that important, and why do we then take a pause? Because we're professionals and have a look at what needs to be required and look at the project. Do we have existing problems? Yes. Does the project solve those problems? Yes. Do we have new problems? Yes. How do we address a complicated system with new pressures and new problems and continually look at options for how we solve those things?

BRENDAN MAGUIRE: Respectfully, this question is to Ms. Oldfield, the President and CEO of the Nova Scotia Health Authority, who would have been and should have been in all these meetings. That was not the question. The question was: Who is the clinical lead - so now I'm one for five - for this project? Ms. Oldfield?

KAREN OLDFIELD: The clinical lead for this project is Dr. Alex Mitchell.

BRENDAN MAGUIRE: With a project of this scope, there should be constant communication and collaboration, which is extremely important. We know that in the past, the DM and NSHA CEO were meeting one to two times per month on this project, with multiple Cabinet Ministers and the Premier being kept in the loop and regularly briefed.

We know that the NSHA board was dissolved, and the health care professionals that were on that board were sent packing, including Dr. Brendan Carr, the CEO.

When is the last time the working group for the QEII redevelopment met, and what was discussed? That is to Ms. Oldfield, please.

KAREN OLDFIELD: The last meeting which I attended was, in fact, last week.

BRENDAN MAGUIRE: How often are you meeting on this? I know there's a website for the development, which hasn't been actually updated in quite some time. When can Nova Scotians expect that to be updated, and how often are you meeting for the redevelopment project?

KAREN OLDFIELD: I will turn to both Dr. Mitchell and to Mr. Jessome. There are meetings going on constantly, every day, about the project and aspects of the project. I personally attended a meeting last week for an update of the overall project.

BRENDAN MAGUIRE: The question was, how often are you - as the Nova Scotia Health Authority CEO - meeting? We know that the website for this project has not been updated regularly, which it was in the past. When will it be updated regularly so that Nova Scotians will get up-to-date information on the largest project of my lifetime? That question is to the President and CEO of the Nova Scotia Health Authority.

KAREN OLDFIELD: I will look at the website and I will get back to you with an update answer.

BRENDAN MAGUIRE: How often are you meeting? That was the first part of the question. How often are you meeting with the deputy minister and others on this project?

KAREN OLDFIELD: Very regularly. There's not a week that goes by that I'm not speaking to either Deputy Minister Hackett or to Dr. Mitchell or to Mr. Jessome or to Deputy Minister Legassé where we're talking about this project.

BRENDAN MAGUIRE: Madam Chair, I would ask that Ms. Oldfield table when those meetings happened. We were not asking for the specifics of those meetings - just to table for the committee when those meetings are happening and how often they're happening. If she's meeting regularly on this - like she said, once a week - that those be tabled for the committee and for the general public.

As of today, how much has been spent on this project? Just a dollar figure, that's all I'm asking for, Ms. Oldfield.

KAREN OLDFIELD: I'm sorry, Mr. Maguire, but that is a question for Mr. Jessome.

[9:30 a.m.]

GERARD JESSOME: I'm going to turn this one over to my Senior Director, Joe Dunford, who's leading that process.

THE CHAIR: Mr. Dunford.

JOE DUNFORD: Good morning. We do track the costs on this project. Presently, we are over \$50 million with consultant contracts plus salaries. I don't have a number for the salaries at the moment.

BRENDAN MAGUIRE: I would think that as president and CEO, you should at least have that information at the tip of your fingers. Again, one of the people that the buck would stop with would be the President and CEO of the Nova Scotia Health Authority.

Obviously, since the new government has been introduced, the price of this project has increased. We obviously know that inflation has happened, and everything's gone up, so the project costs have reportedly ballooned past \$2 billion, past \$2.5 billion, and we're hearing that it's potentially ballooning past \$3 billion.

This government has yet to give an official estimate of the cost. From Ms. Oldfield, can we get an official estimate of the cost of this project as of today?

KAREN OLDFIELD: Not at this time. The process is ongoing. There are many changes under way, as has already been indicated by both Dr. Mitchell and Mr. Jessome. I'm looking forward to the process concluding and having numbers that we can look at.

BRENDAN MAGUIRE: Are you saying that you don't have numbers right now as of today? If you needed to find a number from your department of what they think, as of today, you're saying you don't have a number?

KAREN OLDFIELD: I'm saying that it would be a very wide margin, and if I were to do that, I would be asking Mr. Jessome.

BRENDAN MAGUIRE: You obviously know a number. I'm asking you specifically to give that number here today.

KAREN OLDFIELD: I'm not able to provide that number today, no.

BRENDAN MAGUIRE: Why?

KAREN OLDFIELD: I do not have a specific number. It would be simply a shot in the dark until the process is concluded and we do have hard numbers. I'm not in a position to talk about guesstimates.

BRENDAN MAGUIRE: To Ms. Oldfield - is it over budget?

KAREN OLDFIELD: You will have to ask, and I would defer to, Mr. Jessome on that.

BRENDAN MAGUIRE: Mr. Jessome, yes or no, is it over budget?

GERARD JESSOME: Regarding the budget, yes, we track numbers throughout the whole process. I think we started tracking numbers at the beginning of the planning process and developed those. Those numbers are internal numbers. We use those numbers when we'll get us a financial submission from the proponent to ensure that we're getting good value for Nova Scotians and good value for the taxpayer, I guess.

BRENDAN MAGUIRE: Saying that it's internal numbers is a way of saying that we can't really say. We know that the Premier - in his previous role as Leader of the Official Opposition - took the previous government to court for internal numbers and for proprietary information and said that this is information that this type of information where money's being spent like that should be available to the public. Yet we hear today that this government does not want to release that information.

Ms. Oldfield said that she knows a wide-ranging number and that she would defer to you on that wide-ranging number. I'm asking just for that wide-ranging number.

GERARD JESSOME: We're in a procurement process, and there's an integrity that we have to maintain throughout that procurement process. There's a confidentiality between us and the proponent that we're now negotiating with to get to a financial submission in the best interests of Nova Scotia.

These practices, Mr. Maguire, are used across the country. They are used in other jurisdictions. We rely on our colleagues in Infrastructure Ontario, which we have a great relationship with for these types of processes. We follow their standards and their guidance, and that's the similar process that they've used there, as well as we use the same process in Bayers Lake.

Information will come forth after we get the financial submission, we'll get a financial close.

BRENDAN MAGUIRE: I want to thank you, Mr. Jessome. To Ms. Oldfield, this is the same reasoning and the same information we heard around the ferry - proprietary information, it's in a bidding process, all this stuff. Yet the Premier in Opposition said that information or that answer was not good enough.

These are taxpayers' dollars. A very experienced board was let go. You are now solely in charge of the NSHA - you're the top. You said there was a wide-ranging number.

That's not going to impact the bidding process - let's be honest here. What is that wide-ranging number?

KAREN OLDFIELD: I'm sorry, Mr. Maguire, I'm not able to share that number. I would simply say that in the fullness of time, the numbers will be hard numbers - they will be known. There's nothing sinister happening here. We are in a procurement process, and have to by virtue of the legal process and the documents that have been signed, as Mr. Jessome has just said, it's within the realm of confidentiality, and it's not something I can share. I'm sorry.

BRENDAN MAGUIRE: Again, it's an all-too-similar answer that was not good enough for the Premier when he was in Opposition, and that's one of the problems. We're going to get to a point where the numbers - and I will remind everybody here that when we talk about numbers, these are tax dollars, this is people's money that Nova Scotians should have an ability to chime in on this. After saying that they would not do that, this government is refusing to release those numbers.

What is the cut-off for you as president and CEO - \$3 billion, \$4 billion, \$5 billion, \$6 billion? What is the number that you will not be able to stomach on behalf of Nova Scotians?

KAREN OLDFIELD: With due respect . . .

THE CHAIR: Order. The time for questioning for the Liberal caucus has expired. We will now move on to the NDP caucus. Ms. Leblanc.

SUSAN LEBLANC: Thank you, Madam Chair. My question actually does pick up on this a little bit. Last week in the financial update, we basically heard the government's commitment to the redevelopment project, but the Minister of Finance and Treasury Board stopped short of saying that they'd proceed at any cost. That's disconcerting in a way, because it means we don't really know what the answer to what my colleague was asking - what the cut-off is.

I'm wondering if either Mr. Jessome or Ms. Oldfield can comment on the impact of this project, of the organizations, of the renewed uncertainty that these projects face now that we know that the costs are going to be higher. We know this already. We have one bidder left, and we know that the original plans are based on population data that's out of date.

With all of those concerns, and then with the minister not saying that we're doing this project at any cost, what does that do to this project?

KAREN OLDFIELD: Let me start. I think it's already been noted this morning that the genesis of the project was to replace the Victoria General Hospital - I believe that was

post a flood a number of years ago. If you have been in the Victoria General Hospital, particularly on the upper floors, you will know that the infrastructure has been stretched and has seen better days, if I could put it that way. Not the entire hospital, but parts of it have really seen better days. That is a very important aspect in all of the thinking here.

The Victoria General Hospital has 16 ORs and it undertakes, I'm going to say, almost 25 per cent of the surgeries that occur in this province. Even if we started construction tomorrow, there would be a very long period to attain the final state. The point is the ORs at the Victoria General Hospital - and other core services at that hospital - either need to find a new home in the short to medium term or need to be shored up at the Victoria General Hospital, if I could put it that way. This is the genesis for Bayers Lake, this is the genesis for work that was undertaken at Dartmouth General and surrounding areas, including Hants. Dr. Mitchell can certainly speak to the clinical aspects of all of that.

I'm simply stating facts there, which are money and time. Time is a very important element in the entire discussion. With everything that's been discussed in health care, time is becoming a very important aspect here. Nova Scotians shouldn't wait forever for things to happen.

I do want to put that firmly in place, that time is a very important element. When we look at doing things to the Victoria General, we really have to focus on what can be done in the short term, regardless. Leaving aside the QEII rebuild or not, there are things that need to be done to help us to shore up some of the core services at the VG, whether that's at the VG or whether that is in surrounding areas.

I don't know, Alex, if you want to comment further on that . . .

THE CHAIR: Ms. Leblanc.

SUSAN LEBLANC: Sorry. I have got lots of questions too.

Well, I feel like we know this. We know that time is short. We know that the infrastructure is in terrible shape. That's why this project is happening.

I don't think I heard an answer. Are you saying, Ms. Oldfield - and, in fact, this is a rhetorical question - that possibly the big expansion project will not go forward and we're going to shore up the VG and do little bits and pieces here and there, because of time and money? Just putting that out there. I will come back to that if I have time.

I did want to ask, quickly, two other questions around health care - for you, Ms. Oldfield. There were two articles this morning that came out. One was in *AllNovaScotia*, about the Narrative Research poll that talked about how basically people's perceptions of their health care are basically not good. Seventeen per cent of the people polled said that

they felt like their experiences in the health care system were good to excellent, and then 83 per cent said fair to poor.

[9:45 a.m.]

That's actually slightly worse than the last time this poll was done, which was when the Liberal government was in power and the current PC government was running to fix health care. I'm just wondering if you can quickly comment on that. Is that something that's being discussed at the Nova Scotia Health Authority? Is that something that is concerning, or do we know this? What are your thoughts on that?

KAREN OLDFIELD: I haven't seen the poll. I don't know the numbers. The only thing I know about it is the emails that I get. I did receive three emails this week from people who were raving about the compassionate care that they received.

I think there is a difference between what is perception and what is reality. I'm definitely concerned about the reality, and I'm worried about the perception. I want Nova Scotians, and we need Nova Scotians, to have confidence in their health care system. I know that's something that's shared across the government, particularly by the Minister of Health and Wellness.

To that end, there are a lot of very good things going on in our system. I'd be happy to talk about them as time permits, but those three emails were real emails, and I was very heartened to receive them. That's what I know. I just know what I know.

SUSAN LEBLANC: The other article was on CBC this morning, and it was about the out-of-proportion rates of mortality connected to CABG procedures in Nova Scotia. There are already comments on this by a professor at Dalhousie University who said that there could be lots of reasons why those rates are higher.

I have two questions related. Number one is, do we have a timeline on the investigation? My understanding is there is an investigation. When will we see the results of that investigation?

Second, the comments were related to higher comorbidities in Nova Scotia. High levels of diabetes, high levels of obesity, and other heart disease-related issues that make the outcomes not so good for - or not as good for CABG procedures. I guess what I'd like to ask is: What are the discussions happening at the NSHA around the connections between poverty and health, because types of diabetes, obesity, and other heart disease issues can be directly linked to poverty? I'm wondering, in terms of our health outcomes in Nova Scotia, what is being talked about and what is being done to address that connection?

KAREN OLDFIELD: Multiple questions there. Let me try to go to the first one, which was the investigation. There is a workplace assessment which is currently under

way, and aspects of that assessment are clinical in nature. The report should be concluded at some point this Fall, and I'm interested in receiving the report, seeing what, if any, recommendations are in the report, and from that, what action needs to be taken. I look forward to it, I'm anxious for it. If it was here this week, great.

On the other aspects of the question with respect to the outcomes, I have not seen that article. I know of it, but I haven't seen it. I know that Dr. Gail Darling will certainly be happy to speak to some of the metrics, and we can certainly make that happen. As to the discussion happening inside Nova Scotia Health Authority on health outcomes, this is very key. Last week, we were to have appeared at the Health Committee on healthy eating. I mean, health care professionals look at these kinds of determinants constantly. They're always part of the discussion, and how can we impact? How can we affect? What can we do? They're definitely part of the conversation.

There's a lot of different kinds of work happening across the organization and in concert with other departments. For example, with the Department of Education and Early Childhood Development with respect to breakfast programs, lunch programs. It's multiple, multiple. You know, gym, physical education - it is multiple things, and so it is a very complex issue, and I assure you, yes, it is talked about regularly.

SUSAN LEBLANC: Well, I'm glad to hear that. I will also say that there is a direct relationship between incomes and health outcomes - money incoming, health outgoing. I totally agree with you - gym, healthy eating, all of that stuff - but we also need to raise incomes in this province to make sure that people have access to healthy food. To have the ability to look after themselves when they're not worrying about all of the other things that come with being poor.

There have been lots of changes to the leadership of the health team in government. Much of the situation is still a little blurry, but we haven't seen a reason yet why Dr. Orrell did depart in July as the head of the health recruitment office. It's run now by two very qualified people, but they also have lots of other responsibilities.

I'm wondering, Ms. Oldfield, if you could comment or update the committee on the status of your employment. You did introduce yourself as the interim CEO - what's happening with that? Is there a leadership strategy? Is the job of CEO of the Nova Scotia Health Authority going to be posted, and when?

KAREN OLDFIELD: You know I hate talking about myself. (Laughter) Here's what I can say: I'm serving at the pleasure of the minister and the Premier. They asked me to serve. I'm serving. Time to be determined. That is the honest truth - time to be determined.

With respect to the leadership, yes, I am interim CEO. We do have a board administrator, who is Ms. Janet Davidson. I can also tell you that despite the fact that I do

have another hat, I am spending my time on health, day and night. It's a huge file and it deserves - Nova Scotians deserve every ounce of attention, and I'm giving it to them. I would also say, however, that the health leadership team is still comprised of four people: myself; the Deputy Minister of Health and Wellness, Jeannine Lagassé; Janet Davidson, the board administrator; and Dr. Kevin Orrell. Dr. Kevin Orrell remains a member of the team. He has provided invaluable guidance to the health leadership team over the past year and continues to do so.

SUSAN LEBLANC: Now speaking of the board administrator, it's interesting because as far as I know we don't have a board. So when are we going to have a new Nova Scotia Health Board? Well, I guess that's the only question. Will there be a board reinstated, and when will that happen?

KAREN OLDFIELD: This is a good question. This is at the discretion of the minister with respect to the legislation. This is something that is discussed very regularly. I don't have a time frame. I would expect at some stage that there will be a change in the governance of the Nova Scotia Health Authority, but I don't have any further information at this time.

SUSAN LEBLANC: Okay, I'm going to switch over to Seniors and Long-term Care - lest you think that we weren't interested. I have a couple of quick questions from your opening remarks, Ms. Barbrick. When you were talking about home care and training people, you said, "to meet local needs and abroad," and I just didn't understand what you meant by that.

TRACEY BARBRICK: That was intended to reference that our recruitment is both local and international. Sorry, I probably misread a word there.

SUSAN LEBLANC: That's okay. My other quick question for you is you talked about the upgraded electronic platforms for - you said nine agencies have received funding for that. How many are left to receive funding, or how many agencies are there without that kind of platform?

TRACEY BARBRICK: There are 18 service providers right now. There were 20, but a couple of them have consolidated just to find some efficiency, so there are 18 now. Half of them have this new platform called AlayaCare, which will be how the performance measurement piece that's now done quite manually will be automated, and all service providers will have access to that, as well as Seniors and Long-term Care and our partners at Nova Scotia Health.

SUSAN LEBLANC: So all service providers have access to it, but nine have received funding to implement it. Is there a reason why the other nine haven't, and are they going to implement it without funding?

TRACEY BARBRICK: The nine that have already implemented it, it's because their existing internal systems were expiring and had to be replaced. We took that opportunity to bring them on to this new system that's recognized as working well in this sort of field. We'll work with the other nine providers as they're ready to move along to come onto that same system.

SUSAN LEBLANC: That's great. Last week in the fiscal update, we learned that your department spent \$31 million more than anticipated; \$19.9 million of that on travel nurses in the department. Can you explain the contract with travel nurses? Where are they coming from? How do their wages compare to nurses that are living here in Nova Scotia - domestic nurses, as it were?

TRACEY BARBRICK: As a result of generally underfunding and undertraining CCAs over the last number of years, we've had a critical deficit. Over the last year, we've done a number of things to get a better handle on that. One is the mandatory registry, which didn't exist before, so we didn't actually know how many CCAs we had. We knew how many we funded, but we didn't know how many we had in the province. We now know we have about 8,100 certified CCAs in that registry. That's a huge help.

The other piece that we've invested in is the training opportunities. We've provided 2,000 seats for free CCA training. We've got about 1,200 arranged for this year. Some of them are the traditional in-class programs and some our new work-and-learn model that has people on the job three days a week and in the classroom two days a week. The intent is, with this influx of CCAs over the next year, we're able to fill those vacancies.

In the interim, we had a very serious problem with the lack of CCAs, and then we had COVID-19 hit. Like many other provinces, we employed travel nurses - Northwood manages that contract for us. Essentially what that means is that, through a particular company, we are bringing in travel nurses from other provinces. That was part of our requirement - that they have to come from other provinces, because we don't want to poach from existing employers in the province.

We started to taper off those travel nurses. We'll need as many as we need to make sure we can keep all of our beds open. At one point back in January, we had about 500 long-term care beds closed. We're now to about 70 closed. Part of that was staffing, part of it was COVID-19. Those travel nurses had been critical in that, so we've had to spend what we've needed to spend to bring them in to make sure the facilities were adequately staffed to provide good care.

SUSAN LEBLANC: I'd like to ask more about that, but I'm just going to quickly ask if the department has done a cost analysis. In a way I know that has been done, because we've seen some wages go up for CCAs, but of other nursing options like offering full-time positions for instance, or paying higher wages - as opposed to bringing nurses in and the cost of bringing nurses in from other places.

TRACEY BARBRICK: That really is the crux of it. We had a tremendous gap in professionals who were ready to be in the CCA jobs, so we had a short-term problem that we had to solve in order to get those long-term care beds opened. There is absolutely no question that we're paying more for those travel nurses than we would for local talent or immigration streams that we want to take as much opportunity as we can . . .

THE CHAIR: Order. The time for the NDP questioning has elapsed. We will now go to the PC caucus, and we'll begin with Mr. Ritcey.

DAVE RITCEY: As we know, the Province is currently implementing a new recovery support model. We've seen new recovery support centres open across the province. There are a number that will be opening over the next two years, including in my constituency of Truro-Bible Hill-Millbrook-Salmon River.

This question is directed to Ms. Pulsifer. Can you discuss how this model will ensure that service delivery is efficient and meets the needs of patients? I have a follow-up to that.

THE CHAIR: Ms. Pulsifer.

DANA PULSIFER: We're very excited. We spent a tremendous amount of time, energy and focus over the last few years really developing this new model of care - a continuum of care really - for our substance use folks who need to be provided services. We're excited to see that unfolding over this period of time and this next year. We have six existing service areas that are adapting to the new model; you would have heard some of those mentioned previously. We have four new sites that have been developed and will be opening over the course of the next year.

It's very exciting because we have been able to create a suite of programs and services that will really meet the needs of that identified client and their care and support family members, which would include group programming, full assessment for their individual needs, as well as outpatient withdrawal management protocols, and it's really exciting because we continue to have a drop-in component.

We can do things virtually. We're really trying to be very flexible with the type of services that we can provide, and we've been implementing those, as I've said, over the course of probably the last year and into the next year and a half or so.

DAVE RITCEY: Thank you for the answer. I just want to add to it, just to bring some clarity. What successes have you seen thus far throughout the recovery centres? I'd like to hear that.

DANA PULSIFER: I think that one of the things I would say from the very top is the virtual care component and the phone conversations and contacts that we've been doing

throughout the pandemic during this time period. I see that as very successful for this service area as well as other service areas. We've really been able to pivot quite quickly, trying to stay in touch and to be in contact even with folks who are going through withdrawal management.

[10:00 a.m.]

I think the other success would be that we're able to be more accommodating, to deliver more comprehensive services, and to meet their needs as we go through the assessment process to other pieces of our system internally, whether they require outpatient addiction care at a different level, in-patient level care, or outpatient withdrawal management care. I think those are the successes to date, but we will be continually evaluating the outcomes as we move forward.

DAVE RITCEY: Last Spring, a new mental health acute day hospital opened at the QEII Health Science Centre. Can you discuss how that facility is operating so far, and how it's easing pressures within the broader health care system? I can direct that to either Ms. Pulsifer or Ms. Oldfield.

DANA PULSIFER: I think I'll ask Dr. Harris, if that's okay.

THE CHAIR: Dr. Harris.

DR. ANDREW HARRIS: It's been a tremendous success. It has significantly improved our flow through our most acute services, that's our in-patient services. Not only that, it actually provides a more modern concept in transitioning between our acute and subacute, and then our community-based services. It allows us to have people actually live in their own homes to continue with their daily lives as best they can, go to jobs, attend with family, look after loved ones, at the same time receiving an intensity of care that's appropriate for them in their current state of illness.

It's one of the principles we're trying to promote within the system, and it applies to the recovery support centres too. Transitions of care are often the most difficult points for Nova Scotians to navigate through - going from one service to another. In all of our services, we're focusing on that and attempting to smooth that out.

In terms of hard numbers, we have seen about a 5 per cent impact in terms of meeting the needs of Nova Scotians who require that highest-intensity care above and beyond what our current beds would allow.

DAVE RITCEY: I'm going to pass the next set of questions to my colleague from Hants East.

JOHN A. MACDONALD: This is going to be to Mr. Jessome. My colleague was questioning the difference - comparing the fairly awarded contract versus an act of procurement. I'm wondering if you could explain the differences? To me, it's apples and oranges as to an awarded contract versus one under procurement. I just figured if you wanted to add something as to whether you would agree that we're not talking about the same thing.

GERARD JESSOME: Thank you for the question, Mr. MacDonald. Exactly. We're not talking about the same thing. We're in a very confidential process now with the QEII or the HI expansion project with one sole proponent. Confidentiality on both sides has to be maintained and respected in order to keep the integrity of the process going forward.

When we awarded the contract to EllisDon for the Bayers Lake P2 project, we signed on the dotted line and we negotiated a good deal with them. That project is executed. It's in construction. They really - we executed the work. The work is actually taking place. Shovels in the ground. But right now, we're trying to get to that point with the HI redevelopment project.

JOHN A. MACDONALD: My other questions will be going to Mr. Jessome, so I'm not going to ask Ms. Oldfield too much.

You did mention the construction of the Bayers Lake Community Outpatient Centre is progressing well in your opening statement. Can you provide some more details on some milestones that we have hit? Or that you've hit, I should say.

GERARD JESSOME: I think construction is progressing very well. We're very pleased, as Ms. Oldfield mentioned. We're weathertight. We got electricity on a couple of weeks ago and we got the lights. Once we get the lights on, we can start commissioning. So that's all good stuff, right? The momentum is building toward construction completion next Summer, really. Then we'll turn it over to our partners at NSHA so that they can start doing the good work that they do.

JOHN A. MACDONALD: I just have one more question. I understand that as part of the Halifax Infirmary expansion, there are several enabling projects under way. Can you tell us more about these projects and how they're progressing?

GERARD JESSOME: I'm going to turn that question over to the senior director, Joe Dunford, who's leading those projects.

JOE DUNFORD: Thanks for your question, Mr. MacDonald. We do have a number of enabling works projects that are happening right now around the Halifax Infirmary site. Recently we awarded the Summer Street entrance contract. That's currently under construction and well under way. The purpose of that project really is to create a new entrance for the Halifax Infirmary expansion project. It's a key piece of that larger project.

As well, as Ms. Oldfield brought up earlier, we've reached substantial completion of our renovations on the third and fifth floors at the Halifax Infirmary. That's recently, as she mentioned, now in service.

Additionally, we have an emergency department expansion project as well. That just reached substantial completion as recently as last week. We're pretty excited about that. On top of that, we're nearing the end of the Summer Street parkade, which should reach substantial completion here shortly. Things are progressing well.

JOHN A. MACDONALD: That's it for me. I'll defer to MLA Kent Smith.

THE CHAIR: Just a reminder that we can't use the proper names, but I can say Mr. Smith.

KENT SMITH: Thank you, Madam Chair. I'm going to turn my attention to the Department of Seniors and Long-term Care, one of our favourites. It can go to either Ms. Barbrick or Ms. Silver.

Ms. Barbrick, in your opening remarks I was pleased to hear a lot of the good news about CCAs and reduction in the wait times. Those are great.

One thing I didn't hear that I'm curious to learn more about though is the Seniors Care Grant. Last year, we put it out at \$500 per eligible senior. It was increased on September 1st to \$750, and then we upped it again to help with additional supports through Fiona. It also covers an array of supports with telephone and eye exam, mental health supports, physical therapy, occupational therapy - a huge expansion in the program.

Can you talk a little bit from the department's point of view of how that's been received and how beneficial it's been for the folks you deal with?

TRACEY BARBRICK: Thanks for the question. The Seniors Care Grant was just launched in December 2021 for the first time, so we really only had three months to get that program as much uptake as we could get. But we knew that we would iterate that program as we went, based on feedback from users as well as our Seniors' Advisory Council and other partners that we work with.

In the second iteration, in releasing it for this fiscal, we decided to expand beyond what was just household services like lawn care, snow removal, some of those things. We expanded it into some professional services like eye appointments - things that people would typically pay out of their pocket. We added some services in there. We're pleased to say that last year, a little less than 30,000 Nova Scotian seniors collected the Seniors Care Grant. This year, we just launched at the first of this month, and we're already at 15,000 people. That's just for the Seniors Care Grant portion.

We also added the \$250 for home heating relief. We've got 12,000 people who have already received that. The third piece that we announced with Hurricane Fiona was another \$250 for hurricane impacts, but that amount will be automatically distributed to any seniors who have received the Seniors Care Grant previously, so we already have access to them. We know that their income is, so we're able to issue those more directly.

I'm really pleased to see that our Seniors Advisory Council did some engagement with the nine organizations that they work with to get some feedback. We took that advice and made some changes. We're anticipating we'll use the full budget this fiscal.

KENT SMITH: That is great to hear, to get those funds into the hands of folks who need it the most. As far as CCAs go, the department has made a number of historic announcements with respect to CCAs and recruitment and wage increases.

Before I get to my question, I just want to share a quick message that I received from a friend and constituent who wrote to me just after the announcement of the raise. It said: I just wanted to say thank you to you and Tim Houston for the great news today. It was an overwhelming amount of emotion and tears to finally be recognized by government. I will now be returning back to work as a CCA.

That type of message, was that something that was common that we heard throughout the department after . . .

THE CHAIR: Order. If, in fact, you are sharing a direct message and not paraphrasing, you will have to table that, okay? Just so the honourable member knows.

KENT SMITH: I'd be happy to do so. It's a feel-good message.

You talked a little bit again in your opening remarks about the CCAs. Can you expand on that a little bit, and if you've heard other, similar messages like that? How much we expect to see the role grow as CCA?

TRACEY BARBRICK: The work on the CCA workforce that was at a critical shortage has really been monumental to all parts of the continuing care system. Both long-term care and home care were just in desperate shape to fill a lot of vacancies. We've done a number of things over the last while.

One was the wages, which really was a 23-per-cent increase for anyone who was already at the top of their pay scale. That's a huge impact on people's lives. Yes, we brought a lot of people back who had left the sector to go to other jobs. It's hard work. These CCAs work hard. Anybody who's in continuing care works hard. A lot of people came back to the sector because they had maybe left to go to retail or manufacturing where the wages were higher. Now they've come back into the sector.

One of the reasons we've been able to reduce the wait-list for home care - it was 1,500 people a year ago, and it's 738 as of yesterday. Some of those 738 would be getting some care, but not all of the care that they need, and some would be receiving direct benefits in the interim. These are programs that Kim could certainly outline that basically gives money to people so that they can manage their own care by either bringing in a neighbour or maybe somebody from a private care arrangement.

That's been a huge difference and it's taken the pressure off the system, and all of those people who aren't in the right place of course end up in some alternative level of care beds in the hospitals across the province, and we want to reduce that as much as we can. Those wages have been huge.

The 2,000 seats that we have will be paid free tuition, books, costs for anyone who wants to do a CCA program over the next two years. It's 2,000 people who will help staff the new builds we're building, as well as all the additional home care supports that we need. That's been huge.

The other thing that we did was pay the tuition for the 300 graduates who just came out of the programs this past Spring. Anyone who was in a CCA program when we made that free tuition announcement, we paid those 300. They have come into the sector now and they're starting to work in those places that are reducing those wait times.

The other thing that we've done is the recognition of prior learning assessment process. Somebody who maybe didn't do a traditional CCA program, but they've done something darn close, we work with the Health Association of Nova Scotia to streamline that as much as possible so we can get people certified who really should be certified to begin with. That's going to be a big help to us.

Of course, the registry that we never had before - we didn't even know who our CCAs were or where they were, so we really couldn't do workforce planning because it was a big question mark. That's a huge help to us as well.

KENT SMITH: I'm just a little bit baffled about the lack of the registry in the past. Can you share why there was no registry of CCAs prior to our government?

TRACEY BARBRICK: There's no college for continuing care assistants, so that's typically how we know who and where LPNs, RNs, and of course physicians for the College of Physicians and Surgeons. There isn't a college for that profession, so creating a mandatory registry allows us to have everybody in one place, and we can actually look at what's happening with the workforce so we can try to respond and ensure that's being responsive to what's needed in the sector.

KENT SMITH: I'm just glad we have the registry now. As far as wait times go for home care, can you talk about the recent investments? You talked about it being reduced

by half. Are we looking to reduce that even more? Are we going to have more investments to make sure that the wait times are reduced even further?

[10:15 a.m.]

TRACEY BARBRICK: Just to reiterate, some of the 738 people who are on a wait-list for home care right now are getting partial service and they're looking for more, and some of them will be getting direct care benefits. Even though we say 738 on the wait-list, it doesn't mean 738 people not getting any support at home. Certainly, the staffing issues that we've talked about have been a huge help to relieve that.

The other piece that we've done is invest a lot more money in equipment through Canadian Red Cross. One of the prohibitive pieces to getting people back home from an alternative level of care bed sometimes is that they need a hospital bed in their home, or they need a medication dispenser. We've doubled our investment in the equipment in home care to help that happen more smoothly and get people moving as they are.

The final thing that we've done - and we might run out of time. Last year, some of the questions that we got around not fully allocating the Seniors Care Grant is that the remainder of that money was used for 12 innovative projects that are looking to serve people better at home. Kim could run through a list if we had time, but I think we're going to run out.

THE CHAIR: Order. I just want to ask if our various leads here want to make closing remarks. That will impact the amount of time that we have to close. That's great, thank you.

Members, you'll have seven minutes, beginning with the Liberals. Mr. Maguire.

BRENDAN MAGUIRE: Let's do some rapid questions here. The current scope of the project includes 33 intensive care unit beds, 15 intermediate care beds as well, 626 in-patient beds. What advice did government receive from the clinical health professionals during the scope of the review regarding the number of beds?

ALEX MITCHELL: There are two versions. There are the volume projections and requirements as based on 2015 data, and then there's updated based on the changes in population demographics. No surprise, with an elevated population in HRM currently and projected well into the future, the demands on beds continue to grow substantially.

To be clear, are all of those beds equivalent? Do we need to offer exactly the same thing? No question - in the system today, it's beds, beds, beds. If you ask any question about what the bottleneck is, it's beds. It's three different kinds of beds: acute care beds for the really sick, long-term care beds for those who need it, and we thoroughly believe there's something in the middle - an intermediate, transitional care type of bed for those people so

that we don't have to send everybody to long-term care and we can transition more people back to home.

No question, there is a large delta in the province and need for ongoing beds and multiple ways to solve that problem.

BRENDAN MAGUIRE: Are there ongoing meetings with clinical health professionals, and how often are these taking place?

ALEX MITCHELL: Every day. On our team, I have two senior medical directors: Dr. Elwood MacMullin, a surgeon in Cape Breton; and Dr. Christine Short, Chief of the Department of Medicine in HRM. Between them and our operational colleagues, we are in constant communication with our customer, with our colleagues around a variety of issues. We have had a lot of engagement with them over the last number of months really centered around the changing demographic and what we need to try to address this and evolving challenges.

BRENDAN MAGUIRE: Maybe we'll ask that they could table some of those time frames when those meetings are happening.

My next question is to Ms. Oldfield. When was the last time a broad stakeholder meeting was held for the purpose of communicating project developments to Nova Scotia's community of health care providers?

KAREN OLDFIELD: I think the best example I would give you is a deep dive that was undertaken in the new year with a broad group of stakeholders. It was a full day. It was excellent. It literally was a deep dive. We've had the opportunity to do a similar in Cape Breton as well - so one in Halifax and one in Cape Breton within the last few weeks. These are an opportunity for all stakeholders to contribute. We're talking every single aspect of the project, and coincidentally, it had never been done before - not to that extent. It had not been done to that extent, so a full day talking about the projects was very helpful.

BRENDAN MAGUIRE: We know there was a joint bid, and we know the bid was rejected. Whose decision was it ultimately to reject the bid, Ms. Oldfield? Who did the buck stop with, and why was it rejected?

KAREN OLDFIELD: I would refer all matters relating to the procurement to the Department of Public Works, which is actually handling the procurement.

BRENDAN MAGUIRE: While I appreciate that, ultimately you should be well aware of these questions and answers, so I'm asking you directly. Also, we're now down to one bidder. What is the contingency plan if that bid falls through?

KAREN OLDFIELD: Again, I will defer on the first question to Mr. Jessome as that is the department that is legally dealing with the procurement. I'm deferring to him. He can answer that question.

The second part, in terms of contingency, well, we're not there yet. We're going through a process, and we'll let the process continue. Then we will see where we are to determine whether contingency is something that's to be discussed or not.

BRENDAN MAGUIRE: Ms. Oldfield, should Nova Scotians not be worried that you just said the largest infrastructure project in Nova Scotia history has one bidder and there's no backup plan if that bidder pulls out tomorrow? That's literally what you said. We're not at a moment in time where we need a backup.

I would argue that we as Nova Scotians with the amount of money - we said \$50 million plus has been spent already. We went from a joint bid that was rejected by the government to a single bidder, and you just said that we do not have a backup plan. I mean, it's not funny. Listen, if tomorrow they pull out, we're stuck holding the ball, so why do you not have a backup plan?

KAREN OLDFIELD: I'm sorry if I said that we did not have a backup plan. We have many different kinds of scenario plans in place. What I am trying to convey is that it is not the time . . .

THE CHAIR: Order. The time for the Liberal questioning has elapsed. We'll now move on to the NDP for seven minutes. Ms. Coombes.

KENDRA COOMBES: I want to talk about the Halifax Infirmity expansion. From the latest data that we have, which is this report in 2022, it's concerning that there was a recommendation for Public Works to implement the contract management process for the Halifax Infirmity Expansion, and that was not completed as of the report. I just feel like this doesn't really bode well for the project when it's facing major increases, as we've discussed in this today.

Along that same line, where are we on that contract and is it signed, because contract signing is highly (Inaudible) where we're left holding the bag. I also understand that the Bayers Lake outpatient project remains on track and on schedule, as we've said before, but how can we ensure that the weaknesses in the project will have been identified without the recommendations being completed?

GERARD JESSOME: The contract that you're talking about, this P3 contract - if we are successful to get to a good financial close, and we do award the contract to a proponent to carry out the project, it's really a 30-year contract. They do the construction over a period of time, they'll build the hospital, they'll build all the facilities, and then it's

the management of those facilities on an ongoing basis - the maintenance, the upkeep of those facilities. That's also a part of this contract.

I think that's kind of what it's referring to. We can't get to that point until we finalize this procurement process to get it to a successful completion.

THE CHAIR: Ms. Leblanc.

SUSAN LEBLANC: I just wanted to shift gears again and go back to Seniors and Long-term Care for a second. I just wanted to ask this before I ask other questions. With the wage increase for CCAs, do third-party providers have to pay that wage that folks access through Home First? Are they required to pay that - whatever it is - the 23 per cent increase, whatever that wage is now, the better wage?

TRACEY BARBRICK: Do you mean people who are receiving direct benefits programs, so they're actually getting money for their service, and they employ the service? Is that what you mean?

SUSAN LEBLANC: Well, I'd like to know that too. But what I really mean is home care that's happening through private agencies that is not delivered by the Province - or are they all private?

TRACEY BARBRICK: No, they're not all private. Some are for profit and some are not-for-profit, but then separate from them are businesses that provide home care that aren't an agency that the Province employs. If a citizen gets a direct benefit and they choose to employ somebody to provide that service to them, we don't set the rates for that piece. If they're direct benefits, they would pay the rates that are required by those firms. The 18 agencies that we employ and contract all got the wage increase.

SUSAN LEBLANC: How do you know that seniors are actually accessing private care through that program where you pay them and then they go and find their own care?

TRACEY BARBRICK: Our partners at Nova Scotia Health Authority who have the continuing care coordinators - they actually receive the invoices and the accountability piece from the citizen, to demonstrate they've used those funds for the provisions that were approved for them.

SUSAN LEBLANC: Just to clarify, there are 18 agencies of home care workers who are going into homes to care for people who are getting whatever the wage is. What is it, how much an hour? Let's say \$24 an hour, but then there's a whole bunch more of public money being spent on people getting care where there's no regulation on how much they can pay.

[10:30 a.m.]

So I need home care, my mom needs home care, I'm going to hire someone to come in and we're going to pay her \$10 an hour. Is that possible with all this public money being spent?

TRACEY BARBRICK: In the direct benefits programs, they're not necessarily hiring a for-profit agency. They might be hiring a relative who lives nearby who can help them with some personal care, so the direct care benefits don't have to be used specifically for certified individuals. They are deemed eligible for a certain amount of care, they provide the funds, and then they employ the arrangement that works for them.

It really is about consumer choice in that case. Through our 18 agencies that we employ, they have a service that is contracted through us and the Nova Scotia Health Authority. For the direct benefits, the person and their family do that piece privately.

SUSAN LEBLANC: But if there are CCAs being hired in that case, they are not guaranteed that wage?

TRACEY BARBRICK: That's right. If they hired an independent company with their direct care benefits, we don't establish the required wages.

SUSAN LEBLANC: I'll just use my last 15 seconds to say I think that's a real shame. I think we know that low wages are contributing to the fact that our health care system is crumbling around us. We've seen the benefits of higher wages in fixing problems, which we've talked about today.

THE CHAIR: Order. The time for the NDP questioning has elapsed. We'll now move back to the PC caucus and Mr. Smith.

KENT SMITH: Thank you, Madam Chair. Before I get into a question for the Department of Seniors and Long-term Care, I wanted to offer Ms. Oldfield the opportunity to wrap up the answer that she was in the middle of giving about contingency planning.

KAREN OLDFIELD: Thank you. What I intended to say was that it is not the time to talk about contingency in the sense that we are in the middle of an act of procurement. In fact, there would be legal ramifications around that. That is not to say that there are not many scenarios in place. It is to simply say that I cannot talk about it.

KENT SMITH: Thank you for the clarification. Perhaps a quick one for the Department of Seniors and Long-term Care. We're hearing a lot about the direct care benefits, and I would love to learn more about it. I believe, Ms. Barbrick, in my initial line of questions, you said there's a list of services that Ms. Silver might be able to provide. We'd love to give Ms. Silver the opportunity to get on the record, if possible.

THE CHAIR: Ms. Silver.

KIM SILVER: Thank you for the question. There are two different things. What Tracey referenced were some innovative projects that we've done with the funding from the Seniors' Care Grant, so I can run through those.

We also do have a number of direct funding programs. We have supportive care programs that are intended for people who have cognitive challenges who might need a substitute decision maker, might need a little more help in terms of their ability to purchase services and identify those. The Seniors Care Grant is one of them.

We have the Self-Managed Care program, which tends to be younger adults with physical challenges but no cognitive challenges, and they go through a process of hiring their own providers. They're in that program, an employer, so they do the tax work and all that kind of stuff.

Overall, we have over 4,800 people enrolled in our programs. The biggest chunk of that would be the expanded Home First program which is our newest and most quickly growing. We established the program during COVID-19 to address the growing wait-lists that were resulting from people not being able to enter long-term care when facilities were closed because of outbreaks and those kinds of things, and the challenge on the other side of having the staffing challenges within home care.

We knew that people needed those services, so we put in a program that would allow anybody who was on a home care wait-list or a long-term care wait-list to have access to funding so that they could wait for agency services to be available. It was very popular. People were quite happy with it. It works particularly well for people with dementia or other challenges who are having a lot of people coming and going or having a lot of change. It can be challenging.

So we made the decision to allow people to stay in the program even if a spot came up in their agency. That's been sort of the growth of the program over the last bit. It doubled last year and continues to take on about 125 more clients each month. We get a lot of really positive feedback from people on that program. It has been a huge factor in our reduction of wait-lists by half - not the only factor, but a huge factor.

A couple of the other factors are some innovative projects that are not necessarily connected to the former Seniors Care Grant. We expanded a meals program that had been piloted by VON in the Western Zone that allows us to deliver hot or frozen meals to individuals in lieu of a CCA going in and preparing that meal.

One of the other things we were hearing from CCAs is that they do a lot of training. They're trained professionals. They weren't necessarily keen to spend their time on the

meal - the housekeeping and the meal prep - and wanted to be doing more of the personal care. This allows them to bring a meal in or have a meal delivered.

It also provides food security for people. We hear from CCAs that they could go into a house and there's not sufficient food to prepare a nutritious meal, so it takes care of all kinds of issues. We delivered over 44,000 meals last year. Assuming that a CCA spends about a half hour on a meal, that freed up about 22,000 hours of CCA time that could be diverted to personal care. That has had an impact as well.

We also brought in home support aides, who are another level of worker who can do the housekeeping and the meal prep - some of the services that don't require the same level of training. That program is a pilot, but is now expanding to other agencies, and we've seen some really good benefits from that as well.

KENT SMITH: How are we doing for time?

THE CHAIR: You have just over one minute.

KENT SMITH: Perfect. Then I'll take the opportunity to summarize some things and say, of all the work that our team and our government's doing, I think the department that's right up there with the level of pride is the Department of Seniors and Long-term Care. The measurable improvements that we've put in place in the last year and a bit are making differences in people's lives. Congratulations.

To the rest of the folks who are here today, thank you very much for your time. Thank you for your service to the Province and our taxpayers.

THE CHAIR: Thank you very much, everyone. I'm assuming from that that the time for the PC caucus has elapsed.

I would just like to thank our witnesses who are here today for answering the many questions. We're going to let you step out now. You don't have to stay, because we're moving into some committee business and it's boring and everything like that. Thank you very much for joining us today. Take care.

Now we are going to move into committee business. The first item on that is the endorsement . . . (Interruption). Mr. Maguire.

BRENDAN MAGUIRE: Before we jump into that, I just wanted to say that today there were lots of references to meetings and schedules and things like that. We'd ask that the witnesses table those stakeholder meetings. We're not necessarily asking for the information at those meetings, but in answers over and over and over we heard "we're meeting," "we have met," or "we're continuing to meet." We're looking to have a schedule of those meetings tabled for the Public Accounts Committee.

THE CHAIR: I do believe those requests were made. I'm assuming that they will be followed up on. If not, we'll be sending a letter. Thank you very much.

We'll move on. Ms. Leblanc.

SUSAN LEBLANC: Yes, Madam Chair. I would like to make a motion, please. I would move that the Public Accounts Committee formally accept and endorse recommendations contained in the 2022 report of the Auditor General *Healthy Eating in Schools* that have been accepted by the audited departments or agencies, and ask that those departments and agencies commit to and take responsibility for full and timely implementation of the recommendations accepted by those departments and agencies.

THE CHAIR: Is there any discussion on that particular motion?

All those in favour? Contrary minded? Thank you.

The motion is carried.

We do also have some correspondence from the AG. That was from the in camera subcommittee, but we will need consent from members to discuss this because this actually happened in subcommittee. I am looking for people's thoughts on this particular matter. Are they in acquiescence that we will, in fact, discuss this? Looking for some nods down there at the end. (Interruption) You don't have the correspondence, because not everyone was at that meeting, so we couldn't pass that out until we had agreement.

We do have agreement, so we will now pass out that correspondence. This correspondence provides some information to the committee about Nova Scotia Power and its particular - how would I put this - its role. How it's classified, as a government agency or not. The Auditor General has kindly prepared some information for us. Because you're just getting this, I would suggest that everybody have a chance to read it over before we deal with it any further, but we could not - Mr. Young?

NOLAN YOUNG: I'm just wondering if we could also suggest that perhaps the Auditor General may be interested in going over some of the materials provided in this?

THE CHAIR: My suggestion would be that everybody have a chance to actually read it, and then we can certainly refer back to the Auditor General, if you don't mind. I just want people to have the opportunity to read it. Unfortunately, we couldn't distribute it beforehand because not everyone was at the subcommittee meeting. (Interruption) I'm just not sure about the rest of our time, Mr. MacDonald.

We have a record of decision from this subcommittee meeting on September 7th. Members have been provided with a record of decision for the meeting. Is there any discussion on the record of decision?

NOLAN YOUNG: I'd just like to address things sequentially, so just as we have just received this correspondence from the Auditor General, I would ask that we have a five-minute recess to process the materials, please.

THE CHAIR: Sorry, you want five minutes to process the subcommittee decision?

NOLAN YOUNG: No, the first item that was passed around. Before moving on to the second, I'd like to digest this here, a bit of information, and perhaps a five-minute recess to go over it would be appropriate.

THE CHAIR: How does the committee feel? A five-minute recess is fine? Okay. We'll take a five-minute recess. It's now 10:44 a.m., and we'll go into recess. I do believe I have to say the committee is now in recess and we'll be back at 10:49 a.m.

[10:44 a.m. The committee recessed.]

[10:49 a.m. The committee reconvened.]

THE CHAIR: Order, the Public Accounts Committee is now back in session. Mr. Maguire.

BRENDAN MAGUIRE: Thank you, Madam Chair. I just want to start by thanking the Auditor General for the work on this, and then pivot and say reading this make absolutely zero sense. The reason being is that some of the statements made in this just don't hold up.

There's no Nova Scotia Power Inc. financial impact on the Province of Nova Scotia's financial statements? That's simply not true. The government has given hundreds of millions - if not billions - of dollars of Nova Scotia taxpayer money to Nova Scotia Power over the years. They've forgiven loans, and they continue to do that. To say that there's no financial impact - well, we just went through a devastating hurricane and there is a financial impact because people lost power and they lost food, and government had to respond to that.

Nova Scotia Power has been here many times in the past, and I think this statement sets a very dangerous precedent. Are we saying that any company, any non-profit cannot now be called before Nova Scotia Power? Feed Nova Scotia? There are so many different organizations in this province that inadvertently or directly receive funding from government. To say that Nova Scotia Power, which has received some of the largest chunks of money over the last - well, since its existence - has no impact on Nova Scotians' financial pocketbooks and the finances of Nova Scotia is, quite frankly, simply not true.

I know in my short time as MLA, I've seen lots of money go out the door. In my 47 years on this Earth we have seen, I would argue, billions of dollars of taxpayers' money

- and a good example of that is Muskrat Falls and the amount of money, time and effort from Nova Scotians that has gone into that project. I think people in this room, if they vote for this, have a very short memory of overages from Muskrat Falls. That Emera/Nova Scotia Power said that the taxpayers of Nova Scotia should foot that bill and that their stakeholders should not.

To be frank with you, I see here where it says the Nova Scotia Utility and Review Board. . .

THE CHAIR: Mr. Maguire, I'm just going to stop you for a minute. I just want to make committee members aware that there was also a back and forth with Mr. Hebb that was not included in the printout that was sent to you. The clerk has indicated to me that she has forwarded the full email to each of you, just so you have all of that. I just wanted to make you aware of that.

Sorry for the interruption, Mr. Maguire. I now will recognize you once again.

BRENDAN MAGUIRE: For anyone to sit here on this committee and say that Nova Scotia Power has not impacted, directly and indirectly, the pocketbook and finances of this province is simply not true. If anyone on this committee wants to vote for this, maybe they should poll their constituents before they make that vote because that is true democracy.

If you are in support of this motion to say that Nova Scotia Power is never to come to Public Accounts Committee, where does it stop? We have pulp and paper, we have the forest industry. In some of the topics coming up from this government, we have them choosing - we've had them ask for stakeholders that are non-government stakeholders. I just think that I don't know where this came from or why the Auditor General decided to do this. I mean no offence to the Auditor General, but it couldn't be worse timing.

Right now, Nova Scotians have gone weeks without power. They've lost tens of thousands, if not hundreds of thousands, in property damage. They're fighting with insurance companies. The federal and provincial governments of Canada and Nova Scotia had to step up with financial packages. One would argue that the federal government did most of it, but that's still Nova Scotian taxpayer dollars and it has an impact.

When we're giving hundreds of millions of dollars to Nova Scotia Power, that's not building schools, that's not doing lunch programs, that's not building roads. That has short-term and long-term impacts on the health of Nova Scotians. So for me to sit here and - I just can't support this. I suspect it's probably going to pass and then the government is going to use this to say they can't bring Nova Scotia Power in.

THE CHAIR: Mr. Maguire, could I suggest that we actually hear from the Auditor General? She may have something that she would like to say. Ms. Adair, could you speak to Mr. Maguire's comments?

KIM ADAIR: Sure, thank you. The email and attached documents were for information purposes following the discussion that we had at the September 7th subcommittee meeting when I was asked what the status of Nova Scotia Power is.

I did some due diligence following that meeting, and that is what the email is. It doesn't in any way limit the committee in your decision of whether or not to call in Nova Scotia Power. I was just trying to equip you with some of the facts. I know it's technical, but that's what the key message is. I think it was on the last page of the handout. That's where I tried to bring it down to the key messages of all the material that is here. I know it's a lot to digest. It was just for information purposes, and that's it.

THE CHAIR: Mr. Maguire.

BRENDAN MAGUIRE: To the Auditor General, I just have a quick question. The one that really sticks out to me is that there is no Nova Scotia Power financial impact on the Province of Nova Scotia's financial statements. Did you take into account loan forgiveness? Did you take into account the things like hurricanes when we have to provide relief, or when overages and funding for Muskrat Falls and things like that?

These are actual impacts on the finances of Nova Scotia. Did you take that into account? Why was that not considered? Or was it?

KIM ADAIR: As stated, what we did is look at the financial statements of the Province. My intention is to inform the members of the committee of what the financial impact of Nova Scotia Power is on the Province of Nova Scotia's financial statements.

The net impact is nil with respect to the defeasance assets. There was debt that originated from when it was privatized at \$200 million that remains on the books, but it's fully offset by defeasance assets. It's like a sinking fund that's been set aside to fully pay for the principal and interest on that debt.

The last sentence in that key message, though, I think is alluding to what you're talking about. However, routine payment for electricity service for provincial buildings is required. That continues as an ongoing matter. We were talking about the impact on the financial statements in that statement.

THE CHAIR: Thank you very much. We are approaching the end of our meeting. I'm wondering if members would consent to a further - no. Okay.

We now have the Subcommittee on Agenda and Procedures record of decision. Is there any discussion on the record of decision? Mr. Young.

NOLAN YOUNG: I think we should go through the entire record of decision from the subcommittee. I would also like to just remind the members that the mandate of the Public Accounts Committee is established for the purpose of reviewing the Public Accounts, the annual report and other reports of the Auditor General, and any other financial matters respecting the public funds of the Province.

THE CHAIR: Yes?

NOLAN YOUNG: Just sending a reminder.

THE CHAIR: Thank you for the reminder. Okay.

Any further discussion on the record of decision? Hearing none, I would ask that a motion to - Mr. Young.

NOLAN YOUNG: I thought I just said I would like to discuss the entire record of decision from the subcommittee, which would include motions and it would include topics and witnesses - as opposed to just rubberstamping and approving it.

THE CHAIR: Mr. Maguire.

BRENDAN MAGUIRE: I would like to put forward our first topic, which is power costs for Nova Scotians. We're at the top of the list. If the member wants to go through lists individually, there's one. I'd like to put that forward for approval as a topic.

THE CHAIR: We have a motion on the floor.

NOLAN YOUNG: Madam Chair . . .

THE CHAIR: Mr. Young, we have a motion on the floor. Is this pertaining to the particular motion?

NOLAN YOUNG: From the record of decision that would have come out from the subcommittee, there would be an order of what would be coming out through the subcommittee.

THE CHAIR: That is the first one.

BRENDAN MAGUIRE: Recorded vote.

NOLAN YOUNG: We didn't even discuss anything on this. How can we . . .

THE CHAIR: The time for the committee has now elapsed. The next meeting is October 12th - Nova Scotia Gaming Corporation, Department of Finance and Treasury Board, and the Atlantic Lottery Corporation, re: the 2022 follow-up of recommendations made to the Atlantic Lottery Corporation.

The meeting is now adjourned.

[The committee adjourned at 11:00 a.m.]